

**Building and Sustaining Partnerships
to Address Perinatal Depression and
Intimate Partner Violence**

Susan Blumenfeld, MSW, LCSW

Child Trauma Training Director
National Center on Domestic Violence, Trauma &
Mental Health

Birth to Three Pre-Institute Session

Washington, D. C. ~ July 28, 2014

©NCDV/TMH

**National Center on Domestic
Violence, Trauma & Mental Health**

**Special Issue Resource Center supported by the
US DHHS ACYF Family Violence Prevention &
Services Program**

**Improve program, organizational & systems
capacity** to respond to the needs of domestic violence
(DV) survivors & their children

By providing training, support & consultation to
advocates, mental health and substance abuse
providers, legal professionals & policymakers

www.nationalcenterdvtraumamh.org

©NCDV/TMH

**Effects of Intimate Partner Violence
on Young Children (0-3), Parents &
Parent/Child Relationships**

©NCDV/TMH

Holding the Parent, Child & Family in Mind when IPV is Present

- Understanding the potential impact on babies and young children
- Being aware of the traumatic effects on the non-abusive partner who is parenting
- Managing “urgent” concerns of all
- Finding ways to engage that builds trust and rapport

©NCDVTMH

Infants and young children grow in the context of their relationships

Ask ourselves....

- In what ways can intimate partner violence (IPV) affect young children’s relationships and attachments, creating risks for their ongoing development?

©NCDVTMH

Thinking about Babies & Young Children in the Context of IPV

- Children’s experiences of IPV are varied
- Age and developmental capacities matter
- The impact of experiencing intimate partner violence depends on an array of interrelated factors
- Non-abusive parents and caring adults can help foster children’s resilience and healing from the traumatic effects of IPV

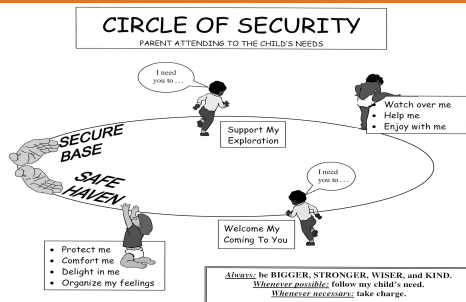
©NCDVTMH

The abusive partner's behavior and actions can affect the quality of the caregiving environment for children.

Exposure to Intimate Partner Violence =

A kind of traumatic stressor that compromises the child's source of safety and protection

Parents/Caregivers as Secure Base and Safe Haven



IPV may undermine the non-abusive partner's capacity to parent and alter or disrupt the attachment relationship with the baby and child.

©NCDV/TMH

Attachment During 1st Year of Life

Is about....

- Protection
- Meeting the baby's needs
- Establishing neurophysiological regulation
 - Parent as co-regulator
- Forming secure attachments with parents and other caregivers

©NCDV/TMH

Potential Risks to the Attachment System

- Basic caregiving functions might be disrupted at times
- The baby and young child may be frightened by the abusive partner/parent without an immediate safe haven
- The non-abusive parent may be experiencing the traumatic effects of IVP, and be unable to provide protection and co-regulation for the baby *in the moment*

©NCDV/TMH

Attachment During Toddlerhood

- Parents/caregivers provide a secure base
- Can let the child go (out to explore the immediate world), but welcome him or her back
- Parent helps child regulate balance between attachment and autonomy

©NCDV/TMH

What are some potential risks?

- Toddler or young child may be fearful, inhibited and unable to explore his/her world,
 - Stays close to primary caregiver; withdraws from others
- The toddler may venture out without regard to safety
 - e.g. a young child who attempts to jump off of high tables, climbs onto window ledges, or runs into the street.
- Parents may have difficulty with balancing attachment and autonomy.

©NCDV/TMH

Children may experience higher rates of traumatic stress based on age, proximity, severity, and ongoing exposure to intimate partner violence & other trauma

©NCDV/TMH

These interrelated factors can increase or protect against the traumatic impact of IPV

- Child's age, developmental stage, and individual characteristics
- Nature of the event, ongoing exposure
- Family and social environment
- Other stressors, adversities

Pynoos, et. al. (1999)
16

Impact is buffered and may be lessened by the totality of protective factors in young children's lives

It is important to understand young children's behavior & responses from a developmental, relational, and trauma-informed perspective

What We Might Observe in Infants

- Eating and sleeping difficulties
- Problems with digestion and elimination
- Irritability, hard to soothe
- Inconsolable crying
- Intense separation anxiety
- Easily startled
- Constricted, flat affect or unmodulated affect
- Hypervigilance

©NCDV/TMH

What We Might Observe in Toddlers

- Dysregulated behaviors similar to 1st year
- Aggressive behavior
- Intractable temper tantrums
- Angry noncompliance
- Restless, hyperactive, moody, impulsive
- Distortions in secure base behavior (inhibited exploration or recklessness, accident prone)
- Loss of recent developmental achievements

©NCDV/TMH

What We Might Observe in Preschoolers

- Dysregulated behaviors similar to previous stage
- Helplessness, passivity, low frustration
- Fearfulness, sadness, daydreaming, dissociation
- Stomachaches, headaches and other physical symptoms
- Difficulties with peers and social relationships
- Difficulties with concentrating and learning
- Posttraumatic play
- Talking about traumatic experience and reacting to reminders

©NCDV/TMH

With young children, we may observe:

- New, generalized fears
- Aggression
- Loss of recent developmental achievements

Zero to Three (2005). Diagnostic Classification of mental health and developmental disorders of infancy and early childhood: Revised edition (DC:0-3R).

Parent and child may become trauma reminders for each other

How Home Visitors and Center-Based Family & Child Care Providers Can Support Young Children and Parents Impacted by Intimate Partner Violence

Parents can be the single most important resource for their children's recovery from the effects of traumatic stress.

Lieberman and Van Horn (2008)

25

©NCDVTMH

Supporting the Non-Abusive Parent

- Begin with what she is identifying as needs or concerns for herself, for her baby/child, or family
- Be curious about partner's involvement in caregiving for the baby/child & family
- Does her partner interfere with her parenting? In what ways?
- What social and family supports does she have in her life?

©NCDVTMH

Are there safety concerns?

- Has IPV been disclosed?
 - It's a process of engagement and trust-building
- If not, what might be keeping the non-abusive partner from disclosing or from leaving?
- Strategies for continued services when the abusive partner is present and may be controlling contact between the home visitor and the other partner
- Does the home visitor feel safe during visits?

©NCDVTMH

Supporting the Non-Abusive Parent

- What's the mother's "state of mind" in relation to her baby?
- Open to learning about parent's history in relation to her abusive partner
 - How was the baby conceived (rape, reproductive coercion)? Violence during pregnancy? Forced sexual contact post-partum?
- Non-abusive parent and child may be trauma reminders for each other

©NCDV/TMH

Ways We Can Support Non-Abusive Parents & Their Young Children

- Reestablish a sense of safety and protection
- Provide information about the traumatic effects of IPV on babies and young children
 - Understanding trauma reminders
- Normalize traumatic responses in both child and non-abusive parent
 - Offer ways to reduce stress responses and increase ability to self-soothe when child or parent experiences hyperarousal

©NCDV/TMH

Ways We Can Support Non-Abusive Parents & Their Young Children

- Establish routines and rituals (meals, naps, bedtime)
- Help with daily transitions (to/from day care center; what comes next)
- Provide trauma-informed, developmental guidance
 - **For example:** Young child's normal separation anxiety and fear of loss of parent may be heightened by frightening experiences related to IPV

©NCDV/TMH

Considerations for Developing & Sustaining Partnerships with Domestic Violence Services and Seeking Trauma-Informed Mental Health Consultation & TA

©NCDV/TMH

Establishing Alliances with Local Domestic Violence (DV) Services & Systems

- Build relationships with local shelters and community-based DV programs
- Consult with DV programs about best practices for offering safety planning information, referrals and legal options
- Engage in cross-training opportunities
- Invest resources for in-house consultation and further training in this area to support home visitors and family/child center staff

©NCDV/TMH

Trauma-informed, IPV- and Culturally Sensitive, Mental Health Consultation & TA

- Establishing consultation and TA relationships to enhance competencies in this area, strengthen program services, and provide opportunities for reflective practice for both frontline & supervisory staff
- Making referrals and collaborating with qualified, local MH providers
 - Trained in trauma-specific interventions to address IPV, such as, Child-Parent Psychotherapy

©NCDV/TMH

Tips on Supporting Children and Youth Exposed to DV: What You Might See & What You Can Do

On our website @ www.nationalcenterdvtraumamh.org/trainingta/resources-for-advocates

©NCDVTMH

NATIONAL
Center on
Domestic Violence, Trauma & Mental Health

Susan Blumenfeld, MSW, LCSW
29 E. Madison St., Suite 800
Chicago, IL 60602
P: 312-726-7020 x2015
TTY: 312-726-4110
www.nationalcenterdvtraumamh.org
sblumenfeld@ncdvtmh.org

Funded by Family Violence Prevention and Services Program
Administration on Children Youth and Families
Administration for Children and Families
US Department of Health and Human Services
