



A 2Generation Approach for Traumatic Stress:

An Innovative Service Delivery Model for Families Impacted by Intimate Partner Violence

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Intimate Partner Violence

- Every *minute* 20 Americans are physically abused by an intimate partner (CDC, 2011)
- 10 million Americans are impacted by Intimate Partner Violence (IPV) annually (Niolon et al., 2017)
 - Women direct victims
 - 3.2 million children eyewitness
- IPV risk increases due to Covid-19



Psychological Consequences of IPV

- IPV is defined as:
The willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another.
- Physical and sexual assaults most common
- System of abuse is established
- PTSD prevalence around 64%-84% in abused adult women (Pico-Alfonso, 2005)
- Children at risk for PTSD, social-emotional issues, academic problems and other behavioral problems





Intergenerational Trauma

- Trauma experienced directly by one generation which can impact the mental health of their offspring (Fargas-Malet & Dillenburger, 2015)
- Research shows similarities in PTS across parent-child dyads in families who have experienced IPV: Children's functioning is intertwined
- Children who witness IPV are more likely to become victims or perpetrators of violence including later in life with their own intimate partners (Ehrensaft et al., 2003).

Theoretical
Mechanisms
Describing Risk
Transmission

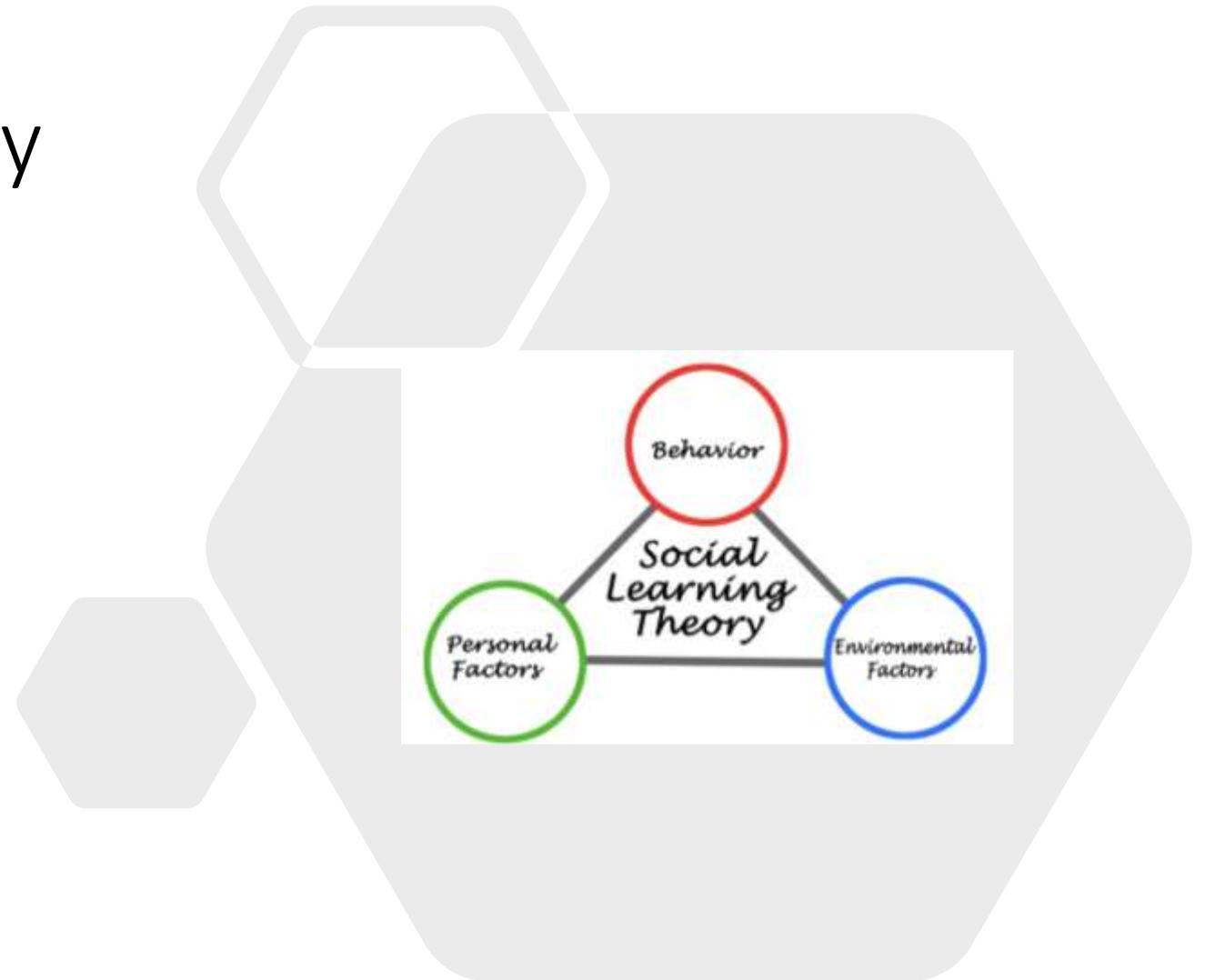
Social Learning Theory

Cognitive Theory

Attachment Theory

Social Learning Theory

- Children learn violent behavior as a strategy for navigating conflict and they repeat this behavior when faced with their own conflicts.
- IPV is associated with both aggressive and neglectful parenting practices
- Positive parenting skill level has been linked to increased child resilience



Cognitive Theory

Adults

- Impact beliefs about themselves:
 - Shame
 - Self-defeating thoughts
 - Belief they are powerless to change the situation
- Impact beliefs about themselves as parents:
 - Beliefs they are no longer loving and attentive caregivers
 - Perceive themselves to be alone and helpless
 - Fear and loneliness may contribute to the belief that they are inadequate as a parent
 - Increased belief their child may be better off without them

Children

- Thoughts of helplessness
- Belief they are somehow different from peers
- Thoughts of being unworthy of love



Attachment Theory

- A secure attachment serves as a protective factor against mental health difficulties like PTS
- IPV can disrupt secure attachment and harm a mother's internal response to her child
 - Mothers may see child as helpless → overprotective / shameful parent response
 - Mothers may see the child as hostile or like her perpetrator → rejection of the child
- Failure of appropriate parental response → increase in child's negative PTS symptoms



Current Treatment Literature

- Current therapeutic models are limited and insufficient at treating the complex needs of IPV families
- IPV families face barriers to accessible treatment
 - Logistic Concerns
 - Too Expensive
 - Not Enough Practitioners
- There is room to optimize these treatments

Treatment Type	Child Focus	Adult Focus	Parenting Skills
Adult Treatments	✗	✓	✗
Parent-Child Treatments	✓	✗	✓

A 2Generational Approach

- 2Gen treats parents and children simultaneously (Department of Education, 2016)
- A possible optimizing approach to lessen barriers



2Gen Literature



- **“Two Generation 1.0”** Early programs focused on adult education and job training (National Head Start Association, 2015)
- **“Two Generation 2.0”** A second wave of programs aimed at young mothers and their children to reduce long-term welfare participation (Bronfenbrenner, Alvarez & Henderson, 1984; Ceci & Bronfenbrenner, 1985)

Gap: Despite the rationale, there is no framework for implementing 2Gen in a clinical setting, thus there have been *no* studies to test this approach for clinical outcomes.

Preliminary Findings



- Recent 2020 pilot of a 2Gen program demonstrated improvement to young parent's education, personal growth, employment and parenting (Burkhardt et al.)
- Kids Club and Mom's Empowerment Group provides simultaneous parent-child groups, showing improvements in externalizing problems and attitudes towards violence, but does not treat PTS (Graham-Bermann et al., 2007).
- There remains a lack of focus on PTS and the parent-child relationship

Proposed Treatment Design

Parent Groups Include:

- Psychoed about trauma, PTSD, CBT
- Coping skills development
- Relaxation and grounding
- Self-Compassion
- Trauma-focused child development and parenting

Child Groups Include:

- Learning the CBT model
- Learning how trauma impacts CBT triangle
- Challenging avoidance
- Identifying coping and safe adults to talk to

Parent/Child Combined:

- Attunement activities
- Practice positive praise
- Healthy touch

One 90-minute session weekly for 8 weeks

Parent Group
60 Minutes

Child Group
60 Minutes

Combined Parent
Child Skills Group
30 Minutes

Conclusions and Future Directions

- Parents' mental health protects children from the risk associated with exposure to IPV
- Child treatment outcomes improve when parents are involved
- Concurrent treatment can mitigate barriers to accessible treatment
- While interventions exist for IPV, a distinct framework and theory of change has not been identified
- Goal for the future is to bring the 2Gen approach from theory into practice (ideally in Fall 2021)
- Aim to address the gap in the 2Gen literature
- Aim to increase the treatment options to more effectively meet the needs for IPV families

Thank You!

Please scan the QR code for references

