

# Breaking the Cycle of Generational Domestic Abuse: A Child's Perspective



Ashley Davis, MRC and Brian Parnell, LCSW

# The Effects on Children of Domestic Abuse





# Emotional Trauma Leads to Brains Wired for Fear

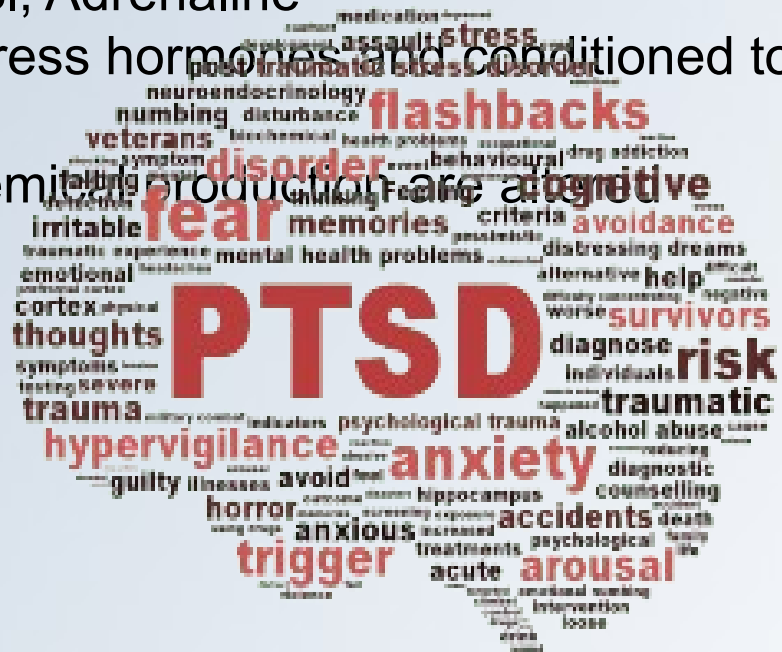
# Trauma

## Fear Response in Mother

## Release of Stress Hormones – Cortisol, Adrenaline

Fetus' developing brain is bathed in stress hormones and conditioned to react more quickly as if danger is present

# Physical structure of the brain and chemical products



## Effects of In-Utero Trauma

Nightmares

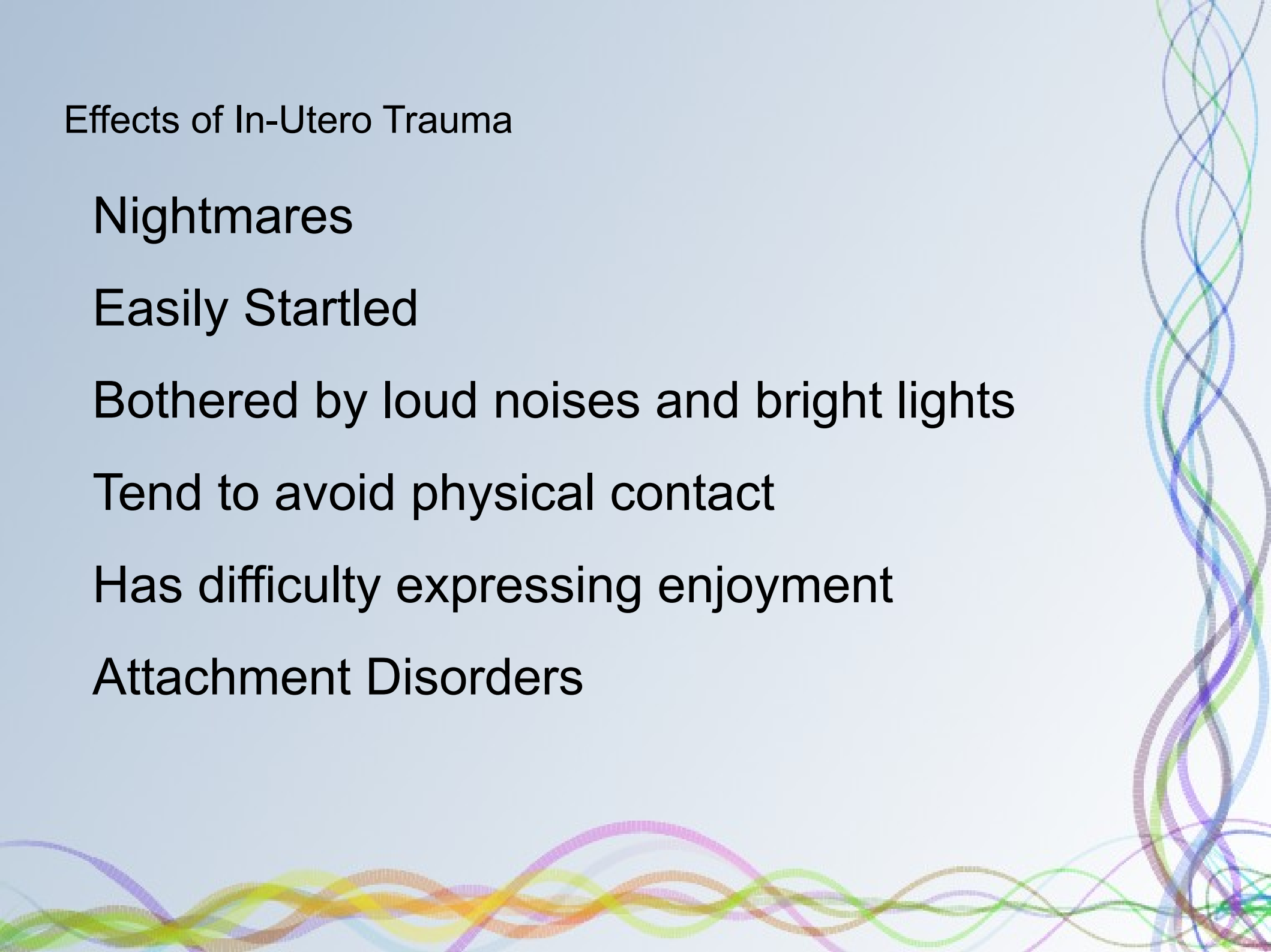
Easily Startled

Bothered by loud noises and bright lights

Tend to avoid physical contact

Has difficulty expressing enjoyment

Attachment Disorders





From 2003 to 2008  
147 Utah Children  
were directly exposed to an intimate  
partner related homicide.  
78% of these children were under six  
years of age.

Utah Department of Health Violence and Injury Prevention Program

One study reported that  
90%  
of children where domestic abuse  
takes place are aware of it.

## Impact of DV Exposure in Childhood

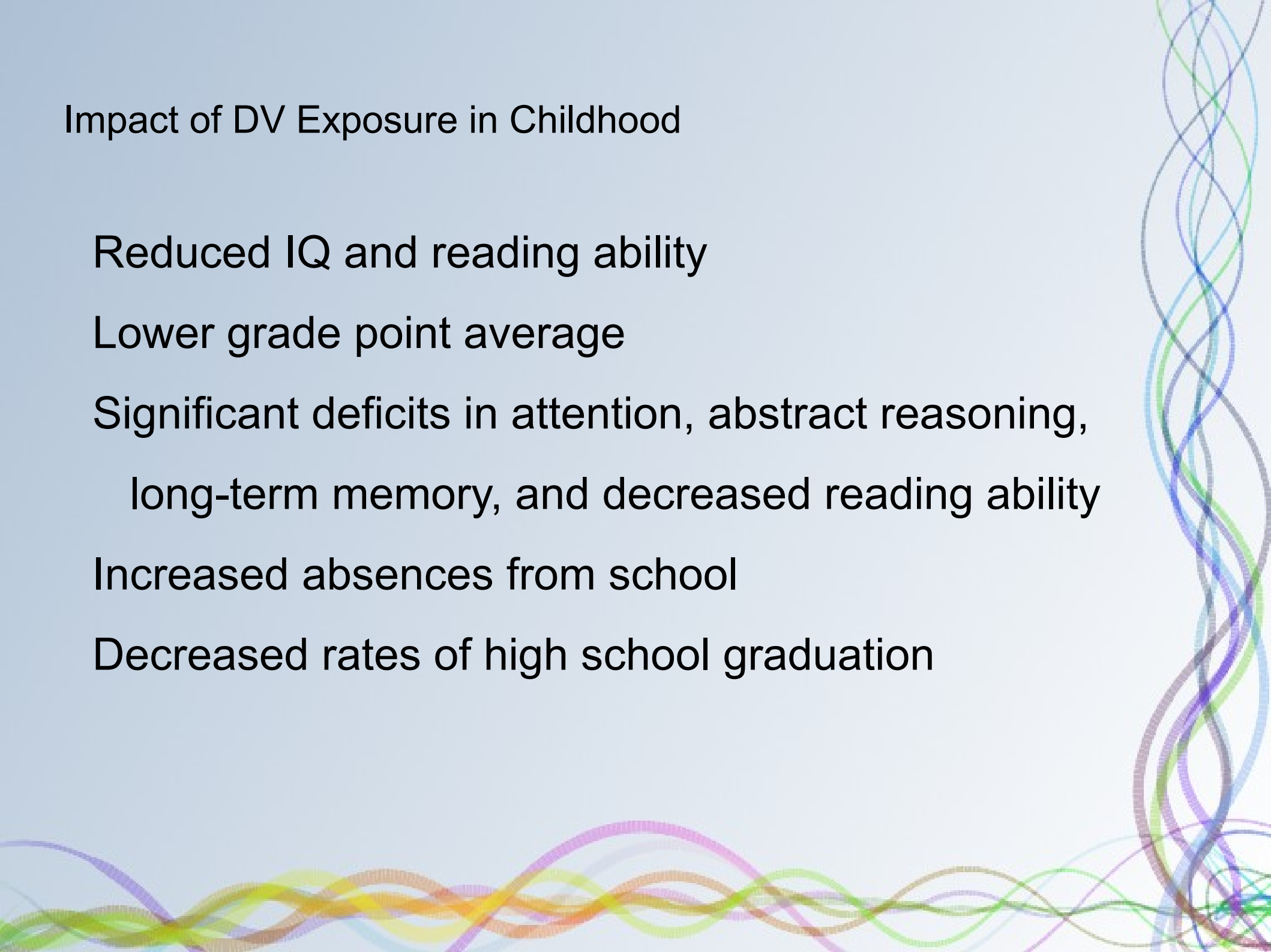
Reduced IQ and reading ability

Lower grade point average

Significant deficits in attention, abstract reasoning,  
long-term memory, and decreased reading ability

Increased absences from school

Decreased rates of high school graduation





## Impact of DV Exposure in Childhood

**6 times** more likely to commit suicide

**26 times** more likely to commit sexual assault

**57 times** more likely to abuse drugs

**74 times** more likely to commit crimes against  
people

Being raised in a home where there is domestic abuse is the #1 predictor of who will be involved in DV as an adult.



# What is Trauma?

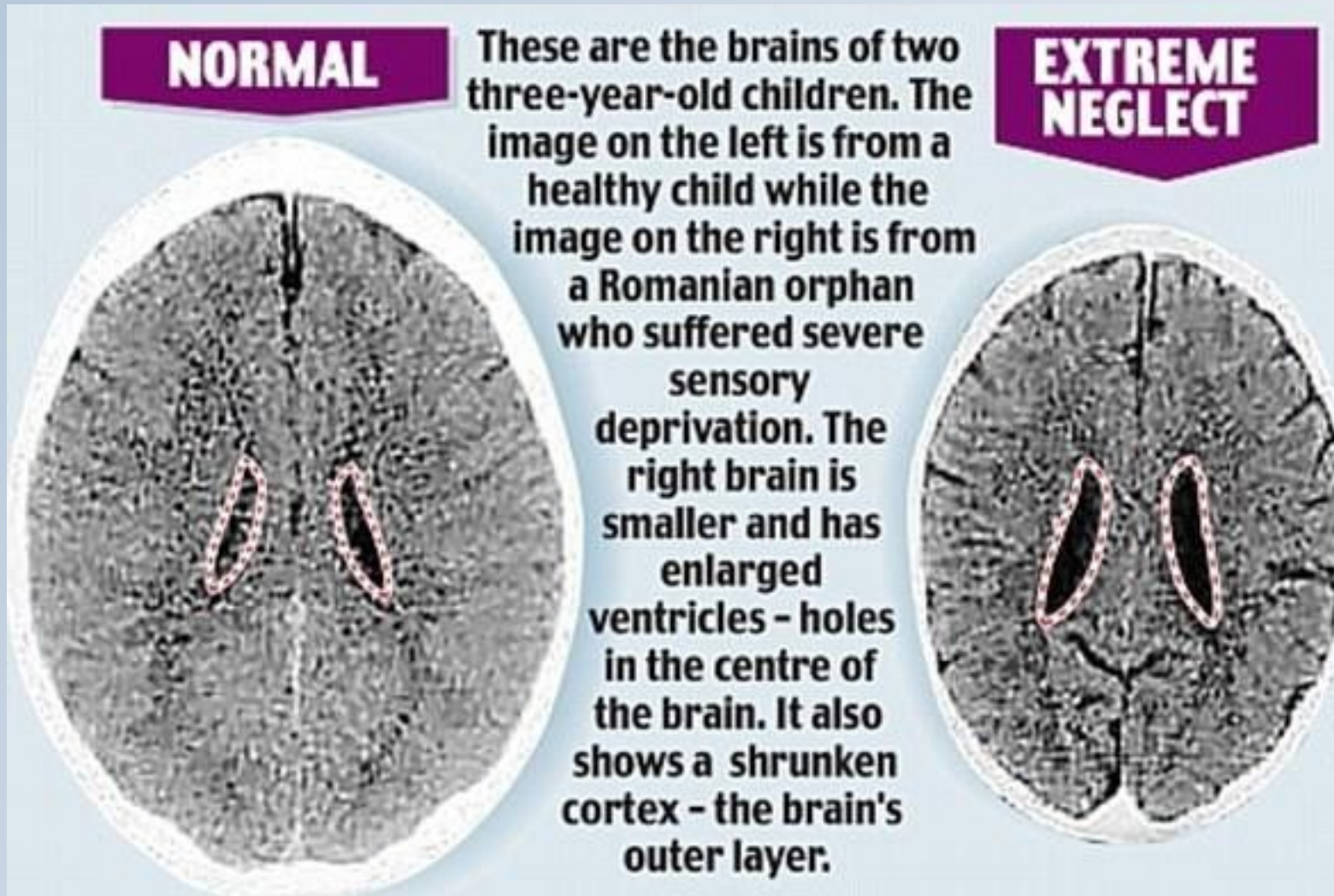


# Trauma is:

“ A psychologically distressing event that is outside the range of usual human experience, often involving a sense of intense fear, terror and helplessness.”<sup>12</sup>

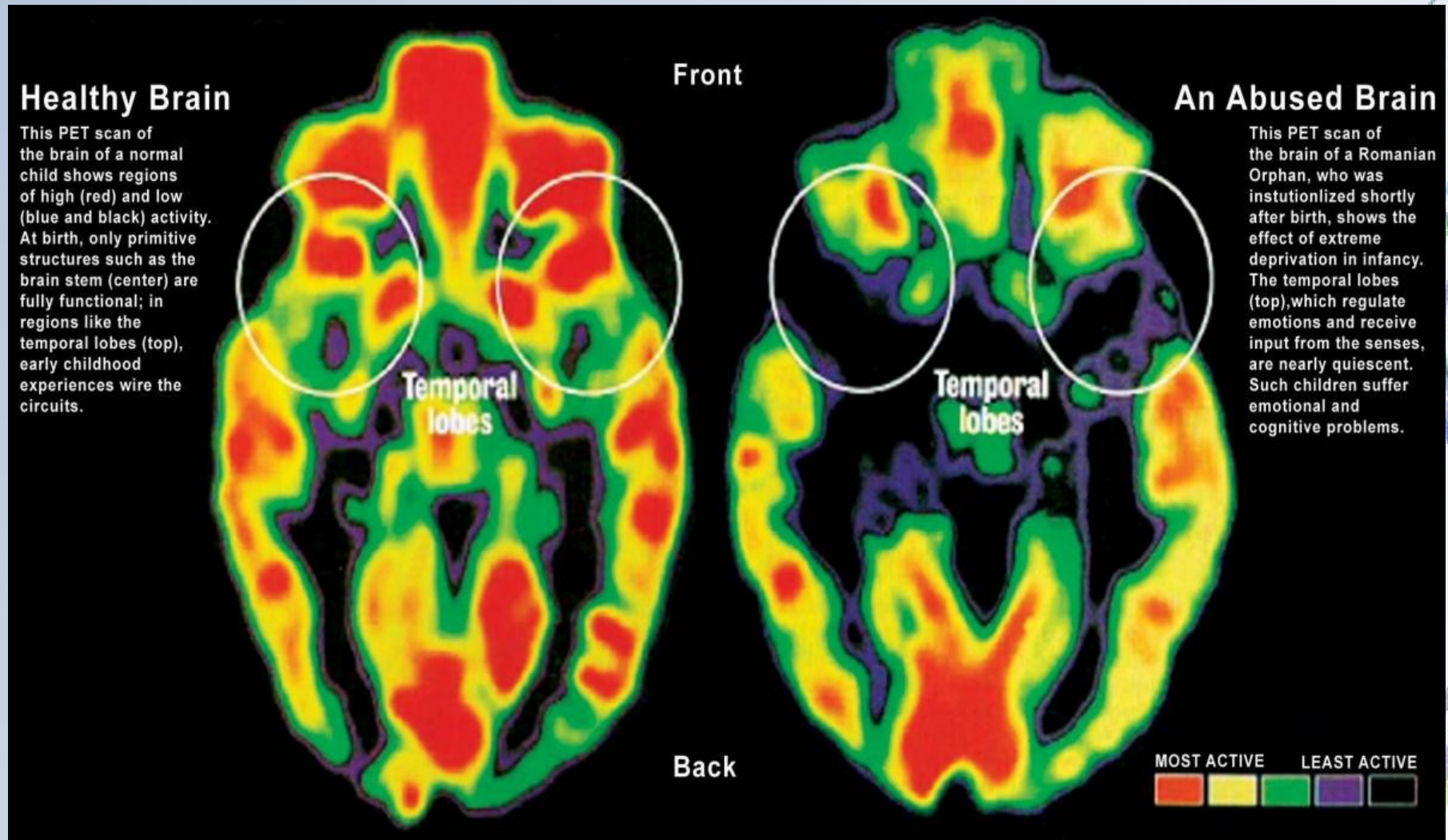
“**Trauma** is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives.”<sup>14</sup>

# What does that really mean?





# Developmental Growth





# First Impression



# Setting



# Assessment

- ❖ What do you typically do for adults?
  - Before the client even arrives go through intake paperwork (i.e. referral information, concerns the client already has, the assessments, etc.)
  - Ask them “Why are you here?” or “What brings you in today?”
    - Typically this will result in the individual starting to open up and talk more about their experience
  - Usually you have a list of questions as well
    - What was your childhood like?
    - Have you ever been the abuser/abusee in a relationship?
    - Are you suicidal?



# Assessment

## ❖ What about children?

- Go through the intake paperwork
- Ask the child “Why do you think you are here today?” If they say “I don’t know” accept that and move on
- Get to know the child with a worksheet the child could do (depending on age)
- Have the child do the Beck Youth Inventory Assessment (depending on age)
- Get as much information as possible from the child, parent and other resources (i.e. caseworker or school)
- Take an accurate Mental Status Examination



## Getting To Know You Questionnaire

1. If you could buy anything in the world, what would it be? .....
2. What are you good at? .....
3. What aren't you so good at? .....
4. What do you want for your birthday/ Christmas? .....
5. What is love? .....
6. What is your favourite animal? .....
7. What is your favourite book? .....
8. What is your favourite colour? .....
9. What is your favourite game to play? .....
10. What is your favourite movie? .....
11. What is your favourite number? .....
12. What is your favourite song? .....
13. What is your favourite thing to do? .....
14. What is your favourite thing to do? .....
15. What is your favourite thing to eat? .....
16. What is your favourite toy? .....
17. What is your favourite TV show? .....
18. What is your least favourite thing to eat? .....
19. What makes you angry? .....
20. What makes you happy? .....
21. What makes you sad? .....
22. What makes you scared? .....
23. What would you like to be when you grow up? .....
24. Where is your favourite place to go? .....
25. Who is your best friend? .....

# Want to know ME?

I AM A... GIRL  
BOY

I get sad when....

The person I'm closest to  
is....

Someone I don't like  
to be around is...

Things that make  
me happy...

Something I am really  
good at:

My friends are...

I live with....

And all this makes me,  
ME, \_\_\_\_\_

Things I worry about....

And I am  
\_\_\_\_ years  
old!

ME!



**BECK** *Youth*  
INVENTORIES™  
**SECOND EDITION**  
*for children and adolescents*

## Combination Booklet

Please read instructions at the top of each inside page.

### Background Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Today's Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Sex: ☐ Female ☐ Male Grade: \_\_\_\_\_ ID: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_

Notes:

**PEARSON**

PsychCorp is an imprint of Pearson Clinical Assessment.

Pearson Executive Office 5601 Green Valley Drive Bloomington, MN 55437  
800.627.7271 [www.PearsonClinical.com](http://www.PearsonClinical.com)

Copyright © 2001 NCS Pearson, Inc. All rights reserved.

**Warning:** No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from the copyright owner.

Pearson, the PSI logo, PsychCorp, and Beck Youth Inventories are trademarks in the U.S. and/or other countries of Pearson Education, Inc., or its affiliate(s).

Printed in the United States of America.

 **PsychCorp**

Here is a list of things that happen to people and that people think or feel. Read each sentence carefully, and circle the one word (Never, Sometimes, Often, or Always) that tells about you best. THERE ARE NO RIGHT OR WRONG ANSWERS.

	0	1	2	3
1. I work hard.	Never	Sometimes	Often	Always
2. I feel strong.	Never	Sometimes	Often	Always
3. I like myself.	Never	Sometimes	Often	Always
4. People want to be with me.	Never	Sometimes	Often	Always
5. I am just as good as the other kids.	Never	Sometimes	Often	Always
6. I feel normal.	Never	Sometimes	Often	Always
7. I am a good person.	Never	Sometimes	Often	Always
8. I do things well.	Never	Sometimes	Often	Always
9. I can do things without help.	Never	Sometimes	Often	Always
10. I feel smart.	Never	Sometimes	Often	Always
11. People think I'm good at things.	Never	Sometimes	Often	Always
12. I am kind to others.	Never	Sometimes	Often	Always
13. I feel like a nice person.	Never	Sometimes	Often	Always
14. I am good at telling jokes.	Never	Sometimes	Often	Always
15. I am good at remembering things.	Never	Sometimes	Often	Always
16. I tell the truth.	Never	Sometimes	Often	Always
17. I feel proud of the things I do.	Never	Sometimes	Often	Always
18. I am a good thinker.	Never	Sometimes	Often	Always
19. I like my body.	Never	Sometimes	Often	Always
20. I am happy to be me.	Never	Sometimes	Often	Always

BSCI-Y  
Total RS

## For Office Use Only After All Testing Is Complete

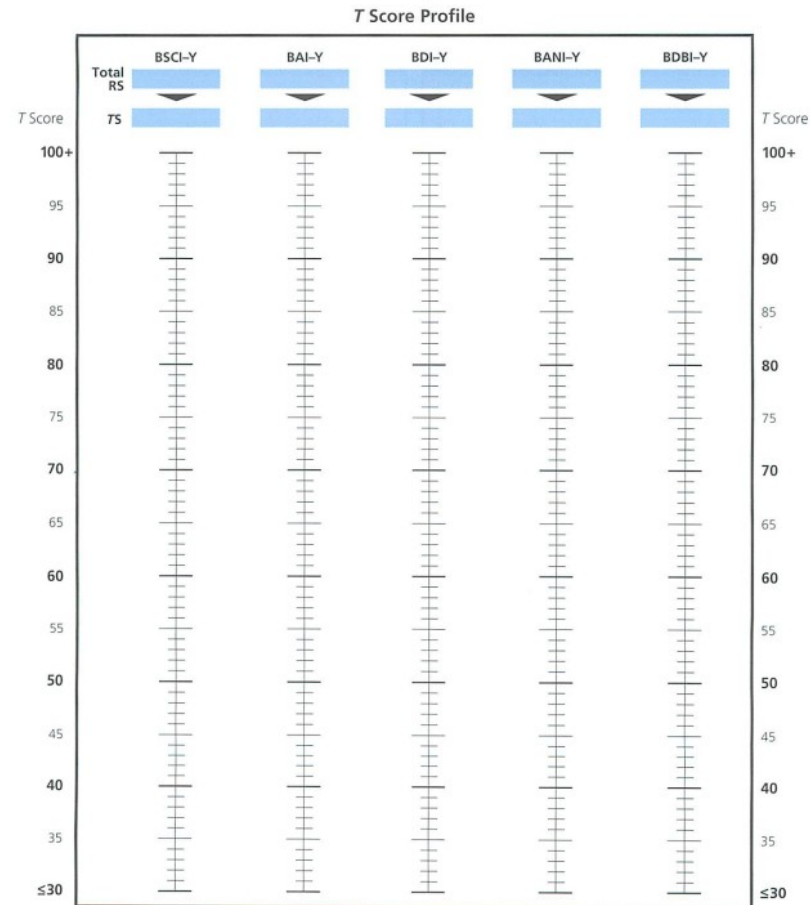
When the booklet is returned, ensure that all items are completed. Follow the instructions below to score the inventories.

Starting on page 2, total the value of the responses for all 20 items of the inventory. Record the total raw score in the box at the bottom of the page. Repeat this for pages 3-6.

Transfer each total raw score to the total raw score box (in the row labeled Total RS) for the inventory.

Use Tables A.1-A.3 to convert the raw scores to T scores. The tables are presented age-by-sex across the five inventories.

Enter the T score for each inventory in the corresponding T score box (in the row labeled TS). The profile can be plotted after the T scores are obtained.



## ❖ Self Concept

Score	Severity Level
$T = >55$	Above average
$T = 45-55$	Average
$T = 40-44$	Lower than average
$T = <40$	Much lower than average

## ❖ Everything Else

Score	Severity Level
$T = 70+$	Extremely elevated
$T = 60-69$	Moderately elevated
$T = 55-59$	Mildly elevated
$T = <55$	Average



**For Office Use Only** *(Complete after testing and detach)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Sex: ☐ Female ☐ Male Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Referral Information**

Referred by: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Clinical Information**

**Treatment Status**

Intake: ☐  
Review: ☐  
Other: ☐  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational Information**

**Education Status**

School: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_  
  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assessment Information**

Testing Observation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Testing Results**

Elevated Scores: \_\_\_\_\_  
Critical Items: \_\_\_\_\_  
Recommended Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PEARSON**

Copyright © 2001 NCS Pearson, Inc. All rights reserved.

 **PsychCorp**

24 A B C D E 281118-3 654321

Product Number 0158603583

## Mental Status Exam

<b>Client Name</b>		<b>Date</b>	
<b>OBSERVATIONS</b>			
Appearance	<input type="checkbox"/> Neat	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Inappropriate
	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Other	
Speech	<input type="checkbox"/> Normal	<input type="checkbox"/> Tangential	<input type="checkbox"/> Pressured
	<input type="checkbox"/> Impoverished	<input type="checkbox"/> Other	
Eye Contact	<input type="checkbox"/> Normal	<input type="checkbox"/> Intense	<input type="checkbox"/> Avoidant
	<input type="checkbox"/> Other		
Motor Activity	<input type="checkbox"/> Normal	<input type="checkbox"/> Restless	<input type="checkbox"/> Tics
	<input type="checkbox"/> Slowed	<input type="checkbox"/> Other	
Affect	<input type="checkbox"/> Full	<input type="checkbox"/> Constricted	<input type="checkbox"/> Flat
	<input type="checkbox"/> Labile	<input type="checkbox"/> Other	
Comments:			
<b>MOOD</b>			
<input type="checkbox"/> Euthymic			
<input type="checkbox"/> Anxious			
<input type="checkbox"/> Angry			
<input type="checkbox"/> Depressed			
<input type="checkbox"/> Euphoric			
<input type="checkbox"/> Irritable			
<input type="checkbox"/> Other			
Comments:			
<b>COGNITION</b>			
Orientation Impairment	<input type="checkbox"/> None	<input type="checkbox"/> Place	<input type="checkbox"/> Object
	<input type="checkbox"/> Person	<input type="checkbox"/> Time	
Memory Impairment	<input type="checkbox"/> None	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Long-Term
	<input type="checkbox"/> Other		
Attention	<input type="checkbox"/> Normal	<input type="checkbox"/> Distracted	<input type="checkbox"/> Other
Comments:			
<b>PERCEPTION</b>			
Hallucinations	<input type="checkbox"/> None	<input type="checkbox"/> Auditory	<input type="checkbox"/> Visual
	<input type="checkbox"/> Other		
Other	<input type="checkbox"/> None	<input type="checkbox"/> Derealization	<input type="checkbox"/> Depersonalization
Comments:			
<b>THOUGHTS</b>			
Suicidality	<input type="checkbox"/> None	<input type="checkbox"/> Ideation	<input type="checkbox"/> Plan
	<input type="checkbox"/> Intent	<input type="checkbox"/> Self-Harm	
Homicidality	<input type="checkbox"/> None	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Intent
	<input type="checkbox"/> Plan		
Delusions	<input type="checkbox"/> None	<input type="checkbox"/> Grandiose	<input type="checkbox"/> Paranoid
	<input type="checkbox"/> Religious	<input type="checkbox"/> Other	
Comments:			
<b>BEHAVIOR</b>			
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Guarded	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Agitated
	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Stereotyped	
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Other
Comments:			
<b>INSIGHT</b>	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Comments:			
<b>JUDGMENT</b>	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Comments:			



### Mini-Mental Status Examination

The Mini-Mental Status Examination offers a quick and simple way to quantify cognitive function and screen for cognitive loss. It tests the individual's orientation, attention, calculation, recall, language and motor skills.

Each section of the test involves a related series of questions or commands. The individual receives one point for each correct answer.

To give the examination, seat the individual in a quiet, well-lit room. Ask him/her to listen carefully and to answer each question as accurately as he/she can.

Don't time the test but score it right away. To score, add the number of correct responses. The individual can receive a maximum score of 30 points.

A score below 20 usually indicates cognitive impairment.

#### The Mini-Mental Status Examination

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Years of School: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Orientation to Time	Correct	Incorrect	
What is today's date?	<input type="checkbox"/>	<input type="checkbox"/>	
What is the month?	<input type="checkbox"/>	<input type="checkbox"/>	
What is the year?	<input type="checkbox"/>	<input type="checkbox"/>	
What is the day of the week today?	<input type="checkbox"/>	<input type="checkbox"/>	
What season is it?	<input type="checkbox"/>	<input type="checkbox"/>	
			Total: ____

Orientation to Place			
Whose home is this?	<input type="checkbox"/>	<input type="checkbox"/>	
What room is this?	<input type="checkbox"/>	<input type="checkbox"/>	
What city are we in?	<input type="checkbox"/>	<input type="checkbox"/>	
What county are we in?	<input type="checkbox"/>	<input type="checkbox"/>	
What state are we in?	<input type="checkbox"/>	<input type="checkbox"/>	
			Total: ____

#### Immediate Recall

Ask if you may test his/her memory. Then say "ball", "flag", "tree" clearly and slowly, about 1 second for each. After you have said all 3 words, ask him/her to repeat them – the first repetition determines the score (0-3):

Ball	<input type="checkbox"/>	<input type="checkbox"/>	
Flag	<input type="checkbox"/>	<input type="checkbox"/>	
Tree	<input type="checkbox"/>	<input type="checkbox"/>	
			Total: ____

# Diagnosis

- ❖ Now is the time to take all of that information you have gathered to come up with the diagnosis
  - Beck Youth Inventory Assessment Results
  - Mental Status Examination Results
  - Face to Face Interview
- ❖ ICD10Data.com to verify your diagnosis and get the accurate code

# Diagnosis

- ❖ F01-F99: Mental, Behavioral & Neurodevelopmental Disorders
- ❖ T74: Adult and Child abuse, neglect and other maltreatment, confirmed
- ❖ T76: Adult and Child abuse, neglect and other maltreatment, suspected
- ❖ Most likely will have a T code and an F code

# General Layout

❖ This really depends on what software you use to do your assessments but essentially it should include the following information.

- Header
- Identifying Information
- Report Details
- General Observations
- Chief Complaint
- Description of Presenting Problem
- Family/Social History
- Domestic Violence History
- Legal/Criminal History
- Previous Treatment History
- Substance Use/Abuse & Treatment
- Clinical Formulation (Assessment Information)
- Diagnosis
- Recommendation

# Treatment Plans



- ❖ Based on your assessment results and best judgment pick an appropriate therapeutic approach that you are comfortable with.
- ❖ Most importantly you want to build rapport with the child and make sure that they feel safe talking with you.
- ❖ Typically treatment goals usually involve:
  - Understanding of emotions and appropriate emotional expression
  - Understanding of trauma and abuse, and how that has affected the child
  - Improved Self-Concept (measured by the BYI)

# Emotional Understanding & Age Appropriate Behaviors

- ❖ Understand where the child should be developmentally by age
- ❖ Start by identifying what emotions the child knows and does not know
- ❖ Start identifying what strategies can be used to help the child with their emotional processing
  - Standing Technique
  - Mindfulness Skills
    - Spidey-Senses



# A TO Z OF COPING SKILLS

<b>A</b> ASK for help	<b>B</b> BREATHE deeply and slowly	<b>C</b> COUNT forwards or backwards	<b>D</b> DRINK some cold water
<b>E</b> EXERCISE run, jump, skip, kick a ball or walk fast	<b>F</b> FIND a safe place	<b>G</b> GO to your happy place	<b>H</b> HUG a friend or family member
<b>I</b> IGNORE people who are annoying you	<b>J</b> JOKES to help you laugh	<b>K</b> KIND hands. Keep them to yourself	<b>L</b> LISTEN to calming music
<b>M</b> MEDITATE use yoga or mindfulness	<b>N</b> NAME the emotion you are feeling	<b>O</b> OBSERVE Use mindfulness techniques	<b>P</b> PAINT your feelings
<b>Q</b> QUESTION your thoughts	<b>R</b> RUN as fast as you can	<b>S</b> SEPARATE yourself from the situation	<b>T</b> THOUGHTS negative to positive
<b>U</b> USE your safe place	<b>V</b> VOICE your concerns	<b>W</b> WRITE down your feelings	<b>X</b> EXHALE breathe out your feelings
 elsa support www.elsa-support.co.uk	<b>Y</b> YELL as loud as you can into a pillow	<b>Z</b> ZONE out and relax yourself	

# Mindfulness and the Brain

## – How to Explain It to Children



### Mindfulness To The Rescue

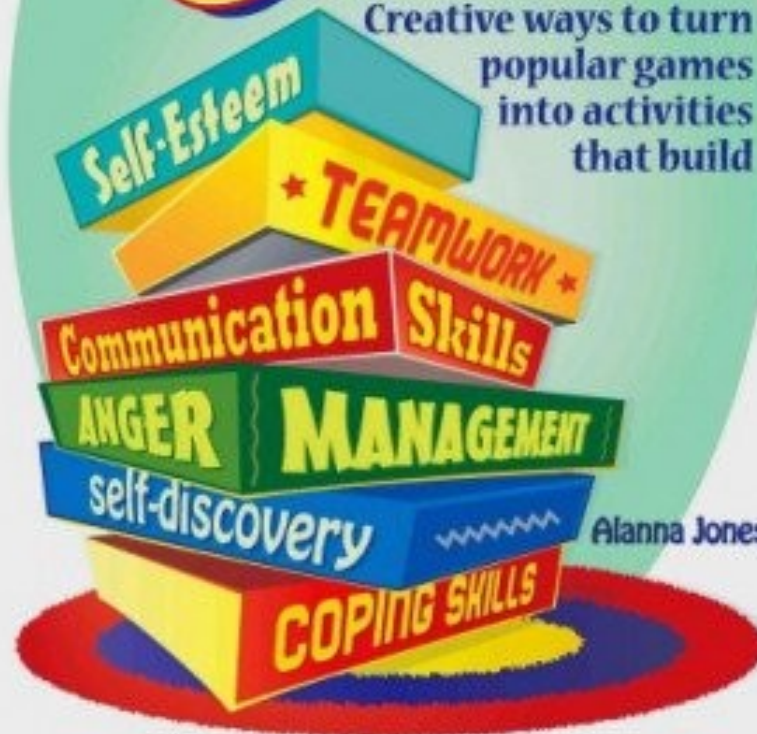
Mindfulness helps us to calm down, and this, in turn, calms the amygdala so that it allows the information flow to the prefrontal cortex—that part of our brains that helps us make good choices. When we’re calm, we can more easily be mindful and make good choices.

# Understanding Trauma

- ❖ Make sure that the language you use is age appropriate
- ❖ Talk about the power and control wheel, different forms of abuse
  - Remember the child might not know what abuse looks like
- ❖ Allow the child to ask questions and sort of guide the conversation
- ❖ If you notice the child is getting triggered, take a break and do a mindfulness exercise
  - In later sessions you can discuss what triggered the child and help the child find helpful strategies to cope when they become triggered

# Therapy Games

Creative ways to turn  
popular games  
into activities  
that build



Alanna Jones



# Therapy Games

- ❖ Jenga
- ❖ Cards & Dice
- ❖ Chutes & Ladders
- ❖ Monopoly
- ❖ Apples to Apples
- ❖ Rory Story Cubes
- ❖ And Much More!



# TF-CBT

“As its name implies is a form of cognitive behavioral therapy that addresses the specific emotional and mental health needs of children, adolescents, adult survivors, and families who are struggling to overcome the destructive effects of early trauma. Trauma-focused cognitive behavioral therapy (TF-CBT) is especially sensitive to the unique problems of youth with post-traumatic stress and mood disorders resulting from abuse, violence, or grief. Because the client is usually a child, TF-CBT often brings non-offending parents or other caregivers into treatment and incorporates principles of family therapy.”<sup>15</sup>

# Other Therapeutic Techniques

## ❖ Accelerated Resolution Therapy (ART)

- “...works directly to reprogram the way in which distressing memories and images are stored in the brain so that they no longer trigger strong physical and emotional reactions.”<sup>16</sup>

## ❖ Dialectical Behavioral Therapy (DBT)

- “...provides clients with new skills to manage painful emotions and decrease conflict in relationship.”<sup>4</sup>

## ❖ Person Centered Therapy



# Measure Progress

- ❖ Compare Beck Youth Inventory Results from the first day to the last day
- ❖ Compare behavioral observations and mental status examination
- ❖ If you feel the child has made sufficient and adequate progress then start talking to the child and parent/guardian about terminating services



# Thanks & Enjoy!



# References

- 1 - A Child's Perspective of a Traumatic Experience. (n.d.). Retrieved from <https://sesamestreetincommunities.org/activities/responses-trauma-age-age-video/>
- 2 - Bariso, J. (2018, November 5). 7 Strategies Emotionally Intelligent People Use to Keep Their Feelings Under Control. Retrieved from <https://www.inc.com/justin-bariso/7-simple-strategies-that-will-help-you-manage-your-emotions.html>
- 3 - Beck, J. S., Beck, A. T., Jolly, J. B., & Steer, R. A. (2005). Beck Youth Inventories: Second Edition for children and adolescents: Manual: Depression inventory for youth, anxiety inventory for youth, anger inventory for youth, disruptive behavior inventory for youth, self-concept inventory for youth. San Antonio, Tex: Psychological Corp.
- 4 - Dialectical Behavior Therapy. (n.d.). Retrieved from <https://www.psychologytoday.com/us/therapy-types/dialectical-behavior-therapy>
- 5 - Getting to know your client worksheet .... building rapport: Career counseling: School counselor, Counseling activities, Elementary counseling. (n.d.). Retrieved from <https://www.pinterest.com/pin/733383120540542906/?lp=true>
- 6 - Jones, A. (2013). Therapy games: Creative ways to turn popular games into activities that build self-esteem, teamwork, communication skills, anger management, self-discovery, and coping skills. Richland, WA: Rec Room Publishing LLC.
- 7 - Lindsay. (2016, December 05). Getting To Know Your Child or Stepchild Questionnaire Free Printable. Retrieved from <https://homehugshuskies.wordpress.com/2016/12/05/getting-to-know-your-child-or-stepchild-questionnaire-free-printable/>
- 8 - Linn, A. (2018, January 21). Science reveals severe childhood trauma can alter developing brain, creates lifetime risk. Retrieved from <https://www.lcsun-news.com/story/news/local/new-mexico/2018/01/21/severe-childhood-trauma-alter-developing-brain-create-lifetime-risk/1039104001/>
- 9 - Mailonline, C. T. (2017, November 02). Brain scans of toddlers reveal impact of childhood neglect. Retrieved from <https://www.dailymail.co.uk/health/article-5043215/Brain-scans-toddlers-reveal-impact-childhood-neglect.html>
- 10 - Mental Status Exam (Worksheet). (n.d.). Retrieved from <https://www.therapistaid.com/therapy-worksheet/mental-status-exam>
- 11 - Mindfulness and the Brain-How to Explain It to Children. (2018, February 11). Retrieved from <https://blissfulkids.com/mindfulness-and-the-brain-how-to-explain-it-to-children/>
- 12 - Perry, B. D., M.D., Ph.D. (2014). Helping Traumatized Children: A Brief Overview for Caregivers. Child Trauma Academy. Supporting emotional literacy. (n.d.). Retrieved from <https://www.elsa-support.co.uk/a-z-of-coping-skills/>
- 13 - Tombaugh, T. N., McDowell, I., Kristjansson, B., & Hubley, A. M. (1996). Mini-Mental State Examination (MMSE) and the Modified MMSE (3MS): A psychometric comparison and normative data. Psychological Assessment, 8(1), 48-59. <http://dx.doi.org/10.1037/1040-3590.8.1.48>
- 14 - Trauma. (2019). Retrieved from <https://www.apa.org/topics/trauma/>
- 15 - Trauma-Focused Cognitive Behavior Therapy. (n.d.). Retrieved from <https://www.psychologytoday.com/us/therapy-types/trauma-focused-cognitive-behavior-therapy>
- 16 - Treating Trauma. (n.d.). Retrieved from <https://acceleratedresolutiontherapy.com/>