

SPECIAL ISSUE ARTICLE

Mitigating the impact of intimate partner violence in pregnancy and early childhood: A dyadic approach to psychotherapy

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Abstract

Intimate partner violence (IPV) is often considered an adult problem despite profound consequences for the children who are exposed to violent relational patterns. About a third of children and adolescents report past exposure to parental IPV, and a majority were first exposed as infants. Exposure to IPV during pregnancy through the first 5 years of a child's life has consequences ranging from adverse birth outcomes to diagnosable emotional problems and lasting physiological dysregulation. This article reviews risks and consequences of IPV in pregnancy and early childhood and discusses a relational psychotherapeutic treatment approach (Child-Parent Psychotherapy) applied to both developmental stages to mitigate the adverse consequences of family violence on parents and their children. Research evidence for the effectiveness of Child-Parent Psychotherapy (CPP) among IPV-exposed families is reviewed as are specific treatment components which seek to restore relational safety following familial violence. Additionally, clinical considerations unique to families with histories of or ongoing exposure to IPV are discussed. Finally, recommendations are presented to improve the integration between medical and early childhood behavioral health systems for families at highest risk for chronic IPV.

KEYWORDS

dyadic, early childhood, intimate partner violence, pregnancy, psychotherapy

Key points for the family court community

- Infants and children exposed to IPV are at elevated risk for later socioemotional difficulties, physiological dysregulation and child welfare involvement.
- IPV threatens relational safety; dyadic, relationship-based psychotherapies are well suited to repair ruptures in family relationships caused by violence restore psychological health.
- Child Parent Psychotherapy and its perinatal application are interventions that can improve to child and parental psychopathology, parenting beliefs and attachment security.

AUTHOR BIOGRAPHIES



Dr. Carolyn Ponting is a postdoctoral fellow at the University of California, San Francisco. She received her Ph.D. in clinical psychology from the University of California, Los Angeles. Her research works to enhance the cultural responsiveness of evidence-based treatments in Latinx communities by: (1) identifying sociocultural determinants of mental health problems, and (2) testing the efficacy and acceptability of psychotherapy for individuals with intersecting marginalized identities. She studies how factors like discrimination, acculturative stress, and cultural values such as familism influence risk profiles for depression, anxiety, and traumatic stress in Latinx families living in under resourced areas. More recently,

her research has concentrated on treatment outcome for Latinas and Black pregnant women seeking psychotherapy for depression and anxiety, groups at particular risk for adverse perinatal health outcomes.



Dr. Rachel C. Tomlinson is a postdoctoral fellow at the University of California, San Francisco. She received her Ph.D. in clinical psychology from the University of Michigan. Her research program investigates how early life experience influences children's cognitive and social development. Dr. Tomlinson's work is grounded in Bronfenbrenner's bioecological model and takes an "ecological neuroscience" approach, embracing the idea that the developing brain is embedded within, and interacts with, multiple levels of context. A primary line of her research investigates how context, particularly inequality in resources (e.g., poverty), affects brain and behavioral measures of executive functioning.

Dr. Tomlinson is particularly interested in the interplay between neighborhood context, parent-child relationships, and biological and behavioral measures of cognitive development.



Dr. Ann Chu is an Assistant Clinical Professor at the University of California, San Francisco and Associate Director of Dissemination for Child-Parent Psychotherapy (CPP) at the UCSF Child Trauma Research Program. She received her Ph.D. in clinical psychology from the University of Denver. She is interested in bringing trauma-informed principles and CPP-based interventions (e.g., Attachment Vitamins) to child serving systems such as primary care, childcare/early childhood education, and child welfare. Dr. Chu is currently working with research partners to evaluate the effectiveness of Attachment Vitamins and whether CPP works for children with exposure to specific types of trauma such as sexual

abuse and traumatic bereavement. Her research to date has examined how trauma impacts vulnerable populations such as young children, youth in foster care, and survivors of childhood sexual abuse. Throughout these activities, she maintains a commitment to improving the quality of care for young children and their families.



Dr. Alicia F. Lieberman is the Irving B. Harris Endowed Chair in Infant Mental Health at the University of California, San Francisco. She received her Ph.D. in clinical psychology from Johns Hopkins University. Dr. Lieberman is currently the director of the Early Trauma Treatment Network (ETTN), a collaborative of four university sites that include the UCSF/SFGH Child Trauma Research Program, Boston Medical Center, Louisiana State University Medical Center, and Tulane University. ETTN is funded by the federal Substance Abuse Mental Health Services Administration (SAMHSA) as part of the National Child Traumatic Stress Network, a 40-site national initiative that has the mission of increasing the access