



Institute for Human Services

Building the World's Capacity to Protect Children and Strengthen Families

Intrafamilial Child Torture: Victim Impact and Professional Intervention

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Brief Introduction to Intrafamilial Child Torture (ICT)

Describing Child Torture in Families

American Family Children's Hospital, Dr. Barbara Knox

- Knox and colleagues chose 28 cases they considered child torture
- Their 2014 article offered a medical definition:
 - “We define child torture as a longitudinal experience characterized by at least 2 physical assaults or one extended assault, 2 or more forms of psychological maltreatment, and neglect resulting in prolonged suffering, permanent disfigurement or dysfunction, or death”

Describing Child Torture in Families

[Knox, et al, Article](#)

- Both physical and psychological torture are required to meet their definition
- Prolonged or permanent harm is required to meet their definition
- The authors describe some of the family dynamics at work in ICT, but does not require any finding about parents or family dynamics to meet definition
- This may be strategic from the perspective of a child abuse pediatrician

Describing Child Torture in Families

Christopher Browne Article, 2014

- Browne's suggested elements of an ICT crime:
 - **Knowledge** that one is torturing another should be enough to convict (ie, torture is not something done accidentally, but also should not have to prove it was purposeful)
 - Definition should NOT require proof of **pain or suffering**, because a torturer's action is just as wrong whether victim is more or less resilient
 - Should be no **temporal** requirement- a person can be tortured in a short or long amount of time
 - Should be no requirement of both **physical and psych** torture

Describing Child Torture in Families

APSAC Center for Child Policy

- In 2021, the APSAC Center for Child Policy developed a working definition of Intrafamilial Child Torture (ICT) based on the literature and our case data
 - We have collected data on 48 children who were tortured in their families
 - Trends in these cases will analyzed in a new paper
 - A new training on this data with follow!
- This case data informed our working definition...

Our Open, Working Definition of ICT

Open to revisions as we learn more

- “We define “intrafamilial child torture” (ICT) as **systematic** and **deliberate** child maltreatment, occurring within the child’s household where they are physically, legally, and/or psychologically captive and not free to leave, lasting any period of time, that may include **intentional** physical abuse, **deliberate** neglect, **planned** sexual abuse, or **methodical** psychological abuse, which may be utilized to **purposefully** attenuate, shape, and control a child’s moral development, psychological development, and sense of identity and autonomy, to manifest in the child subservient beliefs and behavior in service to the perpetrator’s psychopathological needs.”

Factors Contributing to “Typical” CM

- Parent mental illness or substance abuse affecting childcare
- Unemployment and effects of poverty on family stability
- Lack of effective, non-violent parenting skills
- Lack of understanding of children’s needs at different ages
- Challenges parenting children with disabilities and special needs
- Lack of family, community, and other social and emotional supports
- Families in crisis

Factors Contributing to ICT

- Parent desire for dominance and totalitarian control
- Parent desire for total submission and blindly obedient child
- Scapegoating
- Parent personality disorder
- Parent manipulation of the child (gaslighting, misinformation)
- Conditions of captivity or enslavement
- Parent-Torturer may be psychologically dependent on child victim to play out the torturous interpersonal dynamic

Learn more about the basics of ICT on our website

Case Studies for self-study

Julie Case Study- Intro to Intrafamilial Child Torture (ICT)

Goals

- Lived Experience of a child victim
- Identify types of maltreatment Julie was exposed to
- Identify clues to parental and family dynamics
- Identify the long-term developmental consequences for Julie
- Exploring the effectiveness of different service systems in Julie's case

https://www.centerforchildpolicy.org/_files/ugd/7833cd_2a828859cf824aa79f50adae9cc2b85d.pdf

Kelsey Case Study- Intermediate Study of Impact and Interventions

- Kelsey, age 17

https://www.centerforchildpolicy.org/_files/ugd/7833cd_7979f0cc7b704516ba93b8f6f484509c.pdf

Melissa Case Study- Intermediate Study of Impact and Interventions

- Melissa, age 4

https://www.centerforchildpolicy.org/_files/ugd/7833cd_7979f0cc7b704516ba93b8f6f484509c.pdf

Victim Impact and Intervention

Agenda

- Clinical diagnoses of ICT child survivors
- Developmental Trauma Disorder: 13 developmental effects
- Neurosequential Assessment: mapping 32 developmental tasks
- Intervention
 - Psychotherapy, Medical, Child Welfare, Educational, Spiritual
 - 13 recommended interventions

Victim Impact: Possible Clinical Descriptions

- Post-Traumatic Stress Disorder in DSM-V (Child 6 and Under option)
- Reactive Attachment Disorder or Disinhibited Social Engagement Disorder (attachment disorders) in DSM-V
- PTSD, attachment disorders, and relationship disorder in DC:0-5 (Zero to Three Project)
- Complex-PTSD (Judith Herman)
- Disorders of Non-Attachment (Zeanah & Boris)
- Neurosequential Model of Therapeutics (Perry, Diagnostic Tool)
- Developmental Trauma Disorder (Bessel van der Kolk)

Victim Impact: Developmental Trauma Disorder

Van der Kolk- 13 “Developmental Effects” of Severe CM

- Trouble managing feelings and emotions (affect regulation)
- Disturbed attachment patterns
- Rapid shifts in emotional states- regression
- Loss of autonomous strivings
- Aggressive behavior against self and others
- Failure to achieve developmental competencies
- Loss of bodily regulation in the areas of sleep/food/self-care

Developmental Trauma Disorder

13 “Developmental Effects” of Severe CM

- Altered schemas of the world
- Expectations of continuing harm
- Multiple somatic problems, from gastrointestinal distress to headaches
- Apparent lack of awareness of danger and resulting self-endangering behaviors
- Self-hatred and self-blame
- Chronic feelings of ineffectiveness

Neurosequential Model: 32 Developmental Tasks

31 Abstract/Reflective Cognition	29 Math/symbolic cognition	27 Non-verbal cognition	28 Modulate reactivity/impulsivity	30 Reading/verbal cognition	32 Values/Beliefs	Frontal Cortex
25 Speech/ articulation	23 Communication: Expressive/ Receptive	21 Somato/ Motorsensory Integration	22 Sense time/delay gratification	24 Self Awareness/ Self Image	26 Concrete Cognition	Cortex
19 Relational/ Attachment	17 Attunement/ Empathy	15 Reward	16 Affect Regulation/Mood	18 Psychosexual	20 Short term memory/learning	Limbic system
	13 Neuroendocrine/ Hypothalamic	11 Dissociative Continuum	12 Arousal Continuum	14 Primary Sensory Integration	diencephalon/ cerebellum	
	9 Fine Motor Skills	7 Feeding/appetite	8 Sleep	10 Coordination/ Large motor functioning	diencephalon/ cerebellum	
		5 Suck/Swallow/Gag	6 Attention/Tracking			
		3 Temperature Regulation/ Metabolism	4 Extraocular Eye Movements			
		1 Cardiovascular/ANS	2 Autonomic Regulation			

Victim Impact

- All of these scholars identify the same patterns of psychodevelopmental disruption in severely maltreated or tortured children
 - arousal
 - attachment
 - sensory integration
 - emotional regulation
 - complex cognitions like identity, values, and beliefs

Needed Interventions

- Psychotherapy+
- Medical treatment
- Child Welfare Intervention
- Educational Intervention
- Spiritual Intervention

Interventions for Severe Child Abuse

Overview

- Psychotherapy+ (Psycho-developmental or Psychosocial Treatment)
 - Will take a deep dive, with examples
 - Success in psychotherapy is usually not possible without the child having a safe and permanent corrective relationship with a primary caregiver
 - Until then: Supportive counseling, expressive therapies, non-directive play therapy, coping skills
 - Use developmental and neurosequential approach to assess, then plan appropriate treatments

Interventions for Severe Child Abuse

Overview

- Medical treatment- acute and chronic
 - Many severely abused or tortured children will come into care with injuries and medical problems
 - All severely abused children should receive a forensic interview and forensic medical exam [Note: CACs are not just for sexual abuse]
 - Forensic pediatrician can establish regular care, screenings and vaccines, tx of chronic issues, use of foster care clinics

Interventions for Severe Child Abuse

Overview

- Child Welfare Intervention

- Accurate identification of severe abuse and torture
- Imminent Risk- high safety threats, child's vulnerability is high, total lack of parental protective capacities = high imminent risk
- Future Risk- ICT is non-transient, parent behaviors not modifiable through rehabilitative services = high future risk
- Permanency: Ideology of Strengthening Families/Family Preservation vs. Rescue
- Timelines in Statute (12/15/22 Rule): Reunification v. Reunification Bypass and Termination of Parental Rights

Interventions for Severe Child Abuse

Overview

- Educational Intervention

- Individualized Assessment

- Developmental deficits: may have other developmental tasks that must occur first before complex cognitions

- Current educational level

- Where do they need to be?

- Neighborhood school

- Therapeutic school

- Homeschool by parent/guardian

- Taught at home by tutor

- Socialization before attempting school

- Low stimuli environment

- Individualized education plan

- Trauma-Informed Approach

Interventions for Severe Child Abuse

Overview

- Spiritual Intervention

- Severe trauma or torture can create existential, spiritual, and religious crisis
- Even highly scientific trauma scholars have used the concepts of good and evil to describe the plight of the tortured child (Herman, van der Kolk)
- Child victims may wonder:
 - Why did this happen to me?
 - Why did my parents do evil things to me?
 - Did this happen because I am evil?
 - Why did God let this happen?
 - Why did God wait so long to send help?
 - Is there any reason to believe in God, if God would let this happen?

Interventions for Severe Child Abuse

Overview

- Spiritual Intervention

- Children especially need spiritual interventions when:

- (1) When religious motives or religious content was involved in torture

- Some children have been told they are a demon, possessed, evil and only harsh beatings will expel the evil

- (2) When child has religious questions or concerns

Evidence-Based Practices for Severe Child Abuse

- The following therapies and interventions have proven effective with children suffering from severe developmental trauma and/or severe child abuse
- There are no studies yet on effectiveness with ICT child survivors, but we have significant case data (48 cases) demonstrating that these treatments have been helpful with the ICT population
- Until we have the evidence specific to ICT, we have to offer treatment to children with the *best available evidence*

Interventions for Severe Child Abuse

Psychotherapeutic, Evidence-Based Assessment and Treatment Planning

- Neurosequential Model of Therapeutics or “NMT” (Perry, 2006, 2017; Gaskill & Perry, 2013)
 - Teaches the clinician to assess dysregulation in each part of the brain, from the “bottom, up” → 32 developmental tasks
 - Then, plan interventions to help that specific part of the brain
 - Clinicians can receive trainings and certifications in NMT
 - OR, clinicians can obtain enough training on NMT to ethically say they are using “a developmental approach consistent with NMT” OR “drawing on the theory behind NMT”.
 - This is what I say, since I completed a 5-day training with Perry.

Interventions for Severe Child Abuse

Psychotherapy +

- Body-Based Trauma Treatment (van der Kolk, 2015; 2020)
 - Trauma is experienced in the body, not just in the mind
 - Deep breathing exercises, progressive muscle relaxation, yoga, neurofeedback therapy, sensory exploration and body exploration exercises, and expressive therapies (art, music, dance, etc.)
 - Goal: achieve “biological homeostasis” and sensory integration

Interventions for Severe Child Abuse

Psychotherapy +

- Yoga Therapy (van der Kolk, et al, 2014; van der Kolk, 2015).
 - In RTCs, reduced the symptoms of PTSD caused by interpersonal violence
 - Yoga is equally as helpful as evidence-based psychotherapies and psychopharmacologic approaches (van der Kolk, et al, 2014).
 - Yoga helps people tolerate physical and sensory experiences associated with fear and helplessness, and increases emotional awareness and affect tolerance.

Interventions for Severe Child Abuse

Psychotherapy+

- Theraplay (Booth & Jernberg, 2009; Wettig, 2006)
 - Improve and enhance the caregiver-child relationship
 - Used as psychotherapy for children with trauma and attachment disorders, histories of maltreatment
 - Theraplay consists of activities, games, songs, and physical touch that replicate the ideal infant-caregiver experience.
 - Has specific activities recommended by age
 - Early Childhood (2-8)
 - Middle Childhood (9-12)
 - Adolescent (13-17)

Interventions for Severe Child Abuse

Psychotherapy +

- Attachment, Regulation, and Competency or “ARC” (with adaptations for younger children, Arvidson, et al, 2011)
 - Healthy attachment to a permanent caregiver
 - Help regulating arousal, mood, and emotions
 - Building a sense of competence (instead of helplessness) into one’s identity.

Interventions for Severe Child Abuse

Psychotherapeutic Intervention

- Attachment and Biobehavioral Catch-Up or “ABC” (Dozier, 2006)
 - Home-visiting, parenting program
 - Teaches caregivers to nurture and respond sensitively to their infants and toddlers → healthy development and vital attachments.
 - Lots of success with foster and adoptive parents (improved toddler behavior and lowered infant’s cortisol levels)
- **We do not recommend this treatment for torturing parents. It would be extremely damaging to the child to be made to engage in nurturing and emotional intimacy with their torturer****

Interventions for Severe Child Abuse

Psychotherapy+

- Trust-Based Relational Intervention or “TBRI” (Purvis, Cross, et al, 2013; Howard, et al, 2014)
 - Caregiving model, can be taught in context of multiple interventions
 - **Empowering**- meeting child’s ecological and physiological needs
 - **Connecting**- meeting the child’s attachment needs of awareness, engagement, attunement, and co-regulation
 - **Correcting**- teaching children self-regulation, appropriate boundaries, healthy behaviors

Interventions for Severe Child Abuse

Psychotherapy+

- Integrated Play Therapy or “IPT” (Gil, 2016)
 - Play is the language of children
 - Play is the intervention itself, and the curative activity
 - Nondirective and directive techniques, and focus simultaneously on relational, emotional, and cognitive mastery, as directed by the individual child’s needs
- No one “owns” play therapy
 - You can say “play-based intervention” or “play-based exploration of...(emotions, fears, etc.)”
 - You can say specific play therapies you are trained in, for example, Theraplay

Interventions for Severe Child Abuse

Psychotherapy+

- Circle of Security or “CoS” (Hoffman, et al, 2006; Hoffman, 2015; Circle of Security International, 2015)
 - The CoS is a group treatment modality → 20 week manualized
 - Parent education and psychotherapy that is based on attachment theory
 - Studies show that CoS reduces insecure and disorganized attachment in high-risk toddlers and preschoolers

Interventions for Severe Child Abuse

Psychotherapy+

- Neurofeedback Therapy (van der Kolk, 2015; Rogel, et al, 2020)
 - Bodily change → brain receives “feedback” → more bodily change
 - Ex: slowed breathing, muscle relaxation, lower blood pressure
 - CalmiGo device
 - 2020 study found that for children who experienced early and chronic maltreatment, neurofeedback was superior to treatment as usual

Interventions for Severe Child Abuse

Psychotherapy+

- Expressive Therapies: art therapy, music therapy, animal therapy, drama therapy, narrative therapies
- van der Kolk, 2015; Klorer, 2008; Hillard, 2008, Loumeau-May, 2008, Malchiodi & Ginns-Gruenberg, 2008; Haen, 2008
 - Now recognized as key components of treatment for severely maltreated children
 - Art, music, drama, and storytelling can be used to express thoughts, feelings, beliefs, concerns in a way that is more palatable and perhaps more powerful than traditional talk therapy
 - Animal therapy can be used to help children with relational difficulties- it may feel emotionally safer for a child to bond with an animal

Interventions for Severe Child Abuse

- Expressive Therapies Continued:
- Animal therapy also teaches healthy boundaries, attunement, mutuality, reciprocity, and can increase feelings of calm and relaxation. Can be used expressively, for children to learn to express feelings of love and belonging
- Expressive therapies may also be used in the context of Integrated Play Therapy and Body-Based Trauma Treatment.

Interventions for Severe Child Abuse

Psychotherapy+

- Trauma-Focused Cognitive Behavioral Therapy/TF-CBT (Cohen, Mannarino, & Deblinger, 2017)
 - “Gold-standard” in therapy- numerous RCTs show it works
 - TF-CBT is ideal for a normally developing child who develops a severe trauma reaction
 - Also helpful for clients who have severe developmental trauma, but have made tremendous progress regulating “lower” parts of the brain
 - Herman, 2012: exposure and cognitive can be harmful

Resources on Intrafamilial Child Torture Have Been Accessed by 81 Countries

- centerforchildpolicy.org
 - ICT Papers
 - Case Studies
 - Amicus Briefs
 - Free webinar
 - Latest news on our speaking/conference appearances
 - Contract with us for consulting, training, or technical assistance on a variety of topics in Child Maltreatment



Please Get in Touch!

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