

A Trauma Informed Approach to Intimate Partner Violence

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Training Objectives:

- Increase participant's knowledge of definitions of domestic violence
- Increase participant's knowledge of impact of trauma
- Increase participant's knowledge of trauma informed services



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TERMINOLOGY:

- Wife Beating/Battering
- Spousal Abuse
- Date Rape/Dating Violence
- Family Violence
- Domestic Violence (DV)
- Intimate Partner Violence (IPV)

Statistics

- An estimated 1.3 million women are victims
- 85% of domestic violence victims are women.
- Females who are 16-24 years of age are at the greatest risk
- Most cases of domestic violence are never reported to the police.
- Witnessing violence between one's parents or caretakers is the strongest risk factor of transmitting violent behavior from one generation to the next.
- Boys who witness domestic violence are twice as likely to abuse their own partners and children when they become adults.
- 30% to 60% of perpetrators of intimate partner violence also abuse children in the household.

Domestic Violence and Homicide:

- 40-50% of US women who are killed are killed by Husband, Boyfriend, or Ex-Partner (9 times rate killed by stranger)
- 7th leading cause of death to women, #2 cause of death to African American women
- Women are most at risk at the time they leave the relationship
- In approximately 19% of Intimate Partner Homicides, children are also killed
- For every one Femicide, there are 8-9 attempted femicides

(Jacquelyn Campbell, PhD, RN, FAAN)

Texas Statistics

- **196,713** Family Violence Incidents
- **111** women killed by their intimate partner
- **12,213** Adults received shelter from their abusive relationships
- **15,905** children received shelter

*Texas Council on Family Violence 2009 Report on prevalence in Texas/Texas Health and Human Services Commission

Definition of IPV- Intimate Partner Violence



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A pattern of assaultive and coercive behaviors including:

- Physical Attacks
- Sexual Attacks
- Psychological Attacks
- Economic Coercion

by an adult or adolescent against their intimate partner.

- By a current or former; married, cohabitating or dating partner
- May be of the same gender
- Varies in frequency
- Occurs on a spectrum of presentations:

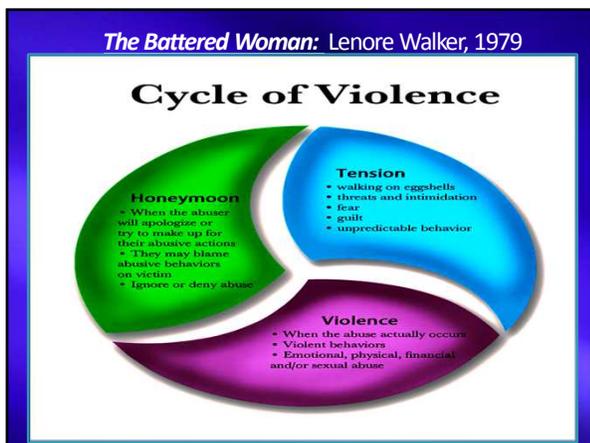


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graph LR; A(Insults) <--> B(One Hit); B <--> C(Chronic Battering); C <--> D(Intimidation); D <--> E(Restricting Money)
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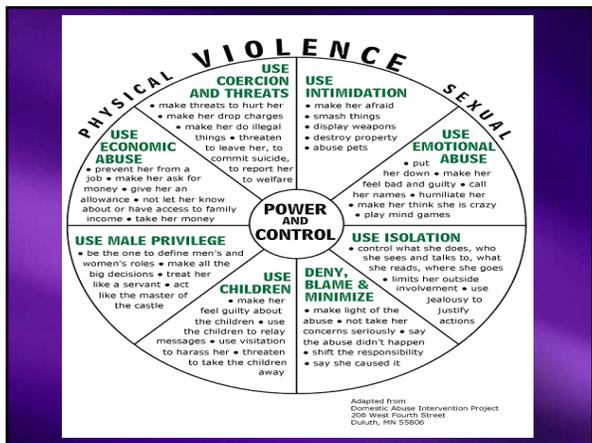
FAMILY VIOLENCE: LEGAL DEFINITION

“Family Violence” is defined in the Texas Family Code (Section 71.004) as:

An act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault or sexual assault, but does not include defensive measures to protect oneself.

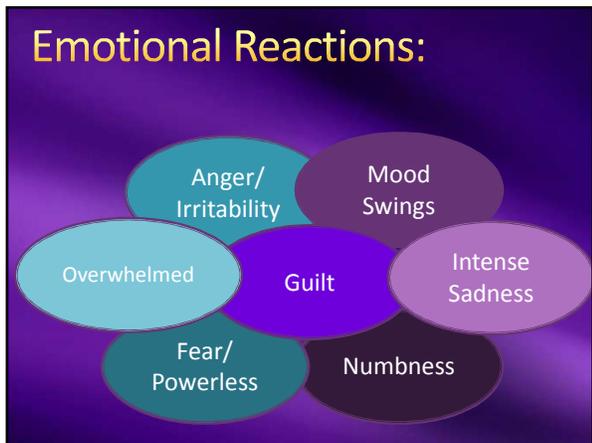


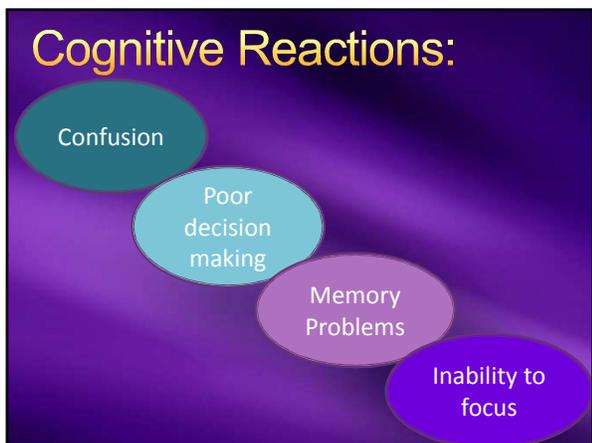
Power and Control



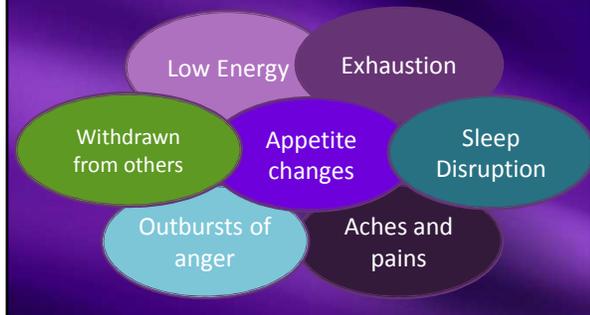
What is Crisis?

A situation or period in which things are very uncertain, difficult, or painful, especially a time when action must be taken to avoid complete disaster or breakdown





Behavioral Reactions:



What is Trauma?

Experiences or situations that are emotionally painful and distressing, and that overwhelm people's ability to cope, leaving them powerless.

Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life.” — Judith Herman, *Trauma and Recovery*

Center for Nonviolence and Social Justice – www.

Types of Stress...

Positive

- Brief increases in heart rate, mild elevations in stress hormone levels

Tolerable

- Serious, temporary stress responses, buffered by supportive relationships

Toxic

- Prolonged activation of stress response systems in the absence of protective relationships.

Effects of Childhood Stress

Toxic stress

- Intense adverse experiences that may be sustained over a long period of time
- Children cannot effectively manage this type of stress on their own

Physical violence

Lack of nurturing

Sexual violence

IPV

Absent parent

Middlebrooks JS, Aulage NC. The Effects of Childhood Stress on Health Across the Lifespan. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2008.

Adverse Childhood Experiences Study (ACE)

- Examined the relationship between
 - abuse + social dysfunction in childhood
 - health outcomes in adulthood

What is an ACE?

- Recurrent physical abuse
- Recurrent emotional abuse
- Emotional or physical neglect
- Contact sexual abuse
- Mother is treated violently
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- One or no parents



<http://steveoesler.typepad.com/photos/uncategorized/2007/05/14/stress.jpeg>

ACE: Outcomes

Risk in the following health conditions increases in a strong and graded manner

- | | |
|--|---|
| <ul style="list-style-type: none"> Alcoholism and alcohol abuse Chronic obstructive pulmonary disease Depression Fetal death Health-related quality of life (decrease) Illicit drug use Ischemic heart disease Liver disease | <ul style="list-style-type: none"> Risk of IPV Multiple sexual partners STDs Smoking Suicide attempts Unintended pregnancies Early initiation of smoking and sexual activities Adolescent pregnancy |
|--|---|

www.cdc.gov/ace

Effects of Childhood Stress

People with six or more ACEs died nearly **20** years earlier on average than those without ACEs

Brown, et. Al. Adverse Childhood Experiences and the Risk of Premature Mortality. Am J Prev Med 2009;37(5)

“Using a trauma-informed approach has come to mean that everyone working in a service setting understands the impact of trauma in a similar way and shares certain values and goals, and that all the services and supports that are offered are designed to prevent re-traumatization and to promote healing and recovery.”

NATIONAL Center on Domestic Violence, Trauma & Mental Health

CREATING TRAUMA-INFORMED SERVICES: A Trauma-Informed Approach to Domestic Violence Advocacy

NATIONAL Center on Domestic Violence, Trauma & Mental Health

5 CORE COMPONENTS

- Providing survivors with information about the traumatic effects of abuse
- Adapting programs and services to meet survivors’ trauma- and mental health-related needs
- Creating opportunities for survivors to discuss their responses to trauma
- Offering resources and referrals to survivors
- Reflecting on our own and our programs’ practice

How can your programs provide survivors with de-stigmatizing information about the traumatic effects of abuse?

- Discuss the link between lifetime trauma, domestic violence, and mental health.
- Discuss some of the common emotional or mental health effects of domestic violence and ways that these responses can interfere with accessing safety, processing information, or remembering details.
- Discuss the ways that trauma can disrupt our ability to trust and to manage feelings and can affect the ways we feel about other people, ourselves, and the world.
- Discuss the things that abusers may do to make their partners feel "crazy."
- Discuss the ways that abusers use mental health issues to control their partners.



How can your program respond to the individual needs of survivors?

- Create a welcoming environment with a wide range of options for survivors and make changes when practices and policies are not well suited to individual survivors' needs and capacities.
- Collaborate (with consent) with the mental health providers, peer support specialists, and/or systems that work with each individual survivor.
- Inform or educate the mental health providers on issues related to domestic violence, including documentation of abuse in mental health records and additional needed supports.
- Advocate with mental health providers and systems on behalf of survivors when requested and support survivors in their efforts to advocate on their own behalf.



How can your program provide opportunities for a survivor to discuss her responses to trauma?

- Ask about ways that she has changed as a result of the abuse.
- Ask if she is having any feelings or thoughts that concern her.
- Ask about the impact of domestic violence on her emotional well-being and mental health.
- Attend to the role of culture, community, and spirituality in her life.
- Talk with her about how her own emotional responses to abuse can affect how she responds to her children and offer strategies for noticing and addressing those concerns.
- Ask if her abusive partner interfered with past mental health treatment or medication.



How can your program make resources and referrals available to a survivor?

- Discuss the process of healing from abuse and other trauma (instilling a sense of hope, that she will not feel this way forever).
- Develop culturally relevant and community-based referrals and linkages.
- Let her know that if she is interested in accessing resources and services related to healing from abuse and other trauma, you can help her to access them.
- Provide linkages to information or resources to help her advocate for herself around mental health or medication issues (or, with permission, advocate for a survivor with her mental health care provider).



How can your program incorporate reflection into your practice and your settings?

- Create an environment with regular opportunities to reflect on your responses to each individual survivor and how those responses may be affecting her, as well as what those responses may reflect about your own experiences.
- Reflect on the impact of the work that you do on your own life (i.e., how you experience secondary trauma) either privately or with trusted others (including supervisors, peers, therapists, family, friends, etc.).
- Work with colleagues to recognize the ways in which tensions that arise within your program (among women receiving services and among program staff) may be related to staff feelings about and reactions to trauma. Develop ways to safely and respectfully address these issues when they arise.



We offer trauma informed services when we...

- ❖ Become knowledgeable about trauma and participate in ongoing training on how to offer trauma-informed support.
- ❖ Recognize that responses to trauma may include a numbing of feelings, a desire to avoid things that are reminders of previous traumatic experiences, and an increased sensitivity to these reminders, to people, and to the environment.
- ❖ Provide information to survivors about trauma and its effects.
- ❖ Offer flexibility and choices when possible as to how a survivor can interact with programs and staff.
- ❖ Take seriously a survivor's trauma responses.



<http://www.nccev.org/violence/domestic.html>
<http://www.cestudy.org/>
<http://www.cdc.gov/ace/>
<http://www.cdc.gov/violenceprevention/nisvs/>
<http://developingchild.harvard.edu/>
<http://promising.futureswithoutviolence.org/files/2013/01/16-Trauma-Informed-Evidence-Based-Recommendations-For-Advocates2.pdf>
www.vawnet.org
<http://www.vawnet.org/special-collections/DVTraumaInformed-Overview#901>
<http://www.vawnet.org/special-collections/DVTraumaInformed-Overview#902>
<http://www.vawnet.org/special-collections/DVTraumaInformed-Overview#903>

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