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continued

Supporting Victims of Domestic Violence through Trauma-Informed Practice

Kenya M. Fairley, MEd, CD(DONA), CD(CHB)

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continued

Disclosure Is Not the Goal

Creating a Trauma-Informed Practice to Support Survivors of Domestic Violence

Presented by: Kenya M. Fairley, MEd, CD(DONA), CD(CHB)

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Learning Outcomes

After this course, participants will be able to:

1. Identify 3-4 long-term health impacts of domestic violence.
2. Define the 4 R's in a trauma-informed approach.
3. Define the CUES model and identify 2-3 trauma-informed ways to enhance their practice.
4. Name 3 resources for survivors of domestic violence.

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Prevalence

- Centers for Disease Control and Prevention (CDC) report **nearly 1 in 5 women and about 1 in 7 men have experienced severe physical violence from an intimate partner** in their lifetime.
- Nearly **15% of women and 4% of men have been injured** as a result of experiencing intimate partner violence.
- Intimate partner violence can be reduced and prevented through education about healthy relationship behaviors and community support.

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Cost to Society

- A 2018 research study of 43 million victims, *Lifetime Economic Burden of Intimate Partner Violence Among U.S. Adults*, estimated the cost to society for intimate partner violence at \$3.6 trillion:
 - \$2.1 trillion in medical services
 - \$1.3 trillion lost productivity from paid work for victims and perpetrators
 - \$73 billion in criminal justice activities
 - \$62 billion in other costs, such as property loss or damage

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Domestic Violence

A pattern of abusive behaviors – including physical, psychological, sexual, and emotional attacks as well as economic coercion – that adults and adolescents use against an intimate partner (occurs in heterosexual, same-sex and transgender relationships)

Characterized by **one partner's need to control the other** by using a range of abusive tactics.

1) intimate relationship 2) abusive tactics 3) pattern of behaviors

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Common Tactics of Abuse

- **Intense emotions** with extreme mood swings, jealous, controlling, charming, intimidating
- **Monitoring, stalking and harassment** – in person, by phone, email, and on social media
- **Isolation from family and friends**, gas lighting, belittling and erosion of self-esteem
- **Increasingly harmful** use of coercion, threats, physical violence and weapons
- **Sexual abuse** – coerced sex following an assault, forcing unwanted sexual acts, rape, infidelity

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Common Tactics of Abuse

- **Reproductive coercion** – tampering with birth control, knowingly passing STIs/STDs, coerced termination of pregnancy, inducing miscarriage
- **Financial abuse** – sabotaging employment and/or credit, controlling finances, withholding access to essential self-care items
- **Identity related abuse** – exploiting a person's age, sexual orientation, gender identity, disability, immigration status, language access, or HIV status

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Long-term Health Impacts

- May see lip or tongue injuries, broken teeth, broken or dislocated jaw, nerve trauma, black eyes, burst or damaged ear drums, chronic neck or jaw pain
- The HHS Office on Women's Health reports that experiencing domestic violence has been linked to:
 - Arthritis
 - Asthma
 - Chronic pain
 - Digestive problems (e.g., ulcers)
 - Heart problems
 - Irritable bowel syndrome
 - Migraine headaches
 - Nightmares and trouble sleeping
 - Problems with immune system
 - Sexual problems (e.g., painful intercourse)
 - Stress

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Most Severe Consequences

Strangulation

- Very lethal form of abuse; may be repeated; victims may lose consciousness; may have fatal outcome days later
- Immediate signs: petechiae/bloodshot eyes, raspy or hoarse voice, difficulty swallowing or breathing, neck or ear pain, facial or eyelid droop, vision changes

Traumatic Brain Injury

- Largely unscreened for and thus often undiagnosed; can result from severe beating about the head, being shaken violently, having head banged against the wall, floor, objects
- Can have lasting affects on victim memory, cognition, emotional stability, employment, and more

Fatalities: homicide, miscarriage, pregnancy loss, suicide

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Defining Trauma

“...a sudden, unexpected, overwhelming, intense, emotional blow or a series of blows that assaults the person from outside. Traumatic events are external, but they quickly become incorporated into the mind.”

--Dr. Lenore Terr, Medical School of the University of California, San Francisco

“An experience that overwhelms an individual’s ability to cope that the victim perceives to pose a threat to life, bodily integrity, or sanity.”

--Sidran Foundation

“... the more you believe you are endangered, the more traumatized you are...in other words, trauma is defined by the experience of the survivor.”

--Jon Allen, Coping with Trauma (1995)

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Abuse is Trauma

For many domestic violence is an ongoing traumatic event that increases in frequency and severity.

Trauma –

1. The precipitating event – **what happened?**
2. The ensuing experience/aftermath of the event
 - How a person feels about it
 - How it affects their person and their lives

Survivor responses may be exacerbated by having experienced other life crises, as a child or an adult, such as homelessness, incarcerated family members, frequent illness/hospitalization, poverty, etc.

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Trauma-Informed Approach

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines **a trauma-informed approach as a program, organization, or system that:**

- Realizes the widespread impact of trauma and understands potential paths for recovery,
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system,
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices, and
- Seeks to actively resist re-traumatization.

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How Will I Know My Patient/Client Is Being Abused?

- When conducting an intake, you may discover past or current experience of trauma from abuse
- When providing treatment you may see signs, symptoms, or indicators of abuse
- Through keen observation, you may suspect abuse is occurring
- Through a trusting relationship your client may disclose
- You may not know, and that's okay – **disclosure is not the goal, universal education is.**

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A New Model: CUES

- You do not need to know about a person's current or past experience with domestic violence, abuse or trauma to provide support.
- **Use CUES:**
 - **C – Confidentiality** – See every patient alone for part of each visit; discuss confidentiality limits
 - **UE – Universal Education** – A clinical strategy to educate all patients on healthy and unhealthy relationships and discuss health related consequences of abuse
 - **S – Support** – Provide warm referrals to advocacy professionals in the community

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Creating a Purposeful Practice

- Include information about trauma-informed services on your website
- Acknowledge any experience or training you have related to domestic violence or sexual assault
- Include domestic violence shelters, rape crisis centers and national crisis hotlines on your list resources



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Creating a Purposeful Practice

Include information about trauma-informed services in your handouts, brochures, and other materials

What do doulas do?

- Doulas usually join the birth team in the 3rd trimester
- Doulas help guide and manage the experience for laboring women through:
 - » birth education
 - » emotional support
 - » coping with trauma history
 - » comfort measures
 - » position changes



How do doulas support Mothers?

Doulas are valuable for a natural or managed birth by:

- » building personal relationships with expectant women, her partner and support system
- » bringing a feminine presence and woman's perspective to the birth experience
- » supporting the laboring woman's body awareness and decision-making
- » helping to manage any anxiety or trauma echoes that may arise from a history of abuse or sexual assault
- » protecting the delivery environment and advocating for the positive birth experience that the woman wants
- » planning for immediate postpartum recovery, leaving the hospital, and the first few days at home

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Creating a Purposeful Practice

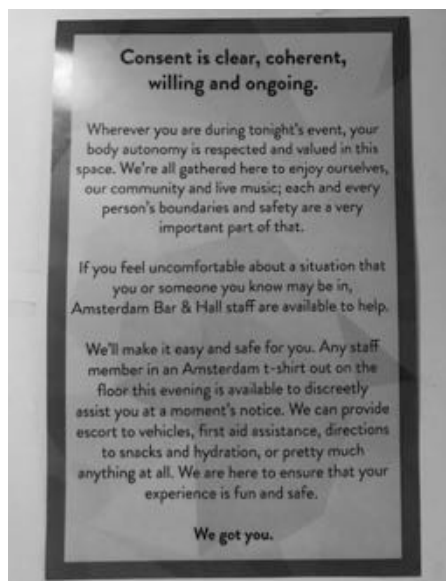


Hang posters in your restrooms with local crisis lines and resource information

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Creating a Purposeful Practice

Bathroom poster on consent



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Creating a Purposeful Practice

- When talking about your practice, include references to supporting survivors of abuse
- Help de-stigmatize the issue through **CUES**
 - Confidentiality + Universal Education + Support
 - Combine with the screening tools integrated into your electronic health records (EHR)
 - Handout safety palm cards at every patient visit
- Consistently practice with a trauma-informed approach

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Impact of Abuse on Treatment

- Patients/clients may feel silenced or dismissed when engaging medical professionals and authority figures about their care
- Intense sensations and touching may cause distress or emotional reactions
- Some body positions and medical procedures may cause patients/clients to feel out of control of their body
- Embarrassment about the health impacts of abuse

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Impact of Abuse on Treatment

- Significant discomfort with medical instruments may lead to feelings of being trapped or restrained
- Use of dim lighting or closed door, small spaces may trigger painful memories
- Loss of modesty or demands of physical activity may increase feelings of vulnerability and powerlessness
- Increased anxiety and stress before, during, or after appointments

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When Providing Treatment

- Support your patients/clients in being agents in their own care through education, empowerment and planning
- Build rapport; listen to and validate patient/client (potentially survivors) concerns and needs
- Respect physical space and change the environment or room as requested
- Always ask permission and explain before touching; purposefully model this for others

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When Providing Treatment

- Encourage active positions that allow your patient/client greater control and empowerment within their bodies
- When needed, help your patient/client become present and centered within their body and maintain focused breathing
- Know the resources in your community, build relationships with victim advocates, make warm referrals for support services
- Be precise in documenting the physical impacts you observe, including those that may be a direct result of battery and blunt force trauma, defensive wounds or markings, and signs of previous wounds/injuries

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Practice Your Own Self-Care

- Don't overreact or under-react to what you may hear – Increase your knowledge about domestic violence and increase emotional fortitude/resiliency.
- Process difficult conversations and experiences with peers and other professionals.
- Routinely plan for self-care to sustain your practice.
- Use a cleansing, smudging or healing ritual after each session – let it go and promote your own emotional wellness.

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If a Survivor Discloses

Disclosure: When someone tells you about the abuse they are experiencing or have experienced.

This may be a help-seeking measure or protective factor for their children.



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If a Survivor Discloses

You May Hear:

- Events and timeline of abuse may blur together; some events may sound very lucid and clear
- Self-blame or feelings of guilt for the abuse
- Shame, denying or minimizing their experience
- Intense isolation or feelings of living in two worlds
- Unhealthy coping mechanisms
 - Self-injury, disordered eating
 - Use of substances to self medicate

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If a Survivor Discloses

- Respect boundaries and survivor confidentiality
- Pay attention to yourself:
 - Be mindful of your body language and reactions to what you are hearing, try not to overreact or under-react
- Be careful about labeling what you are seeing or hearing, we often don't know the whole picture—nor are we entitled to
- Consider survivor behavior as adaptations or survival techniques related to experiencing trauma

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Handling Survivor Disclosures

- Follow their lead, be honest yet tactful about your concerns
 - This may be one of the first times they are talking to someone about the abuse.
 - They may be exploring the trust level to share more and gain support.
- Offer credible information but don't make promises

If there is imminent physical danger of harm to your patient/client or their child, it may be best to contact the authorities when it is safe to do so.

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Handling Survivor Disclosures

- Encourage them to trust their own instincts and decisions
 - Experiencing trauma and abuse can deteriorate individuals' self-esteem and decision-making
- Survivors are extremely resilient and can heal and recover from the abuse
- Follow-up about what they shared at their next appointment

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What You Might Say

- **Be transparent about the limits of your confidentiality**
 - Know your clinic or provider policies and protocols
- **Gentle probing to build rapport:**
 - Thank you for trusting me with your story. No one deserves to be abused.
 - It's not your fault. Abusers choose to use violence.
 - Do you want to tell me more about what happened?
 - What was that experience like for you?
 - How did your life change after that?

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What You Might Say

- **Focus on solutions:**
 - How can I address what's upsetting for you about our treatment plan?
 - What has helped before? Would you like to try that now?
 - What modifications might be helpful?
 - How can I make that happen for you?
- **Avoid saying things like:**
 - Wow, that's crazy. Why didn't you just leave?
 - Can't you get over it? That's in the past.
 - Stop thinking about it, it doesn't matter anymore.

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Should You Call the Police?

- **Mandatory Reporting Laws** require reporting of specific injuries or wounds, suspected abuse (i.e., child abuse and neglect, elder abuse, vulnerable adult) or domestic violence for those being treated by health care professionals
- Laws vary by state but generally require a report to law enforcement as soon as possible or within 48 hours of knowing or reasonably suspecting a patient/client has been injured as a result of non-accidental injury or abuse

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Mandatory Reporting Laws and Domestic Violence

- Most survivors of domestic violence will seek health care for chronic health issues related to abuse rather than come in for injuries that would be subject to mandatory reporting (e.g., gunshot wound, knife/stabbing injury)
- Often mandatory reporting may endanger survivors rather than enhance their safety
- Implementing CUES and promoting survivor autonomy is a more helpful, effective, evidence-based approach

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Mandatory Reporting Resources

- **Know the Laws in Your State** – Mandatory Reporting of Non-Accidental Injuries: A State-by-State Guide from the Victims Rights Law Center - <https://www.victimrights.org/resources-professionals>
- **Read an analysis of this issue** – Mandatory Reporting of Domestic Violence to Law Enforcement by Health Care Providers: A Guide for Advocates Working to Respond to or Amend Reporting Laws Related to Domestic Violence - https://www.futureswithoutviolence.org/userfiles/Mandatory_Reporting_of_DV_to_Law%20Enforcement_by_HCP.pdf

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Help for People Who Use Abuse

Most typical: Court-ordered psycho-social education programs (e.g., Batterers Intervention or Abuser Treatment)

- Not the same as anger management classes
- Couples counseling is contra-indicated
- Emerge - <https://www.emergedv.com>
- Domestic Abuse Intervention Programs - <https://www.theduluthmodel.org>

Violence prevention programs

- A Call To Men - <http://www.acalltomen.org>
- Mentors in Violence Prevention (MVP) - <http://www.mvpstrat.com>
- Coaching Boys into Men - <http://www.coachescorner.org>
- Workplaces Respond to Domestic and Sexual Violence - <https://www.workplacesrespond.org>

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Resources for Survivors



National Domestic Violence Hotline

1-800-799-7233 (SAFE) – 24/7/365

Live chat – www.thehotline.org/what-is-live-chat/

loveisrespect.org

1-866-331-9474 Text “loveis” to 22522

Chat –

www.loveisrespect.org/for-yourself/contact-us/



STRONGHEARTS
Native Helpline

StrongHearts Native Helpline

1-844-7NATIVE (762-8483) 7AM-10PM Central Time

<https://www.strongheartshelpline.org>

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Resources for D/deaf & HoH Survivors



ABUSED DEAF WOMEN'S
ADVOCACY SERVICES

Hotline: 855-812-1001 <https://www.adwas.org>

■ For Practitioners and Advocates

National Resource Center on Domestic Violence, Online
Special Collection of Resources:

Violence in the Lives of the Deaf or Hard of Hearing -

<https://vawnet.org/sc/violence-lives-deaf-or-hard-hearing>

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Network of Domestic Violence Services and Supports

- National Advocacy Organizations
 - National Coalition Against Domestic Violence
 - National Network to End Domestic Violence
- National Training and Technical Assistance Resource Centers
 - Domestic Violence Resource Network – www.nrcdv.org/dvrn
- State Domestic Violence Coalitions
 - <https://nnedv.org/content/state-u-s-territory-coalitions/>
- Local Community-Based Programs

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How can community-based advocates help?

Advocates can:

- Offer immediate crisis counseling, safety planning, and access to emergency shelter
- Validate survivor experiences, support their healing and recovery from abuse
- Provide supportive services: legal advocacy, housing assistance, referrals for social services, support for children exposed to domestic violence
- Assist survivors in accessing healthcare, including pre/post-natal care and mental health services
- Share/promote stories of healing and resilience

Healthcare professionals: Use CUES and refer

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Ways to Engage Your Community



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October is Domestic Violence Awareness Month

- Opportunity to raise awareness, honor those who have lost their lives to domestic violence, and celebrate societal progress over time
 - Wear the Purple Ribbon
 - Candlelight Vigil, Silent Witness Display
 - Resource Tables, Trainings, Conferences
 - Social Media Campaigns
- Advocacy tools and resources
 - www.ncadv.org
 - www.nrcdv.org/dvam
 - www.nomore.org

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References and Resources

- Centers for Disease Control and Prevention, Violence Prevention
<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>
- Report: Lifetime Economic Burden of Intimate Partner Violence Among U.S. Adults - <https://stacks.cdc.gov/view/cdc/59509>
- US Department of Health and Human Services, Office on Women's Health -
<https://www.womenshealth.gov/relationships-and-safety>
- Health Resource Center on Domestic Violence -
<https://futureswithoutviolence.org/health>
- Online Toolkit: IPV Health Partners - <https://ipvhealthpartners.org>