Supporting Victims of Domestic Violence through Trauma-Informed Practice

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- - [Moderator] Hello, and welcome to today's webinar. The title is Disclosure Is Not the Goal, Creating a Trauma-Informed Practice to Support Survivors of Domestic Violence. Our presenter today is Kenya Fairley. It is my pleasure to welcome and introduce Ms. Fairley. Kenya Fairley is a birth doula and federal policy-maker residing in Washington, DC. Her professional experience and passion centers around ending violence against women and girls through victim advocacy, shelter management, training and technical assistance, leadership development, and systems change. Ms. Fairley, thank you so much for being with us today. And I'll turn the microphone over to you.

- [Kenya] Wonderful, thank you so much for that introduction. Hello, everyone, and welcome to this online course, Disclosure Is Not the Goal, Creating Trauma-Informed Practice to Support Survivors of Domestic Violence. This one-hour session is a basic introduction to the issue of domestic violence in public health settings. As a result of participation in this online continued course on domestic violence, participants will experience four learning outcomes. First, learners will be able to identify three to four long-term health impacts of domestic violence. Second, learners will be able to define the four Rs in a trauma-informed approach. Third, learners will be able to define the CUES model and identify two to three trauma-informed ways to enhance their practice. Last, learners will be able to name three resources for survivors of domestic violence. Throughout the course, learners may come into a deeper understanding of domestic violence based on past learning or other experience. Learners are encouraged to take notes and reflect on their healthcare practice to weave together what they will hear with what they may see within their own work on a daily basis. Domestic violence is sometimes referred to as intimate partner violence, and so those terms may be used interchangeably throughout this session. Oftentimes, with the inclusion of intimate partner violence, we seek to encompass the intersections with stalking, domestic violence, and sexual violence, which is a very prevalent epidemic. The Centers for Disease Control and Prevention, commonly known as the CDC, regularly conducts

research on this issue to better understand the problem, to promote effective interventions, and provide funding for primary prevention of domestic violence. The National Intimate Partner and Sexual Violence Survey, very widely known as the NISVS study, reports that nearly one in five women and about one in seven men have experienced severe physical violence from an intimate partner in their lifetime.

Further, nearly 15% of women and 4% of men have been injured as a result of experiencing intimate partner violence. Data published from the NISVS study can be used in your own work to understand the importance of prioritizing violence prevention, to educate your patients, clients, and community on prevalence of domestic violence, stalking, and sexual violence, to develop policies, protocols, and programs to better respond to intimate partner violence, and to evaluate state-level progress to reduce these types of victimizations. Intimate partner violence not only impacts individuals and families, but it also leads to a societal cost that we all pay. Using data from previous NISVS studies, in 2018, the CDC published research estimating the lifetime per-victim cost and economic burden of intimate partner violence in the United States. The cost to society is in the trillions of dollars, with medical services being the highest estimated cost at $2.1 trillion, or 59% of the cost, followed by lost productivity from work at $1.3 trillion, or 37% of the cost. That lost work productivity may apply to victims or to those who perpetrate domestic violence. Prevention of intimate partner violence could avoid increasing cost to society.

Domestic violence is preventable, and it can be reduced through education about healthy relationship behaviors and community-based supports. So now I want to talk a little bit about how we commonly define domestic violence. Domestic violence is a pattern of abusive behaviors, including physical battery, psychological abuse, sexual violence, emotional abuse, and economic or financial coercion that one person uses to control their intimate partner. This type of victimization may occur between adults or young people in intimate relationships. And it may occur in heterosexual, same-sex, or

transgender relationships. There may be some legal variation to the definition of domestic violence from state to state, but at the root of all domestic violence is the use of abusive tactics to assert power and control over a partner or ex-partner, such someone that may be in a dating relationship, people who are married, people who are living together, or between people who have a child in common. There are some very common tactics of abuse. But abuse can also occur across a spectrum of behaviors. People who use abuse to harm are oftentimes described as having a Dr. Jekyll and Mr. Hyde personality. At times, they may be very charming, very personable and loving when in public or when grooming their partner to be vulnerable to abuse. And at other times, in private, they can be very manipulative, cruel, and destructive. Many abusive partners will monitor their partner's activities, including while they are at work, with family or friends, or are going about their daily activities.

Oftentimes, this monitoring is referred to as stalking or harassment. And this can occur in person, over the telephone, by email, or by tracking what someone is doing on social media. Isolation is when an abusive partner really seeks to keep their partner from accessing the social networks and other types of support that could be helpful to them while they're experiencing abuse. So a key component of the abuse is keeping the victim isolated from their social networks and sources of support. Isolation also allows an abusive partner to mentally manipulate or gaslight their partner, including using humiliation, belittling, and demeaning to erode a person's self-esteem. Over time, these tactics of abuse will become more aggressive, more threatening, and more physically harmful. Sometimes, this may include the use of weapons to physically assault and batter. Sexual abuse also occurs within the context of an abusive relationship. This may not only include forced or coerced sexual acts, such as not taking no for an answer or pressuring victims to engage in sexual activity until they give in. But it may also include sex that occurs immediately following a physical assault or an episode of emotional abuse. Ongoing and increasingly threatening intimidation can keep victims in fear and trapped in the cycle of abuse. Additional tactics of abusive

include reproductive coercion, such as tampering with the partner's birth control, battering a partner while they're pregnant or during the postpartum period, and coercing a woman to carry a pregnancy to term or causing a miscarriage. Financial abuse is a form of control that can impact a victim's life in a multitude of ways. The inability to maintain employment and become or remain financially independent means that the victims cannot control or access secure, safe housing. They may have limited access to public transportation or the ability to maintain a vehicle. They may be unable to purchase food, medication, and other necessary items. If they're financially insecure, then they can't ensure childcare for their children, which would allow them to maintain employment. And they oftentimes, basically, cannot maintain a home or a life away from an abusive partner.

So financial abuse and control may include sabotaging a victim's employment so that they cannot get a job, keep a job, or be successful at their job. It may include damaging their credit and ruining their finances. It may be controlling access to their finances and withholding money so that they cannot access essential self-care items. This ties in closely with abuse that might be related to someone's identify, such as someone who may have a disability, who may be HIV-positive or have other physical and mental impairments that require them to access care from a healthcare provider. And so this can really, with the financial abuse and the identity-related abuse, can really keep a victim trapped in that situation. Other forms of identity abuse that can be particularly harmful to a victim's mental health and wellbeing includes using their age against them, their sexuality, their gender identity and expression, their mental or physical ability, their documentation status, their language and whether or not they can speak English or read and understand English, as well as other identities that add an additional layer to the emotional pain that they may be experiencing at the hands of someone who claims to love them. In addition to any immediate physical injuries that someone may have as a result of the physical abuse and battery from an intimate partner, there are also a variety of long-term health conditions that range from chronic

pain, digestive issues, problems sleeping or getting adequate sleep, stress and anxiety, and many other conditions that come from experiencing ongoing traumatic abuse from an intimate partner. As professionals who are working with people through occupational therapy, physical therapy, speech pathology and audiology, and other similar types of settings, you may also see patients or clients who come in with long-term injuries that are related directly to their mouths, their teeth, jaws, ears, and other types of chronic pain in the neck or the jaw area.

One specific concern to watch for during this period is pain management. You may encounter victims who are using substances, alcohol or opioids, for example, to manage the physical pain of abuse. Or you may see patients and clients who have been coerced into using substances by their partner, who've had their substance use treatment, recovery, and sobriety interrupted by an intimate partner, or who have been coerced into increasing their dosage, where they once may have been managing their pain and their pain management very well. So it's a very specific issue to be aware of during this point in time, given the opioid epidemic that is spreading across the United States. Also, given your work in occupational therapy, physical therapy, speech pathology, and audiology, it's important to be aware of strangulation and traumatic brain injury. Both of these types of abuses are extremely lethal, and they have immediate, as well as short-term and long-term, consequences for victims. These are very intense and ongoing types of abuse that people who use abuse to harm may continuously inflict upon their partner. Strangulation is the intentional obstruction of the airway. In your work, you may see victims who come in with petechiae, or with very tiny red dots in their eyes from blood vessels being burst as a result of the strangulation. You may see this immediately after an incident, or even a few days following the incident. In your work with victims who may have been strangled, when they are speaking with you, their voice may be very raspy or hoarse. They may complain about having trouble swallowing, breathing. And they may also have complaints about neck and ear pain. It's very important that if you're working with someone and you believe

that they've been strangled, then it's very important to ensure that they seek medical attention as soon as possible. Experiencing strangulation can be lethal and fatal not only within 24 to 48 hours but even a few days following the actual incident occurring. And sometimes when a victim is strangled, they may not realize the extent of damage that's happened to them. They may have lost consciousness while that event was taking place. They may have used the bathroom on themselves. And so if anyone is talking to you about these types of things that have happened to them, you'd want to ensure that they seek out medical attention as soon as possible.

Now, with traumatic injury, or TBI, this is something that may occur following a victim being repeatedly slammed against a blunt object, like a wall, against the floor, or slammed into some other object within the household or where they're being abused that causes blunt force trauma. This could occur once or multiple times and is oftentimes undiagnosed in domestic violence victims. The long-term effects of TBI can interfere with the victim's mental cognition, their emotional stability. It can impact their interpersonal relationships, their ability to keep a job, and so much more. And as you can see here, experiencing a traumatic brain injury may also have long-lasting effects on a victim's memory and their cognition. So again, it's vitally important that if you hear someone that you're working with, and they speak about this blunt force trauma or being slammed into a wall or beaten about the head, it's very important that you encourage them to seek out medical attention. And of course, the most lethal impact of domestic violence are fatalities. And domestic violence fatalities may include homicide. It may also include suicide of the abusive partner, as well as pregnancy loss and a victim who may, unfortunately, decide to commit suicide as a result of what they're going through.

So all of this happens within the context of trauma. Trauma impacts a large majority of people and can be experienced as a one-time incident, similar to being in a car accident, going through a natural disaster, something that may happen once that

causes a severe amount of trauma, or this may be experienced as an ongoing series of events, like domestic violence or child abuse and neglect. Ultimately, trauma is very sudden. It's unexpected and very intense. Oftentimes, it is an experience that overwhelms one's ability to cope with what has happened to them. And trauma is always defined by the experience of the survivor. When considering survivors of abuse and what their experience is, it's important to understand from their perspective what happened to them and how that experience has affected their lives. Many times, domestic violence is an event that's ongoing. It's cyclical in nature, and it increases in frequency and severity over time. This means that the trauma that someone may be experiencing is repeated.

So how a survivor copes with that trauma also depends upon past or co-occurring life crises that they may have experienced. So this has been studied for a number of years through the ACEs study on adverse childhood experiences. Almost 2/3 of adults surveyed reported at least one adverse childhood experience, such as abuse, household challenges or neglect, and the majority of respondents who reported at least one ACEs reported experiencing more than one. So this means that most people walking about the earth today have experienced some form of a childhood adverse experience. And they've oftentimes experienced multiple types of those experiences. All ACEs have a life-long impact on risky behavior, psychological issues, serious illness, and so much more. We each vary in our levels of resilience and ability to cope with and adapt to drastically altered circumstances as a result of the trauma we may have experienced.

To address the likelihood that those in our care will have experienced a traumatic event and may have experienced multiple childhood adverse experiences, the Substance Abuse and Mental Health Services Administration, SAMHSA, recommends implementing a trauma-informed approach. A trauma-informed approach is defined as a program, organization, or system that realizes the widespread impact of trauma and

potential paths for recovery. A trauma-informed approach recognizes the signs and symptoms of trauma in those who we service and those who are also providing the services. A trauma-informed approach responds with an integrated knowledge about trauma policies, procedures, and practices. And it seeks to actively resist retraumatization. So in essence, through a trauma-informed approach, we are seeking to do no further harm. The four Rs in a trauma-informed approach are to realize, recognize, respond, and resist retraumatization.

So you may be wondering how you will know if your patient or client is being abused. So there are some ways that you may know about your client's experience with domestic violence. During intake or while completing a medical history and other types of paperwork, it may become apparent to you, or your client may disclose to you, that they have experienced past domestic violence. Or while providing treatment services, you may discover significant indicators of abuse, such as past marks, welts, or bruises that are in various stages of healing. You may also observe interactions between your patient or client and their partner when they come in for services. Those interactions may raise or confirm your suspicions about what you think is going on. Or based on the trust that you have in your relationship with your patient and client, they may share with you about their history or current experience of abuse. But ultimately, you may not know whether or not your client is being abused, and that's perfectly okay. The goal is not to get your patients and clients to disclose to you about their abuse, but rather the goal is to promote universal education of domestic violence and promote healthy relationships. So this brings us to the CUES model. You don't need to know a person's experience with domestic violence in order to offer support. By implementing the CUES model, and CUES as in C-U-E-S, you can embrace a trauma-informed approach to addressing domestic violence in your practice. So the letter C in CUES stands for confidentiality. This means being sure to see every patient or client alone at some point during their visit. This should become a standard practice where your services are provided. And this can also be written into your policies so that patients and clients

that come in for services are well-aware that at some point during their visit, even if there is someone there with them, they will be seen alone for a few minutes by their care provider. You wanna be sure to be transparent about the limits of your confidentiality as well when you're talking with your patients and clients. UE stands for universal education. This is an evidence-based clinical strategy for educating all patients on the health-related consequences and impacts of healthy and unhealthy relationships. The S is for support, providing warm referrals to victim advocates and social service providers in your community. A warm referral is a hand-off to a professional that you know in your network of resources who can offer victim advocacy, supportive services, and connections to other helping professionals in the community as needed.

So we're gonna continue to talk a little bit more about the CUES model. So part of implementing the CUES model in a trauma-informed approach is being intentional in creating a purposeful practice. So you can be very upfront in your efforts to create a purposeful practice that's trauma-informed and that seeks to implement this approach throughout all facets of your work. Over the next few slides, I will provide you with some examples of what this might look like. Some slides will reference my own materials from my birth doula practice. So first, as you can see here, you can include information about providing trauma-informed services on your website. As you discuss the work that you do with prospective and current patients or clients, acknowledge any experience or training you have related to addressing trauma, including domestic violence, sexual assault, stalking, and other forms of trauma. Whether the person needs these services or not, it can be comforting to know that your practice recognizes the widespread impact of domestic violence and seeks to be responsive to those in need. As a safety measure, routinely include emergency crisis lines and resources for domestic or sexual violence help in your resource listing for your patients and clients. This way, people who need the information will receive it without needing to disclose. And it will not immediately catch the attention of their abusive partner, because it will

not be unusual for that information to be included. Here are a couple of examples of how you can include references to trauma-informed services in your handouts and literature. This sections here that you can see are from a brief PowerPoint deck that I use to explain to clients what a doula does and how doulas specifically support birthing people.

So you can see within that information, there are a couple of examples that talk about supporting clients who might be dealing with or coping with a trauma history, and also helping to manage any anxiety or trauma echoes that may arise from a history of abuse or sexual assault. The posters that you see here are very easy and very low-cost to provide information to those in need. These posters are entitled When You Bring Your New Baby Home. These were hanging in the bathroom of a labor and delivery unit in a hospital in Durham, North Carolina. Posters like these can be obtained from Futures Without Violence at a very nominal fee. These posters talk about not having abuse be an experience for mothers and their newborns when they return home from the hospital. These posters can also be customized and offer information for the National Domestic Violence Hotline or local information about crisis lines that might be available in your community. This poster here is actually from a bathroom of a local bar in Minneapolis, Minnesota. What's great about this poster is that it explains what consent is and offers several discreet ways for those in need to seek help if they feel unsafe or uncomfortable. The poster is written in plain language. It's very easy to follow and understand. And it has a conversational tone that conveys to the reader that the bar is seeking to support their need for safety. It says, "We got you," so rather than conveying any sense of judgment or blame for those that might feel that they are being unsafe or need help. Posters like these can also help reduce the stigma attached to help-seeking around these types of issues. So these posters are easy have displayed within a bathroom, within the waiting area, and also in exam rooms at your practice. So to recap, when talking about your work, include resources for supportive services for survivors. Help normalize the conversation about domestic violence by implementing

CUES, which stands for confidentiality, universal education, and support. Consider combining screening for domestic violence into your electronic health records. And have safety palm cards on hand to pass out to every patient at every visit. A variety of safety palm cards are available for a nominal fee from Futures Without Violence. Those palm cards are very small. They can easily fit into someone's shoe, into their wallet, or be hidden somewhere else so that those who might need access to resources and information can get that without bringing any greater attention to that from an abusive partner. You can also, as you're implementing the CUES approach, say that, "We hand out these safety palm cards "to every patient that comes in, "because we know how widespread domestic violence is.

"So even if you don't need this palm card, "you may know someone else who does." And it's also great just to have this information so you can be aware of the components of a healthy relationship for your own personal use. Begin to consistently practice using a trauma-informed approach, and make those changes in your policies and protocols to ensure an institutional shift in your practice as well. So when providing treatment services to your patients and clients, their experience with abuse may impact them in different ways. It may be difficult for some patients to feel empowered in their discussions with their care provider about their health, about their plan for care, or about their overall treatment. Many people find it challenging to question the recommendations being made by their care provider, because they see their care provider and their doctor as an authoritarian figure who should not be questioned. Some people may experience trauma echoes or be triggered by being touched or by having their body manipulated into different positions for their occupational or physical therapy or for other forms of treatment. It's important to be aware of how your patient or your client is responding to what's happening to their bodies and see if there are modalities that may make them feel more comfortable or that can be modified. And also make sure that they can actively and fully engage in treatment. For some, the health impacts of having been abused can be embarrassing and emotionally depleting.

Physical changes, short-term disabilities, life-long injuries, and other health impacts, such as breathing problems, joint pain, and other similar types of issues, can be a constant reminder of their victimization. For some survivors, using equipment or medical instruments that restrict their movement or place survivors in vulnerable positions where they can't see or protect themselves can be very discomforting.

Be cognizant of how you're utilizing the equipment, as well as be cognizant of use of any small spaces, poorly lit areas, or overly crowded spaces that may cause distress for your patients and clients. You want to consider ways to ensure that you can help protect the modesty of survivors when they need to change clothes in order to receive treatment. Provide a private space for them or step out of the room while they change into or out of clothing so that they can come in and receive the services. Dependent upon the physical demands and triggers that may come up, some clients will power through the treatment because it's necessary for their overall health and wellbeing. But they may experience distress leading up to the appointment or immediately after. Be sure to talk with your patients clients about their self-care following their appointments and encourage them to engage in activities that restore their sense of peace and wellbeing. For example, I am an adult survivor of sexual assault. I know that when I have my annual well-woman exams, they are very beneficial and important to my long-term health and wellbeing. I also know that at each visit, I will be required to have a vaginal exam. Over the years, I have various experiences with receiving woman-centered, trauma-informed care. And there also have been times when that has not been the type of care that I've received at all.

So every time I have a vaginal exam, I experience pain. And sometimes I'll have tears streaming down my face while I'm on the table during the vaginal exam. However, I push through, because the exam is necessary for my care. And sometimes, on my way home following the appointment, I have a good cry. I don't want to feel this way. And I don't want to have this reaction. But having been raped is a part of my life experience.

And so as a result of this, I know that I have to have a self-care routine in place for myself that I practice after each well-woman exam that helps restore my energy and helps get me closer to being fully healed from that experience. So you may be working with people who have similar types of experiences as well. So when providing treatment, help your clients have a sense of agency and empowerment to be a partner in their own healing and recovery. Structure discussions around their treatment, and invite them to ask questions. You wanna educate your patients and clients about the treatment services they are receiving. And you wanna actively build a rapport with them. Developing a trusting relationship will allow your patients and clients to share any concerns or unique needs that they may have. They'll be more willing and open to sharing those with you. You want to validate their experiences and make modifications as much as you can.

And also, be clear about areas where you can't make modifications, and talk with them about ways where you can help relieve or address any discomfort they may be experiencing. There might be some small changes that you can make to how the space is set up. Or you might be able to make a few modifications that would make it better and easier for your client to participate in their treatment. You also wanna consider practicing explaining procedures before they happen, so not as they are happening. You want to explain them before they are happening. And also ask permission before touching or reaching out to your patients and clients. So for example, my dentist, I think, is a wonderful example of this. He has a very welcoming personality, and he creates a sense of soothing calmness within his dental practice. As he's providing services, he explains step-by-step what he's doing, especially once I'm in the chair. So once you're in the chair, as you all know, oftentimes you can't easily see where the dentist may be in the room. You're lying on your back. You're usually reclined back a little bit. You have a bib on. You have glasses covering your eyes. And there's a large, bright light looming overhead. So anyone in this position would feel vulnerable, exposed, and unable to protect themselves. So being cognizant of these things as

you're providing services, my dentist always explains the procedures that he'll perform during my visit, even if it's only a routine cleaning. He explains what he's doing when he's out of my line of sight. He might be setting up instruments, washing his hands, or he may need to step out of the room for a moment. He lets me know when the tools he's using may make a loud, startling sound. He checks in with me about the pressure he's using and whether or not I'm experiencing discomfort during the procedure. I always feel at ease with him, and other appointments, and these appointments don't take up any more time than it normally would with any other patient.

So it's important to keep in mind that, by implementing some of these trauma-informed practices, it does not add more time to the work that you're doing. The work that you are using with your patients and clients can be used in a more valuable and a different way, but it doesn't add to your caseload or to your workload. It actually see a little bit odd at first to get into this routine of explaining step-by-step what you're doing. But as you continue to do it, it will become second nature. And it will also be a good model for others who may not treat their patients and clients with the same respect and regard. So also, when providing treatment in your work, it's important to identify active and empowering positions for the therapy that you're providing and other types of treatment modalities. You want your clients to feel in control over their bodies, and you want them to understand what's happening to them. If they're experiencing distress, help them becomes present and centered in their bodies through simple breathing and grounding exercises. These simple exercises need not take any more than about 30 to 60 seconds of your time with them. You can work with your clients and patients to slow down their breathing, focus their energy, and help them become rooted in their bodies so that they can continue to participate in and actively receive the treatment that's important for their long-term health and wellbeing. As mentioned earlier, be sure that you know where the resources are in your community so you can make warm referrals for supportive services. Through this training, and through the content that you're hearing, we're not asking you to become a victim advocate or to begin

specializing in domestic violence. But we are asking that you become more effective and supportive in the work that you're doing with your patients and clients. As you're completing your documentation, be sure that you objectively and accurately document the physical aspect impacts that you observe which may or may not be a result of the abusive trauma, but if it is, the documentation can be helpful in terms of tracking the progress, the recovery and healing that your patients and clients may experience.

So now, we've covered some pretty heavy material up to this point. As we're discussing how to care for your patients and clients, it's also important that you consider ways to take care of yourself to promote holistic healing and to sustain your career. Educating yourself on the issue of domestic violence and how it may impact your work with your patients or clients is key to your own self-care. So increasing your knowledge and processing difficult conversations with a trusted peer or colleague is vital to normalizing this issue and decreasing stigma. It can also help build up your own fortitude and resilience for having these conversations with your patients and clients when they come in for services. You want to establish a self-care plan for yourself that you can regularly engage in. Some people will journal. They might draw or sketch in a notebook as a way to process their work and their reactions to working with survivors. This is something that could be done on an as-needed basis. Or, for some people, it's a regular part of their daily routine. You wanna do what works best for you. Another suggestion is to create a ritual that you can use each day to let go of the worries of the day, and to let go of what you may have heard from someone that you're working with. You wanna make sure that you're not carrying around the stress, the trauma, and the pain of other people. So try to identify a mantra, a cleansing or smudging, or some type of healing ritual that can help you restore your own emotional health and wellbeing. So now, as you're doing this work, and you may have already experienced this before, someone will inevitably talk to you about their experience with abuse or domestic violence. So we wanna talk about, what do you do when a survivor discloses to you about their experience? So don't be surprised if someone discloses to you, and

the way in which they relay the information, it may seem as if they are just relaying it with relative ease, they've being very candid about what they're saying, and it doesn't seem that there's an emotional reaction to what they're saying to you. Also, don't be surprised if they do become emotional as they're talking about their experience. Survivors will be at varying stages of healing and at various stages of distance from the abuse they actually have experienced. Sometimes you may hear sentiments of self-blame or guilt for the abuse. And some survivors may minimize what they've been through. The most important piece is to make sure that you're not overreacting or underreacting to what you're hearing, and also to make sure that you're not addressing it out of your own fear of what may happen. It can be very isolating to have experienced abuse. And as I said earlier, abusive partners intentionally create isolation for their victims.

So oftentimes, it can feel as if victims are living in two different worlds. And sometimes they may disclose unhealthy coping mechanisms such as self-injury, eating disorders, or use of alcohol or other substances to cope with abuse. So if they do disclose any of these things to you, you want to be responsive and attentive to what they're saying. And you want to allow them to lead the conversation. And you wanna follow their lead. This may be one of the first times that they're opening up about the abuse. And they may also be testing to see whether or not you're someone they can trust with what's happened to them. As I said a moment ago, if a survivor discloses to you, try not to overreact or underreact to what you may be hearing. You wanna try to pay attention to yourself, to your own body language, to your reactions. You wanna make sure that you're not placing them in a space where they have to take care of you because of what you've heard from them. You wanna be careful about respecting their boundaries, while also not being dismissive of what they've saying. We're not entitled to know the full extent of someone's experience with abuse. And we should be careful about labeling what we're seeing or hearing. One thing that we oftentimes will talk about within the advocacy space is that we work with survivors for a short amount of time.

They may be in shelter for 30 to 60 days, or even a few short months. They may be on the crisis hotline for several minutes to an hour, and we're talking with them. They may have come into support group for several weeks. But all of that space and time is relatively short within the space of a person's life. So we don't want to make assumptions about what their experience has been. We don't want to judge them for the decisions they're making. And we want to just be respectful and honor what they've experienced, and provide support in the ways that feels helpful and that resonates with them, as survivors, based on their own experiences and the decisions they need to make for themselves and their children.

So we want to follow their lead in how they're sharing about their experience with domestic violence. We wanna be honest and tactful, but also not make promises that everything will be okay or that things will get better from now on. We really don't know that. So we don't want to give empty promises. We wanna be comforting and supportive, and just ensure that we are, again, following their lead and being respectful of the boundaries they may set. This may be one of the first times that your client is really talking about this and processing out loud about what they've experienced. And that's why having those warm referrals and those safety palm cards at the ready can be essential to helping to build trust. You wanna be clear with your patients and clients if you hear something that sounds like they may be in immediate danger or someone that they care for, like a child, may be in immediate danger or serious threat of harm. Or if an abusive person comes on site while they're receiving treatment services, it may be necessary to call law enforcement.

As an example, in a training I did a few years ago, one of the participants shared that while she was in labor at the hospital, her abusive husband was creating a ruckus and nearly assaulting her while she was in the hospital. So the hospital staff were able to come in to interrupt what was happening. And they stated that they needed to conduct a procedure without anyone else in the room. This allowed time for this survivor to

gather her thoughts, to have the abusive husband be in a different place, and for the hospital staff to work with her to address her safety concerns at that time. So you want to encourage survivors to trust their own instincts and their own decisions as they're processing the abuse and determining what to do. An abusive tactic is to gaslight victims and to make them doubt their thoughts and decisions.

So many times, survivors will begin to just doubt some of the decisions they're making. And so you want to help to restore and empower them to feel that they can make their own decisions and trust their instincts, because they ultimately know what's best for their lives and what's best for their families. You wanna remind survivors that they are extremely resilient and that healing is possible. You can remind them that no one deserves to be abused, and that it's not their fault, no matter what their partner says to them. At your next appointment, you wanna be sure to circle back around and check in about how they're feeling, what they've shared with you, and to see if they're in any further need of support.

So being supportive to one of your patients or clients who may have experienced abuse or who may be currently experiencing abuse is not a one-time thing. So if someone has shared with you what they've gone through, you want to be sure to honor and respect that by ensuring that you check back in with them to make sure that they have the resources that they need, or to see if they followed up on the resources on the safety palm card or on the warm referral that you made. So you wanna be sure to close the loop and just continue to be supportive without being too pushy, but just make sure that they've had an opportunity. And for some, if they have not had an opportunity to reach out to the National Domestic Violence Hotline or to a local crisis hotline, they may need a safe space to do that. So if possible, you may be able to offer them space within your practice or within your office or in the exam room for them to have a few private moments to make a phone call or to text online and chat online with the National Domestic Violence Hotline for them to begin getting that support and

make the connections that they need to address any safety or concerns that they may have. So you wanna think about some things that you could say. So it's always helpful to have language at the ready and to have practiced a few responses if someone were to disclose this to you.

So again, you wanna be transparent about the limits of your confidentiality. And I'll talk in a moment about mandatory reporting. So you wanna be aware of what the protocols and policies are at your clinic, or at the location where you're providing services. So here are a few examples of things you can say that are kind of gentle probing, but they also build rapport. So if someone talks to you about their abuse, you can say, "Thank you for trusting me with your story. "No one deserves to be abused." Simple, short, to the point. You can also say, "It's not your fault. "Abusers choose to use violence." If you want to find out a little bit more, or if it seems that they're wanting to share more, and you wanna create space for them to do that, here are a few questions that you can ask. "Do you want to tell me more about what happened?" This allows a survivor to make a choice about whether or not they want to go further, and they also know that you're open to hearing more from them. You can also say, "Wow, what was that experience like for you?" or, "How did your life change after that?"

So these are some things that allow someone to share more about what their experience has been that also don't seem too intense or like you're being pushy about wanting to know more. And it also doesn't seem as if you're being gossipy about wanting to hear more about what their experience has been. You may also want to think about focusing in on solutions. You know, ultimately, they are there to receive supportive care through occupational therapy, physical therapy, speech pathology, and other types of support. So you may wanna think about, how can we focus on how the abuse is impacting their treatment? So here are some questions that may help you find solutions in partnership with the survivor. So, "How can I address what's upsetting for you "about our treatment plan?" You can say, "What's helped before? "Are those

things that you would like to try now?" You might even ask, "What modifications might be helpful?" Survivors may have already been thinking about, "If only we could so it this way, "this would be better for me." So this opens up the opportunity for them to share their feedback and offer suggestions. You can also say, "Well, you know, "thank you for sharing that with me. "How can I make that happen for you?" So these are just different questions that you can use to help open up the space to have these conversations and to think about solutions that the be good for you in your support of the survivor.

Some things that you want to try to avoid saying, and I'm just gonna throw these out here, you wanna try to avoid saying things like, "Oh, wow, wow, that's crazy. "Why didn't you just leave?" Or, "Can't you just get over it? "That's in the past." You also may wanna avoid saying, "Stop thinking about it. "It doesn't matter anymore." Those are things that could be very dismissive and could lead to silencing a survivor after they've opened up to you about something that's uniquely important to them. And so you wanna try not to, again, overreact or underreact, but at least open up the space and be supportive. And if nothing else, you can always say, at a minimum, "It's not your fault. "Abusers choose to use violence, "and no one deserves to be abused. "Thank you for trusting me with your story." Those are some very simple, easy-to-say things that you could have in your toolbox. So should you call the police? This is a very common question that comes up. And the reason I wanted to bring this up is because there are mandatory reporting laws that require reporting of specific injuries or wounds, or suspected abuse. And these vary a bit from state to state.

So mandatory reporting laws do exist in each state for healthcare professionals that may require you to make a report about specific injuries, things like gunshot wounds or knife injuries, suspected abuse or neglect, especially of vulnerable populations like elderly people, children, those with disabilities. And in some states, domestic violence may also be required as part of mandatory reporting laws. So again, these laws vary

from state to state. And it's best to be familiar with the laws in your state as you're conducting your work and to know the policies and protocols within your specific place of employment. And so as the laws vary, most of them require a report to law enforcement as soon as possible or within 48 hours of knowing or reasonably suspecting that someone you're providing services to has been injured as a result of nonaccidental injury or abuse. Now, in the case of domestic violence, mandatory reporting can be unintentionally harmful for survivors.

So there's a different context around mandatory reporting laws and domestic violence. Oftentimes, survivors who are seeking out treatment, they may do so in the emergency room, or they may come in for chronic health-related conditions that do not rise to the level of mandated reporting. It is usually unlikely that a victim of domestic violence will be coming in for a gunshot wound or a stabbing injury or things like that. So oftentimes, the mandatory reporting may further endanger survivors when, ultimately, what we're trying to do is enhance their safety. So implementing the CUES model, and again, the CUES model includes confidentiality, universal education, and support. Implementing the CUES model has been shown to be the most effective in promoting survivor autonomy, for them to have control and agency over their own lives. And as I mentioned earlier, the CUES model takes all of two minutes. And it can be a very effective clinical strategy to not only promote healthy relationship behaviors but also ensure universal education around the health impacts of domestic violence for all patients that you see. So here are two resources that can assist you in understanding and knowing about the mandatory reporting laws in your state.

So one comes from the Victim Rights Law Center. So it's an easy guide that you can access that will talk about state-by-state guidance for mandatory reporting laws. And the second is an analysis of this issue within the context of domestic violence. So this is a document that was written by Futures Without Violence Health Resource Center on Domestic Violence which talks about the impact of mandatory reporting laws on

survivors. So we've talked quite a bit about how to support survivors of domestic violence. So you may also be wondering about, well, what happens to those who use abuse? So committing domestic violence and using abusive tactics against your partner or loved one is a learned behavior that can be prevented and can be addressed through psychosocial education and therapy.

So unfortunately, most people who use abuse will not change on their own. Very often, someone has to be arrested and possibly incarcerated, and usually mandated to receive treatment, prior to change happening in their lives. There is a very small percentage of people who use abuse who voluntarily seek out services. So usually, court-ordered treatment is required. This treatment includes financial restitution and mandatory participation in a 26-week batterer intervention or abuser treatment program. And that usually means that they're meeting in a group to receive psychosocial educational therapy about once per week. And oftentimes, they're reporting to a probation officer as well about what's happening. And usually, those who are facilitating the batterer intervention or abuser treatment groups also do check-ins with victims to assess the change and whether or not the physical violence has decreased or increased or remained the same as a result of an abuser's participation in these programs. So it really is an ongoing type of therapy that needs to happen in order for people to address the abusive patterns that they may be using in their relationships. Included here on this screen are two national models for these types of programs.

So the first is Emerge. This is one of the first batterer intervention programs and models that is very widely used across the country. And the second is the Duluth Model, which is now referred to as Domestic Abuse Intervention Programs. You all may have heard about the Duluth Model. But those are two of the primary types of programs that are made available for batterer intervention and abuser treatment programs. These programs help educate participants about abuse. They teach them

ways for them to manage their own trauma. Because we also know through research that many people who use abuse have also been abused and traumatized themselves. These programs also help them learn about healthy relationship behaviors and focus in on accountability for their actions. It's important to note that domestic violence and patterns of abuse are not anger management issues. These two are often conflated. But domestic violence and a pattern of abuse is not about anger management.

So when someone cannot control their anger, you know that because, oftentimes, they target that anger towards many different people. They may focus their anger on their coworker, people driving on the street, people in a store, other family members or friends. And oftentimes, that anger comes out in spurts and really intense outbursts, whereas with domestic violence, oftentimes, the abuse is targeted directly towards an intimate partner. It happens in a cyclical pattern. And it happens with increasing severity and frequency to one particular person in private. And the abuse person actively seeks to hide the abuse that they're doing. Most people who have anger management or emotional control issues cannot hide that. And oftentimes, those types of issues happen in public arenas.

So I just wanted to be clear that there's a strong difference between anger management and batterer's intervention programs. And also, I wanted to note that couples' counseling is contraindicated as a therapeutic intervention for people who are experiencing domestic violence. The premise of couples' counseling is that there is parody and equity within that relationship, which allows both people to talk about what they're doing within that relationship, and to accept and to express accountability and responsibility for their actions. But of course, within the context of domestic violence, there is an imbalance of power from one person over the other. So that, in essence, makes couples' counseling ineffective. So I also wanna share that there are some primary prevention programs that can be really effective in addressing domestic violence. And so listed here are some excellent programs that are doing this work on a

national level. And this includes providing resources, training, and consultation, as well as customized conferences where they really seek to address engaging men around prevention of domestic violence. So a few of these programs are A CALL TO MEN, and this organization is run by Tony Porter and Ted Bunch. They are amazing men who are doing this work. There is the Mentors in Violence Prevention, or the MPV program, with Jackson Katz. Jackson Katz has done a lot of work across the sports industry, as well as with men who really want to focus in on addressing masculinity and healthy masculinity. And related to that, with A CALL TO MEN, they also talk about breaking out of the man box, so really deconstructing and reconstructing what it means to be a man and how to express masculinity within society and within our relationships. There is also Coaching Boys Into Men.

This, again, is a sports-focused pretty good for coaches who are working with young people in a variety of settings. And then, also, Workplaces Respond to Domestic and Sexual Violence, this is a great organization that is focused on preventing and responding to domestic violence and sexual violence in the workplace. So they work with employers around having policies to create a safe space for people to come into work. As I mentioned earlier, financial stability and economic self-sufficiency and independence is vital for people to be free from abuse. And so Workplaces Respond really seeks to ensure that the workplace is safe for people to come in in order to maintain their employment, to engage in professional development, and to not feel that they're being harassed or assaulted by the people that they work for and with. So I also wanted to share some of these great hotlines that are excellent helping resources for survivors. So at each of these hotlines, there are well-trained, compassionate, and knowledgeable advocates who can talk with survivors at any stage of their healing or help-seeking process. And they can help make direct connections for them to local community-based services, no matter where they're calling from across the country. So first, the National Domestic Violence Hotline also has loveisrespect, which focuses on healthy relationships for young people. And they offer contact via phone, online

secure chat, or text. So you can see that there for the National Domestic Violence Hotline and for loveisrespect. And then, also, StrongHearts Native Helpline is designed specifically for Native American survivors and staffed by indigenous advocates to provide a culturally specific response to Native victims of domestic and sexual violence.

Also, another great resource is ADWAS. ADWAS is the Abused Deaf Women's Advocacy Services. They can connect directly with deaf or hard-of-hearing survivors in need. So that's a wonderful resource that's available, particularly for some of the clients and patients that you all may be working with. Further, the National Resource Center on Domestic Violence has created an online special collection of resources that are focused in on the needs of the deaf and hard-of-hearing survivors. And that online special collection is titled Violence in the Lives of the Deaf or Hard of Hearing. This collection of resources was written and compiled by a deaf advocate for the purposes of increasing victim advocates' knowledge and understanding of deaf culture. It provides resources to assist helping professionals in their direct service work with deaf individuals. And it also highlights best practices for addressing domestic and sexual violence within the deaf community.

So additional resources here, and additional learning opportunities, are available from several national organizations, including the National Coalition Against Domestic Violence and the National Network to End Domestic Violence. There's also a national network of training and technical assistance resource centers that's available through the Domestic Violence Resource Network. These resource centers provide free training and technical assistance on domestic violence and a variety of issues and service systems that intersect around this issue. You can also access fact sheets, published research, educational webinars, and much more by going to their websites. So when you go to the DVRN's website, and the link is provided here, you will see that there are over 10 different resource centers that focus in on very specific issue areas, as well as

for culturally specific populations. Also, each state and community has at least one domestic violence service provider. So you can go onto the website for the National Network to End Domestic Violence and search for your state coalition. And then from your state domestic violence coalition's website, you'll be able to see a listing of their local service providers and find those that are directly there in your community. So that's a great resource to have as well. So when you're making these referrals out, these warm referrals out to advocates in your community, I wanna tell you a little bit about how they can help.

Many domestic violence advocates come to this work from their own personal experience with domestic violence or sexual assault, whether they've experienced something as adults or as children. And they oftentimes may have loved ones who've been impacted by this issue. All advocates receive training in being able to help and support victims. They receive training about intersecting issues within their community. And they also continuously participate in ongoing specialized training to increase their knowledge. So when you're implementing the CUES approach, the confidentiality, universal education, and support, and you're making these warm referrals for your patients and clients, you wanna know that these are some of the things that advocates can do. They can offer immediate crisis counseling, safety planning, and help access emergency shelter for those in need. They can listen to and validate survivor experiences, including supporting their healing and recovery from the abuse they may have experienced. Many domestic violence programs provide an array of supportive services.

So not only do they provide emergency safe shelter, they may also provide legal advocacy, housing assistance, referrals for social services such as TANF and other public benefits. And they can also provide supportive services for children who've been exposed to domestic violence. Advocates can assist survivors in accessing healthcare. There are a number of programs that may have clinics on site at their program. Or they

may have co-located healthcare partners that come in to provide services and support. And they also may offer accompaniment to healthcare appointments and other types of medical appointments so that survivors can be sure to access those healthcare services as needed, and in particular, accessing prenatal and postnatal care and mental health services. And then the other thing that's great about referrals to advocates is that they can also share and promote other stories of healing and resilience so that those accessing those services know that healing is possible. So there are many ways to engage your community around this issue.

Each person doing one thing to raise awareness or take action against domestic violence will collectively build a path to social transformation. We can all do one thing to prevent and end domestic violence. So this is October, and October is Domestic Violence Awareness Month. Each year, advocates, social services, and law enforcement professionals, survivors and their families, and other concerned community members come together to raise awareness of this pervasive issue. You may see people wearing the purple ribbon to honor those affected by domestic violence. You might observe or join in on a candlelight vigil. You might see silent witness displays. And those, in particular, the candlelight vigils and silent witness displays, oftentimes are honoring people who have lost their lives to domestic violence. And that may include victims, children, and other professionals who may have been first responders to domestic violence, who may have also lost their lives. And then you may also see specialized trainings, resource tables, and other types of social media campaigns happening during the month of October.

So you can visit some of these websites here, the National Coalition Against Domestic Violence, the Domestic Violence Awareness Project, or NO MORE for free materials, online toolkits, and shareable resources, social media messages that you can copy and share, and other types of tools to help commemorate domestic violence awareness and to talk about this issue within your community. Please check out some of the

resources and research studies that were referenced throughout this presentation. Each link provided here will lead you to a wealth of information to increase your knowledge on this issue. In particular, the online toolkit, IPV Health Partners, will provide you with essential step-by-step tools to build and enhance your practice to promote the CUES model and to strengthen partnerships in your community with other community-based advocates and domestic violence service providers. So thank you for joining this session today. Please take good care.