Setting the Tone

UNDERSTANDING DOMESTIC VIOLENCE & A TRAUMA-INFORMED APPROACH
Domestic Violence is...

A **pattern** of abusive behavior in a relationship that is used by one partner to maintain **power and control** over another current or former intimate partner.

Can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person.

This includes any behavior that intimidates, manipulates, humiliates, isolates, frightens, terrorizes, coerces, threatens, hurts, injures, or wounds someone.  

1. U.S. Department of Justice
   Office on Violence Against Women
Who is impacted?

Anyone of any race, age, sexual orientation, religion or gender can be a victim – or perpetrator – of domestic violence. It can happen to people who are married, living together or who are dating. It affects people of all socioeconomic backgrounds and education levels.
Who is impacted? However, some factors may increase or decrease odds of victimization, for example:

- Gender
- Socioeconomic status
- Immigration status
- Ethnicity
- Ability/disability
About 1 in 4 women and 1 in 10 men experienced contact sexual violence, physical violence, and/or stalking by an intimate partner and reported an IPV-related impact during their lifetime.
Some of the signs of an abusive relationship include a partner who:

- Insults or demeans you.
- Acts in ways that scare you.
- Controls what you do, who you talk to or where you go.
- Pushes, chokes or hits you.
- Isolates you from friends or family members.
- Tries to control your money, refuses to give you money for necessary expenses.
- Prevents you from working or going to school.
- Threatens to take away your children.
- Denies or blames you for the abuse.
- Destroys your property or threatens to kill your pets.
- Intimidates you with weapons.
- Threatens to commit suicide or threatens to kill you.
- Pressures you to use drugs or alcohol.
- Pressures you to have sex when you don’t want to or to do things sexually you’re not comfortable with.
Developed by:
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Power and Control Wheel

- Using Coercion and Threats
  - Making and/or carrying out threats to do something to hurt her
  - Threatening to leave her, to commit suicide, to report her to welfare, to making her drop charges, making her do illegal things.
- Using Economic Abuse
  - Preventing her from getting or keeping a job, making her ask for money, giving her an allowance, taking her money, not letting her know about or have access to family income.
- Using Male Privilege
  - Treating her like a servant, making all the big decisions, acting like the "master of the castle," being the one to define men's and women's roles.
- Using Intimidation
  - Making her afraid by using looks, actions, gestures, smashing things, destroying her property, abusing pets, displaying weapons.
- Using Emotional Abuse
  - Putting her down, making her feel bad about herself, calling her names, making her think she's crazy, playing mind games, humiliating her, making her feel guilty.
- Using Isolation
  - Controlling what she does, who she sees and talks to, what she reads, where she goes, limiting her outside involvement, using jealousy to justify actions.
- Minimizing, Denying and Blaming
  - Making light of the abuse and not taking her concerns about it seriously, saying the abuse didn't happen, shifting responsibility for abusive behavior, saying she caused it.
Victim/Survivor-Defined

People’s lives are complex
Victims analyze risks on an ongoing basis
For some, leaving may increase the severity and number of risks
For others, leaving will lessen the risks (Davies, 2009)
Trauma-Informed

WHAT IS TRAUMA? HOW CAN I HELP?
Trauma-Informed Care

Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. It involves the awareness and avoidance of practices that lead to re-traumatization.

What is Trauma?

Trauma is simply exposure to any traumatic situation or event that overwhelms your ability to cope.

- Sexual, Physical or Emotional Abuse or Neglect
- Traumatic grief, loss or abandonment of a loved one
- Natural or Man Made Disasters
- Interpersonal or Domestic Violence
- Medical Trauma
- Community or School Violence
- Serious Accidents
What makes an experience traumatic

It involves a threat to one’s physical or emotional well-being.

It is overwhelming.

It results in intense feelings of fear and lack of control.

It leaves people feeling helpless.

It changes the way a person understands themselves, the world, and others.

American Psychiatric Association, 2000
Domestic Violence as a Trauma Experience

Psychologically changes a person's belief in themselves

- Diminishes ability to trust
- Hinders ability to make decisions for themselves
- Decreased sense of safety
- Intense fear
Keying in on Trauma

External threat overwhelms coping resources; for survivors this may be an ongoing state

Brain becomes hyper-vigilant – scanning for danger, sensing/reacting to perceived threat

PTSD symptoms are seen as the behavioral manifestation of all of these changes

Trauma responses are *completely normal* for a human being who’s adapted to a traumatizing life – BUT – may interfere with survivors’ ability to enact patterns and behaviors it takes to maintain housing

*Trauma also affects how people approach services*
How Trauma May Show up

Difficulty with emotional regulation
Hyper-arousal, flashbacks, nightmares, startle reaction
Memory and concentration problems
Pain, sleep disturbances, illness, substance abuse issues
Short attention span; easily distracted
Slowed thinking, difficulty with decisions
Intrusive thoughts, confusion

Changed sense of self, others, and the world
Loss of sense of time and space
Trouble with abstract concepts, complex directions
Engaging with Survivors

TRAUMA-INFORMED RESPONSE
Best Interest

We are all working to provide services in the best interest of the individuals and families in our community
- Public and Non-Public Doors
- Victim Service Providers

By creating partnerships across our areas of knowledge we can quickly provide warm referrals to other service providers.

https://ccfl.unl.edu/community-services-management/coordinated-entry
Identification and Screening

Some survivors self-identify or are referred by DV agency

For others... welcome/intake protocol must include asking about DV safely, respectfully, and universally

Survivor and abuser may show up together, both needing services – program must address safety issues without victim blaming or increasing danger
Language to use

“In our community agencies are working together to identify what housing options each individual/family may have.”

“Today I’m going to ask you a series of questions about your life experience. There is no right or wrong answer, this is about what you have experienced. You can answer yes, no, or that you prefer not to answer the question.”

“The information that you share here will not negatively impact the services that you receive at this agency, we will use this information to work with you to identify housing options.”
Promote Safety

Questions regarding domestic violence are sensitive in nature and victims may feel unable to indicate violence is present if accompanied by the abusive partner.

If a family presents with two adult heads of household, best practice is to **complete individual assessments first**.

Abusive partners often threaten victims that they will harm them if they share what is happening with anyone outside the relationship/family.

Safety in this situation includes safety for the victim as well as the provider.

• When someone becomes involved in the situation to offer assistance to the victim, this threatens the abusive partner’s control of the situation.
Language to use

“I understand that you are a family and we will take that into consideration for housing and other services. To start with, I am going to ask you each some questions individually about what brought you here today.”
Promote Safety

Establish a safe physical and emotional environment. 2

- Offer privacy when asking questions.

Demonstrate from first contact that safety matters to your agency.

Transparency is key - clearly state the purpose of the assessment and what will happen to information that is shared. Clarify confidentiality and releases of information.
“One thing I’d like to do before we begin is see if you’d like information about local domestic violence resources? So, for instance, if a partner has ever threatened to hurt you, or made you afraid, or hit, slapped, kicked or otherwise physically hurt you or made you do something sexual you did not want to, it might be helpful for you to talk to someone confidentially. A domestic violence advocate can help you fill out this survey, the answers you give will be kept confidential and not become part of the shared database. This level of confidentiality could be really important at some point in the future, because some of these questions that must be asked are very personal.

Would you like to speak to someone at that program, and perhaps fill out this survey with them?”
Support Client Control, Choice, Autonomy

Because trauma can leave someone with a feeling of powerlessness it is important to give choices to build a sense of autonomy.

Small options can help someone to feel that they have power to make choices in their lives. *For victims of domestic violence this is particularly important because they have often been coerced or controlled by their abusive partner.*
Support Client Control, Choice, Autonomy

This includes someone’s right to refuse to answer questions. If that happens, note it on the assessment and move forward. If they are unsure they want to answer the question at the time, offer to come back to the question at the end of the assessment.

Be respectful of client’s right to determine what is shared

Discuss Anonymous Referral option
Safety First

As you individually interview someone, be aware of immediate safety needs.

The individual interviews are an opportunity for each partner to disclose if they would like to speak with an advocate about options and resources.

If someone identifies that they are unsafe to leave with the person they arrived with, offer options: contacting local victim service providers, law enforcement, providing an avenue to leave separately if that is what is desired.

Respect that each person knows their situation best.
Points of Contact

Initial assessment

Ongoing contact
- Ask about safety each interaction.
- Dynamics of domestic violence change, escalate
- “How is your safety today?”
- Continue to offer referrals to victim service providers
A Few Practices to Avoid

Asking survivor about DV in abuser’s presence

Providing written materials to her/him when it’s not safe

Blaming survivor for damage or danger caused by the abuser

Expecting her/him to “control” abusive partner’s behavior
  ◦ (example: showing up at housing unit uninvited)

Setting eligibility criteria that prevent access to services or increase danger
Phone messages/emails/texts: is an abusive person monitoring the survivor’s devices?

Information sharing you may need to do: does that pose risks?

Visits and appointments: are there any safety issues in coming or going safely?

Being seen by someone the survivor knows during the course of services: how do they want to handle that possibility?

Location of the housing unit: is it safe for the survivor?

Advocating with landlords: should you disclose domestic violence to help explain rental history or damage to the housing unit?
Overall

Be non-judgmental
Validate, be supportive and listen
Learn about your local resources for victims/survivors of domestic violence, dating violence, sexual assault, stalking, human trafficking
Know where to refer someone if they need assistance. You don’t have to know all of the answers, just where to start.
Know Your Local Resources

Nebraska’s Network of Domestic and Sexual Violence Programs

http://www.nebraskacoalition.org/get_help/
Additional Resources


5. Substance Abuse and Mental Health Services Administration: [https://www.samhsa.gov/nctic/trauma-interventions](https://www.samhsa.gov/nctic/trauma-interventions)
References


2. Region V Systems. Overview of Trauma-Informed Service Systems and Trauma-Informed Care [Handout].


