Trauma Informed Care: The Do's and Don'ts of Serving Survivors of Intimate Partner Violence

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Overview

1. Introduction to IPV
2. Defining “Trauma”
3. IPV and Posttraumatic Stress Disorder
4. Trauma Responses

I. Defining “Informed”
II. Personal Reflection
III. Cultural Awareness
IV. (Mis)Diagnoses

I. Implementing “Care”
II. Psychoeducation
III. Treatment Responses
IV. Outside of Session
"The term ‘Intimate Partner Violence’ describes physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner."

-Center for Disease Control and Prevention
Power and Control Wheel

- Intimidation
- Emotional Abuse
- Isolation
- Blaming, Minimizing, Denial
- Using Children, Friends or Loved Ones
- Societal Privilege
- Economic and Academic Abuse
- Coercion and Threats
Cycle of Abuse

1. **Tensions Building**
   - Tensions increase, breakdown of communication, victim becomes fearful and feels the need to placate the abuser.

2. **Incident**
   - Verbal, emotional & physical abuse.
   - Anger, blaming, arguing.
   - Threats. Intimidation.

3. **Reconciliation**
   - Abuser apologizes, gives excuses, blames the victim, denies the abuse occurred, or says that it wasn’t as bad as the victim claims.

4. **Calm**
   - Incident is “forgotten”, no abuse is taking place. The “honeymoon” phase.
Statistics

- One in every four women experience domestic violence at some point in their lives.
- Every year, about 1.3 million women are victims of physical assault by their partners.
- 85% of domestic violence victims are women and 15% are men.
- Most cases of domestic violence are never reported to police.
- It is estimated that somewhere between 30 to 60% of abusers also abuse children in the household.

-National Coalition Against DV
Defining Trauma

“We have learned that trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive in the present. Trauma results in a fundamental reorganization of the way mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think.”

-Bessel A. van der Kolk
Defining Trauma Continued...

- Occurs after real or perceived threat of violence, danger, death
- Helplessness and lack of control are often the most common predictors of individual developing PTSD
- “Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death. They confront human beings with the extremities of helplessness and terror, and evoke the responses of catastrophe.”

-Judith Herman
Trauma and Recovery
Neurobiology of Trauma

- **Fight, Flight and Freeze**
- **Attachment Circuitry**
  - Attachment circuitry in brain keeps us connected emotionally to others. Perpetrators use this to their advantage, often manipulating it to their advantage (creating a strong emotional bond)
  - An activation of the attachment circuitry in the brain will suppress the defense circuitry
  - This leads to a confusion while the brain attempts to change circuits
- **Fear Circuitry**
  - Our brain has a built in alert system that detects danger and allows us to predict and react to protect ourselves
  - It is based on past experiences, so when the survivor perceives they are in danger (even if they are not) their body reacts the way it did when the danger was real
Window of Tolerance

- Anxiety
- Overwhelmed
- Chaotic Responses
- Outbursts (Emotional or Aggressive)
- Anger/Aggression/Rage

- Hyper-Aroused
  - Fight/Flight Response

- Rigidness
  - Obsessive-Compulsive Behavior or Thoughts
  - Over-Eating/Restricting
  - Addictions
  - Impulsivity

- Comfort Zone
  - Emotionally Regulated
  - Calm, Cool, Collected, Connected
  - Ability to Self-Soothe
  - Ability to Regulate Emotional State
  - Staying within the window allows for better relationship interactions

- Freeze Response
  - Hyпо-Aroused
  - Feign Death Response
  - Dissociation
  - Not Present
  - Unavailable/Shut Down
  - Memory Loss

- To Stay in the Window of Tolerance:
  - Mindfulness—Being Present, in Here-in-Now
  - Grounding Exercises
  - Techniques for Self-Soothing, Calming the Body & Emotional Regulation
  - Deep, Slow Breathing
  - Recognize Limiting Beliefs, Counter with Positive Statements About Self, New Choices

- Causes to Go Out of the Window of Tolerance:
  - Fear of...
  - Unconscious Thought & Bodily Feeling: Control, Unsafe, I do not exist, Abandonment, Rejection
  - Trauma-Related Core Beliefs about self are triggered: Emotional & Physiological Dysregulation occurs
What is TIC?

“Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.”

-Trauma Informed Care Project
3 Pillars of Trauma Informed Care

1. **Safety** - creating a safe environment, consistency, honesty, reliability

2. **Connections** - staying connected with patient, fostering relationship

3. **Managing Emotions** - give back the “power and control”
Being Informed

- Recognize patient may have faced more than one form of trauma
- Awareness that trauma survivors can be retraumatized by well intentioned friends, family, and community providers (including you)
- Know trauma responses are not always “friendly”
- Emphasize physical, psychological and emotional safety for both patient and provider
- Know where “they” end and “you” begin
- Mindful of common misdiagnoses in IPV survivors
- Understand signs of self-medication

Resource: Trauma Informed Care Project
Self-Awareness & Countertransference

• Provider anxiety
• Victim blaming statements
• Personal experiences with IPV
• Response to the “difficult” client
• Cultural awareness
• Client centered responses to violence
• Savior complex
• Refer out
• Personal response to trauma/violence

Abuse tends to be common in your culture...

You need to get a restraining order.

Why don’t you leave him?

[insert clinician inappropriate self disclosure]

Why are you screaming at me?

How can you love him?

Just call the police.
Implementation of TIC

- Healthy boundaries
- Consider role of culture, community, and spirituality
- Personal advocacy
- Appointment flexibility
- Patience with emotional responses
- Safety Planning (Physical AND Emotional)
- Community supports
- No victim blaming
- Psychoeducation about trauma responses
- Environment

Patience with emotional responses
Do’s and Don’ts of TIC

**DO’S**
- Validate emotions
- Be patient
- Recognize your own transference
- Consider countertransference
- Meet the client where they are at (right-side to right-side communication)
- Be aware of trauma symptoms
- Use grounding exercises

**DON’TS**
- Question survivor in front of abuser
- Recommend couple’s therapy
- Categorizing victim into “good vs. bad victim”
- Provide psychoeducation when client is activated (not within window of tolerance)
- Give ultimatums (i.e. I can’t help unless you leave him)
- Force medication
- Assume calling the police is safest
Review

1. Domestic violence is about power and control
2. Trauma responses look different in each survivor
3. Clinician self-awareness is crucial while working with this population
4. The Three Pillars of TIC are: Safety, Connections, and Managing Emotions
The DOVE Program

• **Free services** for those 12 years old and older who have experienced or are experiencing violent crimes including but not limited to domestic violence, physical or sexual assault, and elder abuse

• Located at New York Presbyterian/ Columbia University Medical Center (W 168th St.)

• **Services include:** crisis counseling, trauma therapy, accompaniment during SAFE exam, training and education, information and referrals, as well as coordination of services

• **DOVE Hotline:** 212.305.9060
Community Resources

• **NYC** Safe Horizon Domestic Violence Hotline
  (includes shelter screening for NYC) 1-800-621-HOPE

• New York **State** Coalition Against Domestic Violence 1-800-942-6906 or 711 for Deaf or Hard of Hearing www.nyscadv.org

• **National** Domestic Violence 24 Hour Hotline 1-800-799-7233 or 1-800-787-3224 (TTY)
  **National** DV Deaf Hotline Videophone 1-855-812-1001 or deafhelp@thehotline.org

• Rape Abuse and Incest **National** Network 1-800- 656-HOPE

• **NYC** Gay and Lesbian Anti Violence Project 212- 714-1141

• **NYC** SVU 24-Hour Hotline 646-610-7272

• New York **City** Alliance Against Sexual Assault www.svfreennyc.org

• New York **State** Coalition Against Sexual Assault www.nyscasa.org
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