INTIMATE PARTNER VIOLENCE (IPV), DOMESTIC VIOLENCE (DV)

PART II

Empowerment based, Trauma-Informed Practice with Survivors

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Empowerment & Trauma-Informed Practice with Survivors

" I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

Maya Angelou

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Outline for Training

- Universal Screening for IPV
- Assessment information: Strategies of Assessment
- Mediators of the survivor's response to abuse (issues for diverse populations)
- Trauma-informed, empowerment-based interventions with survivors (culturally based)
- Risk factors in assessing for danger: Danger Assessments
- Safety Planning
- Contra-indicated interventions: Couples Counseling, Family Counseling, Mediation
- Survivors experience in counseling study: Ellen Ridley & Amy Coha

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Nature & Pattern of Abusive Behavior

Three types of information are important in defining abusive behavior toward the survivor:

1. Description of partner's abusive behaviors (Power & Control Wheel, Controlling Relationship Assessment, other assessments)
2. Cognitions about the partner's abuse by the survivor
3. Other forms of abuse both contemporaneous and historical

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Assessment Information

- Type and nature of abusive acts (hitting, choking, sexual assault etc.)
- Level of severity of abusive behavior based on potential for injury (repeatedly hitting the victim in the head, using weapons)
- Level of severity of actual resultant injury (injury/death related to choking may happen days/weeks after the assault, examples given by Phil in "Assailant Interviews)
- Frequency of occurrences of a particular behavior in a single abusive episode (hitting her head against the wall, etc. example given by Harry in the video -"Assailant Interviews")
- Duration of a specific episode (time period, minutes/hours etc.)

(Dutton, 1992, p.23)

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Pattern of Abuse

- Total frequency of episodes; specific behaviors
- Duration of time from first to most recent episodes
- Stage in relationship for onset of each type of abuse
- Highest severity level of actual injury
- Cycle of violence and other specific patterns, including changes in severity of abuse and injury over time.

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Cycle of Violence (Walker)

I. Tension-building phase. (examples from video on ”Assailant Interview”, Phil’s statements)

II. Acute assault: range of physically assaultive behaviors

III. Honeymoon/Contrite loving behavior: Abuser apologies for abuse *

Reintegration – return to whatever the status was prior to the assault, continuing coercive control

* Research has shown that many abusers do not apologize after abusing their partners.

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Assessment Strategies

1. Open-ended interview (telling the story)
2. Structured interview- describes in detail the events of the specific abusive episode as well as her thoughts (important to understand the meaning for the survivor)
3. Questionnaire method
   - Abusive Behavior Observation Checklist,
   - ABOC Attribution Questionnaire,
   - Response to Violence Inventory: Strategies to Escape, Avoid & Survive Abuse
   - Danger Assessment (Campbell)

(Dutton, 1992)

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Talking about the abuse: Emotional Release Or Re-Traumatization?

Therapist's responses to survivors can provide support/validation/ information about IPV and best practice interventions and a path to healing.

Or

Therapist's responses can re-traumatize the survivor by requiring the survivor to leave her partner in order to continue therapy, respond to the survivor in ways that indicate she 'provoked' her partner or is equally responsible for the violence.

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Domestic Violence & Mental Health Counseling in Maine- Study- Ridley & Coha

Survivor's experiences in counseling:

A survivor in describing her overall experience with her partner and the fact that she never felt safe, her counselor responded to survivor's disclosure of threats, other examples of psychological abuse.

" You should just let it go in one ear and out the other".

" Have you thought about what leads up to the incident? What are you doing?"

" If you want to be safe, just leave." (No safety planning)

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Survivor's Responses to IPV

- First time an woman is assaulted by her partner she experiences shock and disbelief
- She is extremely vulnerable to the rationalizations her partner gives her for the assault
- Like other victims of crime, she may initially seek a private solution, attempt to re-define the situation or event so that it is not defined as victimization, or use informal personal networks for help. (Browne, 1991)

Victims/survivors from diverse populations that have experienced discrimination because of their race/ethnicity/religious beliefs and affiliations may be especially reluctant to seek help from institutions, e.g. police, courts, mental health centers, hospitals, etc.

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Re-examining Learned Helplessness

Learned Helplessness: (Walker, 1984)

-Concept used to explain a victim's belief that they can not escape future violence.

-Led to a belief that battered women are passive in their responses to violence. Mental health community diagnosed victim's behaviors as: "dependent personality disorder," etc. The victim's behaviors/decisions were viewed through the lens of a mental health disorder. Battered women were viewed from a clinical frame that assumed that because of her personality deficits she was abused/battered.

- Result: stigma about being abused,
  - absence of community supports for survivors, lack of resources legal, financial, housing, police response etc.

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Study by Bowker of Experiences of 1,000 Battered Women

Battered women use the following strategies in response to being assaulted by their partners:

1. Talking the partner out of abuse
2. Attempting to get the partner to promise to end the abuse
3. Threatening abuser with non-violent action (calling the police/divorce)
4. Hiding from the partner
5. Using passive self-defense to minimize beatings (ex. From Assailant Interviews, Harry's partner)

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Bowker Study

6. Relying on aggressive self-defense to minimize beatings
7. Relying on aggressive self-defense during the beatings by fighting back.
8. Avoidance

50% of battered women in this study sought counseling.

Subsequent studies indicated that two areas of support identified by survivors as helpful are counseling and women's groups. Women's groups being rated higher.

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Social Worker/Therapist responses to survivors

"The battered woman should **not** be asked what she has done to stop the violence, since the only person who can stop the violence is the batterer."

"**The question for the battered woman is what she has done to escape, avoid and survive the violence.** " (Dutton, 1992)

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Universal Screening

Framing Questions:

"Because violence is so common in many people's lives, I've begun to ask all my patients/clients about it?"

" I don't know if this is (or has ever been) a problem for you, but many patients/clients I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I've started asking directly".

Other approaches you have used in your practice?

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Screening Questions

Direct Questions:

” Do you ever feel controlled or isolated by your partner?”

“ Has your partner ever threatened you?”

“ Do you ever feel afraid of your partner?”

“ Has your partner or ex-partner ever hit or physically hurt your?”

“ Has your partner ever forced you to have sex when you didn’t want to? Has your partner refused to practice safe sex?”

“ Is it safe for you to go home?”

“ Has any of this happened to you in previous relationships?”

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Screening Questions

Culturally sensitive questions: What words does your client use?

- In some Latinx communities ‘disrespects you’ indicates IPV

“ Abuse is widespread and can happen in lesbian, gay, transgender relationships?

“Does your partner ever try to hurt you?”

“Has your partner ever, hit, shoved, or threatened to kill you?”

Other suggestions based on your practice?

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IPV & Latinx Women

Latinx women do not experience higher rates of IPV but report higher rates of poor physical health and psychological distress.

(Bonomi, Anderson, Cannon, Slesnick & Rodriguez, 2009); Cuevas, Savina, & Picard, 2010)

Barriers to formal support:

- Latinx women are not a homogenous population, specific barriers and facilitators to services exist among sub-populations of Latinas.
- Latinx survivors shared that they would have disclosed abuse experiences to their health-care provider if they were asked. (Kelly, 2009)
- Lack of literature on linguistically and culturally appropriate interventions geared toward empowering Latinas in supporting their safety and facilitating help from formal systems.

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IPV and Latinx Women

- Research has focused on barriers for Latinx women
- Lack of interventions and intervention strategies for Latinx survivors
- Recommendations:
    - explore engagement strategies to assess woman's cultural beliefs regarding IPV
    - explore her acculturation level and how it influences her perspective on IPV & decision-making behaviors
    - immigration status and how she defines safety in relation to both immigration and IPV
    - internalized feelings of self-blame related to her forms of victimizations
    - review the woman's connection to informal supports and adopt a multi-faceted definition of safety planning and community-level supports

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IPV & Latinx Women

- internalized feelings of self-blame related to her forms of victimizations
- review the woman's connection to informal supports and adopt a multi- faceted definition of safety planning and community-level supports
- Culturagram – assessment

(Alvarez & Fedock, 2018)

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Language Barriers

Working with translators:

-knowledge about IPV

- confidentiality (not a member of the same community)
- resources- within the community, DV resource centers

Say Hi- free app. For your phone provides verbal and written translations

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Psychological Effects of Abuse

1. Belief that her responses are futile in stopping or escaping the violence.
2. Tolerance of cognitive inconsistency (battered women's ability to simultaneously respond to two quite different realities: a partner who she believes loves and cares about her and a partner who hurts her).
3. Diminished perceptions of alternatives (tried alternatives without success).
4. Development of a continuum of tolerance (certain behaviors fall out of the range of tolerability and may lead to new behaviors).

(Ex. Batterer begins to emotionally or physically abuse her child. She decides to leave the relationship.) (Dutton, 1992)

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Indicators of Psychological Distress

- Fear/Terror- autonomic arousal associated with a fear reaction when she is near him. (divorce/custody implications)
- Intrusion symptoms- nightmares, flashbacks, body sensations, intrusive thoughts (when testifying in court)
- Avoidance-loss of memory about abusive episodes, denial or minimization, psychic numbing
- Anxiety/Panic Disorder- triggered by cues that reminds her of past abuse, (trembling, shaking, sweating, fear, exaggerated startle response, physiological responses, nausea, 'mind going blank' etc.

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Indicators of Psychological Distress

- Sleep Difficulty- chronic nightmares, impacts ability to function (work, parenting)
- Difficulty concentrating-
- Hypervigilance/Suspiciousness- may appear as paranoid-like features but is rooted in the reality of possible abuse (after divorce)
- Physiological Reactivity- when in an environment or situation that symbolizes some aspect of prior abuse (court)
- Anger/Rage- level of anger expressed is not an indication of her level of fear of her partner

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Indicators of Psychological Distress

- Grief/Depression/Suicide- multiple losses experienced by survivors
  loss of hope about the future, loss of self-identity, self-worth,
  loss of children, home, income, social isolation etc.
  Battering is a catalyst for one of every four suicide attempts
  by all women, and one in two attempts among black women.
  (Start & Flitcraft, 1988, quoted in Dutton, 1992)
- Psychological abuse/stress experienced as physical pain for some cultures
- Shame-

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Indicators of Psychological Distress

- Self-esteem
- Morbid Hatred- not unusual to express thoughts that she hopes her partner 'gets hit by a car' etc. It is rare for survivor's to actually plot to kill their partner
- Addictive Behaviors-
- Impaired Functioning- impacting relationships with friends, work, parenting

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Complex Post-Traumatic Stress Disorder (PTSD) Herman

Differences between battering & other forms of trauma:

1. When a victim/survivor seeks help it is likely she is currently in a relationship where abuse/violence continues to be a threat.
2. The victim/survivor has experienced multiple exposures to violence and abuse over a long duration.
3. The victim/survivor is victimized by someone whom she has chosen based on positive aspects of the partner and relationship. It takes on a different psychological meaning when the trauma originates from someone who can be identified as 'the enemy' (an intruder, stranger, etc.) (Foa et al, 1989, quoted in Dutton, 1992)

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Post-Traumatic Stress Disorder (PTSD)

4. Some victims/survivors may have a history of exposure to other traumatic events that are similar to battering. (e.g., child abuse, sexual assault, sexual exploitation by a helping professional etc.)

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Mediators of the Survivor's Response to Abuse

1. Institutional response- police, courts, DHHS, mental health, health care
2. Personal strengths/Inner Resources- important not to evaluate a survivor's lack of personal strengths as the reason for continued victimization
3. Tangible Resources & Social Support
   Educational, Occupational and Economic resources-
4. Historical, Learned & Medical Factors- (ex. Divorce/child custody case where the court allowed the abuser's attorney to question the survivor about the sexual abuse she experienced as a child in an attempt to question her parenting abilities) (Dutton, 1992)

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Additional Assessment Tools

- ✓ Coercive Control Checklist
- ✓ Attribution Questionnaire
- ✓ Response to Violence Inventory: Strategies to Escape, Avoid and Survive Abuse
- ✓ Eco-map – (one completed before the survivor was being abused by her partner, one completed that reflects her life when she is/was being abused by her partner
- ✓ Genogram
- ✓ Culturagram

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IPV & Codependency

Definition:

What is the literature's portrayal of codependent traits?

Have you seen this label applied to survivors of IPV? (examples)

What is your opinion about this label?

What clinical picture does it present about the victim/survivor?

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IPV & Codependency

- Blames women for behaviors that are socially sanctioned feminine role behaviors
- Labels women's behaviors as 'pathological', 'seeking out abusive men', 'sicker' than the alcoholic, 'manipulative' in trying to stop their partner from drinking/using drugs
- Ignores the partner's abusive/violent behaviors
- Ignores the societal barriers and failures of institutions to provide assistance to survivors

'Blaming by Naming'

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Survivors and Substance Use/Mis-Use (SU)

❖ Adverse Childhood Experiences: (ACEs Study)
-witnessing IPV
-being physically or sexually abused

Each violent ACE doubles the odds of a woman being an IPV victim (or a man being a perpetrator).

-parental substance abuse increases chances the child will grow up to be an abuser, victim of abuse and/or substance abuser.

❖ IPV suffered by adult women increases risk for SA (Gutierres & Van Puymbroeck, 2006, quoted in Bennett & Bland, 2011)

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Survivors & Substance Use/Mis-use

❖ Women report, more than men, that they initiated substance use to alleviate the trauma associated with abuse. (Gutierres & VanPuymbroeck, 2006, quoted in Bennett & Bland, 2011).

Increased risk for survivors with SU issues:

- may prevent survivor from accurately assessing level of danger posed by her partner
- under the influence may feel a sense of increased power and believe they can defend themselves against physical assault
- makes safety planning more difficult
- shame/guilt/stigma especially for survivor's with children may be a barrier to seeking help

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Life-Generated & Batterer-Generated Risks to Recovery

- substance use may be encouraged or forced by the abuser
- survivor's abstinence and recovery efforts may be sabotaged
- reluctance to seek assistance or contact the police for fear of arrest, deportation, or referral to a child protection agency
- use and withdrawal symptoms may make it difficult to access services (shelter, advocacy or other help)
- recovering survivors may find the stress of securing safety leads to relapse
- reports of abuse may not be believed by police, courts, etc.

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Trauma-Informed approach to IPV & SU Services

Practice Principal: Women should be screened for IPV & Substance use/mis-use as well as other forms of trauma when seeking help, (shelter, walk-in programs, substance use, mental health programs)

- Relationship between IPV & Substance Use/Mis-Use are both primary problems and is a complex problem
- Coordinated programs (IPV & SA intervention at the same time, with information flowing between programs) and integrated programs (the same program providing both interventions) are likely to be superior to serial services.

(Bennett & Bland, 2011)

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Trauma-Informed approach to IPV & SU Services

- Services that engage survivor's by changing their approach from: "What's your problem", to "What happened to you" is critical in reducing shame.
- Importance of agencies to engage in ongoing review of their services to insure that they are not compromising or re-traumatizing survivors.
  - -attention to boundaries- between staff & participants and participants & visitors. (ex. Clients given permission to say 'no' to hugs.
  - -language that communicates the values of empowerment & recovery (punitive approaches, shaming techniques, and intrusive monitoring are not appropriate)

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Trauma-Informed approaches to IPV & SU

- Staff members who adopt the 'do no harm' credo to avoid damaging interactions. Conflict is dealt with through negotiation.
- Safety for staff. Women often work in environments where they feel harassed and/or disrespected. Many female staff members also have histories of abuse. (Covington, 2012)

- Recognition that both IPV & SA occur at equal rates but SA is viewed as the greater problem- need for a more balanced approach that is sensitive to the stigma and shame survivor's experience for both issues.

(Bennett & Bland, 2011)

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Resources for IPV & Substance Use/Mis-Use Groups for Women

Copeland & Harris (2000) *Healing the Trauma of Abuse: A Women's Workbook,* New Harbinger Publications.

Covington, Stephanie, (2012) Women's Integrated Treatment Model (WIT) Helping Women Recover: A Program for Treating Addiction, Beyond Trauma: A Healing Journey for Women; Healing Trauma: Strategies for Abused Women; Voices: A Program of Self-Discovery and Empowerment for Girls

www.stephaniecovington.com

www.centerforgenderandjustice.org

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Resources for IPV & Substance Use/Mis-Use Groups for Women

Harris, Maxine (1988) *Trauma, Recovery & Empowerment: A Clinicians Guide for Working with Women in Groups.* The Free Press, New York

Najavits, Lisa (2002) *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*, Guilford Press, New York.

Resources you have used in your work?

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Mental Illness Diagnosis

Question: Did the assessment explore information about IPV, sexual assault as an adult. Did it include detailed information about the extent and nature of the violence, the survivor's cognitions about the abuse and results of her help-seeking efforts to avoid, escape & survive the abuse.

Survivor's with mental illness, health issues may have increased vulnerability to being abused by a partner.

- Individuals who abuse their partners use the survivor's diagnosis as a way to maintain their control over their partner and have mental health professionals, police and courts view her statements and behaviors as 'crazy'.

Examples from your practice?

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Barriers to Survivor's being believed

- Individuals who abuse their partners may withhold medication or over-mediate the survivor
- Survivor's ability to provide information about the abuse may not meet the reliability standard with a court of law.

Head Injuries:

-may be undiagnosed if she has not been able to seek medical attention

-may interfere with her ability to remember the specifics of an assault

-may interfere with her parenting abilities/organizational skills etc.

" Is she 'resistant' or having difficulties due to an injury?"

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IPV & Health

Abused women have a 50% to 70% increase in:

- headache & backpain, neurological injuries
-digestive problems
-vaginal infections/sexually transmitted diseases
- chronic pain related to severe injuries/multiple surgeries

Routine universal screening and sensitive in-depth assessment of women presenting with frequent gynecological, chronic stress-related or central nervous system complaints are needed to support disclosure of domestic violence. (Campbell, Dienemann, Kub, Schollenbeger, O'Campo, Gielen, 2002)

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IPV & Health

Past history of insurance companies refusing to pay for treatment related to domestic assault.

9 States allowed insurance companies to refuse coverage to anyone with a history of domestic violence or had to pay a higher rate. (Idaho, Mississippi, No. Caroline, So. Carolina, No. Dakota, So. Dakota, Oklahoma, Wyoming, Washington D.C.)

2010 – Affordable Care Act (Obama care addressed this)

Can't deny coverage or refuse claims.

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- Survivors & Health issues
- J. Campbell, 5:50, https://vimeo.com/10908465https://www.youtube.com/watch?v=0V1UKHU4DUQ

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J. Campbell

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"I Didn't Fight for my Life to Be Treated Like This! " (Speakman, Paris, Gioiella & Hathaway (2014)

The Relationship between the Experience of Cancer & Intimate Partner Abuse

- Few studies on this issue
- Report that IPA continues following a cancer diagnosis and may jeopardize women's ability to get tx.
- Women reported their partners continued to use psychological, physical and sexual abuse
- Women felt trapped in the relationship because of lack of finances.
- loss of housing, health insurance
- Some women were described being depressed during their cancer tx.

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”I Didn’t Fight for my Life to be Treated like This!”

- Changes made by women, distancing themselves from their partners, focusing on other interests and seeking couples counseling (Swain et al, 2009; Swain & Parker, 2011; Schmidt et al. 2006)
- A few women chose to leave their partners and some reported being physically assaulted by their former partner after they had left (Swain et al, 2009)

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"I Didn’t Fight for My Life to be Treated like This!”

Partner’s Responses:

- self-centered, minimizing or dismissive
- Focused on how the cancer tx. was affecting them
- Sought sympathy from others
- Acted caring in front of others but abusive in private
- Against chemotherapy because it would delay her returning to work
- Insults- ‘you look like a freak’, telling her she was going to die anyway
- Interference with women’s sleep

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"I Didn't Fight for My Life to be Treated Like This!"

Responses to Partner Abuse:

- Women reported
  - -their partner's abusive character was more apparent to them
  - -this was a time they deserved their partner's support

Increased Feelings of Strength & Self-worth:

- -increased sense of their own inner strength and more assertive behavior over the course of their cancer treatment
- -women who chose to leave the relationship did so after completing cancer tx.
- - self-care practices- reducing stress, getting sleep

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"I [illegible]
Th[illegible]

Won[illegible]
prov[illegible]

Poss[illegible]

Screening Questions for Abuse in Later Life

- How often do you go out with friends?
- Are you afraid of anyone?
- Has anyone close to you tried to hurt you recently?
- Has anyone close to you called you names, put you down, or made you feel bad recently?
- Does anyone slap you? Pull your hair: Touch you in a rough way? Hit you?
- Does anyone threaten to do any of these things?
- Does anyone force you to have sexual activities?
- Has anyone taken things that belong to you without your permission. (Bomba, 2006, quoted in Spangler & Brandl, 2007)

:are

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Mabel (age 68)

Tools
Dang
Dang
Dang
www
(Web

"…is a frequent user of the health care system and has a thick file. She has been in and out of the hospital with various vague complaints of headaches, chest pains, and stomach problems. She has also received inpatient and outpatient mental health services over the years. She has experienced anxiety attacks and depression, which do not improve with medication and/or therapy. Mabel never shares with her health care providers that her husband has been physically abusive and is extremely controlling throughout their 50-year marriage."

(Spangler & Brandl, 2007, p. 322)

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Lethality

The most dangerous time for a victim of IPV is when she leaves the relationship.
2018 Homicide Panel: Maine

15 DV homicides- 12 of 15 there was a change in the relationship

9 of 15 relationship had recently ended

35% - Firearm
30% - Strangulation
10% - Knife
25 % - other items
www.mcedv.org/learn-about-abuse/statistics/

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Danger Assessments- J.Campbell

- Danger Assessment - 20 Item Inventory
- Danger Assessment –Revised, Female Same-Sex Relationships
- Danger Assessment for Immigrant Women – 26 Item Inventory

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Strategies to Escape, Avoid & Survive Abuse

"An evaluation of strategies that a woman used to escape, avoid and protect herself from abuse include identifying particular strategies used and the consequences that followed from those efforts, her self-evaluation of their effectiveness and, for specific efforts not used, the rationale for not using them. Without all of this information, a full understanding of the battered woman's circumstances can not be fully understood.?" (Dutton, 1992)

This information is critical for the development of any safety planning.

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Safety Planning

Victim-Defined Safety Plans Focus on More than Physical Violence

- no violence
- basic human needs
- social and emotional well-being

- Plans will include strategies that foster all three elements. The content and focus of victim-defined plans will be determined by each victims' perspective and priorities. (Davis, Jill, 2017)

The safety plan is based on the survivor's knowledge and experiences with her partner, coping strategies she has used to protect herself and personal supports and resources she has used.

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Safety Planning

Batterer-Generated Risks: refers to coercive control, threats, abuse and assaults from the abuser.

Life-Generated Risks: refers to personal issues or barriers to resources that the survivor needs to protect herself (and her children).

Domestic Violence Resource Centers have expertise in safety planning. Consult with your local dv center.

Survivor's may be hesitant to reach out to DV programs. It is critical that you explore any reasons why, and if it is based on mis-information (especially from her partner) that you address the concern. Facilitating a call to a DV program during a session, provides an opportunity for the survivor to gain information about services that may be the only safe resource for her to 'escape' violence in the future.

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Safety Planning

- Should be done whenever you are working with a survivor
- It is not dependent upon whether she has decided to leave the relationship.
- Safety planning requires that we engage in an assessment that includes: coercive control, history and nature of the abuse, pattern of the abuse, injuries, threats to harm or kill her or her children, her beliefs about the abuse, resources and whether they were helpful or not.
- Despite the survivor's efforts at safety planning, she may still be assaulted. It is not her fault if the plan fails.

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Safety Planning

Batterer-Generated Risks:

1. Physical injury/sexual assault
2. Psychological harm
3. Risks to and involving children (calling DHHS, kidnapping, seeking custody)
4. Financial risks
5. Risk to or about her family and friends
6. Loss of relationship
7. Risks involving arrest or legal status

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Safety Planning

Batterer-Generated Risks:

8. Threats made should she leave… ”If I can’t have you no one will’.
9. Stalking/property damage
10. Ruining survivor’s credit
11. Custody arrangements refusing to return child(ren)
12. Using the children to ‘spy’ on their mother, blaming her for his abusive actions

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Safety Planning

The most important factor to be considered is the survivor’s perception of danger. If a survivor states that she believes her partner will kill her believe her assessment.

A number of studies have found that survivor’s perception of danger is the most reliable and valid indicator of being killed. (Browne, 1987, Campbell, 1995, Dutton, 1992, Hart, 1988).

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Safety Planning

Life-Generated Risks:

1. Diverse populations/LGBT- fear of discrimination
2. Immigrant/Refugee/Undocumented fear of being detained/ deported
3. Financial/poverty
4. Physical/mental health
5. Inadequate responses from major social institutions

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Summary of Safety Planning

- ✓ Collaborate on safety plans. Don't try to be the expert.
- ✓ Work on safety plans during periods of relative calm, not during crisis.
- ✓ Evaluate all referrals and interventions for safety before proceeding.
- ✓ Consider the children's safety as well. Pay attention to the abuser's use of tactics that target the survivor's vulnerabilities (care-taking responsibilities, disability, economic situation, sexual orientation, immigration status, culture, religious beliefs etc.

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Sarah Buel

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Summary of Safety Planning

Try to help the survivor to:

- ✓ See individual incidents as part of a larger pattern of abusive behavior.
- ✓ Focus on the long term, not just the current crisis.
- ✓ Understand that abuser's seldom stop just because they promise to.
- ✓ Identify high-risk situations and make specific plans for each one.
- ✓ Identify signals of impending danger as far ahead of the actual violence as possible, to increase chances of escaping.
- ✓ Identify potential ways to avoid violence and reduce injury.

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Summary of Safety Planning

Try to help the survivor to:

- ✓ Identify helpful community resources (DV Resource Centers, Legal Aid Clinics, Immigrant Legal Advocacy Program, etc.)
- ✓ Assess the safety implications of interventions by others, Protection from Abuse (PFA) depends on the abuser's response to the order.
- ✓ Assess the potential cost and benefits of calling the police, getting a PFA, disclosing abuse to family friends, members of her community
- ✓ Rehearse safety plans, explore how they might backfire (violence might escalate, danger could increase, legal ramifications etc.)
- ✓ Periodically assess how well the survivor's plan is working.

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Summary of Safety Planning

Safety Plan should not be a written document in the survivor's possession. It should be committed to memory and reviewed with the counselor/advocate. If kept in the client's counseling file confidentiality must by absolute.

Protection from Abuse Orders: (PFA) Risks & Benefits must be explored.

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Empowering/Trauma-Informed Interventions with Survivors

Historically, women reporting abuse were blamed for being abused. Early studies focused on examining women's traits and personality factors that would explain why they were abused.

1964 Study: The Wife-Beater's Wife, researchers who sought to study batterers, found that men would not talk to them. They interviewed cooperative battered women, and came to the following conclusions:

Battered women were: "castrating", "frigid", "aggressive", "indecisive" and "passive".

They concluded that marital violence fulfilled women's "masochistic needs". (Herman, 1992)

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Diagnosing victims of IPV

1980's – American Psychiatric Association- DSM review committee

Masochistic Personality Disorder- proposed being added to DSM

-criteria included '…any person who "remains in relationships in which others, exploit, abuse, or take advantage of him or her, despite opportunities to change the situation".

Women's groups responded with extensive documentation and argued that the proposed diagnostic concept had little scientific foundation and ignored recent advances in understanding the psychology of victimization, ….it would be used to stigmatize and disempowered people. (Herman, 1992)

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What are some important factors to consider in working with Survivors of IPV

Brainstorm exercise

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IPV Intervention requires knowledge of community resources/systems

IPV/DV work requires inter-professional practice given that victims/survivors, children and individuals who abuse their partners come into contact with multiple systems. (ex. Police, courts, attorneys, hospitals, mental health centers, schools, CPS, DV centers, Batterer Intervention Programs etc.)

Examples of inter-professional work you have engaged in on behalf of survivors? What was the outcome?

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Social Work/Mental Health Professionals & IPV

Social justice/social inclusion advocacy is part of our mandate as social workers.

IPV/DV calls upon us to identify & work to change institutional barriers, discriminatory and oppressive policies that prevent survivor's and their children from accessing services and finding safety.

It is incumbent upon us to provide information to survivor's about issues they may encounter in their contacts with police, courts, etc. It is also important of us to be aware of our limitations and seek consultation when needed. (ex. Seeking consultation form Immigrant Legal Advocacy Project, (ILAP) when working with a refugee seeking asylum)

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Healing from abuse….

If the woman is currently in danger, healing can not be addressed.

Safety planning and problem solving must be the focus of our work with survivors.

Other resources such as legal protection and Domestic Violence Resource Centers need to be identified as resources to consider.

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Framework for Intervention

Principles for Intervention: (Dutton, 1992)

1. Nonjudgmental acceptance & validation
2. Providing immediate support & alliance (expanding her personal support network)
3. Advocating for safety and building options, recognize survivor's ability to perceive danger
4. Willingness to experience recounting and sequelae of the trauma
5. Assuming that PTSD responses are caused by the traumatic events

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Framework for Intervention

Principles for Intervention:

6. Education about violence and abuse is therapeutic.
7. Coping strategies are viewed as strengths, not pathology (denial, dissociation, disavowal, chronic traumatic response result of earlier unidentified trauma).
8. Addiction is a common form of self-medication for trauma victims.
9. Transformation of the trauma may result in positive changes (personal empowerment, re-connection to family, friends, developing a supportive network, reclaiming her future).
   Caution: These changes do not compensate for the losses associated with the abuse/battering.

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Framework for Intervention

Principles for Intervention:

10. Pro-social action & self-disclosure facilitate the stress recovery process.
11. Transformation of trauma is a lifelong process.
12. Trauma of abuse and victimization results in non-compensable personal losses.
13. Assumption of self-determination
14. Therapist self-care is essential.

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Goals of Intervention

Naming the abuse and its effects.

1. Increasing safety.
2. Enhance choice making and problem-solving. Interventions are focused on decisions about the relationship, relocation and other transitional issues.
3. Healing PTSD reactions.

(Herman, 1992)

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Stages of Healing

Stages if Recovery:

1. Establishing safety
2. Remembrance & Mourning
3. Reconnection (with life)

(Herman, 1992)

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Stages of Healing

1. Mourning the relationship.
2. Individuation process of seeing herself and her needs as separate from her batterer.
3. Develop different skills and coping mechanisms to survive.
4. Repairing the lack of trust and fear of intimacy.
5. Repairing her lost sense of self.
6. Helping her recognize her feelings and warning her that she may not be supported by others.

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Stages of Healing

7. Breaking down her isolation. Helping her to understand how the abuser used isolation to insure her bonding to him.
8. Mastering her feelings of terror so that she doesn't' experience intrusive ideation.
9. Giving her a safe way to vent her rage.
10. Decision-making.

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Choices…..

"Defining the battered woman's situation as a choice point restructures it as one in which she has personal power. It is essential that the decision to stay or leave the relationship is one for the battered woman to make.

The most important thing to communicate to the battered woman is that it is her right to make decisions that effect her life."

(Herman, 1992)

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Mourning the relationship

Reconstructing the traumatic memory complete with details and the Survivor's emotional experiences and bodily experiences.

Therapist – is both witness & ally, helping the survivor move back and forth between being safe in the present with re-experiencing the intensity of her feelings in her experiences of abuse.

Decisions that address both pacing & timing need to be negotiated on an ongoing basis.

Monitoring intrusive symptoms to insure that the survivor is not re-traumatized.

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Mourning the Relationship

Survivor's fundamental question is: Why me?

Survivor is called upon to articulate the values and beliefs that she once held and have been destroyed by the abuse.

Role of the therapist is beyond being 'neutral' or 'nonjudgmental'. It is to be a witness & ally and provide the safe space for the survivor to reconstruct a new interpretation of the traumatic experience that affirms the dignity and value of the survivor.
(Herman, 1992)

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" It's hard to fight an enemy that has outposts in your head ".

Sally Kempton

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Therapeutic Interventions

Cognitive-Behavioral Approaches: stress reduction, relaxation, cognitive restructuring, role-playing, skills development, problem solving & use of imagery

- can be applied to developing escape plans, crisis intervention with suicide risk, developing assertiveness skills, decision-making, addressing cognitions that have been developed as a function of abuse (e.g. self-blame, low self-esteem, tolerance of abuse, tolerance of the cognitive inconsistency inherent in the abusive relationship, or cognitions that make responding to the abuse less effective (rigid sex- roles beliefs) (Douglas & Strom, 1988)

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Therapeutic Interventions

Cognitive-Behavioral Approaches:
Caution about using the words 'maladaptive' or 'irrational' without recognizing the origin of this belief within the survivor's values and goals.
Narrative Therapy: taking back control of her life narrative, use of metaphor, use of art
- healing post-traumatic effects & choice-making
Psychoeducation Approaches: dynamics of abusive relationships, intersectionality, societal barriers for survivor seeking safety
- Choice-making, taking action to increase her safety, parenting skills, assertiveness, and anger management

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Therapeutic Interventions

Feminist:
Goals: protection, choice-making, healing post-traumatic effects
Focus is on validation of the survivor's experience, empowerment and self-determination.

Mind-Body Integration:
EMDR
Other techniques you have used?

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Contra-indicated Interventions for IPV

Couples Counseling/Family Therapy & Mediation is contraindicated when coercive control/abuse/violence is occurring.

1. Dangerous: Individuals who abuse their partners often retaliate against their partners for disclosing abuse in therapy.
2. An abusive partner can skillfully counter any attempts to get him/her to change, making the clinician unlikely to look deeply into his behavior.
3. Abusive partners learn to adapt psychological jargon to abuse their partners. (ex. Courts hearings/divorce/custody)
4. Abusive partners in couples counseling re-define the issue as 'conflict' which each partner is responsible for rather than intentional abuse/violence.

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Ridley & Coha: DV & Mental Health Counseling Study

Research Question:

" **How do mental health counselors enhance or compromise the physical and emotional safety of domestic violence victims/survivors by their counseling practices".**

Definitions:

Counseling session: a time frame within which the counselor & survivor met.

Counseling experience: the aggregate sum of a survivor's experience with a counselor.

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Ridley & Coha Study

Screening for participation:

- experience dv & abuse within the last 3 years, either while in the relationship or post escape
- participated in counseling with MH, addiction, clergy, or pastoral counseling during that time
- Over 60% in relationship for over 4 years, majority were married or living together
- 79% had children
- Most (86%) entered counseling freely
- **Over three-quarters of survivors saw two or more counselors during abusive relationship**

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Ridley & Coha: DV & Mental Health Counseling Study

Study Participants: 103 survivors, 102 women, 1 man

97% reported abusers were male,

3% reported abusers were female (two lesbian relationships)

82% had escaped the relationship at the time of the interview

93% white, 2% Latina, 2% African-American, 1% American Indian, 2% other

Average age:- 40, age range- 18-67

92% of the counseling relationships occurred in Maine

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Ridley & Coha Study

Counselor Demographics:

- 177 counselors (73% female)
- 84% worked in private practice or community agencies
- Remainder: pastoral, EAP, or addiction services
- 53 counselors (30%) provided couples counseling

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Ridley & Coha Study

Observation # 1:

Most survivors in this sample were in a great deal of danger when they sought counseling.

Danger Assessment Results -Campbell

75% of women in the sample were in severe to extreme danger as measured by the Danger Assessment

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"He broke into my apartment,

threw everything I owned into the dumpster, cut the phone lines, he had taken everything out of the refrigerator and thrown it all over the house, it was disgusting. He cut up every piece of furniture that he couldn't get outside. He broke the lock so I couldn't get into the house- I had to climb through a window to get in, and I didn't leave the house for three weeks after that—he held me hostage.

-Survivor interview

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Ridley & Coha Study

History of Violence:

- Let pet bleed to death
- Hit woman in head with metal bat, butcher block, crowbar
- Put thumb on trachea, pinched nose
- Stabbed
- "It's like a life sentence if you get an abuser who's really bad"

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Ridley & Coha Study

Observation # 2:

- Some counselors conducted written and/or verbal screening for dv when the counseling relationship began.
- Screening was inconsistent across the sample

Written Screening:

(N-156) 23%

Verbal Screening:

(N-170) 57%

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"Tammy"

- "I've never several counselors and I've never had, not once, one of them ask me up front, "Have you ever been, or are now, in an Abusive relationship?"

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"Janet"

- Abuser kicks in stomach while pregnant, injures family pet, threatens to get custody of child
- "Janet" escapes relationship, makes appt. for counseling & discloses while making the appt. that it is DV-related
- First (and only) appt. no DV screening, no direct questions about relationship although Janet was "crying really hard", counselor focuses on her social anxiety and suggests she needs to exercise and build endorphins
- "Janet" states: "I will never go to counseling again".

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Ridley & Coha Study

Safety Implications:

"Bring up the subject. Don't make the survivor have to say "I'm a survivor—can we talk about that? It's a lot easier for me to have someone drag it out of me. I'm not going to sit down and say "He kicked me, when I was pregnant, he hurt my cat". I'm just not going to be that outright. I need it to be asked of me. Otherwise I'll just talk about something completely different."

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Ridley & Coha Study

Be sensitive,

- " Ask questions comfortably. I don't want them to just say, "Is your Husband beating you". They need to know tat a lot of women- get really defensive- so they need to know how to get through that little defensive door. It requires caring. They need to understand and care"

- "Mary"

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Ridley & Coha Study

- C2 immediately made her feel comfortable by acknowledging DV in the first few minutes of their first meeting and prior to their first session. C2 was very comfortable about talking about the abuse and relating it to her potential for substance use"
"Karen"

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Ridley & Coha Study

- ”Help the woman identify what is actually going on in the relationship. There’s so much shame and belittling that the woman blames herself. That’s the way my husband ran the home, he made me responsible for all his problems. My counselor came right out and told me that I was a battered wife, and at first I didn’t believe it, but she gave me pamphlet. I read it and couldn’t believe it because he never hit me. I had gone to counesling about my relationship with my husband and when I began talking about it she helped me to realize that I had a bigger problem than what I went in there for.”

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Ridley & Coha Study

“Sara” had more than 30 sessions before she disclosed that she had Been stabbed.”

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Ridley & Coha

Observation # 3:

- Survivors in this sample were, for the most part, ready to talk about the abuse with the counselor.
- Survivor's whose counselor's conducted verbal screenings, the vast majority disclosed.

Although screening was not universal, nearly 80% (n-141) of counselors became aware of the abuse, usually during the first few sessions, overwhelmingly because he survivor talked about it.

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Ridley & Coha Study

Observation # 4:

- Some counselors discussed safety planning with the survivor
- Safety planning was not consistent across the sample
- Counselor safety planning is consistent with survivor's positive and helpful experience in counseling.

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Ridley & Coha Study

Safety Planning (all survivors reported)

- Less then 20% of all counselors discussed multiple safety planning ideas with survivor.
- Of those who safety planned, less than half discussed the benefits and risks of safety ideas.
- **Less than half -42%- identified the local DV program as a resource. (for safety planning, shelter, legal advocacy etc.)**
- In cases where the survivor's overall experience was not helpful, 91% of counselors did not refer to the DV project.

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Ridley & Coha Study

Helpful suggestions:

Counselor gave her the book: "Why Does He Do That?" "I think that's the best thing she's done for me because it puts all the things I have been going through right in black and white. She's been working on making me realize that my life is worth protecting. I get to the point where I don't care whether I just die. One of the main reasons I stay with her is because it is so insidious what he (abuser) does".

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Ridley & Coha Study

Helpful suggestions

- C- “She made sure that I never went out alone. She made sure someone was always with me in the house. This was initially when I moved here, after I left my partner”.
- ”He (C) told me to stay in the shelter until I felt that I was strong enough to not go back and he helped me get set up with a case manager. The counseling and case manager helped me find an apartment that was secure”.

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Ridley & Coha Study

Helpful suggestions:

- She advised me to be very careful not to engage with him. She supported me to keep up what I was doing and not to play the game”.
- Counselor encouraged woman to think about safe places to go such as sister’s house.
- “Counselor helped me to realize that this was unacceptable, that she felt scared for me, that she would support me”.

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Ridley & Coha Study

Increased Danger:

- Counselor told woman to drop the PFA, saying she shouldn't have gotten it in the first place. C1 said woman and abuser should sit down together and talk about things.
- Counselor created a hostile environment by going over the intake form when woman had asked him not to and asking questions about the abuse right in front of her abuser.

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Ridley & Coha Study

Increased danger:

- " It wasn't a very smart thing for the therapist to say," If you want to be safe why don't you just leave?" Because if I did leave, then what?"
- "She told me to just leave. This relationship is over and you need to go?" "I would have been watching my back all the time?"

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Ridley & Coha Study

Increased danger:

" He wanted us to remain a couple. He wanted reunification, he wanted to keep the marriage, He was suggesting that it was just a phase that {my husband} was going through and {that my husband needed me to lean on and for me to support {him} through this phase. If it's coming from a priest, this is God's man here he must know what he's talking about. But then I'm thinking "I can't do that, it's craziness"

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Ridley & Coha Study

Increased danger:

After couples session concluded, abuser made very detailed threats about what he would do to any other man she dated or partnered with, including hunting both of them down and shooting the man in the head.

Woman immediately went back into therapist's office after abuse left and told therapist what happened. Therapist: "Oh, I don't think he'll really do that. He's just upset, he's feeling desperate. It's bluster".

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Ridley & Coha Study

Continued..

Woman: “I was dumbfounded, I couldn’t believe she was going to let him walk out of the building after someone had made such a serious threat”.

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Ridley & Coha Study

Observation # 5: Couples Counseling

- **In the majority of cases couples counseling did not appear to be an effective and safe strategy for reducing the abuse, and in some cases had the unintended consequences of increasing abuse.**

- Survivors who engaged in couples counseling were more likely to report an overall experience that was not helpful.

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Ridley & Coha Study

Couples Counseling: Screening

Did counselor interview individually?

No – 86%

Did the counselor screen for DV

No – 74%

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Ridley & Coha Study

Couples Counseling: Screening

- " I don't remember if there has been any questions. I would have probably said no because we were sitting right next to each {filling them out}."

- Only half were able to fill out screening forms privately.

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Ridley & Coha Study

Couples Counseling: Screening

- "I think a counselor needs to really get to know what's happening in the beginning, really analyze the situation before they give advice, and if it's a couple they need to ask them individually in the beginning because a lot of people don't say things when they're sitting next to their partner who they're having problems with."

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Ridley & Coha Study

Couples Counseling:

" For the couples counselor, catch on and address the signs that the abuser is dropping in the sessions. During the whole time I was in couples counseling {the abuser} was abusing me and assaulting me. He liked to threaten me with knives while we were in couples counseling so I couldn't say much".

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Ridley & Coha Study

Couples Counseling:

- C2 told both partners that they were abusive. Abuser would then go home and say, “Even the counselor said you were abusive too”.
- Woman states, “I think he {counselor} put flames to the relationship. I think it got worse much quicker because {abuser} had so much support and justification for his behavior.”

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Ridley & Coha Study

Couples Counseling:

- Couples counselor told woman that she had to work on her own anger issues. Abuser would then say in session “I can’t stand her anger anymore and talk about being afraid of her. “The only thing that put me in more danger was that I was afraid to go into counseling because my husband would use it against me. And that’s what he did”.

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Ridley & Coha Study

Couples Counseling:

Couples Counselor's response to a woman who had been strangled and threatened with a fist. "You've got to do it the right way. You can't question him if he's hungry. He's going to be more upset if he's had a hard day. Don't talk about it either if you have had a long stressful day or are hungry or tired".

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Ethical Practice Issues for Social Workers/Mental Health Professionals

- Self-care strategies
- Supervision/consultation
- Develop a working collaborative relationship wit the local DV Resource Center
- Empowerment based/ Trauma-informed practice
- Demonstrate cultural humility in learning about IPV in diverse groups, recognize the values of different cultures.
- Be knowledgeable about basic criminal justice/legal information
- Engage in social justice advocacy on a community/state/national level.
- Develop a "tool box" of information & resources for survivors, children, and individuals who abuse their partners.

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