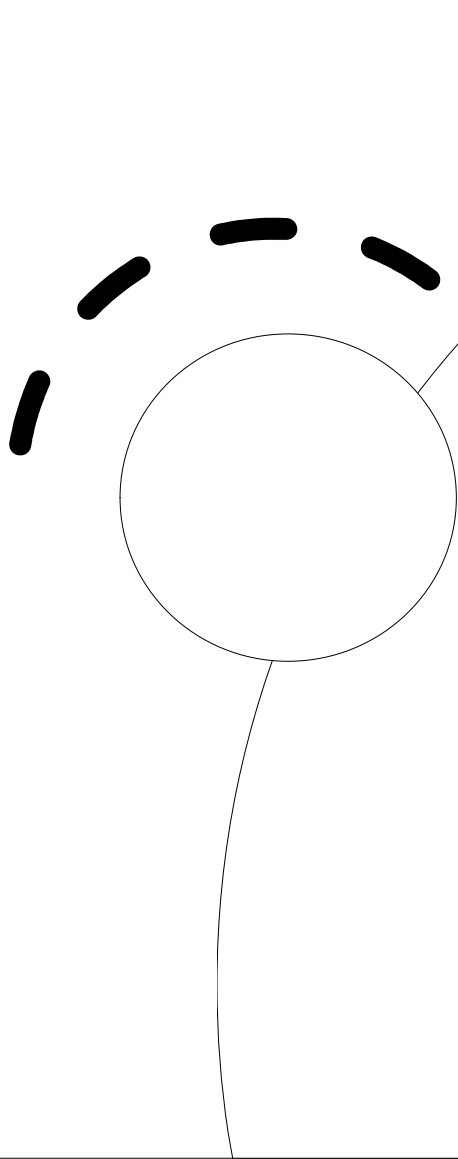


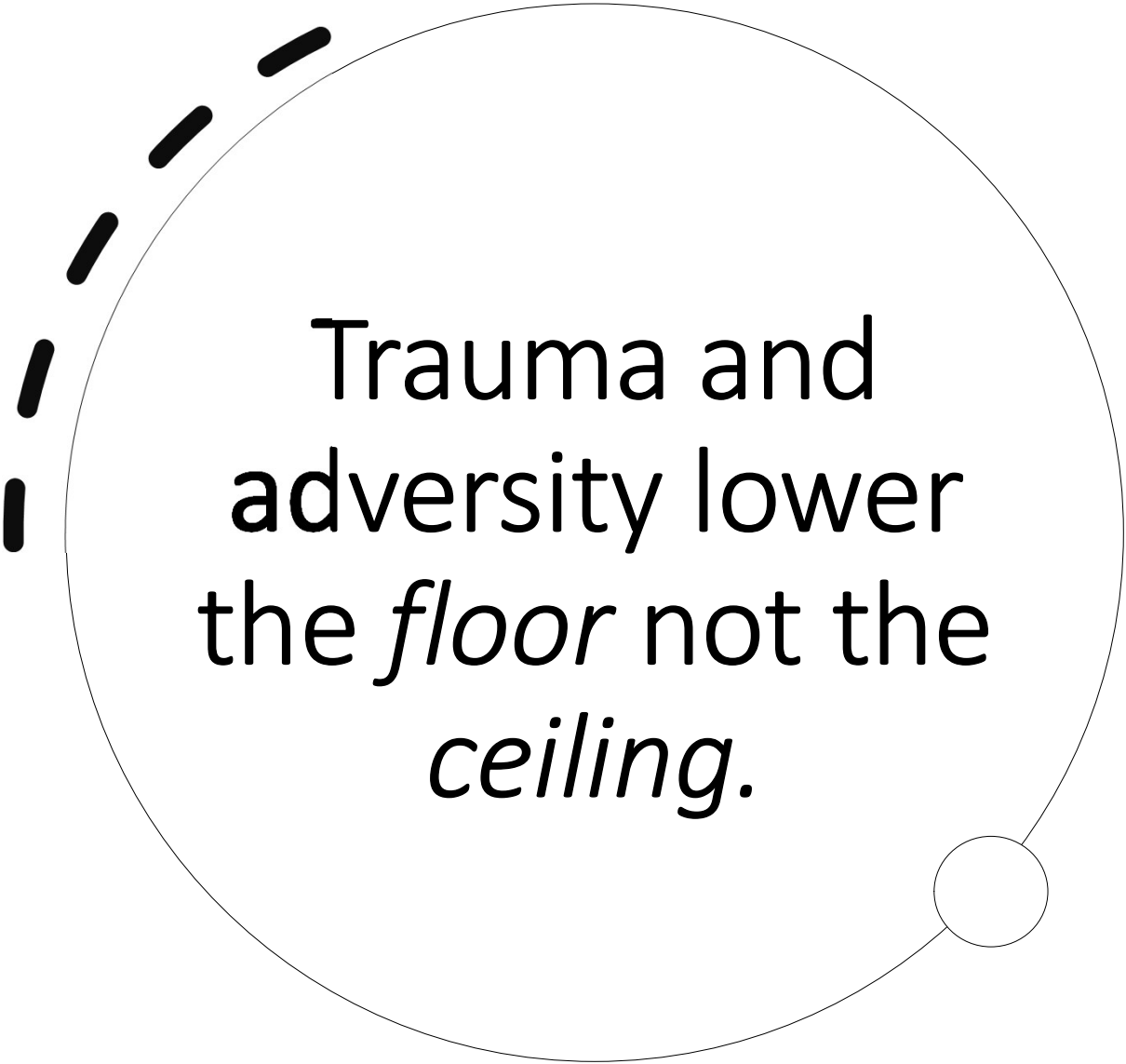


Trauma-Informed Care for Survivors of Domestic Violence

Lauren Garder, LPC-S

Goats and Trauma Informed Care

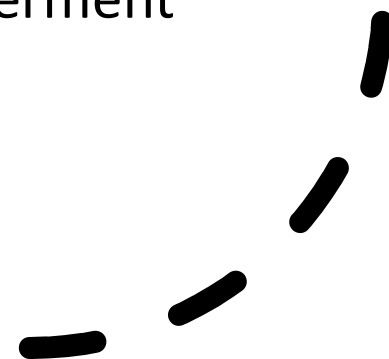


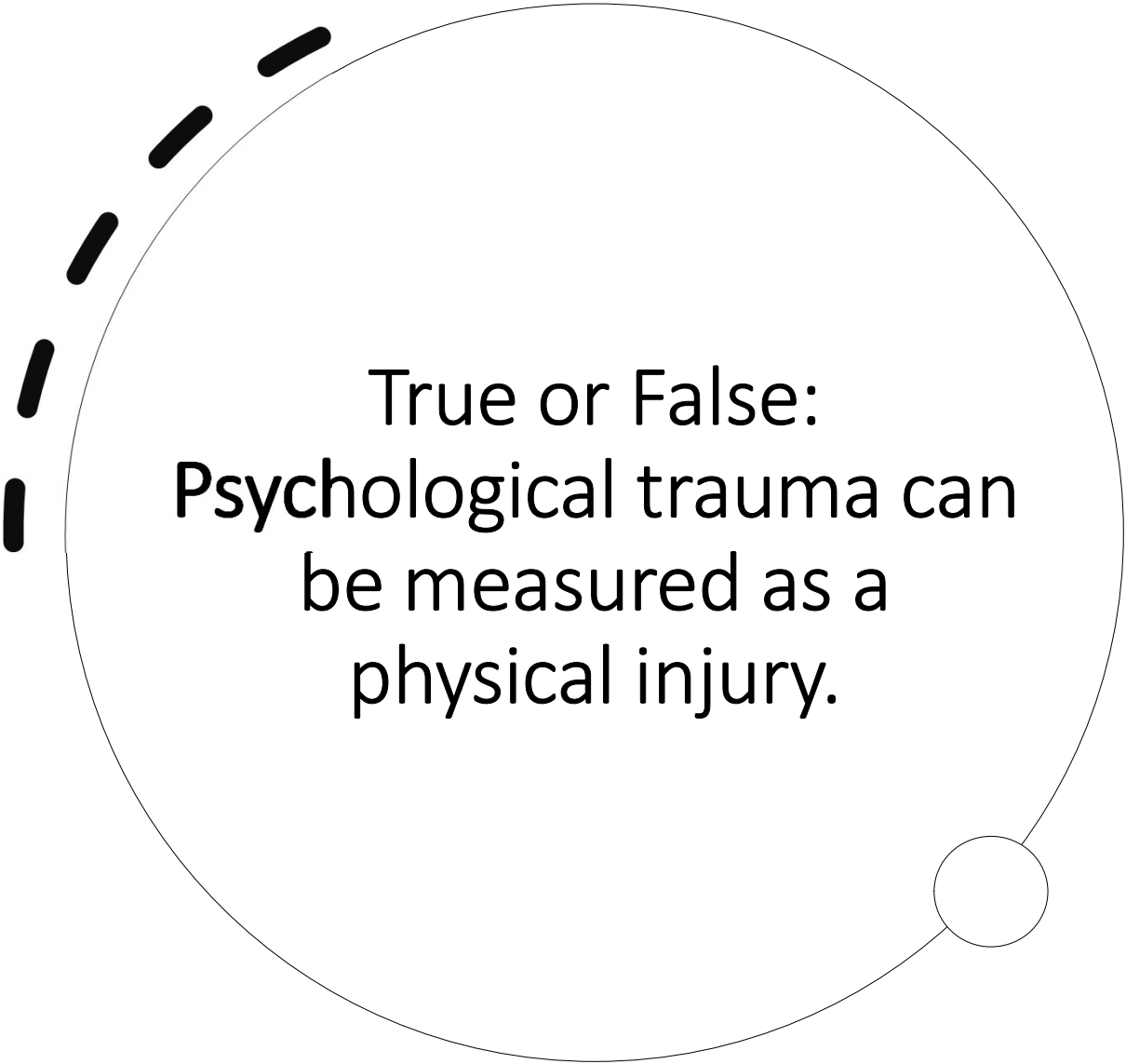


Trauma and
adversity lower
the *floor* not the
ceiling.

Objectives

- The dynamics and impact of domestic violence
- The effects of trauma on the brain, body, and behavior
- The importance of responding with compassion, safety, and empowerment

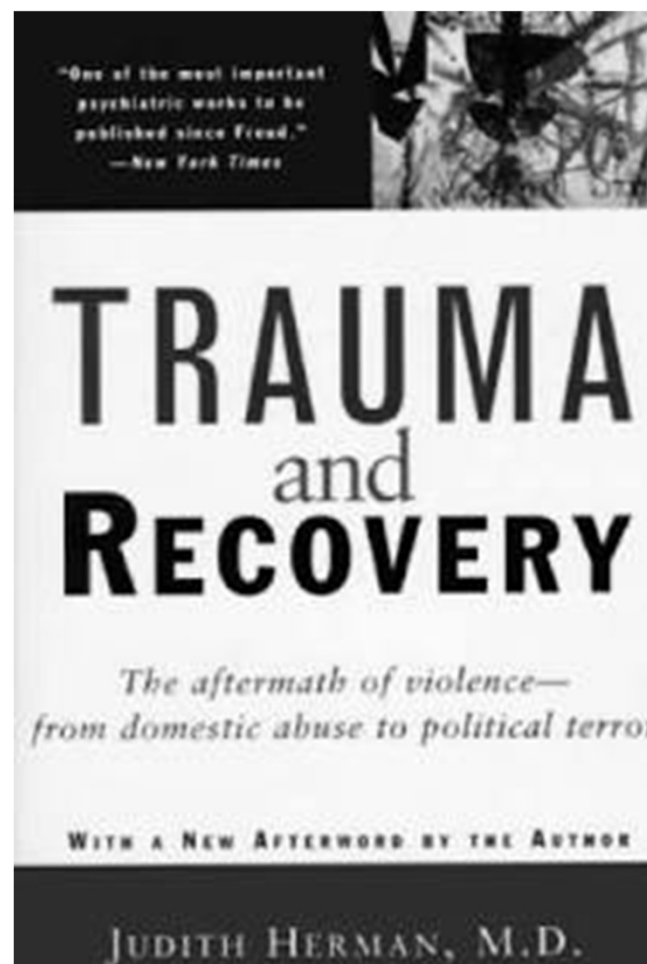




True or False:
Psychological trauma can
be measured as a
physical injury.

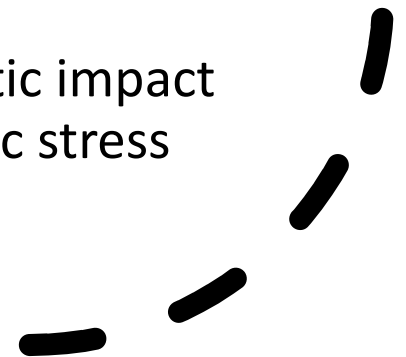
What Is Trauma?

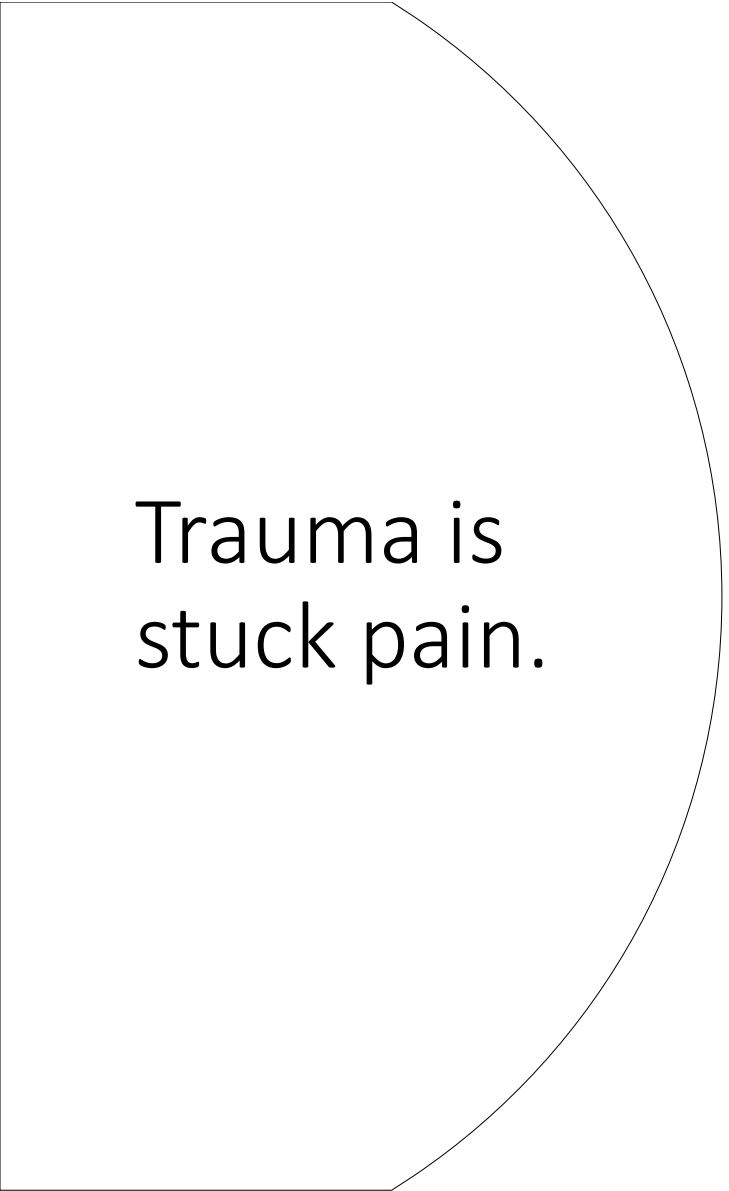
“Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning.... Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life.” – Judith Herman, *Trauma and Recovery*



What Is Trauma?

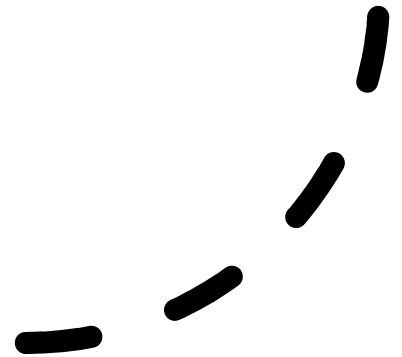
- Overwhelms our ability to cope
- Evokes intense feelings of hopelessness, terror, isolation
- Fall outside of typical, expected life experiences
- Threaten the integrity of our lives
- Events are not traumatic because they happen rarely
- Can result from psychological terrorism, not only physical assault
- Individuals can experience traumatic impact without experiencing posttraumatic stress disorder





Trauma is
stuck pain.

- Chronic trauma layers this, when things that some people call “symptoms” are also necessary survival skills
- We can’t put down that which still serves us



Types of Traumas

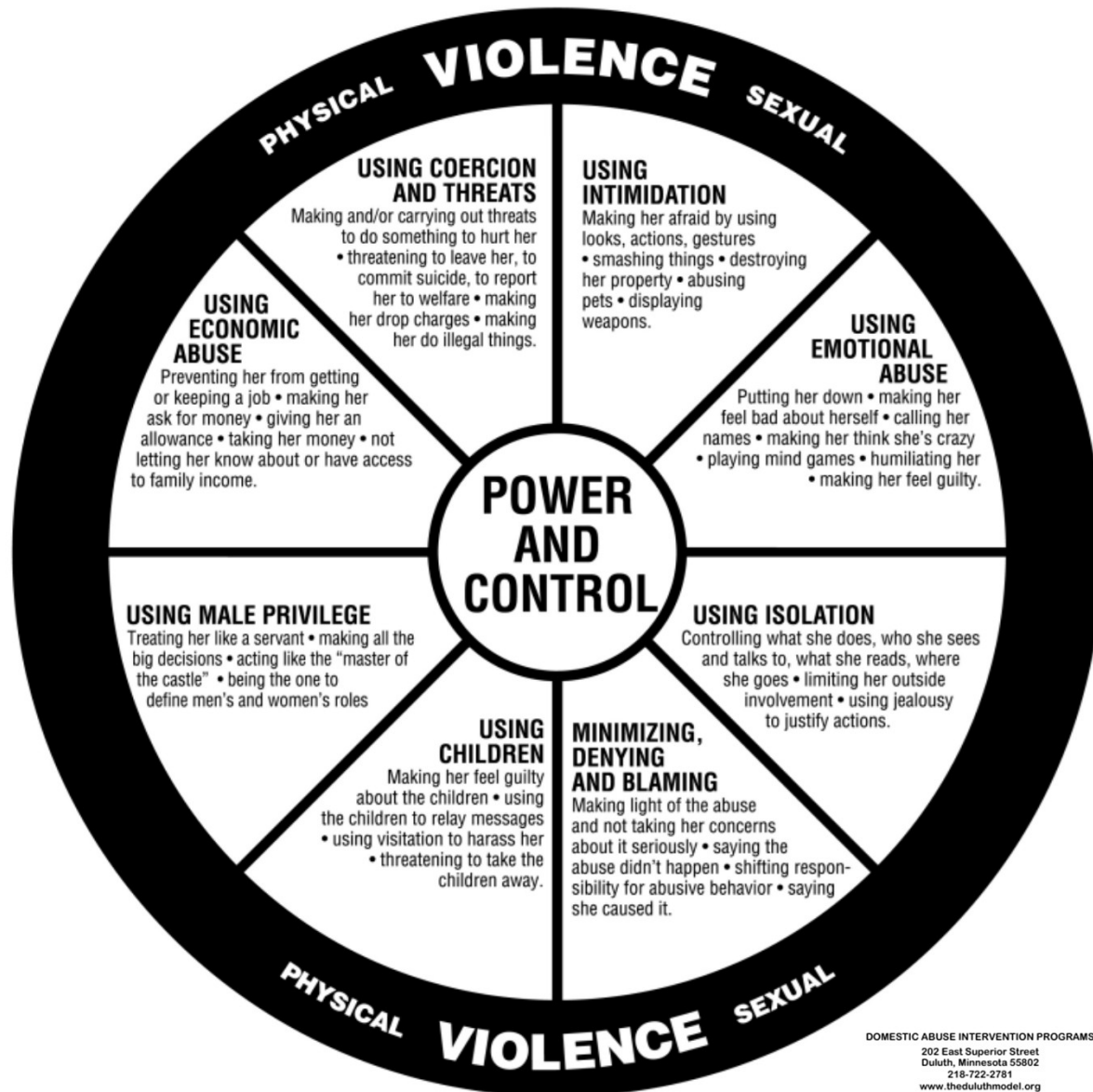
- Singular experience
- Chronic
- Environmental
- Historical
- Developmental
- Intergenerational
- Cumulative
- Compounding
- Secondary or repeated exposure to trauma (first responders, crime scene crew)

“What happened to you?”
“What didn’t happen to or for you?”

Domestic Violence

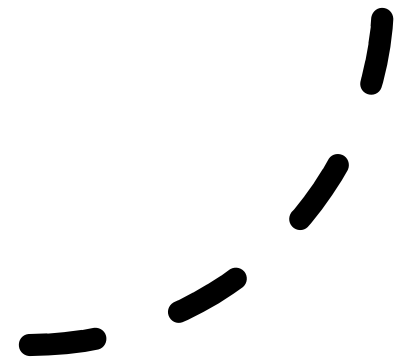
- Domestic Abuse Intervention Project, 1982
- Not the cycle of violence

(Center for Disease Control and Prevention, n.d.)

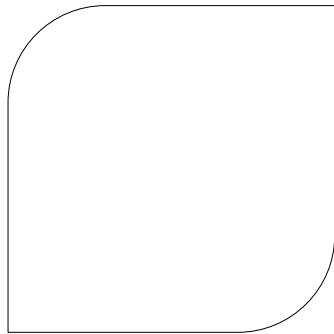


Trauma and Domestic Violence

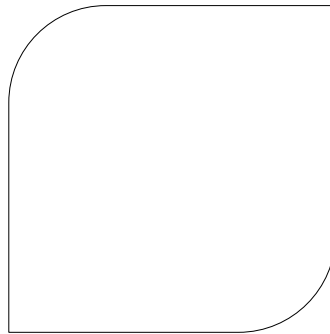
- Survival is counterintuitive
- Denying is part of surviving
- Coercive control is the central figure
 - “Coercive Control is a pattern of behavior in intimate relationships designed to dominate, exploit, and deprive a partner of autonomy, freedom, and basic rights, often without requiring physical violence.”
(Stark, 2007)



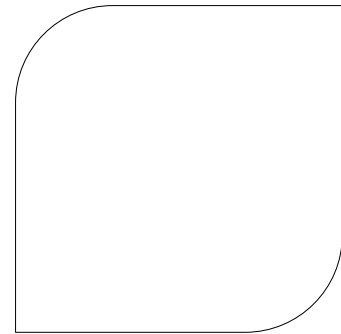
Three Es of Trauma



EVENT

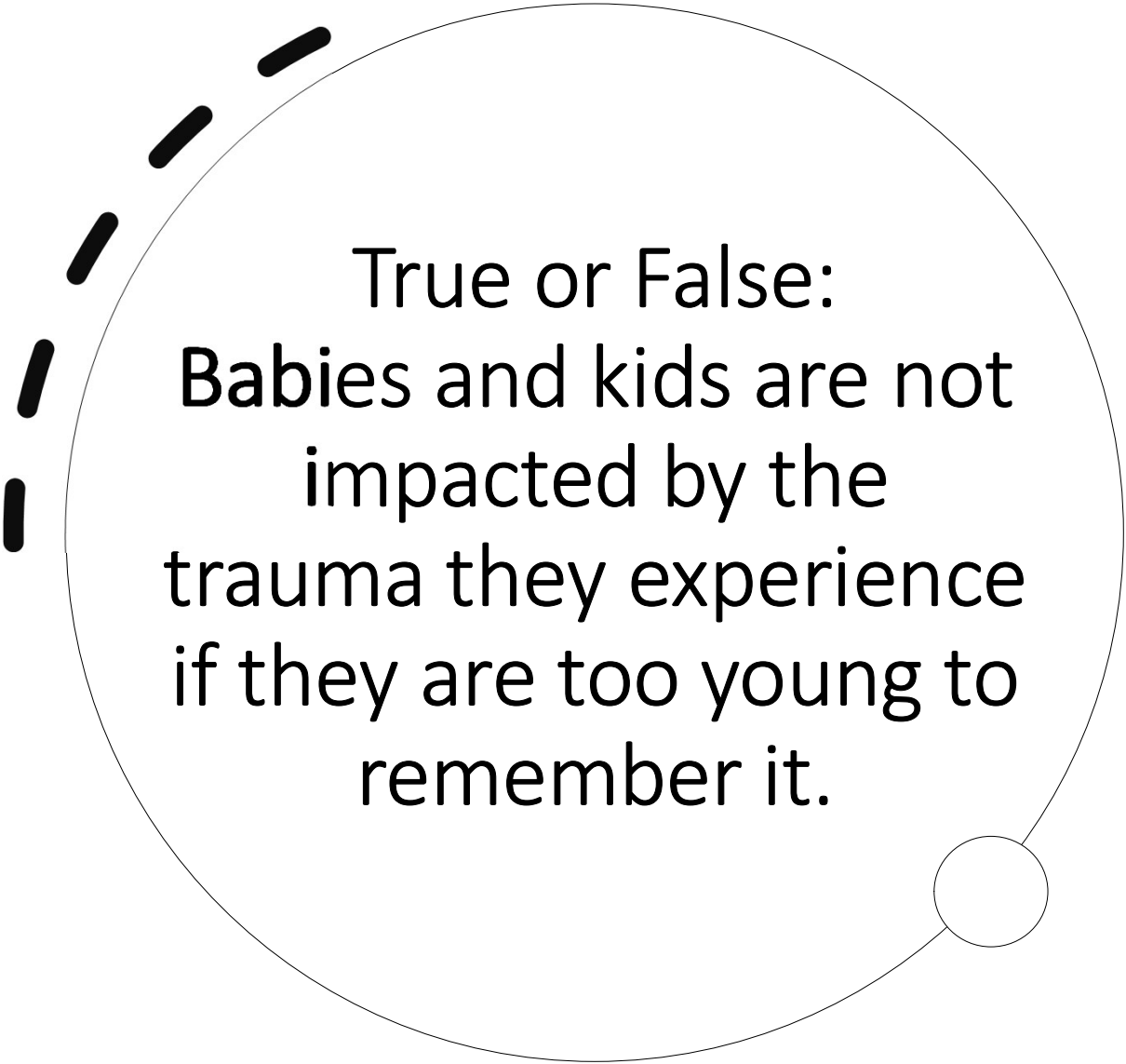


EXPERIENCE

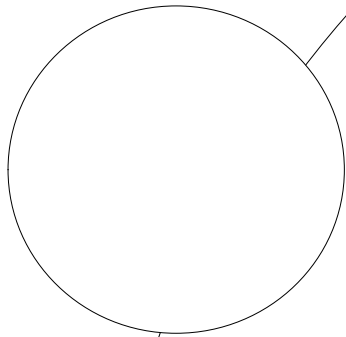
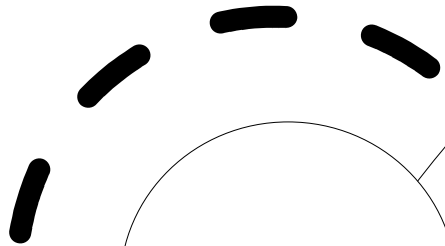


EFFECT

(Substance Abuse and Mental Health Services Administration, 2014)



True or False:
Babies and kids are not
impacted by the
trauma they experience
if they are too young to
remember it.



In 1995 the Center for Disease Control
and Kaiser Permanente began the
Adverse Childhood Experiences (ACE)
study with over 17,000 participants.

Childhood Adversity by Categories

(18 years or younger)

Abuse

- Psychological (by parents)
- Physical (by parents)
- Sexual (by anyone)
- Emotional neglect
- Physical neglect

Household

- Substance Abuse
- Mental Illness
- Parental separation/divorce
- Mother treated violently
- Imprisoned household member

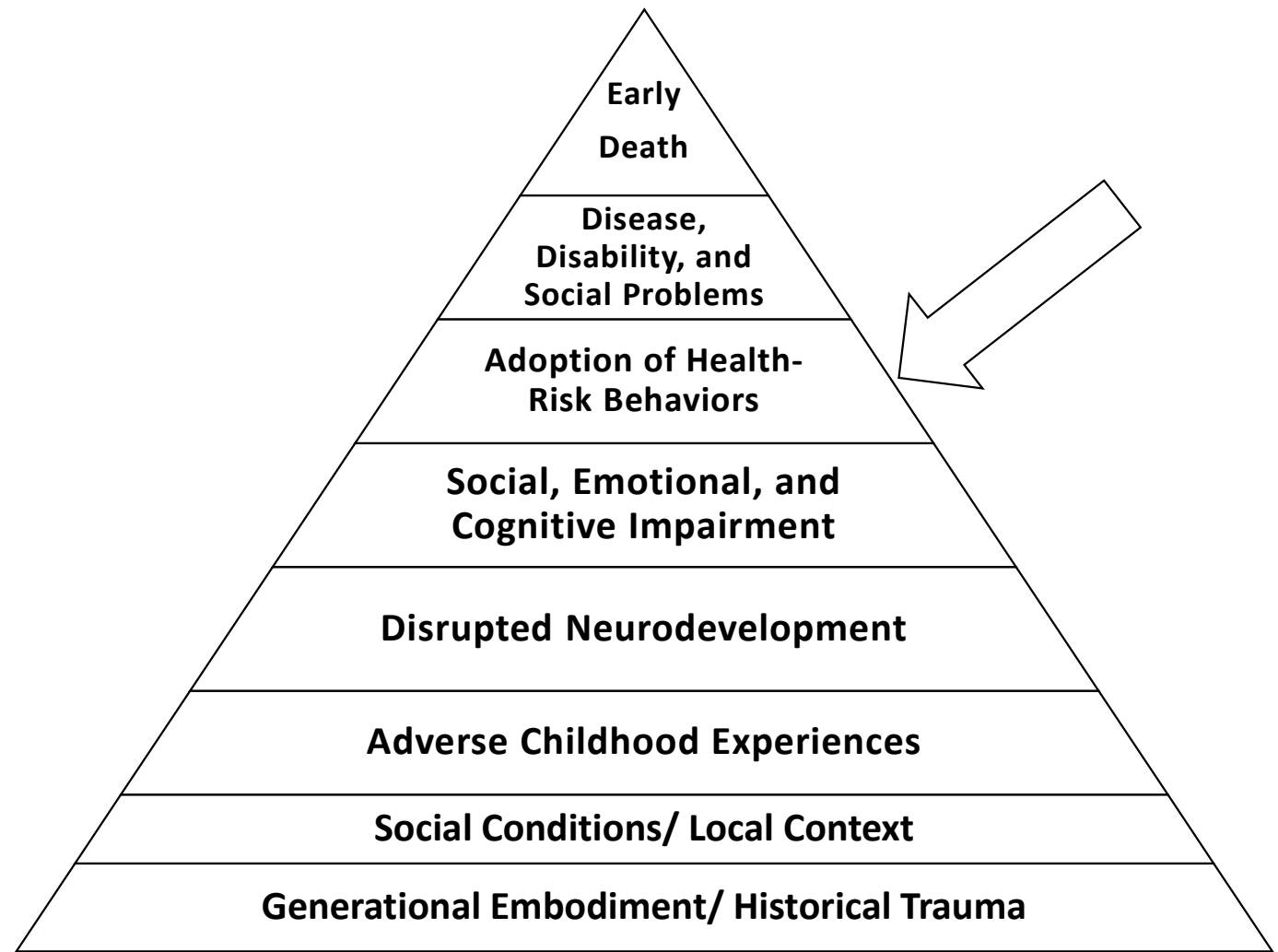
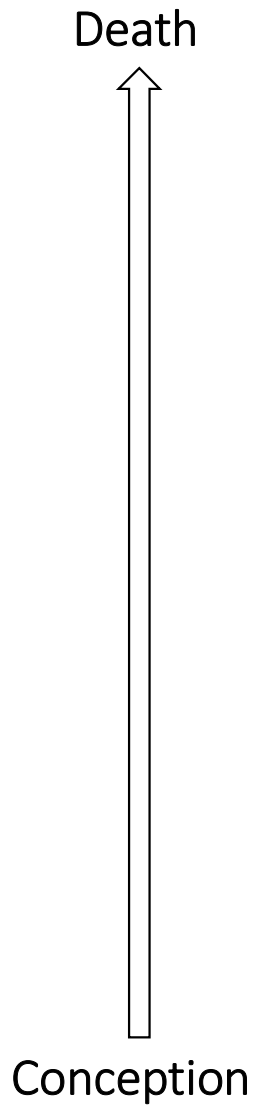
Adverse
Childhood
Experiences play
a significant role
in determining
the likelihood of
the ten most
common causes
of death in the
United States.

ACE Score of
0 –

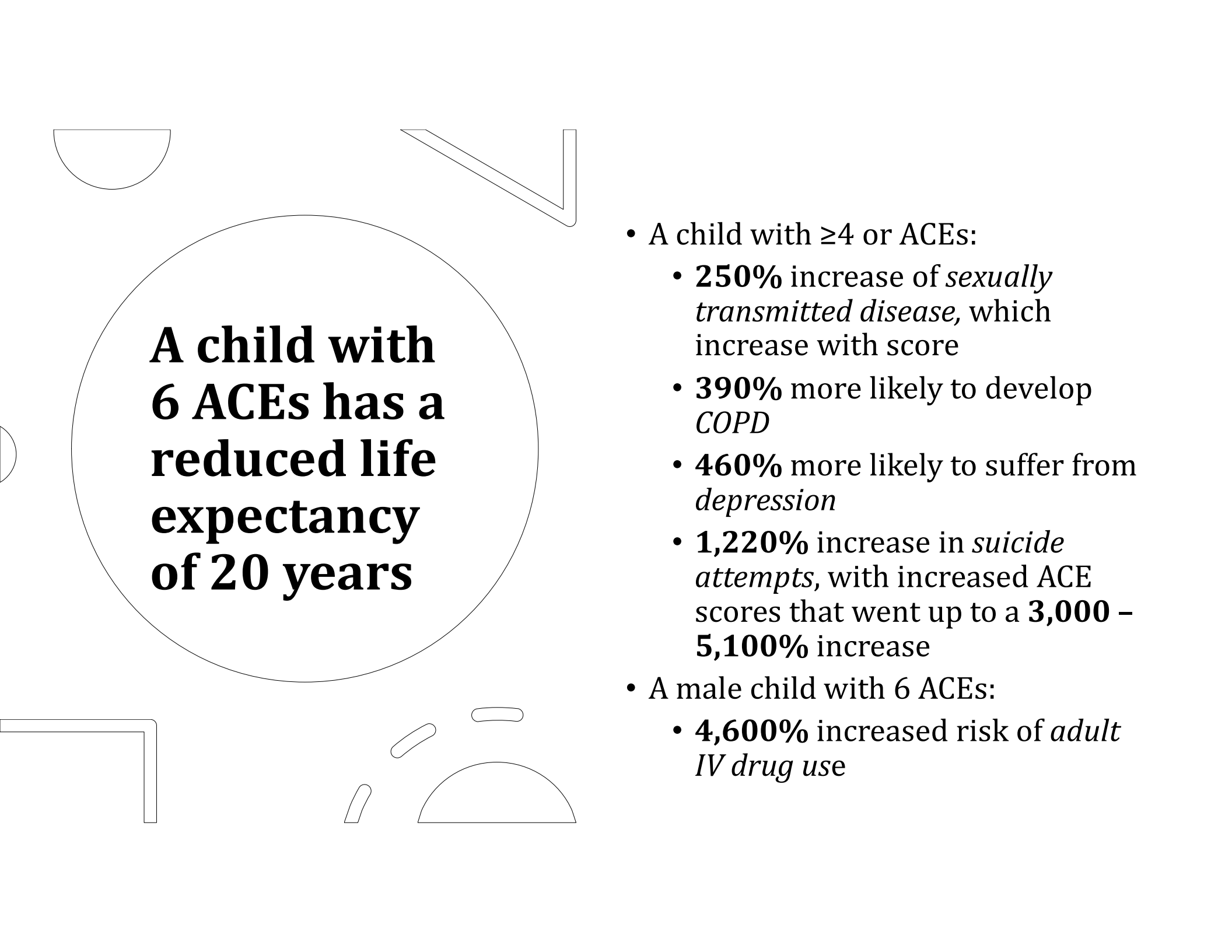
Majority of
adults have
few, if any,
risk factors
for these
diseases

ACE Score of
4 or more –

Majority of
adults have
multiple risk
factors for
these
diseases.



CDC ACE Pyramid

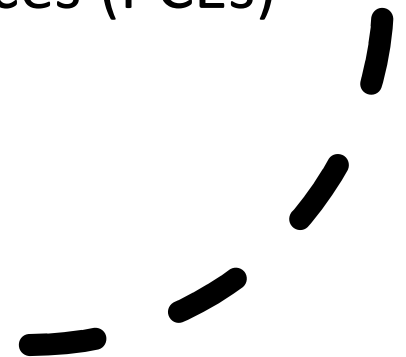


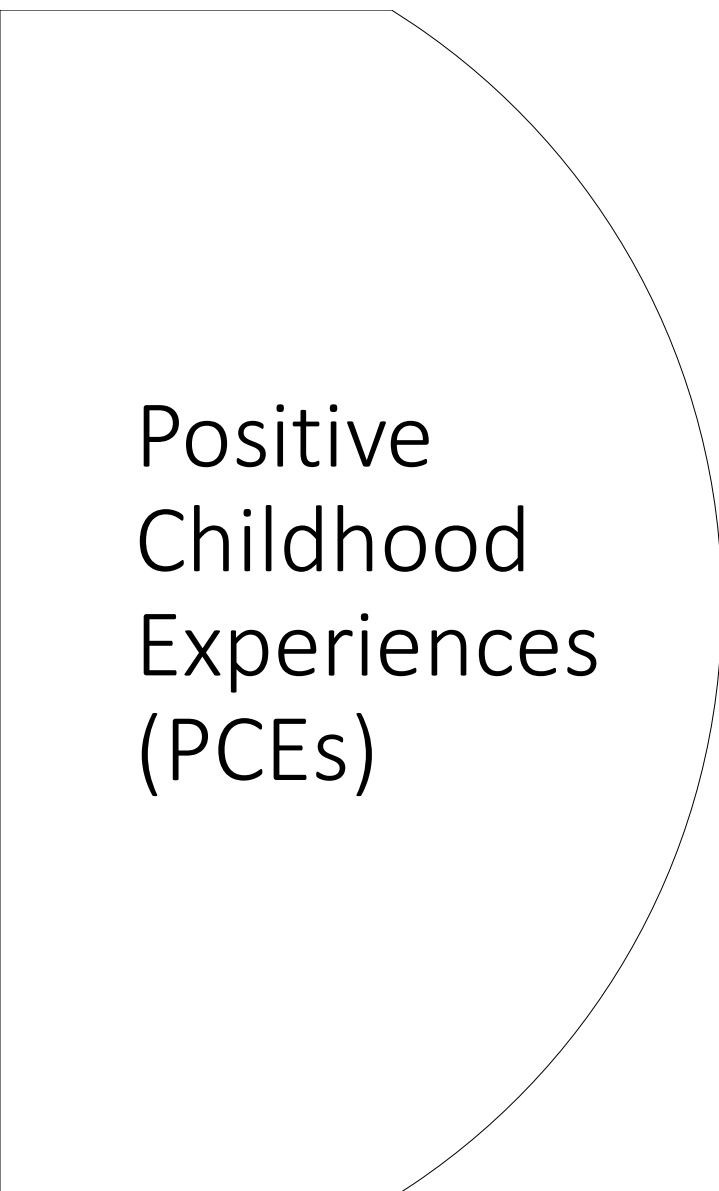
**A child with
6 ACEs has a
reduced life
expectancy
of 20 years**

- A child with ≥ 4 or ACEs:
 - **250%** increase of *sexually transmitted disease*, which increase with score
 - **390%** more likely to develop *COPD*
 - **460%** more likely to suffer from *depression*
 - **1,220%** increase in *suicide attempts*, with increased ACE scores that went up to a **3,000 – 5,100%** increase
- A male child with 6 ACEs:
 - **4,600%** increased risk of *adult IV drug use*

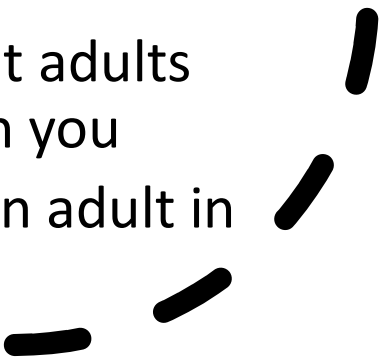
What ACEs Don't Measure

- Community violence
- Poverty and housing instability
- Racism and discrimination
- Human trafficking
- Trauma from natural disasters
- Positive Childhood Experiences (PCEs)





Positive Childhood Experiences (PCEs)

- How much or how often during your childhood did you:
 - Feel able to talk to your family about feelings
 - Feel your family stood by you during difficult times
 - Enjoy participating in community traditions
 - Feel a sense of belonging in high school
 - Feel supported by friends
 - Have at least two non-parent adults who took genuine interest in you
 - Feel safe and protected by an adult in your home.
- 

Positive
Childhood
Experiences
(PCEs)

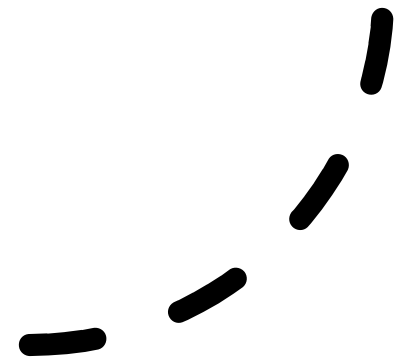
Dose response- Not
impacted by # of ACEs

Quality of relationship with
the nonoffending caregiver

Family resilience contributes
to child flourishing

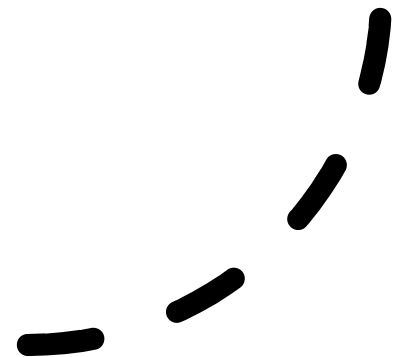
Trauma Affects Your Development

- Developmental trauma
- Timing- when it occurs in development
- Dosage- frequency and intensity
- Capacity- availability of resources and support to cope



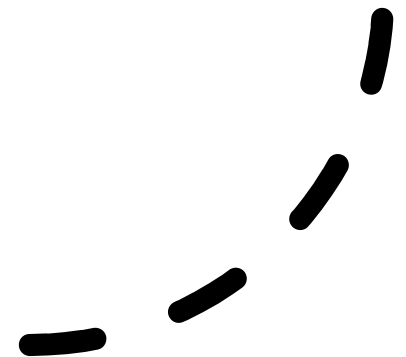
Trauma Affects Your Development

- Messages about safety, trust, esteem
- Emotional regulation
- For some, safety is more foreign than harm
- If everything is trauma, nothing is trauma



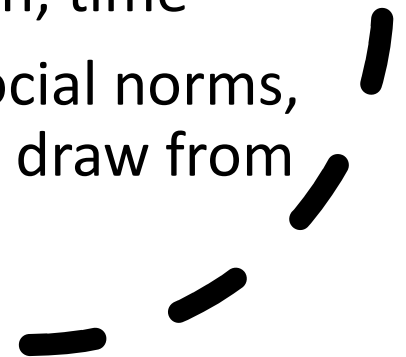
When Trauma Enters the Home, Typical Development Alters or Stops

- Children may become increasingly:
 - Attuned to danger or perceptions of danger
 - Triggers and new traumas
 - Observant of other people's emotions
 - Emotionally or behaviorally older than their years
- At the same time, they may have fewer opportunities to develop:
 - Emotion regulation
 - Secure attachment
 - Flexible problem-solving
 - Self-soothing
 - Healthy trust



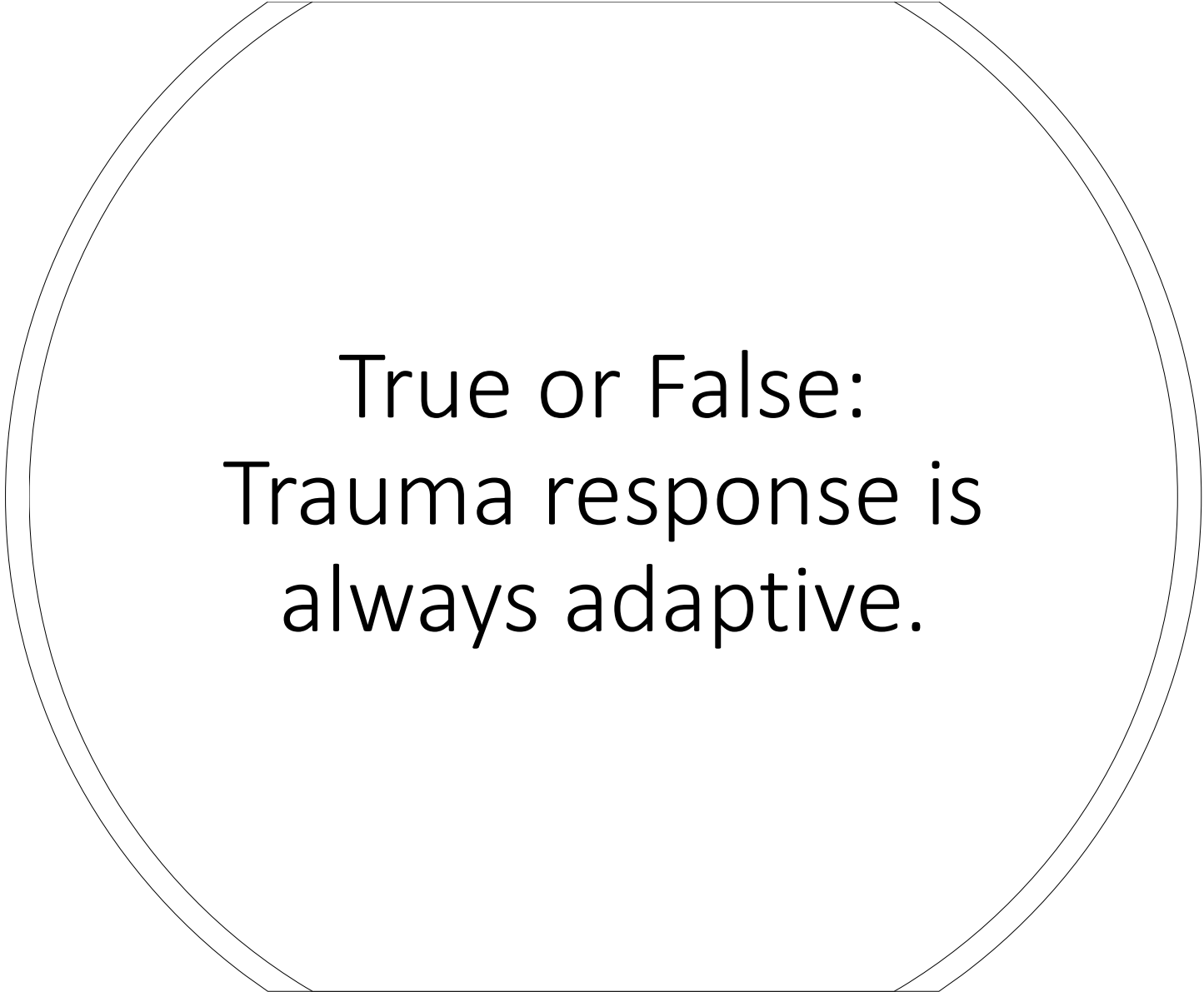
Trauma as a Physical Injury

- Brain imaging study: Broca's Area and Brodmann's Area 19
- Alexithymia and dissociation are related to the brain's changed ways of recognizing how it feels and **what it needs**
- Frontal lobe shuts down, disinhibited amygdala
 - Feelings into words, location, time
- Emotions convey ourselves, social norms, connect us to the meaning we draw from life and give to others



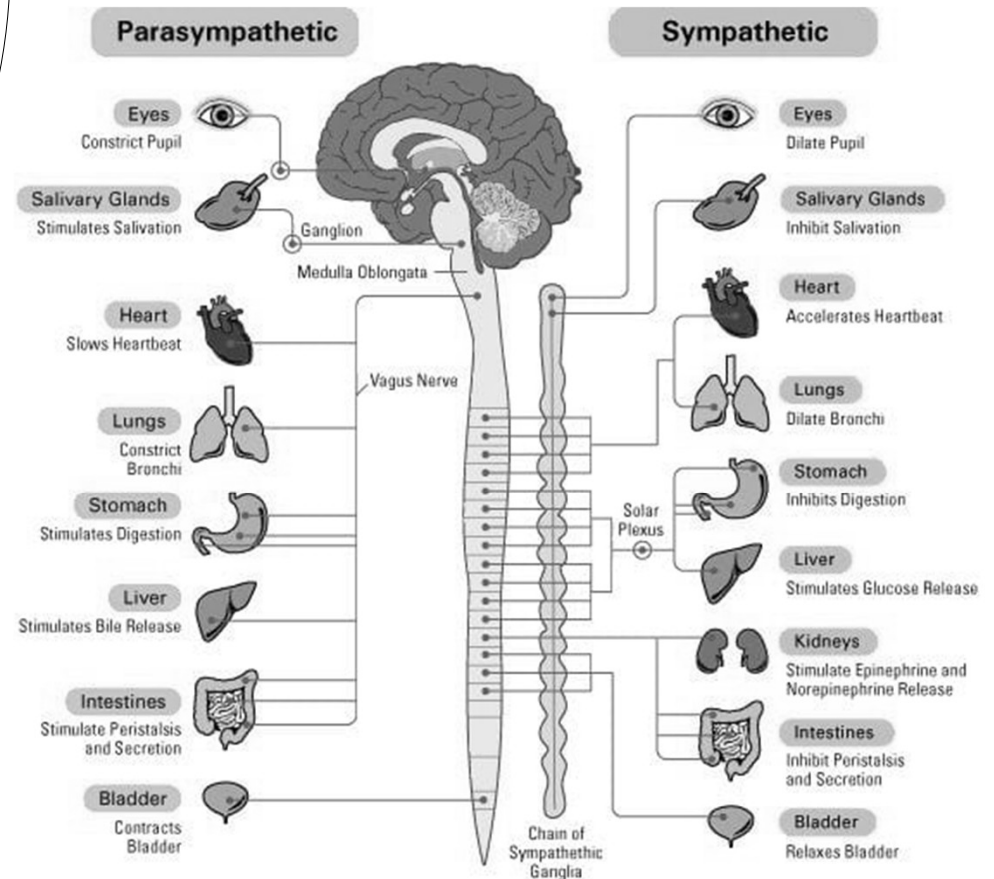
Trauma Impacts Focused Attention

- Asked participants to name as many words that start with a B as they could in one minute
- Those without PTSD: 15
- Those with PTSD: 3-4
- Those without PTSD hesitated when they thought of words like “Blood”
- Those with also hesitated when they thought of words like “boat”



True or False:
Trauma response is
always adaptive.

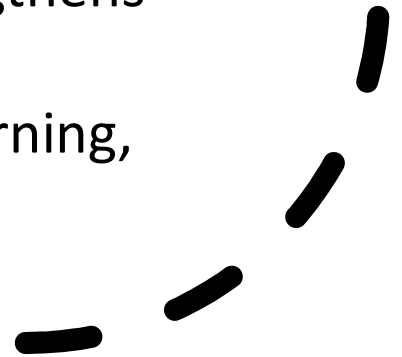
Trauma Adaptation and Response



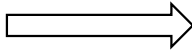
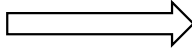
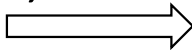
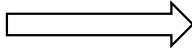
Schema Explaining How Parasympathetic and Sympathetic Nervous Systems Regulate Functioning Organs

Neuroplasticity: The Brain Finds Its Way

- Neurons that fire together wire together
- TBIs, children with early in life brain injuries (congenital and acquired)
- Nightmares
- Repeated danger strengthens pathways for:
 - Survival, vigilance, threat detection
- Repeated stress within limits (safety, healthy stress exposure) strengthens pathways for:
 - Regulation, connection, learning, flexibility

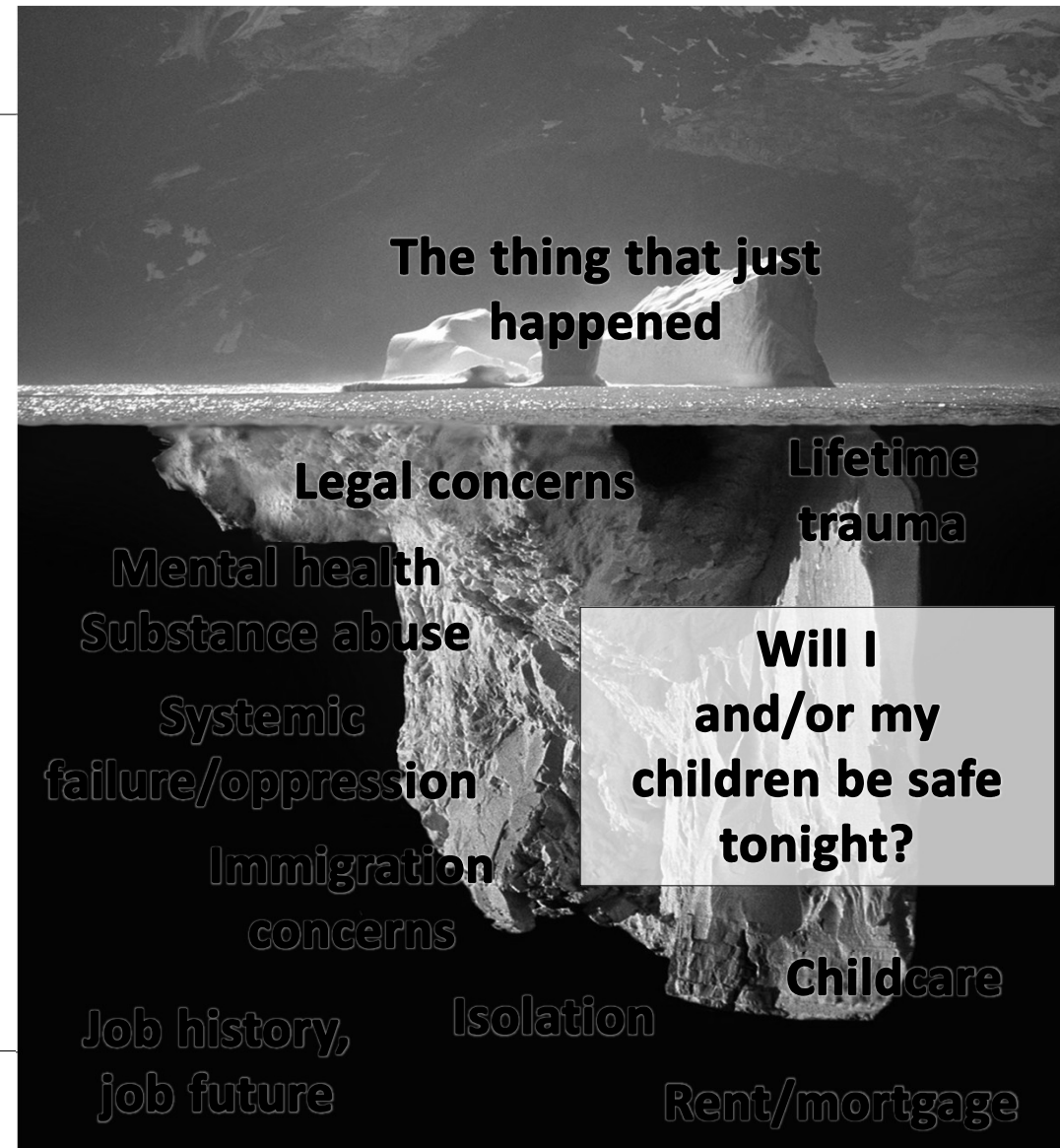


Trauma Exposure and the Body

- Replaying feelings and thoughts involuntarily 
- Avoiding those feelings and thoughts 
- Significant shift in how we perceive our safety, control, and connection to others and the world 
- Hypervigilance, disrupted sleep 
- Distracted, easily confused, difficulty focusing
- Ending conversations abruptly when triggered
- Feeling unsafe, out of control or regret coming in for help; feeling like the whole world is bad
- Exhausted, suspicious

Woah, that's a big feeling.

- Marginalized people live with high stress/trauma
 - Keeping children safe
 - Seeking services is hard
 - Attempting to mitigate the level of violence experienced
 - Basic needs
- Chronic traumatic stress leaves little room for anything else to go wrong



Someone Who Is Suicidal

- Oklahoma had 6th highest death rate for suicides in the nation in 2023 (Centers for Disease Control and Prevention, 2025)
- Suicide is underrecognized among domestic violence fatalities (Cavanagh et al., 2011)
- Mental health and intimate partner problems common circumstantial factor (Oklahoma State Department of Health, 2020)

hopeforcrimevictims.edc.org



H.O.P.E. saves lives.



Look for
Hints



Ask Openly
about suicide



Validate
Pain



Explore Reasons
to live and plan
to stay safe

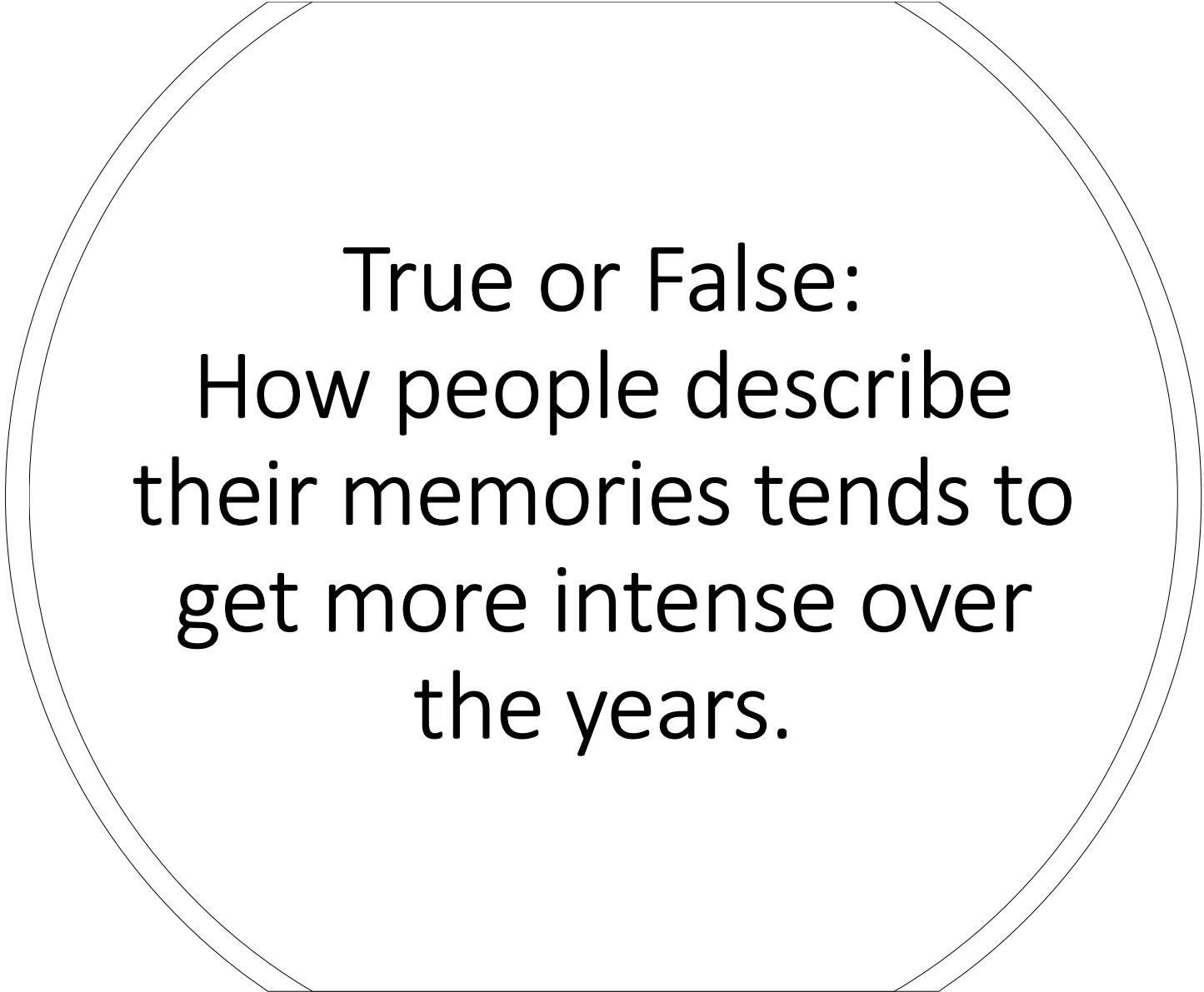
Warning Signs of Suicide

• Talking about wanting to die or kill oneself*	• Talking about feeling trapped or in unbearable pain	• Sleeping too little or too much
• Looking for a way to kill oneself, such as searching online or obtaining a gun*	• Talking about being a burden to others	• Withdrawing or feeling isolated
• Talking about feeling hopeless or having no reason to live*	• Increasing the use of alcohol or drugs	• Showing rage or talking about seeking revenge
	• Acting anxious or agitated; behaving recklessly	• Displaying extreme mood swings

* signs of acute risk

National Suicide Prevention Lifeline: 1-800-273-8255

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True or False:
How people describe
their memories tends to
get more intense over
the years.

How are these experiences stored?

- Memories are not all stored like a library
- Explicit memories (Just the facts, ma'am):
 - Declarative and episodic memories
 - Things you can work to recall
- Implicit memories:
 - Emotional and procedural
 - Cannot be recalled intentionally
 - Emotional memories are flags to guide our behavior, promote survival

How Implicit Memories Work

- Trigger
- Emotion
- Physical sensation
- Procedural memory
- Motor response- Fixed action pattern

*Impact for work- trauma triggers, building rapport

Memory Across Time

- Memory is an autobiographical story we construct to convey our experience
- Study on memory in WW2 veterans, accidentally
 - 1945, 1946, 1989, 1990
 - Memories changed, bleached of horror
 - Those with PTSD recalled in events largely the same
- Key factor is level of arousal, positive correlation between arousal and memory stability

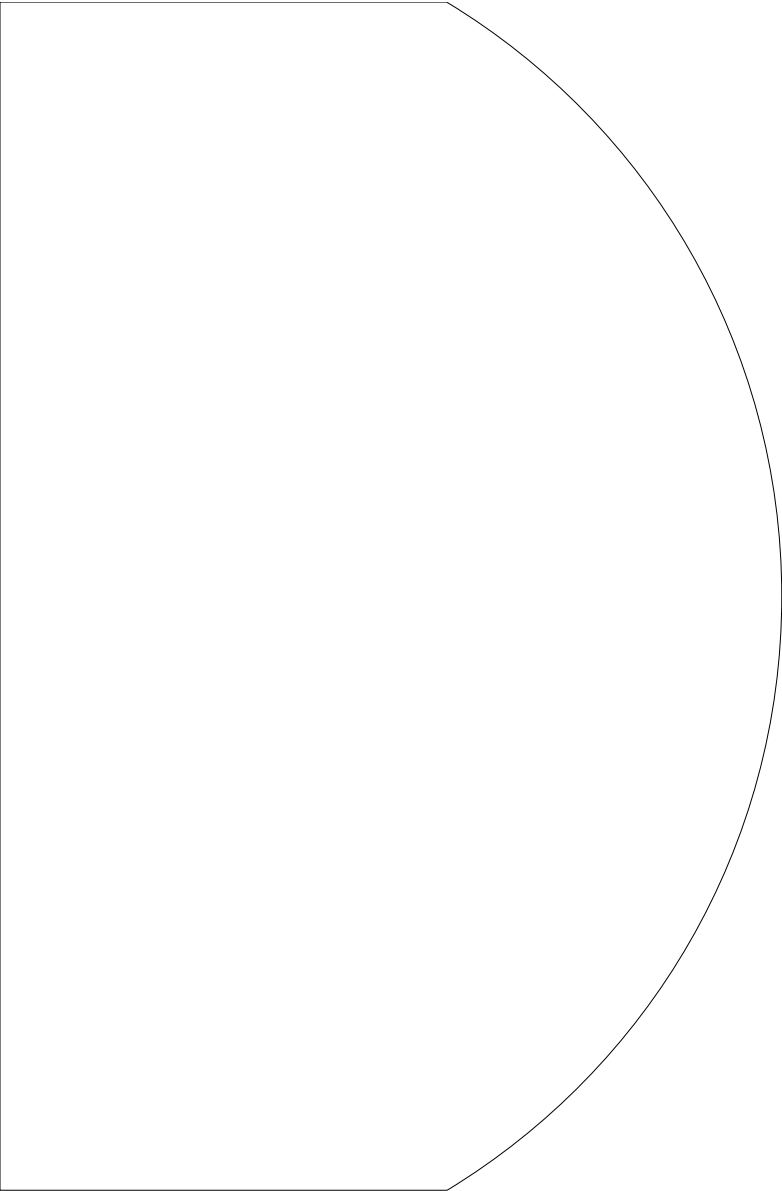
Trauma is
Treatable

The body is inclined to heal and
survive

***“Human contact and attunement
are the wellspring of physiologic
regulation.”- Bessel van der Kolk***



**“The patient did not fail;
the treatment failed them.”
- Marsha Linehan**



Trauma informed care is
what happened to you or
what didn't happen to/for
you?

It is not, What is wrong
with you?

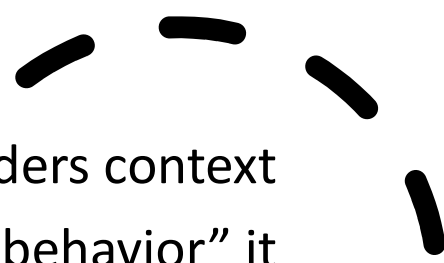
6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

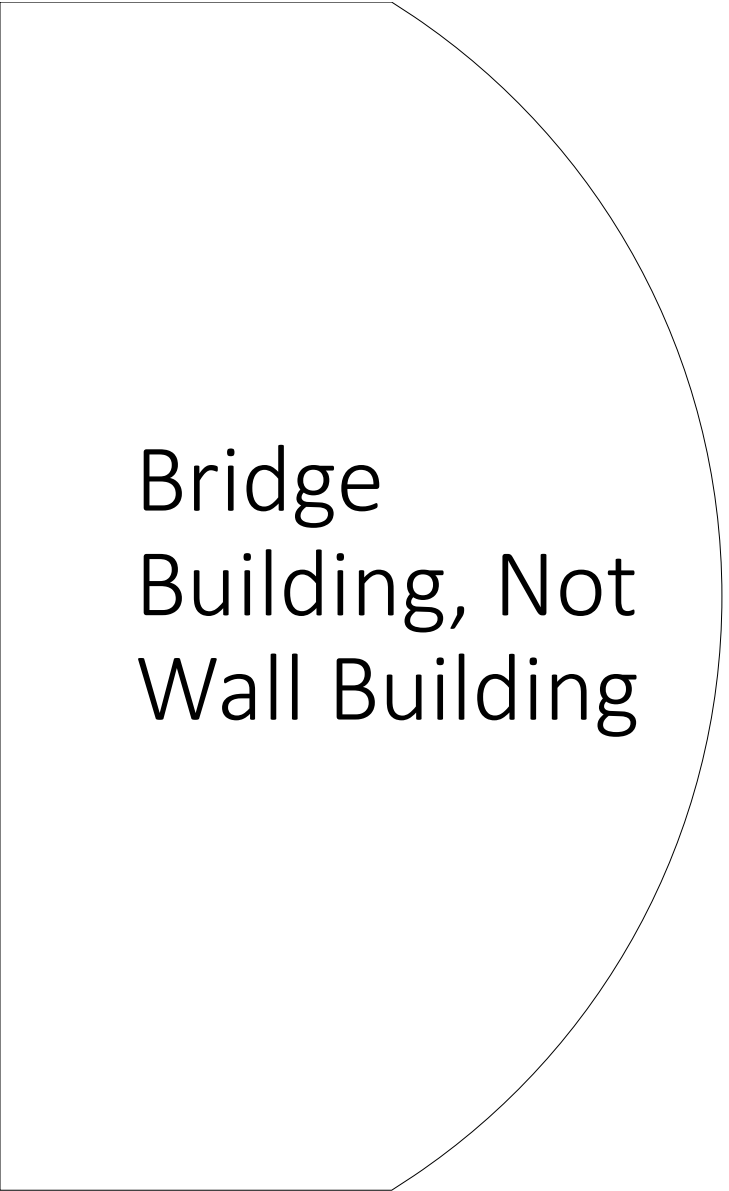
The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:





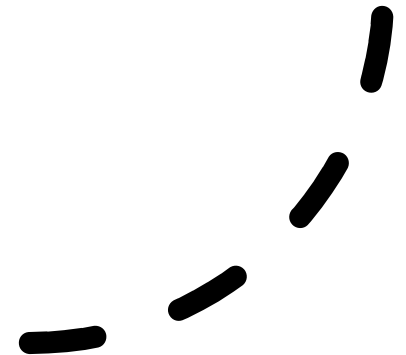
Trauma Informed Language

- 
- Doesn't blame, it considers context
 - It is not a pass on "bad behavior" it is a professional competency that allows us to better see and appreciate behavior of those we serve and work with
 - If it's not true and helpful, you need to keep thinking on it



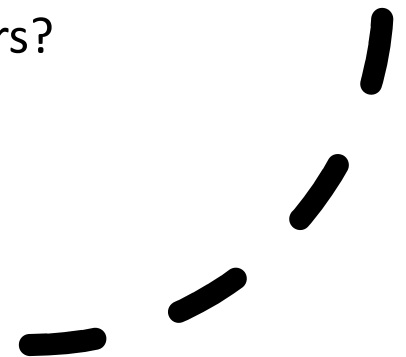
Bridge Building, Not Wall Building

- Content vs. Process
- Language can achieve tasks but focuses on the wave not the current
- Language can promote:
 - Safety, trust, connection, collaboration
 - Shame, fear, isolation, “just the next client”



Curiosity Over Certainty

- The language of problem solving
- She's holding back
 - What might she be protecting?
- She doesn't want help
 - What makes accepting help difficult?
- She keeps going back
 - What makes leaving so complicated?
 - What are the dangers and the fears?
 - What is protective about staying?

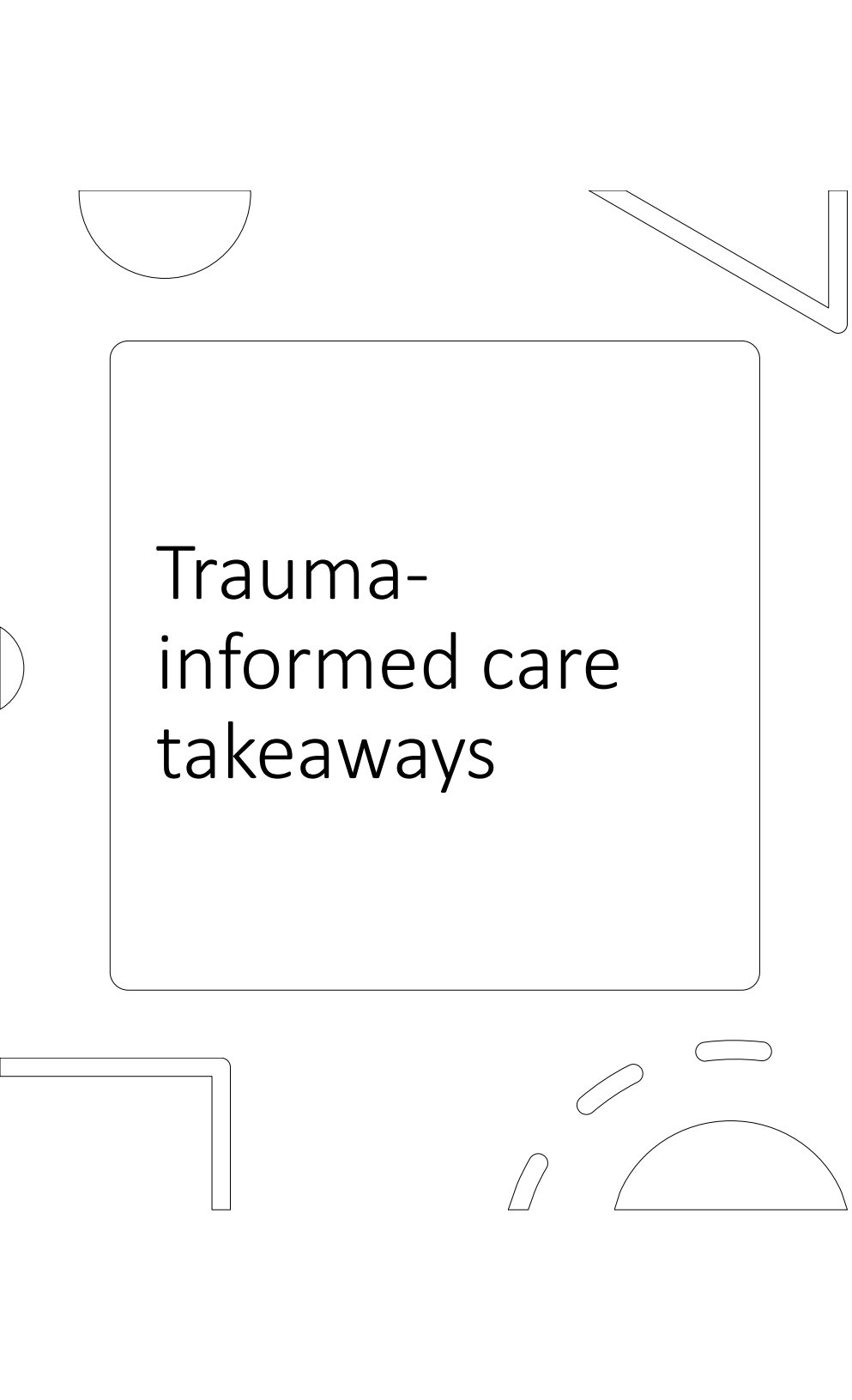


Trauma Informed Language

- ~~She's lying about what happened; she won't tell me the truth.~~
 - She's not sure we can help. She has concerns about how I will react. She is careful about who she trusts.
- ~~They are impossible to work with.~~
 - They have a sense of urgency that's hard for me to respond to. This will get better when they feel safe.
 - This topic brings up something really important to this person that I may not understand. I will remain curious and diplomatic.

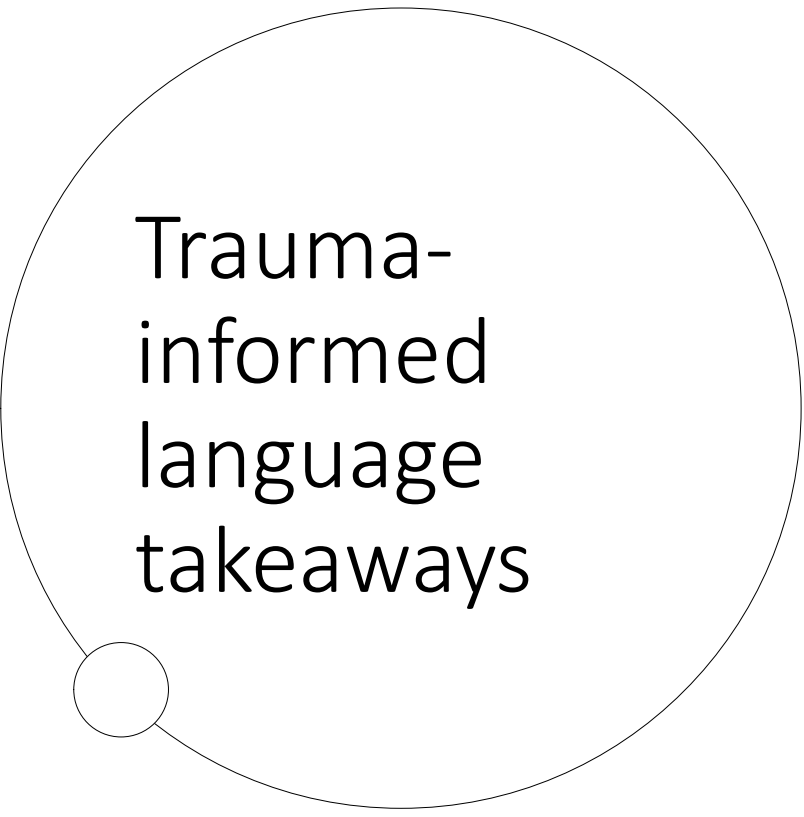
Trauma-Informed Language

- ~~Addict~~
 - Person with a substance misuse disorder
- ~~She won't file a protective order~~
 - She doesn't see a benefit to this right now
- ~~Resistant~~
 - We aren't connecting
 - Your problem vs. our problem

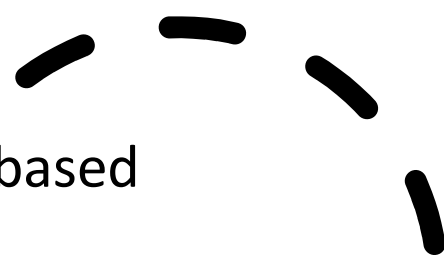


Trauma- informed care takeaways

- All behavior is purposeful and is geared towards meeting a need rather emotional or practical.
- The individuals we are assisting are simply doing their best.
- People need to feel:
 - Listened to
 - That the listener can tolerate what is said
 - That the listener can understand what is said
 - That the listener can imagine in to be true



Trauma-informed language takeaways

- 
- Person –first, strengths based language
 - Our language is what subtly combats myths about victims
 - Vulnerability is contextual, not DNA
 - Trauma-informed language enhances your problem solving

Trauma-Informed Organizations

- Four R's of Trauma Informed Care (Substance Abuse and Mental Health Services Administration, 2014)
- Realize the widespread impact of trauma and understand potential paths for recovery
- Recognize the signs and symptoms of trauma
- Respond by integrating knowledge about trauma into policies, procedures, and practices
- Resist re-traumatization

Realize

- Trauma is common across all populations
- Trauma affects health, relationships, learning, decision-making, and behavior
- People may not disclose traumatic experiences (even people asking for help)
- Every interaction should begin with the awareness of the role trauma could have

Recognize

- Emotional regulation
- Relationships
- Physical health
- Memory and concentration
- Decision-making
- Communication
- Responses to stress

Respond

- Policies
- Procedures
- Physical environments
- Communication
- Supervision
- Staff training
- Everyday interactions

Resist

- Promote:
 - Safety, predictability, transparency, collaboration, choice, dignity
 - Intangibles
- Questions to Consider:
 - Does this process create unnecessary uncertainty?
 - What small changes would increase dignity or control?



What about the goats though?