Trauma-Informed Care for Survivors of Domestic Violence

Lauren Garder, LPC-S

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Goats and Trauma Informed Care

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

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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

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

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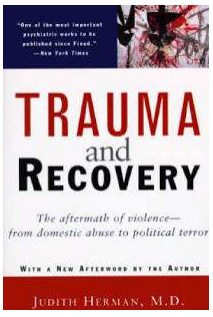
What Is Trauma?

"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*



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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

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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

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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?"

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Domestic Violence

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

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

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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)

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Three Es of Trauma

1 EVENT

2 EXPERIENCE

3 EFFECT

(Substance Abuse and Mental Health Services Administration, 2014)

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

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

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Childhood Adversity by Categories

(18 years or younger)

Abuse	Household
• Psychological (by parents) • Physical (by parents) • Sexual (by anyone) • Emotional neglect • Physical neglect	• Substance Abuse • Mental Illness • Parental separation/divorce • Mother treated violently • Imprisoned household member

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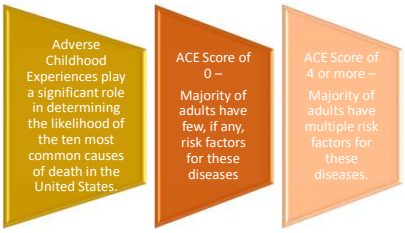
Adverse Childhood Experiences play a significant role in determining the likelihood of the ten most common causes of death in the United States.
ACE Score of 0 – Majority of adults have few, if any, risk factors for these diseases
ACE Score of 4 or more – Majority of adults have multiple risk factors for these diseases.

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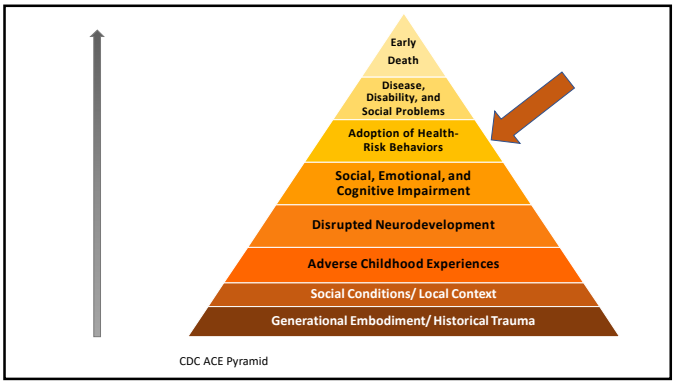
Early Death
Disease, Disability, and Social Problems
Adoption of Health-Risk Behaviors
Social, Emotional, and Cognitive Impairment
Disrupted Neurodevelopment
Adverse Childhood Experiences
Social Conditions/ Local Context
Generational Embodiment/ Historical Trauma
CDC ACE Pyramid

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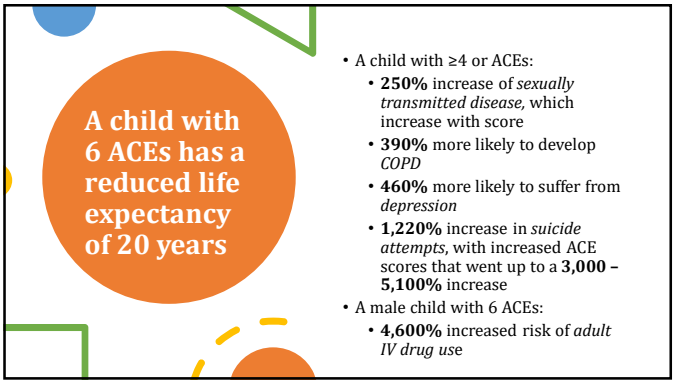
A child with 6 ACEs has a reduced life expectancy of 20 years
• A child with ≥4 or ACEs:
• 250% increase of sexually transmitted disease, which increase with score
• 390% more likely to develop COPD
• 460% more likely to suffer from depression
• 1,220% increase in suicide attempts, with increased ACE 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

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What ACEs Don't Measure

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

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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.

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Positive Childhood Experiences (PCEs)

Dose response- Not impacted by # of ACEs

Quality of relationship with the nonoffending caregiver

Family resilience contributes to child flourishing

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Trauma Affects Your Development

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

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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

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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

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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

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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"

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True or False: Trauma response is always adaptive.

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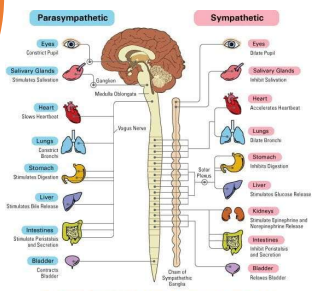
Trauma Adaptation and Response



Schema Explaining How Parasympathetic and Sympathetic Nervous Systems Regulate Functioning Organs

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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

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Trauma Exposure and the Body

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

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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

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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)

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

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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

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How Implicit Memories Work

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

*Impact for work- trauma triggers, building rapport

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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

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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

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"The patient did not fail; the treatment failed them."
- Marsha Linehan

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

It is not, What is wrong with you?

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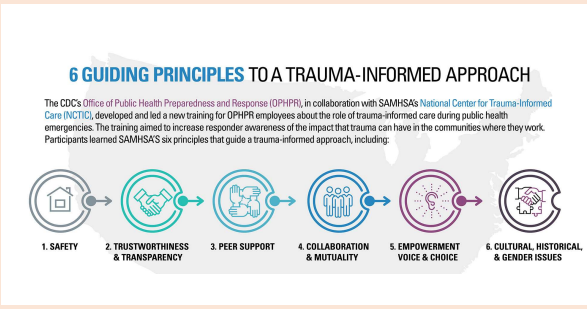

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Trauma Informed Language

- 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

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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"

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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?

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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.

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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

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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

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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

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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

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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

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Recognize

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

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Respond

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

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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?

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