- Trauma Treatment for Domestic Violence Survivors
- Presenter: Lenore Walker, PhD

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TRAUMA TREATMENT FOR DOMESTIC VIOLENCE SURVIVORS

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Presentation to

Florida Psychological Association

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PURPOSE

This session will define the elements of psychological trauma that occur to victims/survivors of various forms of interpersonal violence and may respond to certain psychotherapy methods. This will include focus on trauma from sexual abuse and rape, sexual exploitation by persons in power positions, sexual harassment, interpersonal and domestic violence, child abuse especially child sexual abuse, and sex trafficking. The underlying theoretical approach to treatment will include trauma-specific focus, feminist theories, and skill-building with relationship and cognitive behavioral techniques. Useful protocols for assessment in clinical and forensic cases will also be explored.

Learning Objectives

- 1. Participants will identify symptom severity in domestic violence survivors in various sociocultural settings.
- 2. Will use 3 different treatment skills to help rebuild resilience in domestic violence survivors.
- 3. Will be able to use the professional practice guidelines in working with trauma & domestic violence survivors.

DEFINITION OF

- That the ts can cause physical and psychological responses in healthy as well as vulnerable people.
- These trauma related responses usually impact on the cognitive, affective and behavioral domains of individuals
- DSM-V requires 4 groups of symptoms in addition to 3 status responses to make a diagnosis.
 - Reexperiencing the trauma
 - Changes in arousal and anxiety
 - Changes in attention and cognitive areas
 - Changes in mood such as depression and life enjoyment
- DSM-V defines dissociation that is associated with trauma as a disruption and/or discontinuity in the normal subjective integration of one or more aspects of psychological functioning in memory, identity, consciousness, perception and/or motor control



Culture & Stress Impact Response To Trauma

 At the same time, as current definitions of trauma may not sufficiently account for culture, they may lack cultural relevance (Bryant-Davis & Ocampo, 2016; Hinton & Good, 2015; Hinton & Lewis-Fernandez, 2011). This in itself is problematic as individuals from marginalized groups may be more vulnerable to certain types of trauma. In addition, individuals may experience trauma differently as identity may intersect with and be impacted by sociocultural context. New research suggests that many people experience historical or intergenerational trauma, often compounding the impact of recent trauma experiences (e.g. Jewish Trauma).



Six (6) Areas with 17 Guideline Statements – PPG for Trauma

- Each Guideline is aspirational
- Each Guideline has a rationale for inclusion
- Each Guideline has suggested applications
- Six areas chosen
 - Knowledge
 - Education
 - Legal & Regulatory Issues
 - Assessment
 - Intervention
 - Psychopharm & biological agents
 - Telehealth issues
 - Special Areas of Equity expanded trauma definition here
 - Health equity
 - Racial & Intergenerational Trauma
 - Sexual harassment
 - Immigration & refugee status



TRAUMA STRESS DISORDERS

Post Traumatic Stress Disorder (PTSD) (BWS) (RTS)

Acute Stress Disorder

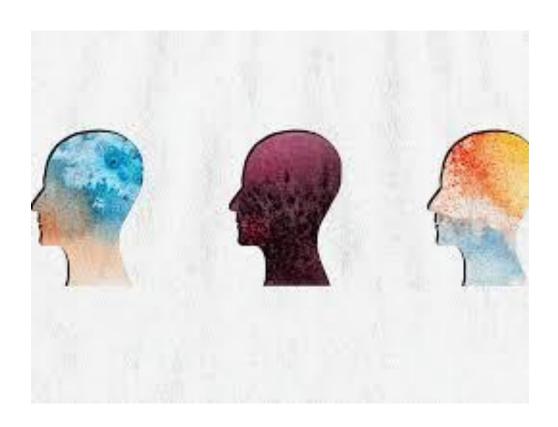
Complex PTSD

Trauma Exacerbated Psychopathology

Trauma Exacerbated Physical Health Problems

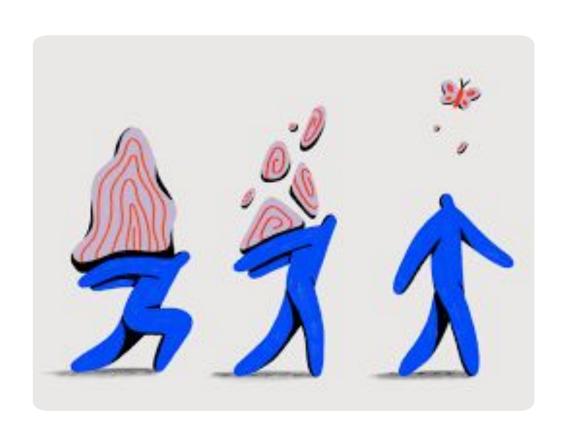
Secondary Trauma, Compassion Fatigue, Vicarious Trauma

Loss of Resiliency



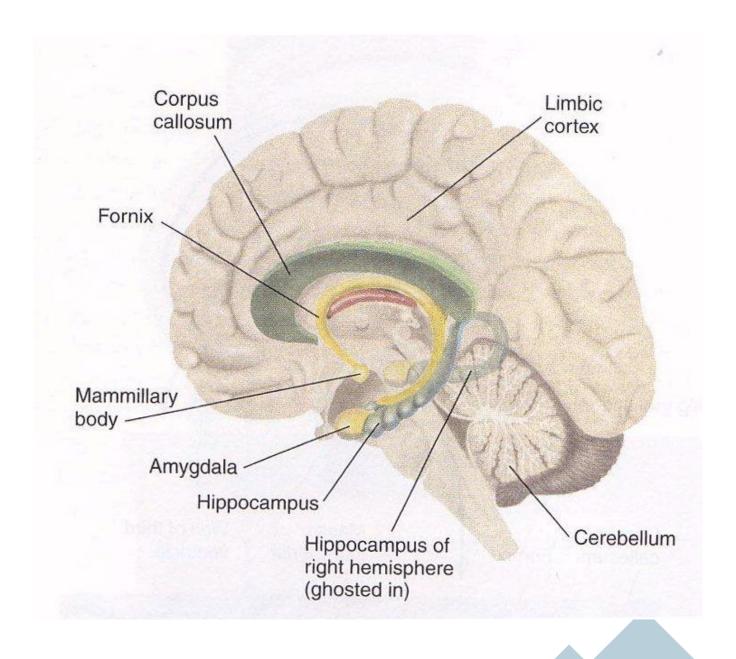
TRAUMA INFORMED & TRAUMA SPECIFIC CARE **TECHNIQUE**

- Trauma-Informed Care (TIC). TIC is an intervention and organizational approach that focuses on how trauma may affect an individual's life and his or her response to behavioral health services from prevention through treatment. There are many definitions of TIC and various models for incorporating it across organizations, but a "trauma-informed approach incorporates three key elements: (1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) responding by putting this knowledge into practice (SAMHSA, 2012, p. 4). TIC often refers to the setting whereas trauma-specific care refers to specific techniques focusing on empowerment, trustworthiness, collaboration, safety & choice.
- Trauma-Specific Care is a very specific group of techniques designed to deal with the problems that occur from the trauma itself. For example, identification of trauma triggers and desensitization would be one such technique. Narrative exploration of trauma memories might be another. Guided imagery another. Memory consolidation still another important technique.

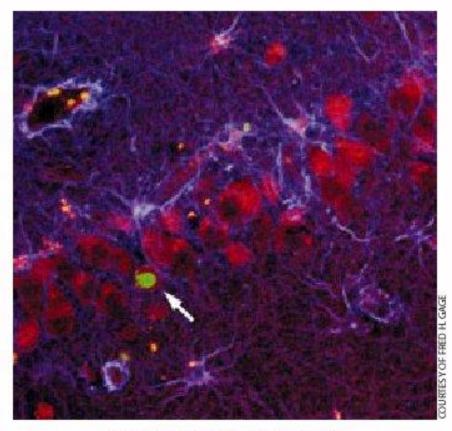


BIOPSYCHOSOCIAL MODEL

- Understand trauma has impact on people's biological, psychological and social functions.
- Trauma research suggests some people more vulnerable to PTSD
- Epigenetic research suggests alteration in genes from historical trauma
 - Racial trauma
 - Holocaust survivors
- Gender influences trauma response
 - More women are known to have PTSD except in the military
- People can heal from trauma
 - Psychotherapy, Biological devices & Medication can speed healing
 - Startle response & fearfulness takes longer
- Most helpful in healing is social response & support
- Loss of resiliency common so need to rebuild & focus on wellness



Neurogenesis in the Human Brain



FLUORESCENT MARKERS

applied to a section of an adult human
hippocampus reveal old neurons (red) and,
surprisingly, new ones as well (green).

Theories – Trauma Therapy



Essential principles:

- 1. Safety and stability
- 2. Respect and positive regard
- 3. Supporting courage
- 4. Optimism about life
- 5. Sensitivity to multicultural issues

Major Trauma Specific Theories

- Briere CBT relaxation training with narrative for memories
- FOA Prolonged exposure therapy with desensitization
- TF-CBT focuses on trauma reduction & not so much on relationships
- Feminist therapy focuses on power in relationships & why so many men are the perpetrators and women the victims

STEP (SURVIVOR THERAPY EMPOWERMENT PROGRAM)

Blends all techniques

Uses psycho-education

Uses group process to assist in applying education

Uses skill building with CBT & DBT techniques

Focuses on interpersonal relationships & ending isolation (group)

Adds empowerment & choice to other techniques

Rehearses old skills and builds new skills

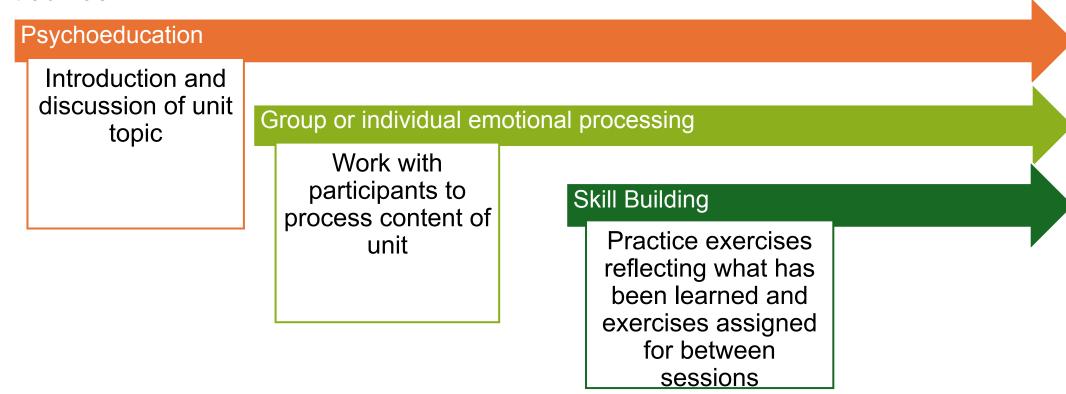


STEP Background

- Survivor Therapy Empowerment Program
- Created in 1997 by Dr. Lenore Walker
- Developed out of the disconnect between services for batterers and for survivors of DV
- Expanded to use with other trauma survivors including men
- 3rd edition was used in BOP
- Evidence-based treatment for trauma assessed using 600+ person's data
- Reduced anxiety and trauma symptoms
 - More sessions □ lower anxiety □ better people felt
 - Same for different sites and facilitators

What is STEP?

 Tri-Partite manualized treatment for survivors of IPV and other gender-based traumas



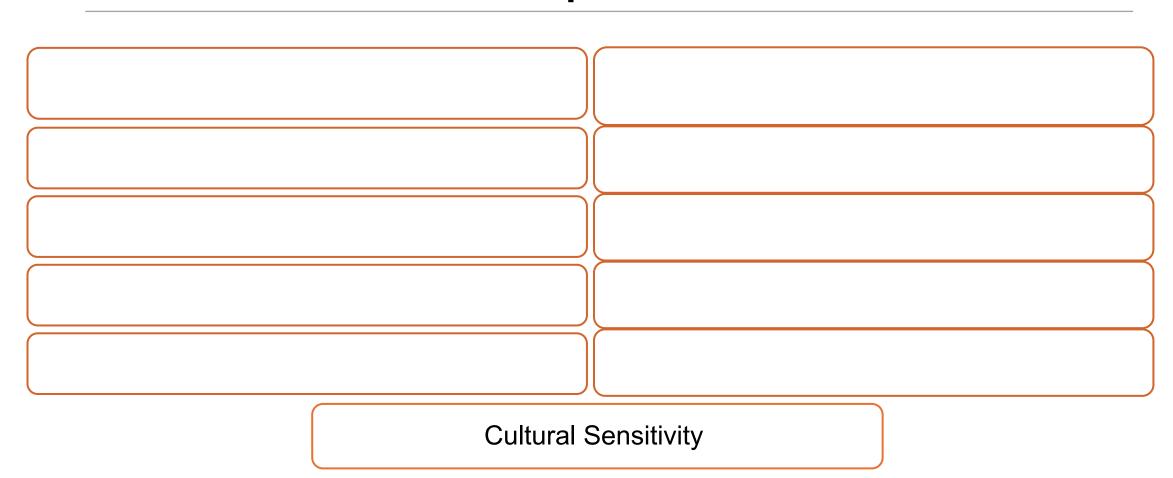
STEP Goals

Reduce trauma triggers, process trauma memories, recovery and growth

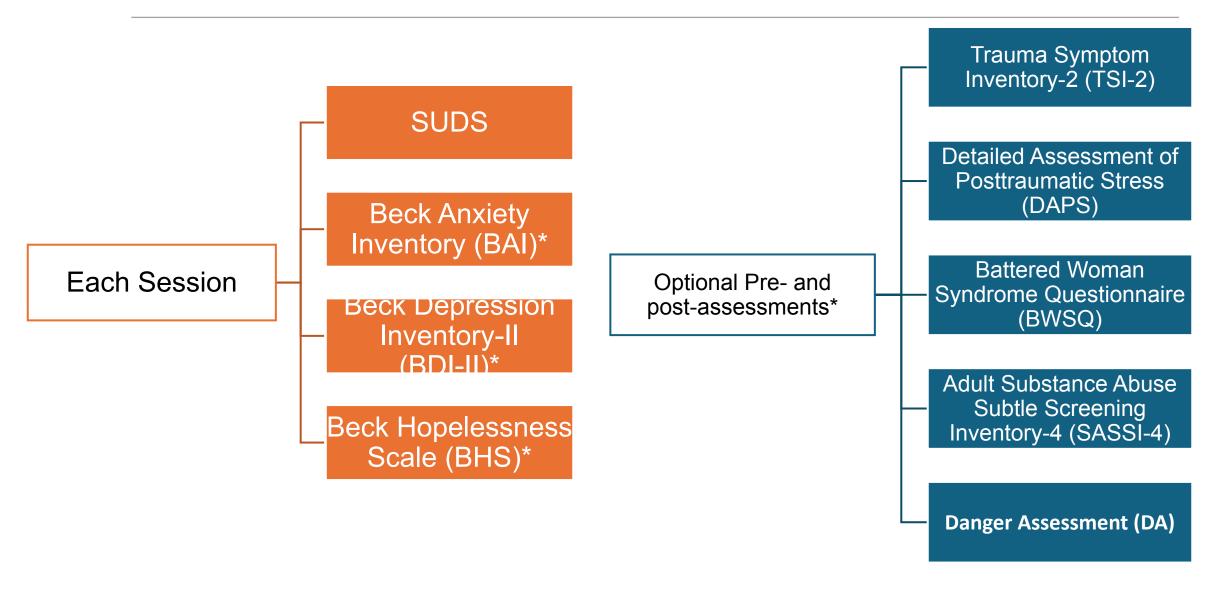
Variance in STEP

Group Setting	Group Structure	Concurrent Psychotherap v

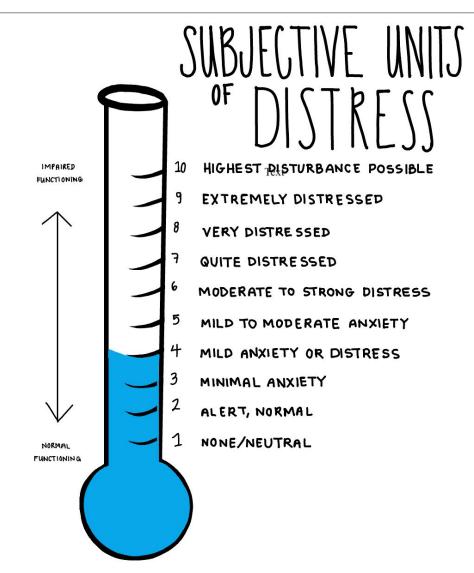
STEP Group Facilitation



Concurrent Assessments



SUDS



Danger Assessment

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

- Slapping, pushing; no injuries and/or lasting pain
- 2. Punching, kicking; bruises, cuts, and/or continuing pain
- 3. "Beating up"; severe contusions, burns, broken bones
- Threat to use weapon; head injury, internal injury, permanent injury, miscarriage or choking* (use a
 © in the date to indicate choking/strangulation/cut off your breathing- example 4©)
- Use of weapon; wounds from weapon (If any of the descriptions for the higher number apply, use the higher number.)

D		k Yes or No for each of the following. ("He" refers to your husband, partner, ex-husband, ex-
D	•	whoever is currently physically hurting you.)
Α		Has the physical violence increased in severity or frequency over the past year?
		Does he own a gun?
N	3.	Have you left him after living together during the past year? 3a. (If you have never lived with him, check here:)
	4	Is he unemployed?
G		Has he ever used a weapon against you or threatened you with a lethal weapon? (If yes,
		was the weapon a gun? check here:)
E	6.	
П		Has he avoided being arrested for domestic violence?
R	8.	Do you have a child that is not his?
	9.	Has he ever forced you to have sex when you did not wish to do so?
	10	Does he ever try to choke/strangle you or cut off your breathing?
Α		10a. (If yes, has he done it more than once, or did it make you pass out or black out or make
		you dizzy? check here:)
S	11	. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed,
	10	angel dust, cocaine, "crack", street drugs or mixtures.
S		 Is he an alcoholic or problem drinker? Does he control most or all of your daily activities? For instance, does he tell you who you
		can be friends with, when you can see your family, how much money you can use, or when
E		you can take the car? (If he tries, but you do not let him, check here:)
C	14	. Is he violently and constantly jealous of you? (For instance, does he say: "If I can't have you,
S		no one can.")
S	15	. Have you ever been beaten by him while you were pregnant? (If you have never been
3		pregnant by him, check here:)
M		6. Has he ever threatened or tried to commit suicide?
		. Does he threaten to harm your children?
E		b. Do you believe he is capable of killing you?
	19	Does he follow or spy on you, leave threatening notes or messages, destroy your property,
N	20	or call you when you don't want him to?
		Have you ever threatened or tried to commit suicide?
T	To	otal "Yes" Answers

BWSQ

Definition of Battering

Part I: Demographics

- Age, Gender, Sexual Orientation, Ethnicity, Marital Status
- Number of Children
- Location of Interview
- Therapy History
- Immigration History
- Education History

Part II: Current Functioning

- Interpersonal Relationships
- Sexual Dysfunction
- Body Image Distortion
- PTSD Checklist ————

1= Never

Most Times

2= Rarely

3= Sometimes

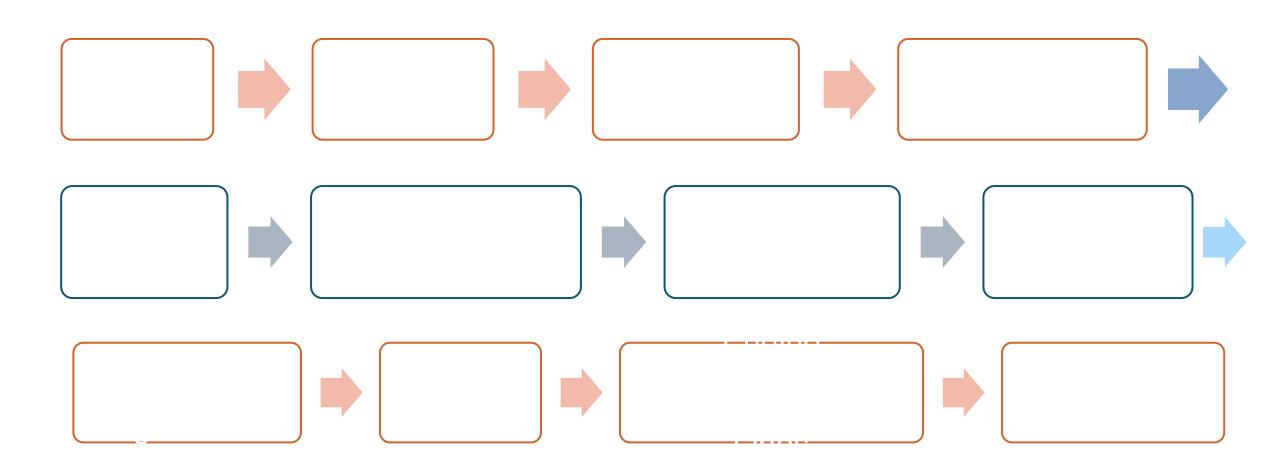
4= Often

0= No 1= Yes

STEP Sessions vs. Units

- Could span 2-3 sessions
 Divide each topic into sections
 - Group size
 - Time
 - Participant interest and comprehension ability

Global STEP Overview



STEP 1 Labeling Abuse and Trauma, Safety

Dlanning

A. Education

- Definitions of Types of Violence
- Effects of violence

B. Discussion

Identification of Violence and Its Effects

- Safety Planning
- Exercise: Creating a safety plan

STEP 1 Skill Building *Personalized Safety Planning*

Safety planning is a way to plan and prepare for to maintain your safety in an abusive situation or for a safe exit from the relationship. There are situations that you can prepare for, depending on the immediacy of the situation or the amount of time you have. No matter what situation you are in, below is important information I need to have and actions I can take to increase my safety.

•	If/whe	n I can leave safely, I will go to			
		If I cannot go to that place, I will go to			
•					
	suppli	es) with			
•		n order to save money for a time I will leave, I have/will open my own savings account at the			
	bank _	, and have \$ saved			
•		cople I can call/talk to if I need help or to update about my situation include			
•					
	0	Emergency line for the country I am in:			
	0	Local police department number:			
	0	Local domestic violence shelter:			
	0	National support line:			
	0	National suicide hotline:			
	0	My attorney's number:			
•	Ways to prepare my children:				
	0	Use a code word to signal that we can/need to leave:			
	0	A person that can provide emergency childcare:			
	0	Tell my children what number they need to call police:			
•	Have	mportant documents saved electronically on:			
οw	are im	portant considerations for situations you could be in			

STEP 2 Relaxation Training and Reducing Stress

A. Education

Definitions of stress and reducing stress

B. Discussion

Learning to identify and reduce stress

- Relaxation techniques
- Exercise: Practicing two techniques

STEP 3 Cognitive Restructuring

A. Education

Learning to identify negative thinking patterns

B. Discussion

Changing how you think

- Breaking dysfunctional thought patterns
- Exercise: Completing a thought journal

STEP 4 Self-Care for Women

A. Education

- Socialization of women
- Setting boundaries
- Assertive communication
- Communicating anger

B. Discussion

Separate discussion prompts for each section

- Practicing assertive communication to establish boundaries
- Exercise: Assertiveness log

STEP 4 Skill Building Assertive Communication

Below are examples of situations in which assertive communication is necessary to establish boundaries.

A friend keeps asking to borrow money from you but hasn't paid you back from the last three times.	Your boss keeps piling work on you, and you are struggling to get your work done on time.	At a family dinner, your mother keeps 'nit-picking' you about your appearance, and she won't stop.
Your boyfriend has stopped helping around the house, and you feel you are expected to maintain every time.	Every time you make plans with a friend, they are late, and never apologize for making you wait.	You are out for dinner, and your order is completely wrong. You can tell the server is busy, but you are unhappy.
You have asked your child to clean their room five times, and they have not done it yet.	A friend asks you to help them move this weekend. By the weekend, you are exhausted and need time to unwind.	You are feeling unappreciated every day when you come home from work by your partner, kids, family, or roommates.
Your partner went out with friends for happy hour drinks and said they would be home on time for dinner but came home 2 hours late.	You bring your car to the mechanic for an oil change, and they try to charge more than usual for no reason.	You are at the store and having been waiting in line for a while to check out. Someone cuts in front of you in line.
Your mother keeps giving the children candy before dinner when you asked her not to.	Your friend is running late for a meeting and asks you to lie or cover for them.	A few days after an argument, you are still feeling upset and want to express it.
Your sister calls you every day to complain about her boyfriend for hours.	You are working on a group project, and one person has not done any work yet.	Your friend borrowed your favorite shoes a month ago and hasn't given them back.
At work a customer is yelling at you, disrespecting you, and demanding things you can't help them with.	You got your nails done, and they turned out horrible. You want them redone.	Your partner constantly leaves the house a mess, and never cleans up after themselves.

STEP 5 The Cycle of Violence

A. Education

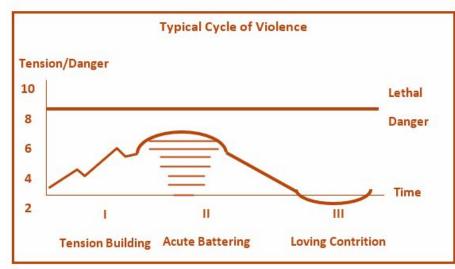
Three phases in the cycle of violence

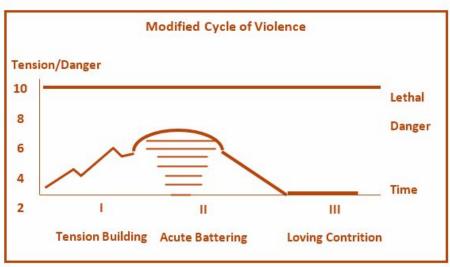
B. Discussion

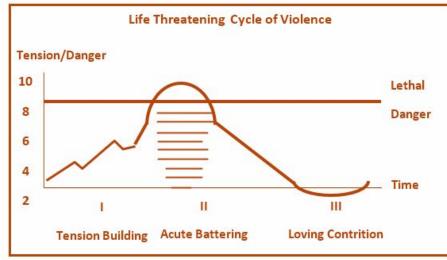
Identification of violence in your relationship

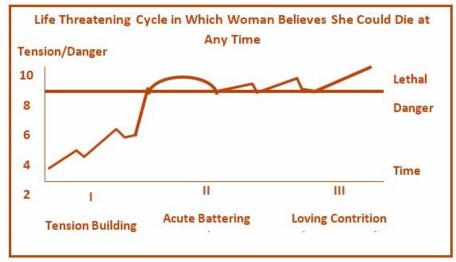
- Identifying your cycle of violence
- Exercise: review of three battering incidents

Cycle of Violence 11

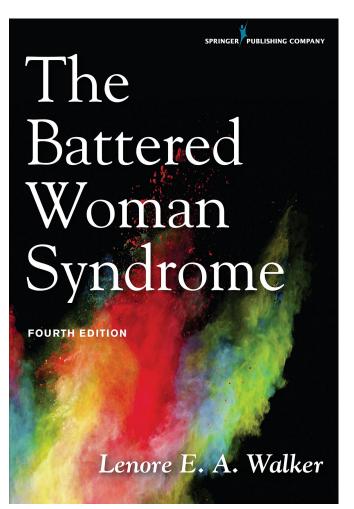


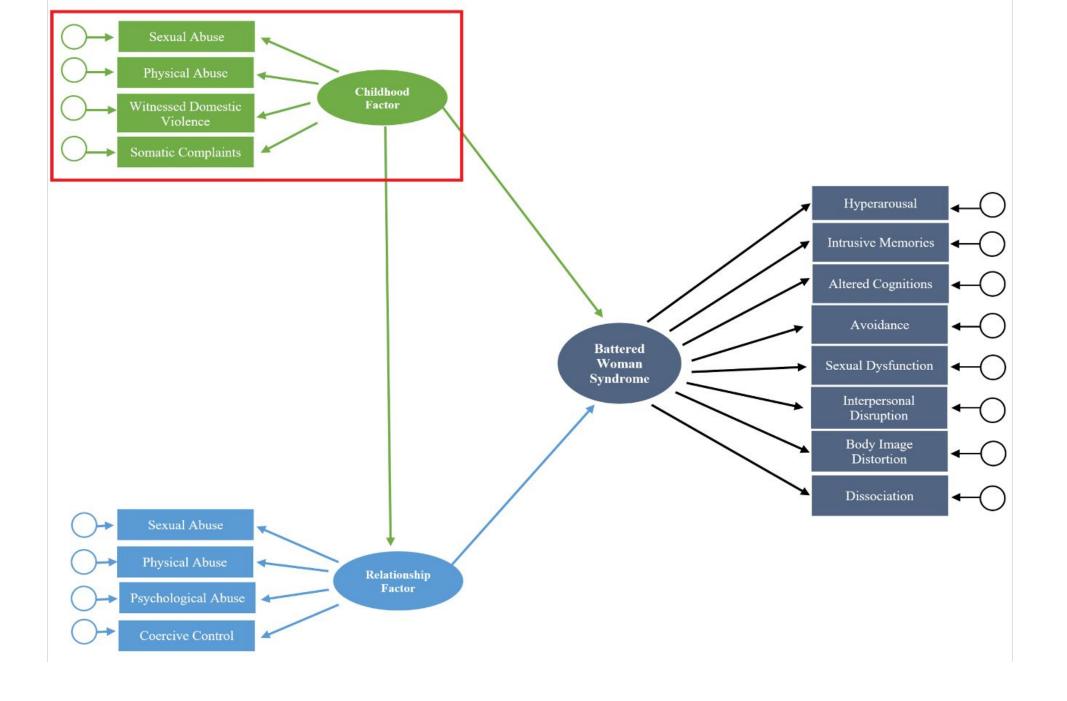






Battered Woman Syndrome 11





STEP 6 Trauma Triggers and Psychological Responses to Trauma

A. Education

Psychological effects of trauma

B. Discussion

Identification of trauma triggers

- Identifying your own trauma triggers
- Exercise: using grounding and relaxation techniques in response to trauma triggers

STEP 7 Maladaptive Coping Behaviors

A. Education

Definitions of various maladaptive coping behaviors

B. Discussion

The effects of maladaptive coping behaviors

- Identifying your own maladaptive coping behaviors
- Exercise: Replacing maladaptive coping behaviors with positive behaviors

Identifying & Reducing Maladaptive Coping

What habits do you have for dealing with painful emotions?								
Common Maladaptive Coping Behaviors:								
	□ Drinking alcohol		Suicidal behaviors/self-directed viole	ence Gambling				
	□ Binge eating		Taking too many pills	□ One-night stands				
	□ Spending hours on computer			☐ Staying on social media				
	□ Watching TV nonstop		8 8	□ Prostitution				
	☐ Shopping/Spending money		S	□ Excessive exercising				
	□ Using drugs		Overworking					
 Points to Ponder What habits do you have in your culture, friendships, family relationships for dealing with painful emotions? What does society teach us about how women and men should act? Should handle feelings? What maladaptive coping behaviors do you use now? Have you used in the past? What effects has your maladaptive coping behaviors had on your life? How would you describe your chemical use: Experimentation, Moderate Use, Dysfunction, Abuse, or Dependency? Do you need to change your maladaptive coping behaviors? If so, how are you going to change these behaviors? When does a comforting behavior become a destructive one? How do we achieve a balance between the two? 								
	While incarcerated		arcerated	At home				
	☐ Listening to music		1	□ Take a hot bath				
	□ Journaling			□ Going for a walk				
	□ Exercise 3-5x/week			□ Having hot tea				
	□ Go to therapy			□ Spending time with a friend				
	□ Exercise 3-5x/week		Configuration of the configura	□ Cook a healthy meal				
	☐ Getting 7-8 hours of sleep	\Box A	sk for a puzzle or word search	☐ Go to a 12-step meeting				

STEP 8 Emotion Regulation

A. Education

Identification of emotions, emotional regulation, and mindfulness

B. Discussion

Emotional regulation

- Mindfulness training
- Exercise: Mindfulness "What" & "How" skills

STEP 9 Children, Parenting, and Legal Issues

A. Education

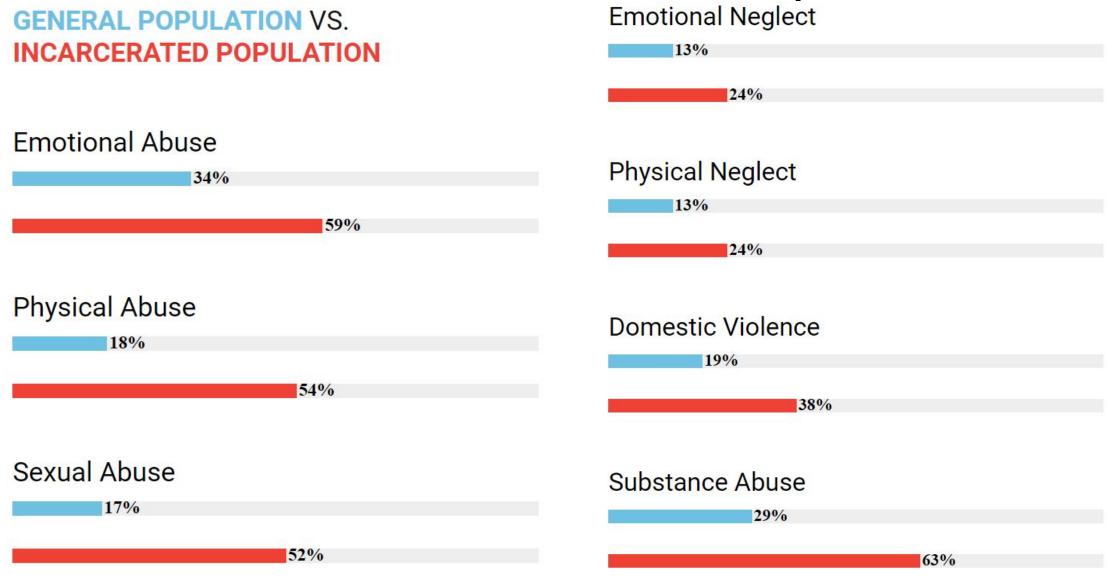
- Children
- Parenting
- Legal issues

B. Discussion

• Separate discussion prompts for each topic

- Reviewing your ACEs
- Exercise: Exploring your children's ACEs and how to help them

ACEs and Incarcerated Populations



STEP 10 for Justice-Involved Release and Reintegration

A. Education

Preparing for release (9 topics)

B. Discussion

Identification of support for reintegration

- Developing goals for after release
- Exercise: Planning short- and long-term goals

STEP 11 Ending Old Relationships and Beginning New Ones

A. Education

Deciding when to end a relationship

B. Discussion

Ending relationships

- Scripts for ending a relationship
- Exercise: how to end a relationship effectively

STEP 11 Skill Building Scripts for Ending Relationships

Relationship Problem: Describe how the relationship is destructive or interfering with your
life.

Pros and Cons for ending the relationship:	
Pros:	
Cons:	

- 1. **Describe** the relationship situation, or the problem that is the core reason that you want to end the relationship
- 2. Express feelings/opinions about why the relationship needs to end for you.
- 3. Assert in your decision to end the relationship
- **4. Reinforcing** comments to make about positive outcomes for both of you once the relationship is ended
- 5. Mindful and appearing confident comments to make about how and when to end
- **6. Negotiating** comments to make, plus turn-the-table comments to avoid getting off track and responding to insults
- 7. Validating comments about the other person's wishes, feelings, of history of the relationship
- 8. Easy manner comments
- 9. Fair comments

STEP 12 Wellness and Resilience

A. Education

- Incorporating growth and wellness
- Ending STEP

B. Discussion

- Resilience and wellness
- Ending STEP and moving forward

- Redesigning your life
- Exercise: Life balance wheel



Survivor Therapy Empowerment Program Manual and Workbook

Available in 2 months on Amazon under Dr. Lenore E. Walker

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Evaluation Forms

You can fill out the evaluation form using the app. Look for the evaluation form link at the bottom of each session. (preferred)

OR

You can fill out the evaluation sheet by hand and give it to a staff member or the moderator of the session.

You need to fill this form out to receive full credit for the session.

Thank you!