

Domestic Violence, Trauma, and Mental Health: Exploring Challenges and Strategies for Effective Support

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Illinois Coalition Against Domestic Violence
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WELCOME!

NATIONAL
Center on
Domestic Violence, Trauma & Mental Health

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US DHHS ACF FVPSA-Funded Special Issue Resource Center Dedicated to Addressing the Intersection of Domestic Violence, Trauma, Substance Use, and Mental Health

- Comprehensive Array of Training & Technical Assistance Services and Resources
- Research and Evaluation
- Policy Development and Analysis
- Public Awareness

An Invitation

This training addresses the intersection of domestic and sexual violence and mental health, which can be challenging and uncomfortable. While you are encouraged to take care of your needs, also consider challenging the root of your discomfort about these topics and seek ways to incorporate this information into your advocacy work.

Our Work Is Informed by...



Navigating Our Time Together and the Feelings Within it

Comfort
Honesty
Safety
Respect



Allow Space for Reflection
and Mindful Self-care

Some Thoughts About Language, Labels, and Diagnosis

- People hold a wide range of perspectives on mental health and diagnosis
- People have different ways of understanding and describing their traumatic experiences
- Peer-to-peer support is powerful and supports resilience
- Service providers need to offer both physical and emotional safety

Mental Health and Our Advocacy

- Additional stigma and discrimination are harmful for all survivors
- Some survivors may be disabled by mental health conditions, others are not
- Disability justice applies to everyone
- Accessibility needs to be considered from many points of view (e.g., physical, attitudinal, cultural, and language use)

A Range of Views

Unsure of or opposed to diagnosis		Diagnosis provided understanding and explanation
Recovery and healing happen through mental health treatment which may include medication		Recovery and healing occur through multiple holistic approaches or social action
Unaware of the impact of trauma and coping strategies used for survival		Aware of trauma responses and impact, intentionally developing new ways to cope



Often, it is our response to people experiencing mental health challenges that can determine whether survivors feel our services are trustworthy and safe.

Values and Intentions

- Act in alignment with program mission, vision, and values
- Welcome survivors as they are, no judgement
- Use respectful language (person-first)
- Provide culturally centered support
- Avoid further harm and retraumatization
- Preserve dignity and choice
- Be fully present, connected, and caring
- Provide full access to our services and supports

Values and Intentions continued

- Work collaboratively with service participants in ways that are equitable and survivor-defined
- Engage in family–centered services with survivors and their children
- Establish relationships that feel safe and trustworthy to support healing
- Be attentive to our use and misuse of positional power and our formal authority
- Notice and acknowledge strengths and resiliencies
- What else?

What Gets in the Way of Our Intentions?

- Worrying about “what if...”
- Information gaps, unsure of what helps
- Our own experiences with domestic and sexual violence, parenting, mental health, or substance use
- Stigma and discrimination
- Labeling
- Not being aware of crisis plans and policies or not being able to act on them
- What else?

Discussion: Unpacking “What If...”

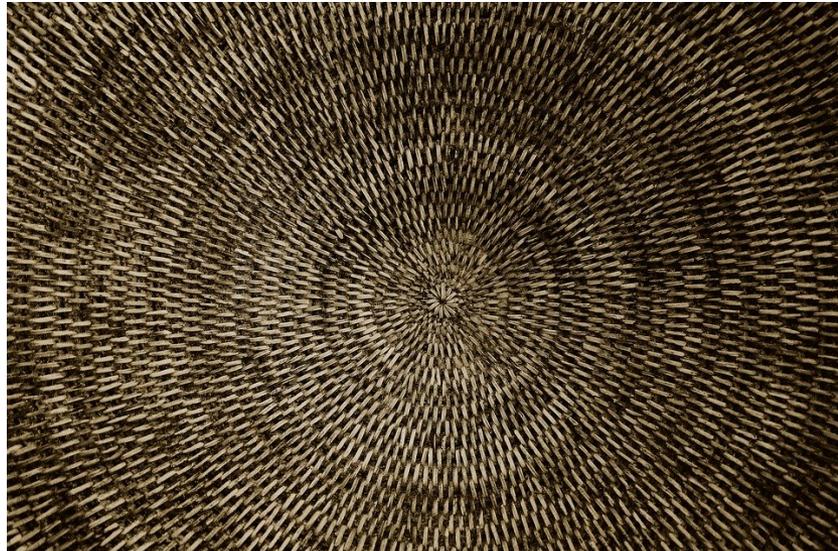
What are your worries and concerns?

Where do they come from?



Screening In and Screening Out

What resources do we have to enhance services to be more welcoming, accessible, collaborative, equitable, and supportive for all survivors, including those experiencing mental health challenges? What else might be helpful?





Violence, Coercion, and Oppression

**Historical, Structural, Political,
Environmental, Interpersonal**

**We don't see things
as they are,
We see things as we are.**

Anaïs Nin



Challenging Times Bring Additional Fear, Worry and Disconnection



Impacting how we all show up,
communicate and engage!

Experience Can Impact Connection





Domestic and Sexual Violence and Mental Health and Substance Use Coercion

Trauma in the Context of Domestic Violence

- **Trauma is not “post”**
 - Appropriate response to ongoing danger
 - It is not an “overreaction” to minor stimuli, it is acute social awareness
- **Other Ongoing Trauma**
 - Cultural, historical, generational political, environmental, structural

Domestic and Sexual Violence, and Other Trauma

- Can affect a person's mental health and substance use and play a significant role in development and worsening of mental health and substance use concerns

AND

- People who use violence to control their partners often leverage mental health and substance use issues to gain and maintain control

Use of Mental Health and Substance Abuse Concerns as a Tactic of Control

- Undermine sanity, sobriety, credibility, and parenting
- Coerced overdose, coerced use, coerced illegal activities, coerced sex
- Control meds, control treatment, sabotage recovery
- Use against survivor to prevent access to support, resources, protection and custody
- Often convincing authorities, the survivor “was out of control”

Discussion

- In our services, what do you think survivors' concerns might be after having these kinds of experiences?



Strategies to Address Mental Health and Substance Use Coercion

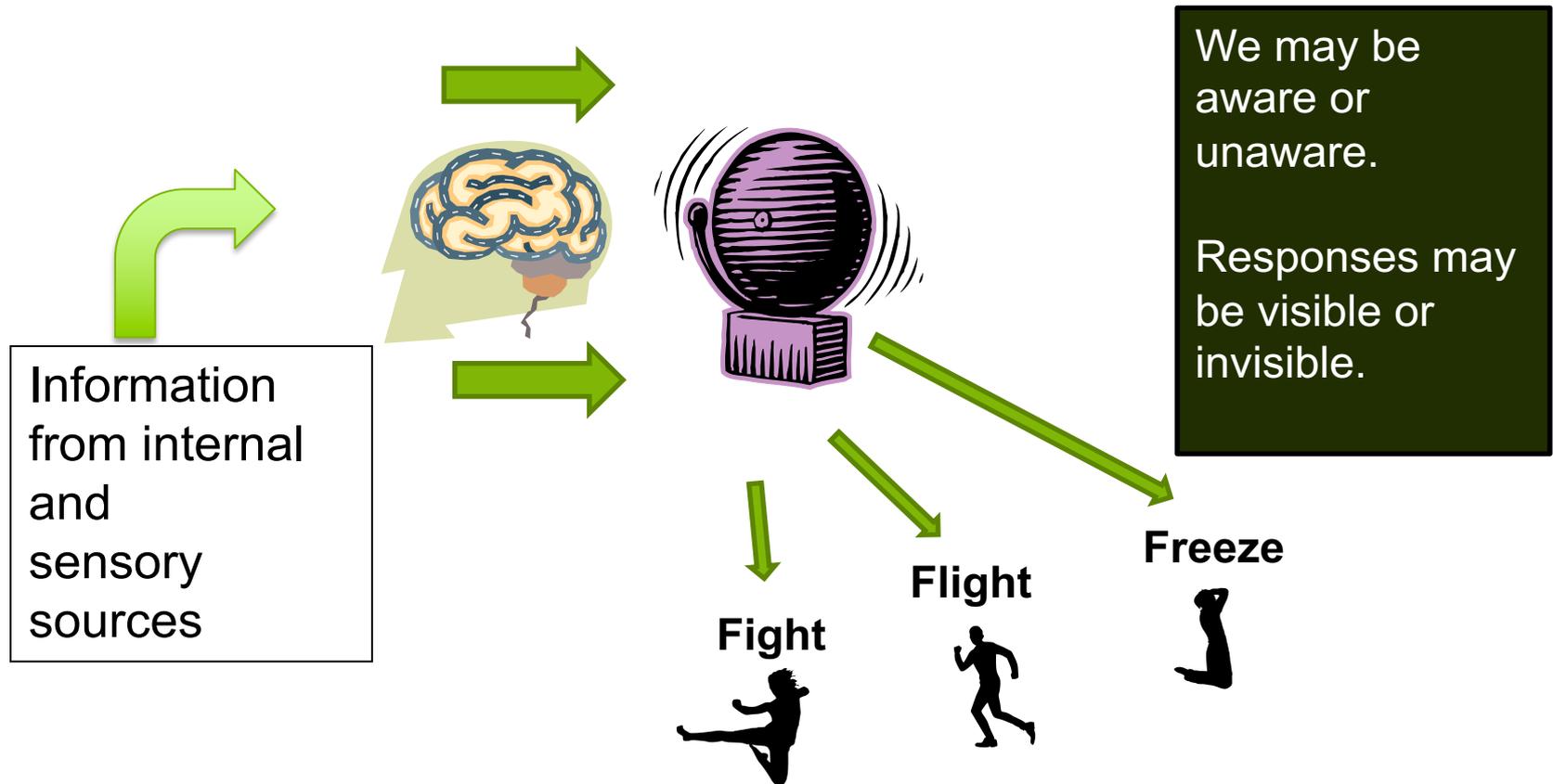
NCDVTMH Toolkit on Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence

www.nationalcenterdvtraumamh.org/publications-products/coercion-related-to-mental-health-and-substance-use-in-the-context-of-intimate-partner-violence-a-toolkit/



Understanding Distress

Trauma Responses: We are Wired for Survival...



There are neurobiological and developmental impacts!

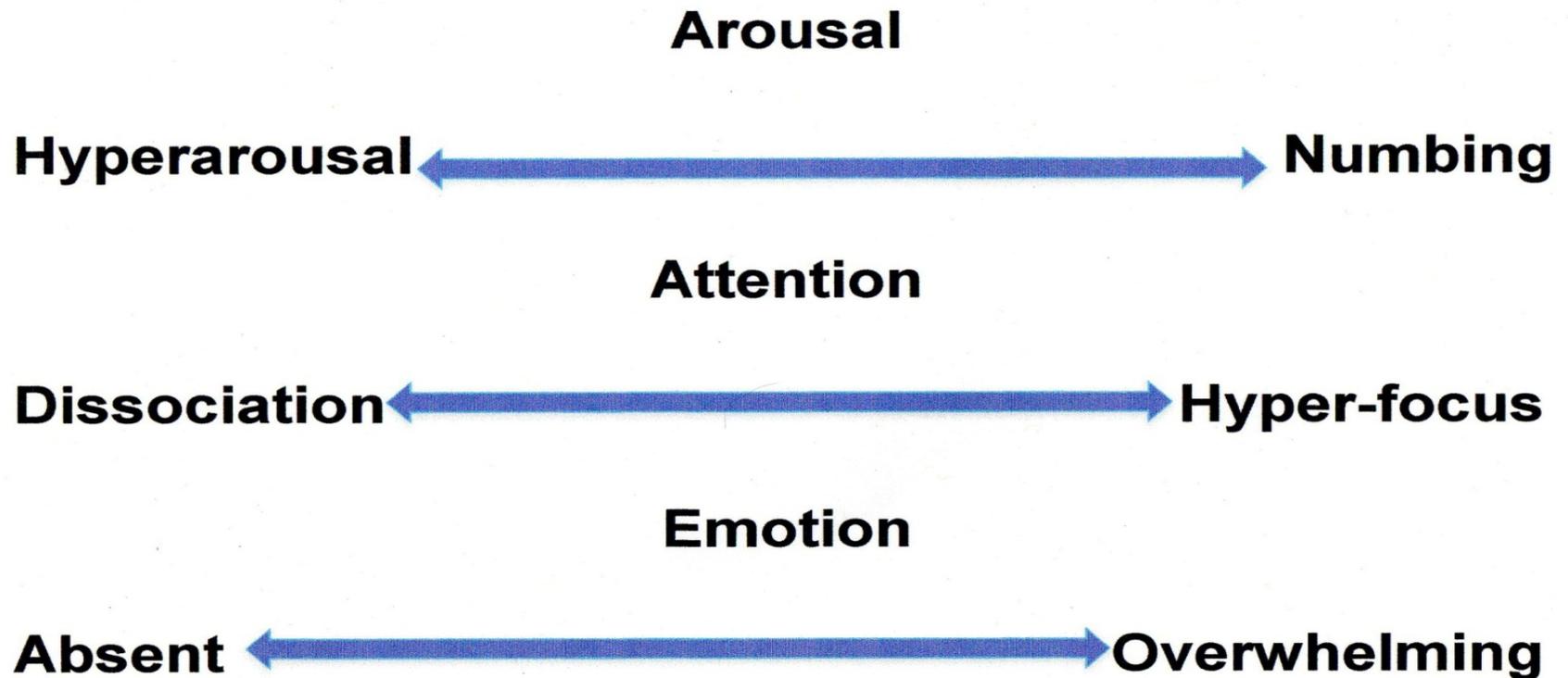
Discussion: What Have You Experienced in Your Work?

Considering your experiences with survivors, what strengths did you notice?



How does traumatic experience impact people's ability to engage in services and advocacy, parent their children or follow through on decisions and plans?

How People Cope and Survive is Expressed in Many Different Ways



Understanding Dysregulation

- Thoughts
- Emotions
- Physical awareness (body placement and movement)
- Energy
- Felt sense of safety
- Felt sense of connection
- Presence in the here-and-now

This May Look Like...

- Being overwhelmed by or having strong reactions to seemingly “minor” irritants
- Scanning for danger, worry that something bad will happen
- Numbing, checking out
- Not being able to “get over” thoughts, feelings, and body sensations that are experienced
- Disengaging and avoiding interactions
- Minimizing or compartmentalizing
- Hyper-alert, difficulty with crowds, noises

This May Also Look Like...

- Challenges with communicating
- Negativity, waiting for bad things to happen
- Inability to focus, concentrate, or remember
- Flash backs
- Difficulty sitting still or relaxing
- Anger, over-reactions, or under-reactions
- Sleeping a lot or not enough
- Difficulty making decisions
- Substance use, misuse
- Others?

Psychiatric Disability

- Trauma and mental health conditions interfere with:
 - Learning
 - Thinking
 - Communicating
 - Sleeping
- Are a normal part of the human experience
- May come and go or may be persistent
- Safety and support can reduce psychiatric disability

Often Unseen Injuries

- Sleep deprivation
Affects memory, mood, and focus; can cause hallucinations
- Traumatic Brain Injury
Can affect all functioning, senses, etc.
- Nutritional Deficiencies
Affects physical health, mood, sleep, and mental status
- Exhaustion
See all of the above!

Physical Violence and Traumatic Brain Injury

TBI is commonly experienced by survivors.
Symptoms can include:

- Frequent headaches, nausea, blurry vision
- Dizziness, challenges with balance and mobility
- Poor memory and ability to focus
- Fatigue, exhaustion, trouble sleeping
- Challenges with managing mood
- Maybe, there are no symptoms at all

Alarm is Constantly “On”



- Lack of emotional safety
- Trauma reminders in service environments
- Environmental stressors
- Relational stressors
- Service setting demands

Reassurance that someone is safe with us may not help turn off the alarm!

Trauma Affects Engagement

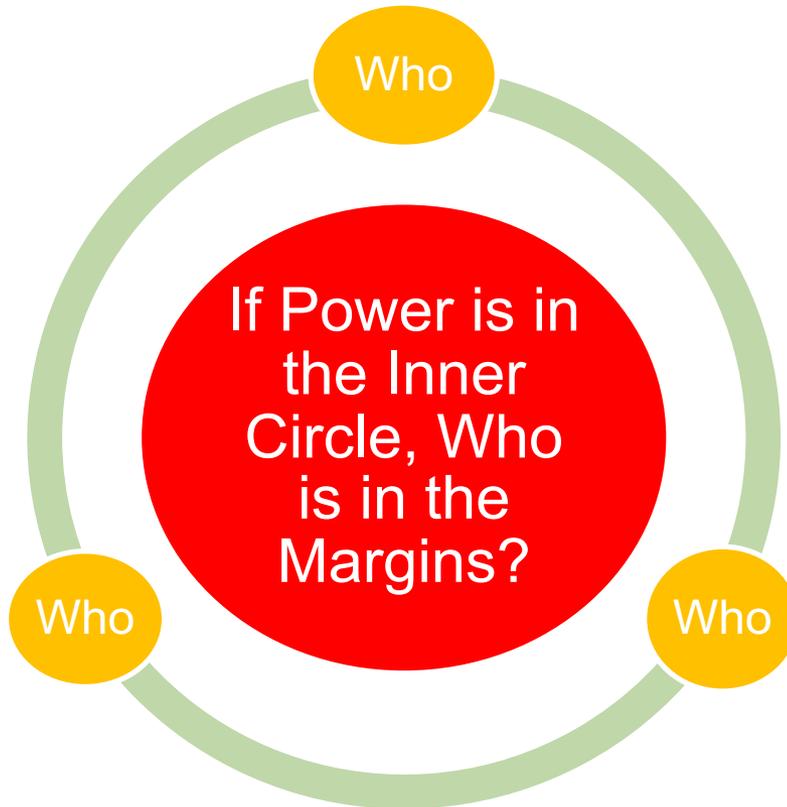
Trauma can affect one's capacity to:

- Feel internally connected to caring others
- Experience self as deserving and worthwhile
- Manage and share feelings
- Stay present and connected
- Develop and maintain self-awareness
- Feel physically and emotionally safe
- Comfort self and be comforted by others



How are these experiences labeled when we understand and when we don't?

Assumptions of Privilege



Cave 2001, 2014, Cullinan

Who is included or excluded?

Who makes decisions?

What are the messages?

Who is judged?

Worthy?

Innocent?

Capable?

Complicit?

What is the Impact On How We Work with Survivors

Thinking about distress in the context of oppression and microaggressions:

- Who defines safety?
- How is “safety” leveraged?
- Who defines illness and wellness?
- What is at stake when we disagree, don't understand or don't feel equipped to support everyone's physical and emotional safety?

Impact on Welcoming and Collaboration

- How are strengths and resilience recognized and acknowledged?
- How are service options offered?
- How are our responses to people in distress culturally resonant?

How do we navigate our concerns in ways that don't further jeopardize survivor safety?

Shifting Our View Means Keeping in Mind that...

- We often don't see what is happening underneath the surface
- People are doing the best they can to manage what they are experiencing
- Coping strategies help **even if we don't understand**



Discussion: Real Talk, Supporting Survivors Who Experience Mental Health Challenges

What are we doing well to support survivors experiencing mental health challenges or crisis?

What would help us do better to support survivors experiencing mental health challenges or crisis?





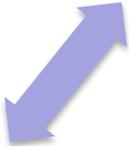
Exploring Distress and Crisis

The environment

Person experiencing distress or crisis

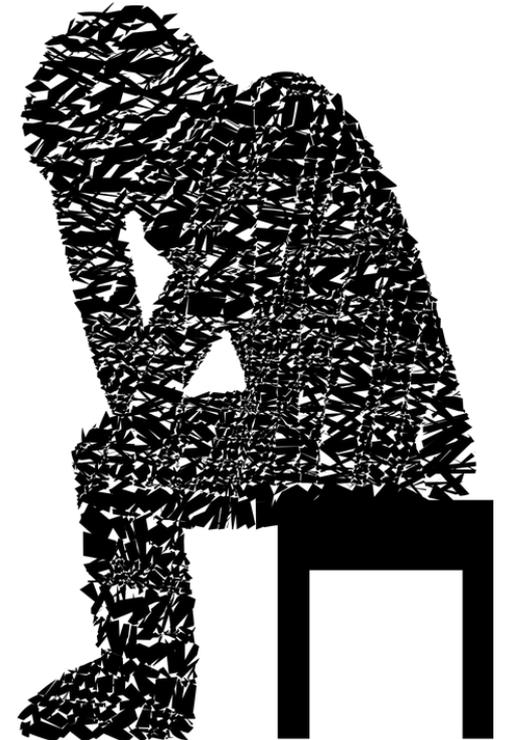
Other people present

Person supporting someone in distress or crisis



Distress

Great pain, anxiety,
sorrow, or suffering



Definition from dictionary.com

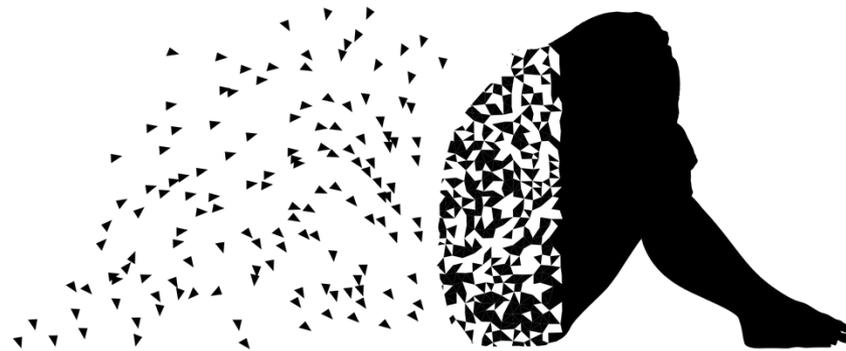
Crisis

- The situation or experience feels out of control or overwhelming
- Supports and coping strategies that usually work are not working
- The distress is staying the same over a long period of time or is increasing
- Unsure if it will get better or be okay
- Fear that what is happening is or will be dangerous

Whose crisis is it?

The person
experiencing distress?

The person or
people providing
support?



What Would Practical Crisis Support Strategies Look Like? A Scenario



What Helps?

- Attitude and stance are key
- Maintain empathy, connection, and choice
- Remember our advocacy role and the importance of relationship
- If your role is advocacy, don't diagnose
- Someone may be in distress but not in crisis
- Sometimes its our response that makes the difference

Uncomfortable  **Unsafe**

Frequently Mentioned Challenges

- What if I'm working alone?
- What if others get upset?
- This isn't my job; we need clinical support!
- What if I get it wrong?
- What if participants are not able to watch their kids?
- What if someone threatens harm to self or others?



Tools

Resources for Staff and Survivors Navigating Mental Health Concerns



Organizational policies and practices



Mind-body practices



Attention to physical and sensory environments



Asking, “What helps?”



Ideas for when someone can't tell us what they need



Tools

Organizational Policies and Practices

Do We?

- Have an effective crisis response policy and plan?
- Have a stance that promotes accessibility and disability justice?
- Incorporate Americans with Disabilities Act (ADA), Fair Housing Act, Civil Rights Act, and provisions for language access into our policies and practices?

Planning for Change, Do We...

- Have community partnerships and cross-training in place with mental health and substance use treatment providers and peer support programs?
- Have access to crisis lines for mental health emergencies and suicide prevention?
- Have formal approaches to gain and incorporate survivors' feedback?

Meeting Needs With Dignity, Do We...

- Have flexible, respectful medication policies?
- Have survivor-driven approaches for navigating concerns?
- Have ways of listening to survivors' views about what is helpful during a crisis?
- Incorporate effective peer support strategies within our program?

Alignment of Values and Policy

“Having the freedom and responsibility to determine what is right for you and be self-governing.”

“Survivors living with mental health issues can choose their own actions and or treatment without being forced by the program.”

District Alliance for Safe Housing

TOOLS FOR TRANSFORMATION: BECOMING ACCESSIBLE,
CULTURALLY RESPONSIVE, AND TRAUMA-INFORMED ORGANIZATIONS

Implementation Support Guides for Domestic Violence and Sexual Assault Programs

GUIDE 1

**THE SOCIAL, EMOTIONAL, AND RELATIONAL
CLIMATE AND ORGANIZATIONAL TRAUMA**

CATHY CAVE

GABRIELA A. ZAPATA-ALMA, LCSW, CADP

Responding to
to the Impacts of
Organizational
Trauma in
Affirming and
Supportive
Ways

Learning and Growing Organizational Climate for Staff

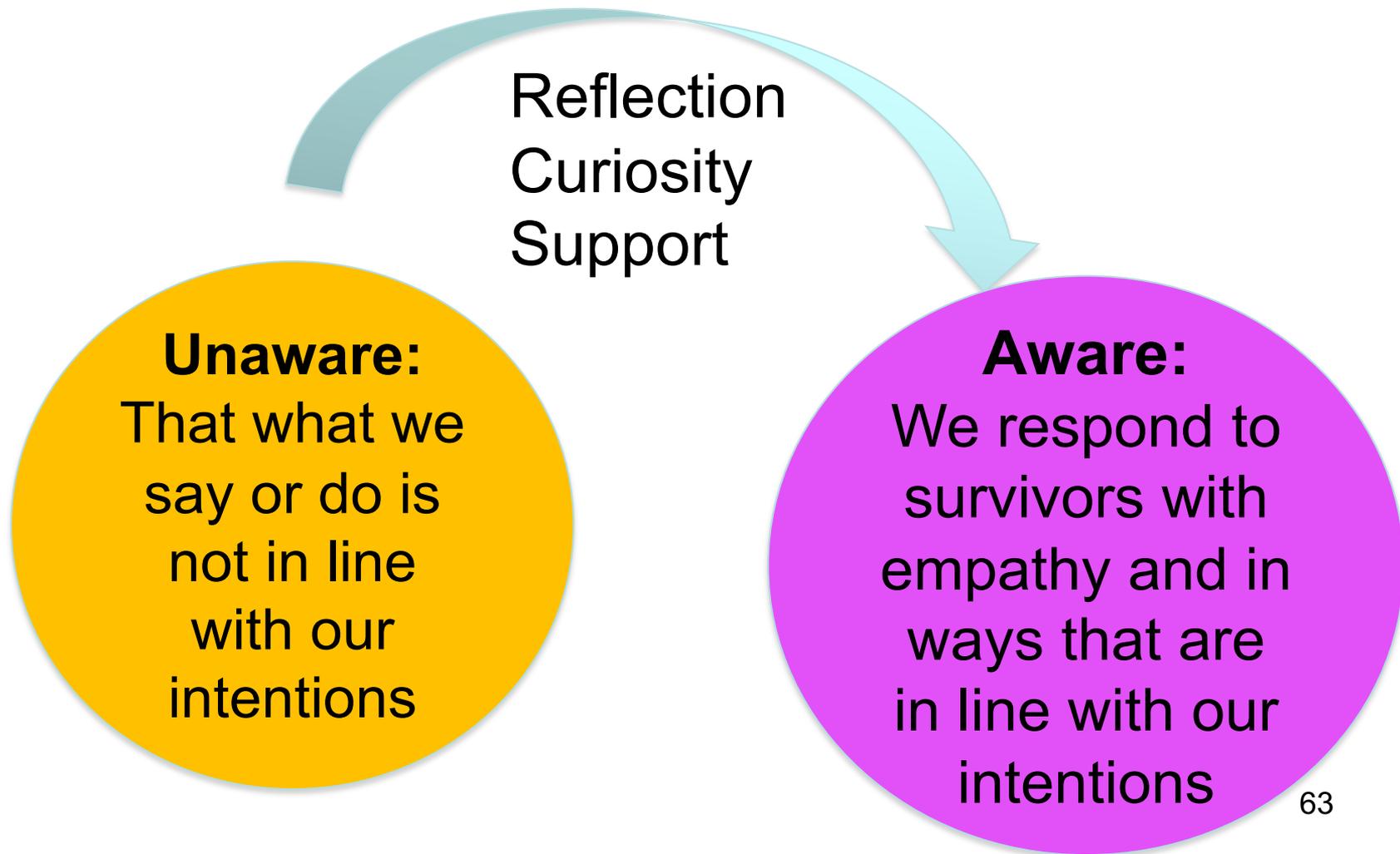
- Have consistent and effective supervision
- Know the crisis policies and receive training on them
- Talk about how to respond to crises
- Have effective communication and support amongst staff
- Create a climate where asking for help is encouraged
- Discuss organizational values about how to support people in crisis

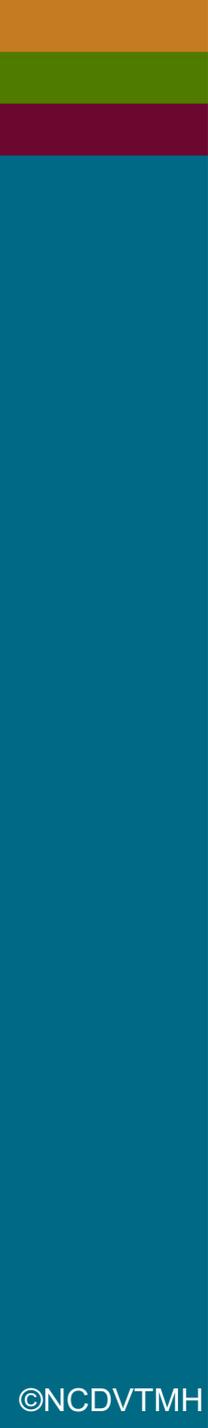
We Are All Continually Healing

Restoring a Sense of Safety and Protection within a consistently nurturing and trustworthy relationship supports resilience.

- What is the role of supervision?
- How can we best support advocates?

Discussion: Understanding and Transforming Our Responses





Tools

Mind-Body Practices

How Mind-Body Practices Help

- They can directly address the overwhelm or dysregulation in our bodies by calming the central nervous system
- Particularly helpful when we don't have words to express what we are experiencing or when talking about it increases agitation or distress

How Mind-Body Practices Help

- Are free, reliable, and always accessible
- Can be shared and learned
- Further connection with self
- Increase trust for ourselves
- Support general wellness and also serve as preventive practices

Techniques to Help Build Our Resources

- Breath work
- Movement
- Mindfulness
 - Meditation
 - Self-soothing
 - Grounding
- Visualization and imagination
- Take breaks

What else
would
you add
to the list



Sample Grounding Exercise

Grounding techniques help us “get back” – into the room, back into our bodies, or back into the present moment.

- Room scan: Ask yourself or the person you are with to describe what is around the room or space, engaging multiple senses.
- Five Things activity: What do you see, hear, touch, smell, and taste?

Considerations for Advocates

- What helps me regulate and reset?
- What do I already do?
- Am I open to learning new practices?
- Am I open to trying them myself?
- Am I open to sharing new ways to support others?

Attending to Well-being in Your Organization

- There are elements in place to support everyone to cultivate self-awareness and practice self-care. (e.g., policies, strategies, communication, modeling)
- Consider strategies to be more attentive to ways people are “othered” and judged and work to change those dynamics.

Think higher, feel deeper.

Elie Wiesel

To listen to a
witness is
to become one.

**Many of us doing this
work have survived
one or more traumatic experiences.**



Tools

Attend to Physical and Sensory Environments

Considering Our Environments: What Are We Open to Changing

- Accessible
- Welcoming
- Inclusive
- Equitable
- Culturally responsive
- Attentive to sensory impacts
- Attentive to physical and emotional safety



**Flexible to accommodate a wide range
of experiences and needs**

Attending to Sensory Impact: Facilitating Emotional Safety

- **Things that might be challenging:**
 - Noise, chaos, level of sensory stimulation
 - Physical space, privacy needs
- **Things that might be trauma reminders:**
 - Sights, sounds, colors, smells
 - Lights off, locked doors, rules
 - Other people's experiences
 - Certain activities or expressions

Things That Might Be Helpful

- Welcoming décor, uncluttered space
- Brightness and soft lighting
- Quiet spaces to be with other people or alone
- Communal activity spaces (when safe)
- Safe places to be outside
- Flexibility and choice
- Opportunity to contribute to space design

Examples of Flexible Space and Routines

- Headset or small speakers for music
- Shifts in how communal living is structured
- Space close to staff offices
- Access to a quiet room
- Assistance completing forms
- Room to pace or move around
- Virtual services
- Reminders to take medication if requested
- Assistance taking medication if requested
- Assistance monitoring health concerns (e.g., blood pressure, blood sugar, dietary needs)
- Flexibility about group and meeting attendance
- Flexibility about chores
- Parenting support

Tools

Ask About What Helps

How do we know what will help?



Ask when people are not in crisis!

Supporting Emotional Safety: A Proactive Example

- Talk with each person at intake about how shelter living can be challenging for everyone, the kinds of issues that often arise, and what you can do to create a more comfortable supportive environment
- Discuss the kinds of things people might find unsettling and what might help

Providing Information About Trauma Can Help

- It is common to experience what you are experiencing (you are not alone...)
- Experiences of abuse can make people feel on constant alert. It makes sense that you might have a hard time feeling settled.
- There is a name for what you are experiencing...
- Some people find that they need a few days (or weeks) to catch up on sleep or to “just be” for a few days...

**Different messages may be helpful
at different times!**

Talking With Someone Who Shares They Have a Diagnoses

- You can listen, communicate non-judgment
- Get a sense of what the diagnosis means to them? How do they see it?
- Be aware people who use violence often label their partners to undermine them
- Be aware that systemic misdiagnosis and over-diagnosing does occur, particularly for people of color. Suggestions for treatment may not be viewed positively.
- Advocate with other providers and systems, when necessary

Guide for Emotional Support

Negotiate with survivors about what they need to support their feelings of safety and comfort before you begin meetings and conversations.

Ask, “Is there anything we can do to help you feel safer and more comfortable while we talk?”

And then work together to make that happen!

Guide for Emotional Support: Talk About What Helps

- When you are overwhelmed or distressed, what does that look and feel like?
- What tends to add to your distress?
- What has helped in the past when you have felt this way?
- Are there things we can do (or not do) to support you?
- Ask about safety and work together to create it.

Tools

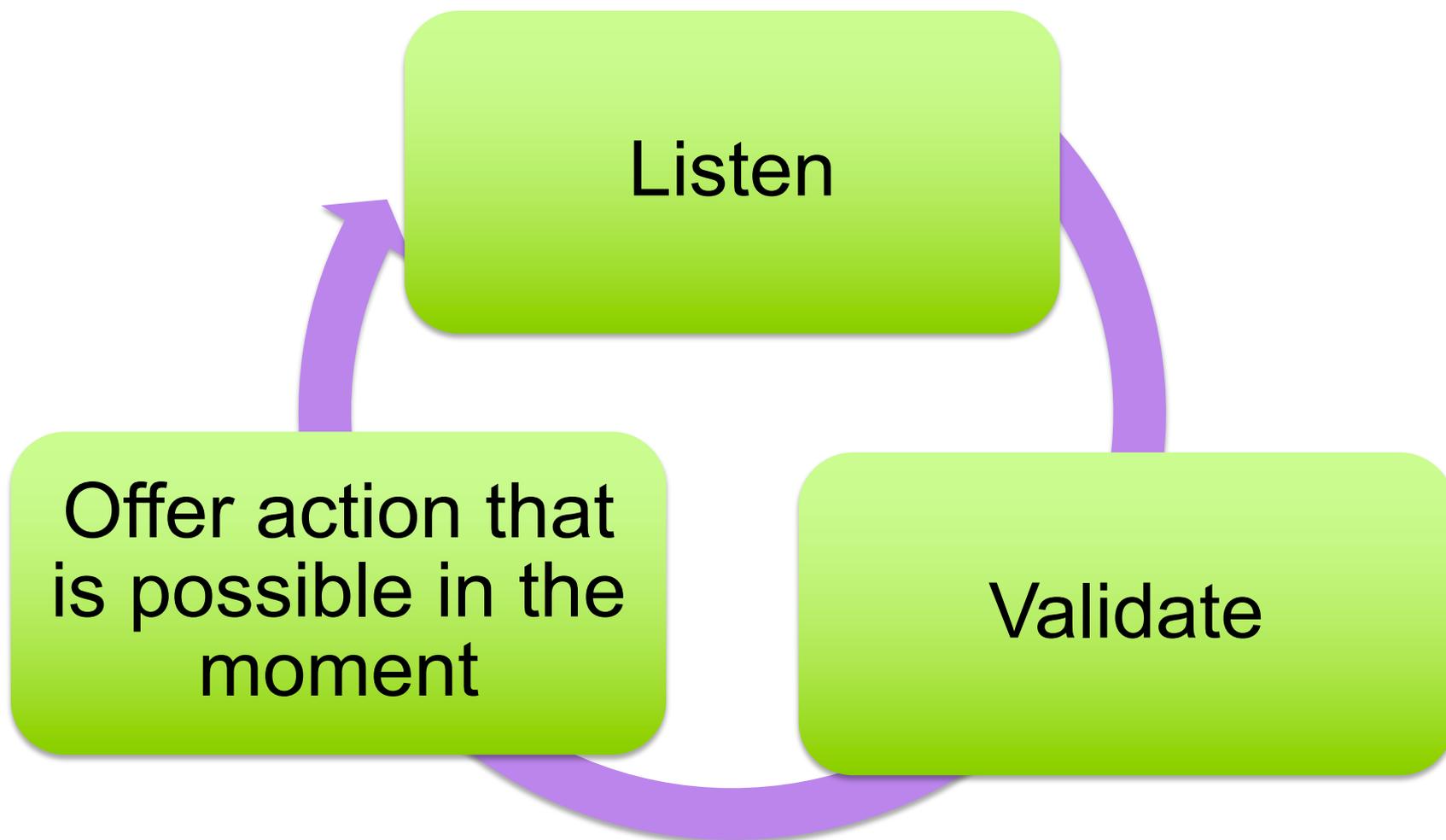
Ideas For When Someone Can't Tell You What They Need

The Importance of Curiosity



When Someone in Crisis Can't Tell Us What They Need

- 1 staff person leads
- Make a connection
- Be clear, calm, and focused
- Consider what people want for themselves
- Create space
- Take your time – as if you have all the time in the world
- Stay collaborative and offer choices
- Use simple, concise language
- Neither fuel nor challenge beliefs



Listening

“Listen to hear, not to talk.”

Diane Wolff, End Domestic Abuse WI

- Listen to what is being said and to what might be happening underneath
- A lot of how we communicate that we are listening is through body language, energy, and presence

Offer Action That is Possible in the Moment

- **What feels possible right now?**
 - For the person you are supporting, for *this* moment, and for you?
 - What do you know from the person you are supporting about what helps them?
 - What has been supportive to other people that you might try?
- **Offer but don't insist**

Expand Ideas of Action to Offer

- Can you tell me more about what is happening or what has happened?
- Can we take a couple of breaths together?
- Are there calming or grounding practices we can try?
- Would taking a walk be helpful?
- We have time – we can sit here for awhile, if that would be helpful.

Survivor Perspective: “When I am in crisis, I need people who can be with me when I am in distress, be present with me when I am in pain, who will acknowledge my pain without trying to ‘fix’ it. This takes someone who knows their pain and is not afraid of it or yours...”



Diane King Akers, 2007

Additional Supports and Referrals

- Build relationships with peer support programs, domestic and sexual violence informed supports, trauma-informed therapists, culturally specific organizations
- Consider cross-training as something you offer in your community to build relationship and connection with trustworthy referral sources

There Are Times When You May Need Outside Support

- Create partnerships – people that you trust to call
- If overdose or acute withdrawal is in progress, seek immediate medical attention
- Discuss policies as an organization, including if, when, and how police are called

Listening to Survivors

Get feedback:
Have we actually
been helpful?



Without a Focus on Inclusion and Accessibility...

- ✓ Labels can become stereotypes
- ✓ Someone else defines safety for survivors
- ✓ Survivor's preferences and beliefs about what helps are unknown
- ✓ Strengths and resiliencies may be overlooked
- ✓ Others decide what is helpful for survivors
- ✓ Help offered is determined by what we have readily available rather than by what we learn, explore and create

Discussion: What are We Open to Changing?

Considering Our
Environments
Worksheet



Additional Resources

- NCDVTMH Website www.nationalcenterdvtraumamh.org
 - Webinar Series 2016-2017 Trauma-informed Responses to Emotional Distress and Crisis (self-injury)
 - Suicide Prevention Resources
 - Model Medication Policy
 - Additional Resources and Tip Sheets for Advocates
 - Trauma-Informed Legal Advocacy Resources
- Millie Grenough. Oasis in the Overwhelm: 60 Second Strategies for Balance in a Busy World (2009).
- Laura van Dernoot Lipsky. The Age of Overwhelm: Strategies for the Long Haul (2018)
- Virtual Room of Refuge by Truman Medical Centers
<https://mailchi.mp/751f8d07b5db/virtualroomofrefuge>

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