

Trauma and Intimate Partner Violence

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Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



Mountain Plains ATTC (HHS Region 8)

ATTC

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

SAMHSA
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The Mountain Plains Mental Health and Addiction Technology Transfer Centers

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) and Mountain Plains Addiction Technology Transfer Center (Mountain Plains ATTC) provide training and technical assistance to individuals who serve persons with mental health and substance use concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

The Mountain Plains MHTTC and ATTC belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is funded under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).

The Mountain Plains MHTTC and ATTC are hosted at the University of North Dakota.



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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

eliminating racism
empowering women

ywca

cass clay



CONTINUUM OF EMPOWERMENT SERVICES

- Emergency Shelter provides safety for 1,200+ women and children annually
- 72 units of safe and affordable supportive housing
- Supportive services
- Homeless prevention
- Racial Justice

ywcacassclay.org

What Is Trauma?

- Posttraumatic Stress Disorder – variety of symptoms following exposure to a traumatic event. Clinical presentation varies among individuals and may include:
 - Fear-based re-experiencing, emotional, and behavior symptoms.
 - Anhedonia or dysphoric mood and negative thoughts.
 - Arousal
 - Dissociation
 - Combination of all of these
- Other Trauma- and Stressor-Related Disorders
 - Reactive Attachment Disorder – relationally inhibited and emotionally withdrawn
 - Disinhibited Social Engagement Disorder – socially disinhibited

What is Trauma?

- Big “T” trauma
- Little “t” trauma
- Complex Developmental
 - Relational
 - Historical
- Transgenerational/Intergenerational

Definitions

- Domestic Violence (DV) - Broader term that refers to violence that occurs in the domestic sphere (child abuse, elder abuse, sibling abuse, IPV)
- Intimate Partner Violence (IPV) – A specific form of DV that refers to violence between intimate partners (married, dating or sexual partner)
 - IPV Includes: physical violence, sexual coercion or abuse, psychological abuse and stalking

IPV Statistics

- Women are disproportionately affected with elevated prevalence, chronicity, and severity
- IPV is the most common form of violence against women worldwide
- Women are 3 times more likely to be injured by IPV (41.6% vs. 13.9%)
- LGBTQ experience IPV at about the same rate as heterosexual individuals
- Nearly half of women and men in the U.S. will experience some form of psychological IPV in their lifetime (e.g., verbal aggression, threats, intimidation, social isolation, coercion and control)
- Women report psychological abuse tactics to reduce self-esteem and cruel manipulations is the worst part of their IPV experience (e.g., “I’m not lying; your imagining things”)

Link Between IPV & Childhood Trauma

- Experiencing trauma and harsh parenting as a child is associated with IPV as an adult
- In one multi-country study (Fulu et al., 2017) findings indicate that childhood trauma is a significant pathway for all forms for experiencing and perpetrating IPV.
 - For men, all forms of childhood trauma were associated with all forms of IPV *perpetration*.
 - For women, all forms of childhood trauma were associated with both physical and sexual IPV *victimization*.

Children who are exposed to IPV

- In the U.S., 1 in 15 children report being exposed to IPV (ages 0-6 underrepresented)
- IPV is the 2nd most frequently occurring trauma for children.
- 30% of children exposed to IPV had their first exposure before the age of 2.
- Children who witness IPV are at increased risk of becoming victims of IPV.

Effects of Childhood Exposure to IPV

- Learn to use violence as a way to cope with stress or exert authority
- IPV affects the child's developing brain, especially age 1-3
- Associated with:
 - Poor school performance
 - More missed days of school
 - Poorer physical and emotional health
 - Increased rate of asthma
 - Failure to thrive
 - Developmental delays
 - Increased rates of traumatic stress, anxiety and PTSD

Trauma Impacts Brain Development

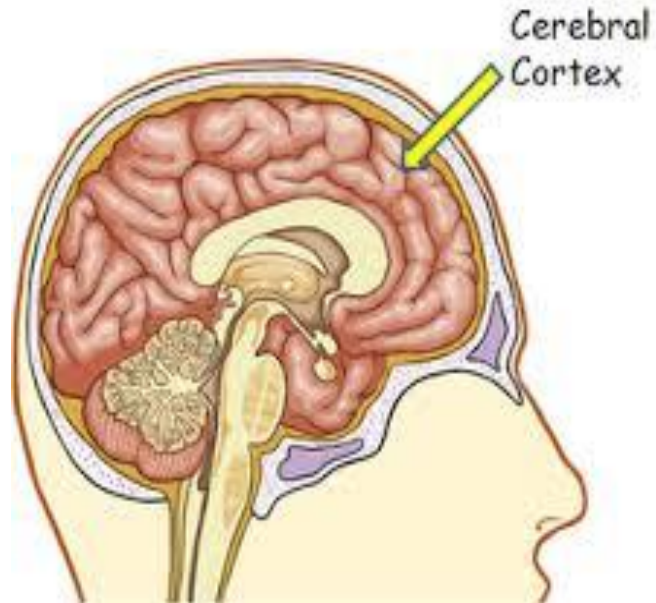
- “What fires together wires together”
- Sensitive periods (when there is the most neuroplasticity) of brain development occur during childhood. Therefore, trauma experienced during childhood is particularly harmful to brain development.
- Childhood trauma can change the structure *and* functioning of a child’s brain.

Trauma Impacts Brain Development

- ▣ Bottom Up – from primitive to most complex
- ▣ Brain development is sequential. More complex systems are dependent on development of less complex systems.

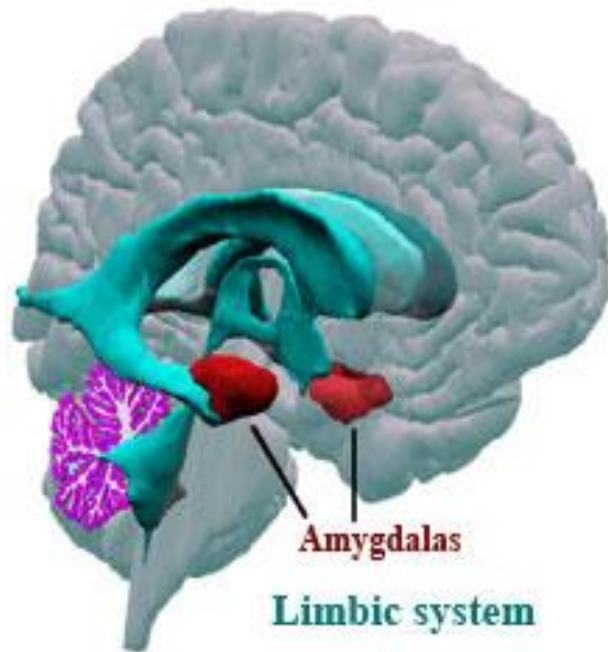
Activity Across Brain Regions				
Brain Region	Functions	Critical Period	Experiences needed	Functional Maturity
Cortex	Thinking, Planning, Reasoning, Creativity, & Sensory Integration	3 - 6 years	Complex conversations, social interactions, exploration, safe, fed, secure	Adult
Limbic	Emotion, Attachment Memory, & Sensory Integration	1 - 4 years	Complex movement, social experience, narrative	Puberty
Diencephalon	Sensory Motor & Sensory Processing :	6 months - 2 years	Complex rhythmic movement, simple narrative, affection	Childhood
Brain Stem	State Regulation & Sensory Processing	In utero – 9 months	Rhythmic, patterned input, engaged caregiving	Infancy

Cerebral Cortex



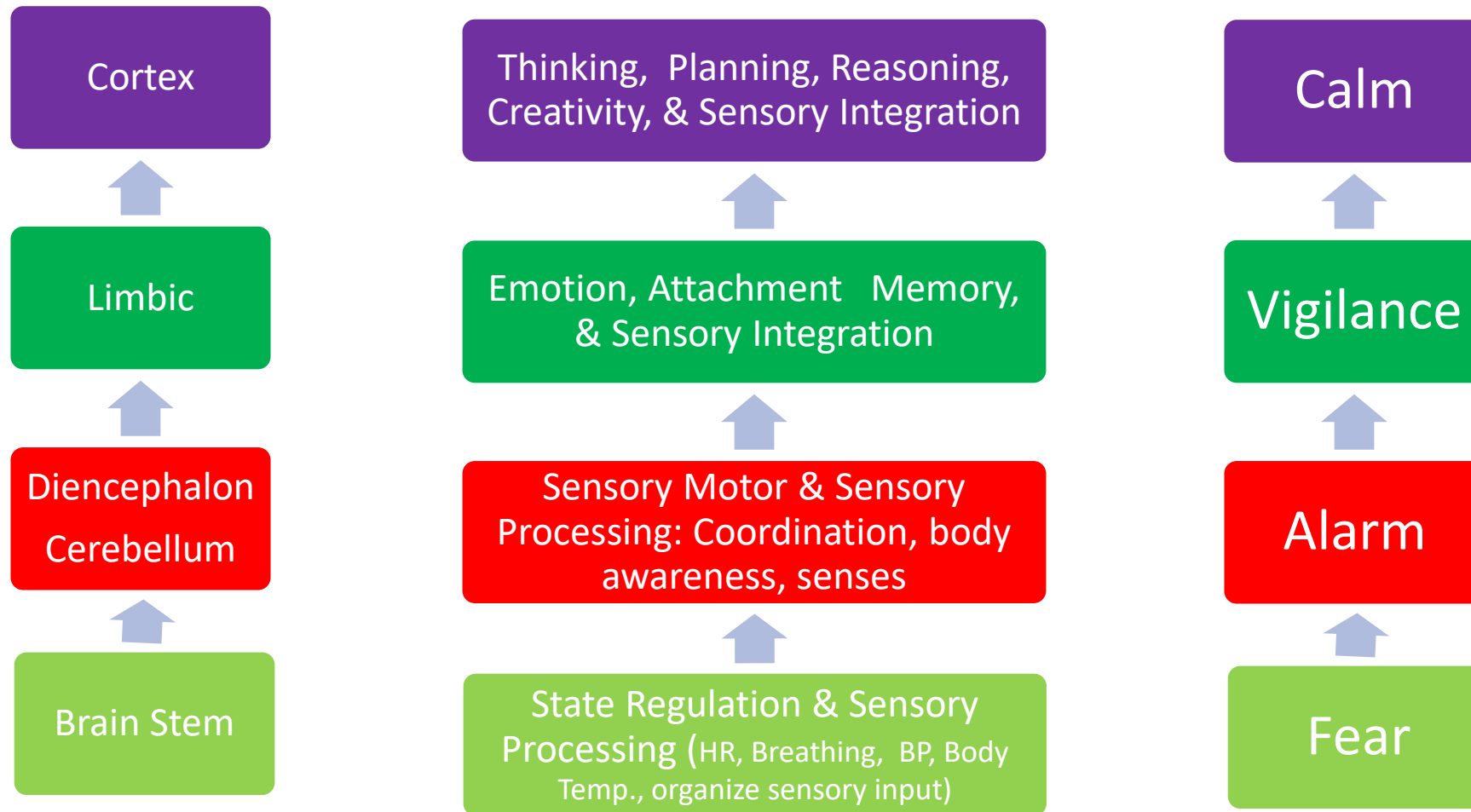
- Outer layer of neural tissue
- Fully mature at age 20
- If it is not nurtured it does not mature
- Primary function is higher brain function such as thought and action
- Where “true personality” is held

Amygdala

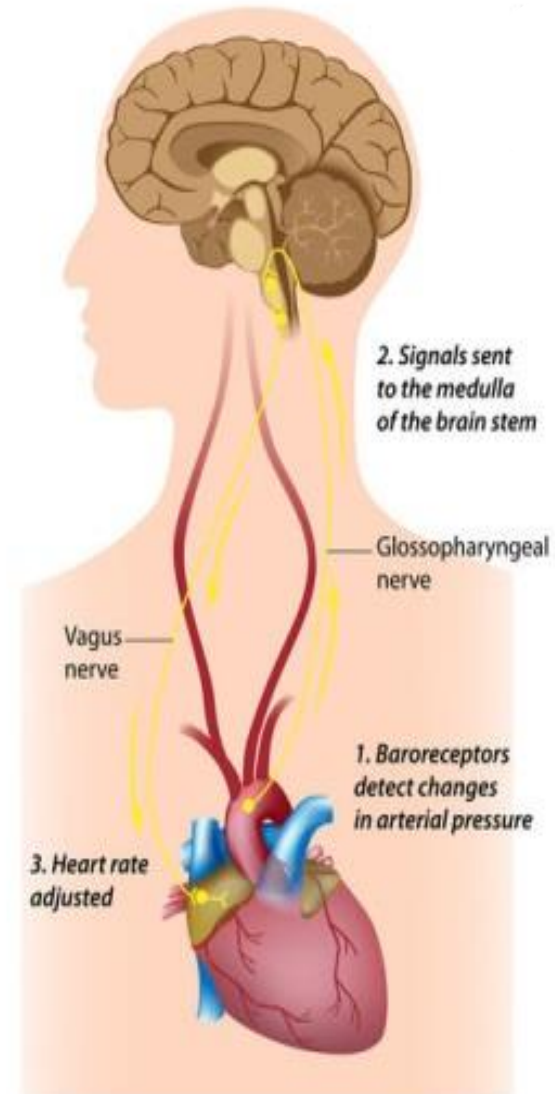


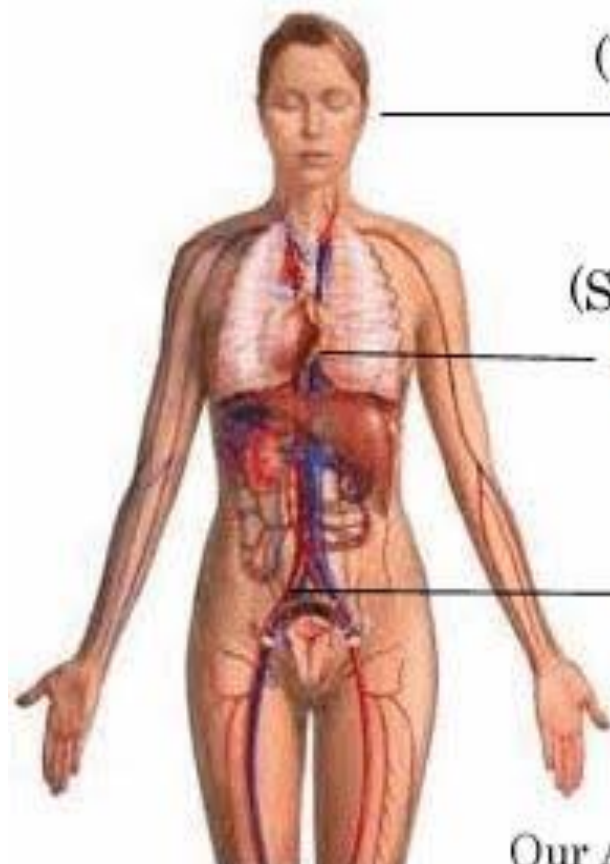
- Part of the limbic system
- Important role in expression and modulation of aggression
- Survival based
- “Boss” of the limbic system
- Activates fight-flight-freeze response
- Overactive in traumatized children, creating a “constant state of emergency”

Fight, Flight, or Freeze



Trauma & Visceral Feelings





(VVC) Ventral Vagal Complex: Signaling System
for motion, emotion & communication.
(Our Social Engagement System)

(SNS) Sympathetic Nervous System: Mobilization
System for Flight or Fight Behaviors.
(Our Aggressive Defense System)

(DVC) Dorsal Vagal Complex: Immobilization
System for Conservation Withdrawal.
(Our Passive Defense System)

Our Autonomic Nervous System fires muscular tensions triggered by feedback signals from the external & internal world at millisecond speeds below conscious awareness. These muscles tensions fire our Thoughts?

The Indian Boarding School



How Does Trauma Impact Relationships?

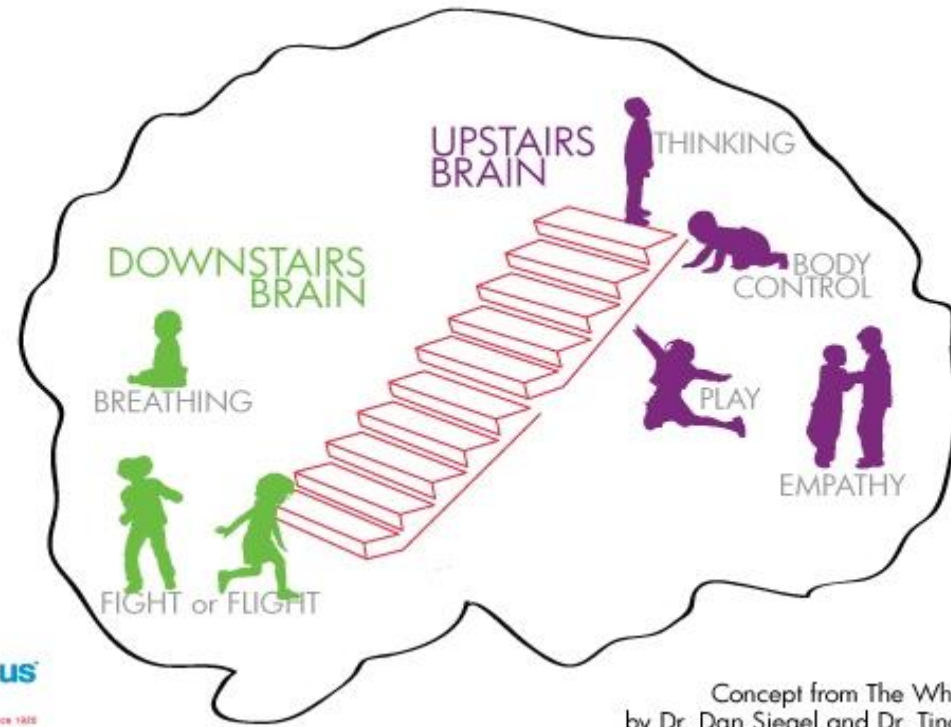
- Attachment problems arise from repeated experiences of failed emotional connection
 - Abuse; neglect; trauma; prolonged separation; multiple caregivers; maternal depression and/or substance addiction; lack of harmony between child and parent; inexperience mother with poor parenting skills
- Attachment problems are passed on from one generation to the next unless repair occurs



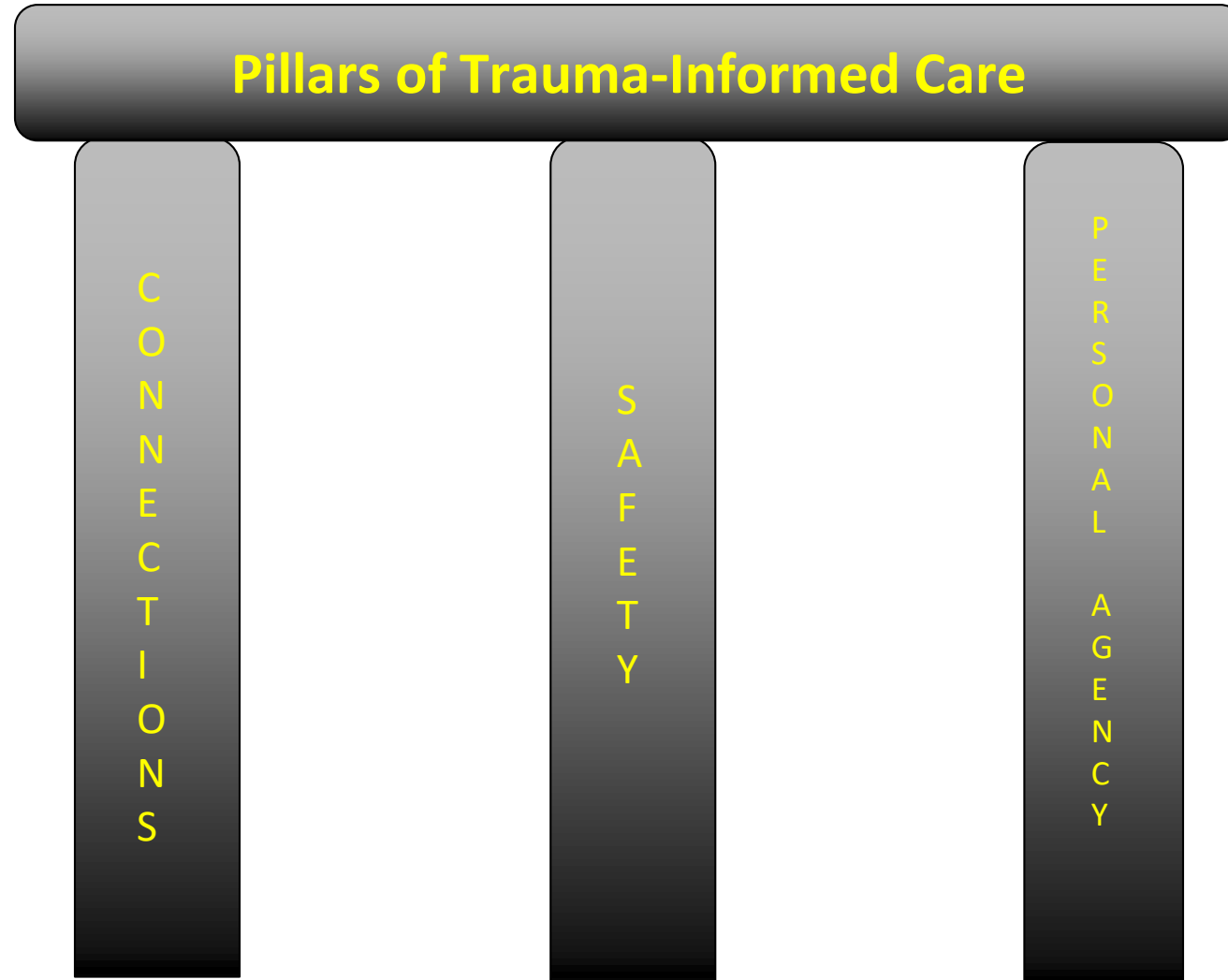
How Can You Help?

- Assist adult and child victims to obtain and maintain safety
- Implement universal early and routine screenings for exposure to violence in healthcare settings
- Provide education on how to engage in healthy relationships
- Create partnerships with IPV service organizations and child-serving systems to build capacity for identifying and assessing at risk adults and children
- Recognize that perpetrators are often parents who have ongoing contact with their children; thus programs are needed to address safety, engage perpetrators and provide education about the impact of IPV

Trauma & The Brain



Strategies for Trauma-Informed Practice



Strategies for Trauma-Informed Practice

- 1) Environment: Structured, Predictable and.... Nurturing
- 2) Recognize that even though their chronological age may be 15, their emotional age is 7
- 3) Approach: Caring, Listening, Respectful, Honest and Empathic
 - 1) Relationship trauma can only be healed by relational interventions
- 4) Awareness of potential triggers: isolation, sudden room changes, yelling, insults, etc.
 - 1) Every misbehavior is an attempt to fulfill an unmet childhood need
 - 2) Adaptive behaviors developed to cope with the past.
 - 3) Must look to understand the meaning behind the behavior = fear of loss of control.

Strategies for Trauma-Informed Practice

- “How” matters as much as “What”
- Express concern
- Indicate their worth
- Use less negative language
- Emphasize strengths
- Provide a clear explanation
- Save questions about sensitive issues for a private time/when courtroom is empty
- Eliminate all nonverbal intimidation



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