Transcript: Let's Talk about Intimate Partner Violence (IPV): Offering Accessible, Trauma-Informed, and Culturally Responsive Supports

Presenter: Cathy Cave
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JEN WINSLOW: Welcome, everyone. We're going to get started in just a moment.

Welcome, everyone, to today's webinar Domestic Violence, Trauma, and Offering Supports That Are Accessible, Culturally Responsive, and Trauma-Informed, with our presenter, Cathy Cave. This training is co-sponsored by the Great Lakes MHTTC and SAMHSA. The Great Lakes ATTC, MHTTC, and PTTC are funded under the following cooperative agreements.

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And at the end of this session, you will be automatically redirected for-- to a very brief survey. Certificates of attendance will be sent out via email to all who attended the session in full, and this can take up to two weeks. Also, please keep an eye on your spam junk folder. Sometimes it can end up there. The recording, slides, and presentation materials will be available within the next week on our Great Lakes MHTTC website.

And as I said, this is-- our presenter is Cathy Cave. Cathy has more than 30 years experience as an administrator, facilitator, and consultant, specializing in cultural inclusion, equity, anti-racism, work, and disparities elimination, trauma-informed services and supports, organizational development,

supervisory practice and leadership coaching within child welfare, juvenile justice, disaster response, health care, mental health, and substance use services. She is one of New York State's early trauma champions coordinating County collaboratives and clinical training trauma conferences.

For the National Center on Domestic Violence, Trauma, and Mental Health, Cathy is engaged in internal and external planning, development, and change initiatives. She provides in-person and virtual training TA, and curriculum development supporting programs, coalitions, other technical assistance centers, governmental bodies, and community-based organizations. Since 2012, as a senior training consultant with NCDVTMH, she utilizes her survivor, family, community, and administrative perspectives to facilitate organizational change to improve service quality at local, state, and national levels.

Thank you everyone for being here, and I'll take it over, Cathy.

CATHY CAVE: Thank you so much. Welcome, everyone. Good morning. So we have a lot to talk about today so we'll get started. And just bear with me, I do have a visual challenge, and sometimes I can't keep the slides moving forward. But if we have any glitches, I will ask for help.

So I'm going to start today by prioritizing self-care, and really thinking about what it means for each and every one of us to be aware of what's happening internally for ourselves, but also to be able to name that, talk through things, get support that we need so that we show up for survivors in the best way possible. So in the thick of this work, we often forget about our own needs until they're so big we can no longer meet them in simple ways.

And so it's important for supervision. It's important for the way we interact with survivors. It's important to be present for our colleagues to really continually cultivate self-awareness. And so that's from my friend, Shery Mead, and I share that gift every day.

Another thing I'd like us to be thinking about, in addition to noticing how we are and how we're showing up, is recognizing that sometimes in our efforts to be helpful, we see communities, and families, and survivors as an audience for our intervention, or for our advocacy. This makes sense that we have a mission, we have vision, we know what we want to do with our work. But sometimes in our effort to show up for folks, to be with folks, to be supportive, we miss who people are and how people are.

And so even when we're well intentioned, this focus on, oh, wait, I've got all these great skills and I need to bring them to that person, or bring them to that family, or bring them to that community, we miss an opportunity to engage those folks in telling us about themselves, and telling us what would be-- actually be helpful. And so when our perspective is that narrow, we miss strengths, we miss what is impacting a community, or an individual, or a family, and we miss what they believe would be helpful. So it's always starting with the person in mind.

In one of your handouts for our training today, Creating Trauma-Informed Services and Organizations, An Integrated Approach, our view from the National Center on Domestic Violence, Trauma and Mental Health is that we're always holding human rights and social justice. We're always holding our knowledge around the impact of violence. We're always holding that folks have their own sources of strength, sense of community, sense of culture and belonging, and that we have to interact in ways that are centered in relationship and being survivor-defined, that folks are telling us not only what they think we need to know, but we need to hang in with them with our patience and our kindness to learn what would be helpful.

And so underneath all of that conversation is the reason we're here, and that each and every one of us, as human beings, we have a way that we self-identify. How we self-identify is fluid. It may change today, may-- something else might be more of a priority tomorrow. There are all kinds of ways that we identify, and all kinds of connections that contribute to our self-identity.

So the way I think about myself when I wake up in the morning is near and dear to me, and it's who I am, and how I am, and what will I do, and what will I think. And then there's access and connection to trusted others. So this is that outside circle and that, hopefully, we have that in our lives.

We are able to connect with others that we believe are trustworthy, that we believe will show up for us, are committed to us, are in this with us. And then there are things that happen over the course of the life span that disrupt that sense of self, but also disrupt that sense of having a community, having other people that we can trust and connect with. And so to think about trauma and broad ways, to really think about the impact of experience and the roots of disconnection, much of which have to do with trauma and violence.

And so some examples of that-- excuse me. That one was ready. Here we go.

Some examples of that sense of what leads to disconnection, there's historical experience. So we talk about experiences of historical genocide,

cultural genocide, enslavement. We talk about the ways whole communities, whole cultures, have had their language taken, their source of identity taken trying to make folks be something else. And we'll talk more about that in a minute.

But that sense of history impacts us generations, and generations, and generations down the line. And then we have experiences with interpersonal violence that may happen to any individual at any point in time. And that includes domestic and sexual violence. It includes all the ways that children are abused in early childhood. It includes all the things that happen to us that we experience in our communities in terms of violence, direct violence, and harm.

Other kinds of community experiences also include things that may not happen directly to me, but is part of what I'm aware of, part of what I know about, part of what I read about the news and what's on the internet, things that signal that it's unsafe to be in our communities, and the places that we go, the places that we care about, the people that we care about, and all of the things that are impacting us, whether that community is virtual, whether it's global, and whether it's my neighborhood.

And then there are things that we do in our organizations that signal to people that we intend to serve, and to those of us who are doing the work, that our work environment is unsafe. And so those organizational behaviors and attitudes absolutely can influence someone's experience. And, again, we intend to be helpful, but any of these sources of pain, sources of violence, sources of disruption, can influence whether or not those of us who are trying to be helpful and assist others, whether or not we're actually being helpful, whether or not we're actually seen as trustworthy, and how we're showing up for other people, even in our intention to be helpful.

So lots to say in a very short period of time. But what I'd like you to hold is that all of these experiences are in the mix. They're influencing how we show up to do the work and help people we intend to support do or do not engage with us, and that this is all very much in the mix.

So I'd like to just pause a minute and see if there were any questions or comments before we start to talk about a few definitions. And if you do have any questions, please feel free to use the Q&A.

JEN WINSLOW: We just had a question earlier on that is asking, and maybe you can answer this when you-- at another time, too. But they're asking, can you direct me to any IP curriculum for victims that's all inclusive?

CATHY CAVE: For victims, I cannot off the top of my head. But I will certainly do some research and get some information out to the group. I mean, there are lots of folks who are incorporating things into the work that they're doing with survivors.

There are some basic trauma-related curriculums. I'm not sure about what's out there that's specific to domestic violence and intimate partner violence. And so a general really good trauma curriculum is Seeking Safety, and it's really pretty wonderful. So that's one I would recommend.

Again, others, I'd have to do a little more research. And I'll share some information about the National Center that we talk more about looking at environment, looking at relationship, looking at the ways that as advocates, we interact with survivors and provide supports. And so there's a lot in that that is for survivors, but there's not survivor-led curriculum as part of that conversation. And I certainly will take that back.

So I'm thinking about definitions. I want us to hold that experience shapes us. And so here's what I believe. I believe that in our audience today, we have a lot of folks who have had trauma training.

And so a couple of things that I'm going to share are things that we use at the center. But I'm also going to share a way of thinking about what a trauma response is in a way that we can explain it easily to survivors no matter their age or experience, and that we can talk about what those impacts are directly as survivors and with survivors. So first, definitions-- that individual trauma is a unique experience. It's one person's experience.

And whatever we're sensing in the environment, or whatever is happening, signals a threat to either psychological safety, or physical safety, or to the safety of a loved one, or to your community as a whole. And that whatever is happening overwhelms the person's capacity to cope. It also overwhelms our capacity to make sense of what's happening, or to integrate what is happening.

So to take it in, being able to name it as, oh, wait, that's violence or, oh, wait, that's this experience, or that's what's happening, that our capacities in that moment are overwhelmed. And so that's an individual experience. And then we have group experience. And there are many different kinds of group experiences and I'm going to name these three as unique things.

So the first is collective trauma, which could be any group or community experience. So if, for example, we were to think about that over the weekend there was another shooting and that that's a group experience. It happened to a group of people. The people that were harmed have extended family, have community members, they're a part of something, so that ripples out.

And then there's folks who maybe heard about it either on television news, or internet, who feel connected in some way to that community, or to that experience, and we feel it, and it overwhelms our capacities for coping and navigating in that moment. Cultural trauma is a group experience, but it also specifically involves genocide. So it's the systemic destruction of traditions, values, language, and other elements of daily life that make one group of people distinct from another.

And so what happens with genocide, an examples would be the experiences of Indigenous people in this country, the experience of enslaved Africans, the genocide of European Jews, and so all of those pieces. Those are examples. There are also examples from other countries more recently related to immigration and why people are needing to be engaged in leaving where they're from and going someplace else for safety, and that their life depends on it.

So we really have to think about all of the ways that cultural trauma shows up in the past and present. And then historical trauma has an added layer of, it's the cumulative emotional, and psychological, and spiritual wounding over the life span and across generations. So this stays with us, this generational trauma, and usually is connected to those mass group experiences with cultural trauma.

So there's a connection here. There's what happens to a group, there's what happens when it's a more systemic cultural erasure, and then there's the lifetime of cumulative impact from those experiences. And to keep in mind that we have no idea when we're meeting with someone what is impacting them. We don't know what folks are carrying.

And so asking about current safety is really important. But it's also important not to assume that someone's trauma is from something that happened in the last 10 years, whether it happened two years ago, that it could be also these cumulative and historical events that are influencing how families operate, how individuals are showing up, and what's going on for people. And so when we don't ask those kinds of questions, we're missing opportunities.

So I wanted to pause there and see if there are any thoughts, comments, or questions.

JEN WINSLOW: We just had a question come in. Can historical or cultural trauma apply to a group of people who aren't related or in the same ethnic group, or race, such as the queer community?

CATHY CAVE: Thank you so much for asking. It's a great question and, yes. So if we think about kind of that cultural sense, right? So as a Black lesbian, for example, if I speak for myself, what I have are these threads coming from at least those two places-- and there's been many more-- but at least from those two sets of experiences in terms of culture.

So when there's an attempt to erase, again, what makes a group of people distinct from one another, that's the connection, so the LGBTQ+ community. So that's a group of folks, it is a cultural group, and so to really think about that. Another example of a cultural group, in my own upbringing, has been deaf culture in terms of people that I'm connected to, people that I love very much, and watching over generations what's happened.

And, certainly, there are some shifts now that we're starting to see in terms of support and connection. But those experiences are very, very, very real for folks. And thanks for asking the question.

JEN WINSLOW: Those are all the questions we had for right now.

CATHY CAVE: OK, great. Thank you. All right. So as I was saying, I really wanted us to think about how do we talk with trauma survivors, so people who have experienced violence, who have had trauma response. It's being able to talk with anybody about, what does that look like? So I want to spend a moment here.

And when I meet with survivors, when I talk with other survivors, I actually use this. I've used this with adolescent. I take off some of the language around neurological and developmental impacts and just try to keep it as much plain language as possible.

And that the human body is wired for survival, and that we get information from what we see, what we hear, what we taste, touch, smell. But also, from our internal sense-- I like to call it my Spidey sense. And so we have that-- as humans, we have some intuition.

We have a sense sometimes what things are feeling like. And maybe I can't name what doesn't feel safe, but something doesn't feel safe. And so that information comes in, comes into our brains, the brain sounds the alarm.

So, yeah, if we wanted to delve deeply into neurobiology, there is so much to unpack and understand. And I love that there's interest, and there's energy, and that those explanations have been incredibly helpful. But in the moment, it may be more than one person who's struggling can take in.

So be able to say, the brain sounds the alarm, when the alarm is sounded, we have an automatic body response. Typical response is fight, or flight, or freeze, and that that can look like, for example, physically fighting. But it could also be you're trying to have a conversation and someone is just arguing with you about everything. They have an activated fear response.

So the other thing I will share is that I don't use the word trigger in my work. What I talk about is, there are things that happen around us and to us that activate our bodies fear response. And an automatic response to threat is you feel like you want to fight, you want to feel like you want to just get out and run, and some of us are frozen in place and we can't act, and that those are natural and normal responses, and that you do not have control over it.

Our responses could be something that you're aware of, or partially aware of, or you could have no clue that that's how you're responding. And our responses can be visible, or invisible, to other people, and so to use this as a really clear, straightforward conversation about what's happening. And you can change the pictures depending on the group you're talking with.

If I were talking with young people, I probably would have a different alarm. It would be a button that says alarm, or something. But to make sure that we can communicate this in the simplest, most straightforward way possible.

I do want to mention fawning, because it's come up quite a bit in some previous conversations recently. And what I can-- how I like to think about it is that fight, flight, or freeze are the body's automatic response to threat. Fawning is a socially learned safety strategy.

So if, for example, a predator is grooming a young person, what they're doing is teaching that person how they want that person to behave so that they can have access and do damage. And so fawning is socially learned, because it's

what we're often taught to do to please the person who has the power. And so I want us to hold that in mind.

When I talk about domestic violence and intimate partner violence, it's not-- I don't think of fawning in that way. What I think about happens in domestic violence and intimate partner violence is that we have an acute social awareness, because we know the power that that person has in controlling our lives. So I want to say that now, and we'll certainly come back to it when we talk a little bit more about what's involved.

But really wanting us to think about fight, flight, and freeze as automatic responses to threat and how that might look when we're engaged with someone who's having a trauma response, and to think about fawning as something different, that it is socially learned. Often as young people we learn it, because there are powerful people who are in control. And then when we think about, again, intimate partner violence, that sometimes being able to read another person's face, their body language, the tone, the way they're jangling their keys, can make a difference for a survivor in terms of how much harm is done in those moments, and how much protection they can offer kids, and how much we can do to stay safe.

JEN WINSLOW: Cathy, somebody was just asking if there's a difference between domestic violence and intimate partner violence.

CATHY CAVE: We are going to talk about that in just a moment. So I am so glad. We'll go there in just a few minutes. If you can hang in with me, I will explain the difference.

So I wanted to-- just a couple of other things before we get there-- think about when our fear response is constantly activated, and there's not a break, you know, that is something that we know from research now. The ACEs study is part of that, although, it didn't tell the whole story. It was really helpful in understanding the connection between trauma, and fear, and violence, and trauma responses, and outcomes later in life.

But we also know that when there's a lack of emotional safety, which is true with domestic violence and with intimate partner violence, that the fear response is constantly engaged. It's not post. We're engaged.

That trauma reminders exist even in the spaces where we're trying to be helpful, that there may be trauma reminders either for us or folks that we're working with. Maybe someone can't be in a room where a door is closed,

maybe that's not what's safe. And when we're meeting with folks, we tend to think about confidentiality.

We want folks-- we ask folks to walk in front of us, and then we step into the room and we shut the door behind us. Just that can activate someone's fear response. And then we have the ongoing stressors in service settings. We want people to do things, they have to meet criteria for us to be with them.

So just saying to someone, you're safe with us does not turn off the alarm. There's so much happening around us in any moment that any of those things could be trauma reminders. So just wanting to put a placeholder there for that. And that experiences of violence and trauma can lead to a dysregulated system.

And so when your body is dysregulated, you may have racing thoughts, may have jumbled thoughts. You may be crying and can't stop, maybe yelling and can't stop. We may be feeling like we're not really sure what our body is doing, or where we are in a space. So there's all kinds of ways to be dysregulated and to feel that dysregulation.

How it might look on the outside is people may have trouble communicating. They might be so worried or on constant alert that they can't turn off that alarm themselves, like that happens. They can't focus. It's hard to remember. May not be able to sleep and maybe sleeping too much, might not be able to sit still.

And often, we want people who are having these experiences to plan with us. So someone may be actively having flashbacks, and we're talking about, what is it that we need to do today? We're focused on what brings us to the interaction, and people may not be ready to talk with us at all.

And so we want people to make decisions. We want people to plan. We want people to stay sober. And we want people to be in good space in terms of their mental health, but dysregulation disrupts all of that. And so just wanting to name this out loud, because we often have expectations of folks when they're at their most distressed.

So to your question about intimate partner violence, we'll talk a little bit about that. We'll talk about what it is, and I wanted to have some data to share.

All right. So domestic violence is violence that's occurring within a family, within a unit, however family defines themselves, right? And it can be amongst family members and can look in all kinds of ways and involve different kinds of folks, different relationships. When we talk about intimate partner violence, that is specific to a pattern of assaultive and coercive behaviors designed to dominate and control a partner through fear and intimidation.

So domestic violence big picture is violence within a family. And then-- and often there's one person who is perpetrating that violence, who's choosing to use harm, and may involve all kinds of other folks in that, or it could be amongst other family members. But when we talk about intimate partner violence, that is specific, that it is a pattern of abuse and assaultive behavior in a partnership.

So it's-- and the idea is to control the other person in this partnership. And it happens all-- across all racial and ethnic groups. It happens across all gender and gender identities. Income and education are not a factor. It happens across all of that, and all sexual orientations. So really wanting to say that these words are often used interchangeably.

So-- but domestic violence is broader family. Intimate partner violence is between two people in that intimate relationship.

If there are any other questions, please let me know.

And the key themes here are the behavior that we're talking about is assaultive, it's coercive. And so it's not just physical violence. There are other ways that coercion is used. And it's designed to dominate and control.

And although we're saying it's a pattern, it often does not start with a physical assault. And that might be what we have in mind. That pattern can involve lots of other things. And we'll come back and we'll touch on that a little bit more in a bit.

So what coercion might look like-- verbal, emotional abuse, threats. And sometimes a threat can be a look. So it's what are the ways that one person in the relationship is intimidating another. Isolation is a huge part of what happens. Separating people from their friends, colleagues, sometimes preventing people from going to work.

It involves stalking, sexual abuse. And so sometimes we don't think about sexual abuse within an intimate relationship, but absolutely yes, that is part of what happens. There's financial abuse and really controlling all access to all of the economic resources.

Spiritual abuse, cultural abuse, digital abuse-- so using technology to harm and control-- physical violence. So all of this is in the mix. And many of these things can be happening at once, or in a given day. So really thinking about it may not be one thing or another, but several of these things combined.

And when survivors are asked about their experience, they may not be able to tell that in a straight line because trauma has an impact. So it might not be, well, this happened, then this happened, then this happened. It's like all of these things are happening. And it all feels very threatening and intimidating.

So I wanted to see if there were any other thoughts that you all might be thinking about, other ways that coercion shows up. And if there are any questions at this point, I'd also answer that.

JEN WINSLOW: So we do have a question, and I also just wanted to encourage people to use the chat, too, to answer Cathy's question. But somebody asks, could an individual be a victim of intimate partner violence in one relationship, and a perpetrator of intimate partner, or domestic violence, in another relationship?

CATHY CAVE: Yes. Yes, right? Because at the core of it is the use of power and control to intimidate your partner. And, unfortunately, humans are capable of making choices to do that. So any one of us can make a choice to use violence.

And so lots of folks have talked about hurt people-- hurting people, lots of folks have talked about someone who has been harmed who will then cause harm to others. And, yes, and so none of those experiences are a good reason to be causing harm to someone else.

And so accountability still needs to stay with the person who's using violence to make those decisions-- and making the decision to use violence-- excuse me. So what we have to think about is, what are the other kinds of supports? And so we'll talk about a lot of that in other parts of our series, if we don't get to that today. But for us to really think about the ways that coercion shows up and how we are impacted.

And so what informs our learning? Where did we learn it? How did we learn it? Anything else in the chat? Yeah, go ahead.

JEN WINSLOW: Well, somebody asked us-- the same person who had asked that question just noted that they have seen situations where coercion shows up where a client is manipulated by their partner to obtain resources from agencies where they pretend that violence coercion is no longer occurring.

CATHY CAVE: Yes. And so it's-- thank you for that idea and that example, right? That happens. And so we're going to talk about coercion related to mental health and substance use, and coercion related to parenting that someone who's the abusive partner will often use every resource there is, and leverage that against the survivor.

So the people will be coerced to access resources, coerced to go get food stamps and Medicaid, as an example, coerced to use all kinds of resources. And if they're in recovery, also be coerced into either not go-- not go to meetings, not do things that have been helpful to them where they have access to safety or support. So there's a lot that's happening in terms of undermining sanity, sobriety, parenting, agency, autonomy.

All of it gets undermined. And that is exactly what's at the heart of intimate partner violence. It's someone choosing to use all of these ways, and others that we're not thinking about today or in this moment, to really influence another person's life and prevent them from being free.

JEN WINSLOW: Our chat is now available to everyone. Sorry about that, everyone. But a couple of people, as examples, had said that they can also use the children to control the partner.

CATHY CAVE: Yes.

JEN WINSLOW: Somebody else said another form of coercion can be around SUD and not allowing a person to seek help.

CATHY CAVE: Yeah. Medical care, in general, right, all kinds of ways-- all kinds of ways. So coercion looks like something, and really does have lasting impacts over, again, sanity, agency, sobriety, all the things that many of us take for granted.

JEN WINSLOW: Somebody asks, what is spiritual coercion.

CATHY CAVE: Sure. So an example of spiritual coercion is someone using-- either using my own spiritual beliefs against me, as an example. Oh, well, you believe this, this, and this, then you need to do this. So if this is your belief system, then that's what you're going to do, or that's how you're going to use that.

You can go-- if church, for example, is a safe place, using that against me. If you go, I will hurt you. Or it may not even be a conversation, just if I go, I could be hurt. Another way that spirituality is used to cause harm is a person who has power because of spiritual beliefs and practices, using that power to harm people who are vulnerable.

And so it could be some-- one person is a member of clergy and uses that power against their partner. And so there's, again, all kinds of ways, all kinds of ways.

All right. I wanted to share some data from your part of the country. I happen to be in upstate New York. And so wanting to share just a little bit. And there is also the fact sheet that you all will have access to where some of this data is also listed, and you'll have access to the slides.

But really thinking about, again, over 1,200 victims in Ohio found refuge in a single day. This is a single day count. And-- but yet-- and then there was over 1,400 that got non-residential services. And then in all of these cases in each state, there's also a number of people who were turned away because those services were not available.

So in Minnesota, over 1900 folks were served, another 352 requests for services went unmet. Wisconsin, over 1100 victims were served, 234 requests went unmet. And on this same day in Wisconsin-- and this was just so telling for me-- hotlines at the programs received a call every three minutes.

And so when we talk about the sheer numbers of how frequently is domestic violence and intimate partner violence part of someone's experience, it is often the folks that you're serving, the folks that you're seeing every day, but we're not talking about it. We're not exploring. We don't know.

And so really thinking, again, about who's involved, how are people impacted, and how can we be helpful. Numbers for Illinois, over 1,600 folks were served, and then over 1530 in non-residential. Indiana, over 1800 were served, and the same day 182 requests for services went unmet.

Michigan domestic violence programs provided over 3,000 adult and child survivors with services, but another 376 requests went unserved. Those needs were unmet. And this was, again, striking to me.

In Ohio in 2019, 76,203 law enforcement calls for domestic violence incidents. In 2018, Wisconsin, 30,000 incidents, almost 31,000 of domestic violence resulting in 21,960 arrests. So the data tells a story about how much this is happening, and how much there is a response from law enforcement and from advocacy, and also, how much goes unreported.

So we need to think about that all of the statistics we do have and the numbers are underreported, because so much goes unknown. Couple of other pieces I wanted to share with you just in terms of reports of physical and sexual violence, and stalking. For in Illinois, over 41% of women, 26% of men-- Ohio, 38% of women, 33% of men-- Minnesota, almost 34% of women and 25% of men experience physical and sexual violence and/or stalking. So all of that is in the mix.

So these numbers are quite high. And, again, here for Indiana, and Michigan, and Wisconsin, again, as high as 42% of women, and as high as 32% of men have reported physical and sexual violence, and/or stalking. So we're talking about very large numbers of people who experience intimate partner violence, domestic violence, and stalking.

And then one last piece that I thought, again, just was telling, 53% of women experiencing homelessness in Minnesota in 2018 stayed in the relationship because they did not have any alternative housing available. So we know one of the huge issues is homelessness. We know a huge issue is housing. A lot of programs have worked very hard to provide not only emergency shelter, but also, transitional housing so that there are more options for people who are being harmed.

And we know COVID made things worse. And so as we think about all the things that are coming up for folks, how people are impacted, what those experiences have been, and then we had a pandemic that made it harder to get out to ask for help, to seek safety, that the services were limited because so many programs had to shift how they were delivering services, or many closed down altogether. And then we all had the shutdown.

And then we-- some places reopened, people reopened-- different places, reopened differently. And so what we know is that after that decrease in reported cases, there was then a sharp rise in service requests. And then we know, also, that there's disparities in service access. Everybody couldn't get to where they needed to get.

Communities of color and communities where poverty is a challenge, where people are hungry, where people are really struggling just to make it day-to-day, that there's greater disparities in terms of access to services. So all of those things are in the mix and for us to think about, and also part of the reason that we need to get comfortable talking with folks about intimate partner violence, about asking when people are safe. When you are one to one, are you safe in your own home, as a minimum of what we can begin to do.

And then think about if we're asking that question, how do we make sure that we have access to resources so that someone doesn't say yes, I am experiencing violence. I'm unsafe in my home. And then we don't have any resources and we don't have connection.

So the number one thing I want everybody to think about today is, do you have a partnership with local domestic violence resources so that if someone shares with you that gift of disclosure that means that they trust you in some kind of way, you know, they're saying, I'm going to trust you with this information, that you have a way to respond that is helpful and effective, and most of all, that it's safe for the person.

JEN WINSLOW: Cathy, somebody--

CATHY CAVE: Yeah, go ahead. I was just going to pause.

JEN WINSLOW: --had asked, for unmet reports, is this from a lack of resources, or victim changing their mind?

CATHY CAVE: Lack of resources. So when someone-- these are folks who reached out for services, and there were no services for them. And so we'll talk in the series about why people change their minds. And a survivor is going to be the person who has the best information about whether or not they are safe, and whether or not it is safe enough to leave.

And so if you're not in that experience, it's really easy to say, oh, why doesn't that person just leave? Why don't they just go? Why don't they just do this, or just do that?

What we know is that at that moment of leaving is often the time of greatest danger. And so we need to trust survivors that leaving may not be their best safe option. And so that's why it's important to have relationships with domestic violence programs, because that's their expertise.

They can be supportive of survivors and whatever stage survivors are in, whatever they're thinking about their safety and what actions they want to take, that domestic violence programs have the experience and the advocacy experience to meet them right at that intersection, and to work that through. So there are all kinds of reasons why people stay. And it may be the safest thing for them.

So we can't judge and we don't know. And so we'll talk a lot about that during the series. A great question.

OK. So I want to spend some time talking about the ongoing impacts of intimate partner violence. And one of the things that we know and we've learned over time is that individual and group trauma experiences increase the risk for exploitation. So if someone is already vulnerable because of childhood trauma, because of cultural trauma, because of generational pain, they're more at risk for new harms and for exploitation.

So sometimes the way people have learned to cope can create risk of harm. So if the way, for example, that I have learned to cope with my pain, or that I have found some solace, is through using substances. Using substances could also put me in a position where I am less aware and less alert, and less aware of what's happening around me, and also more vulnerable.

I may have some mental health challenges as a result of generational trauma, historical trauma, other kinds of group experiences, and childhood abuse. And so I may have never learned that I have a right to protect myself. That may have never been made clear to me if I've been exploited in all of these other ways.

We know that social conditions of discrimination, lack of human rights protections, also increased risk for harm. And we know that these risks are cumulative. And we also know that abusive partners will exploit all of these other existing experiences.

And so we need to be understanding and aware that that's part of what makes abuse possible, right, is that these other conditions fuel discrimination, fuel not being protected, fuel being more vulnerable. And then that vulnerability gets exploited by someone who's choosing to use violence to control their partners.

Mental health and substance use concerns also can be used as a tactic of control. So I started to talk about this a little bit that someone who's using violence will undermine sanity, undermine their partner's sobriety, will work systems to make sure that people believe the survivor is not credible. So we may not be aware that we're being manipulated by an abusive partner, and we're trying to offer support and assistance and family help, right?

So it's knowing that intimate partner violence sets a stage for other providers to be used and manipulated against survivors. And so that's an awareness piece for those of us who are doing this work. Abusive partners also, as someone said earlier, will undermine parenting. And so we have to think about how does this work, why does it work.

People can be coerced to overdose, coerced to use, coerced into doing illegal activities, and have coerced sex. And so, again, we'll talk more when we talk more about mental health and substance use coercion in future sessions. But to hold to the idea that this is all possible because an abusive partner chooses to use these mechanisms against survivors.

They will control medication, control treatment, and sabotage recovery. They will use every opportunity to prevent survivors from having access to support, access to resources, access to protections, and access-- preventing access to custody of their kids. And so in all the ways that one person could undermine another, these examples around mental health and substance use and parenting also get leveraged in this way.

Very often, an abusive partner will convince whatever authority is asking, oh, no, my partner was-- that they were out of control and I had to step in. And how easy it is for systems to be manipulated in this way. And it works, because stigma and discrimination are alive and well.

So what we know is that, in general, in our country there's a great deal of stigma and discrimination directed at people who have mental health challenges, and directed at people who have substance use challenges. And in that mix, because there's a subtle and sometimes very present and very

visible bias that folks who have these kinds of challenges need education. They need support. They need treatment.

They need lots of things. But underlying, there also may be some views around, oh, but they also should not be parenting their kids. And so when we have whole systems that touch survivors lives, everything from child welfare, to courts, to mental health treatment, to substance use treatment, and all the others, financial assistance, there's this bias towards folks with some existing challenges.

So with those biases, without understanding about intimate partner violence and the way that these conditions are leveraged, it's ripe for survivors to lose custody of their kids, to be seen as someone who don't-- they don't want help, could be seen as they don't want to stop using. So all kinds of judgments and assumptions are made. Because at its core, these biases exist in our society in a big way.

There's often stigma directed against folks who are survivors of intimate partner violence. And so something-- direct harm is being done to them, and somehow those outside may be judging that as, oh, that person should do this, or should do that, rather than holding the abusive partner accountable. So there's lots to think about in terms of why this happens.

The other way that this shows up is in parenting, again, as someone mentioned. So it's not just how children are used, but also survivors concern for their children's welfare that are often used as tactics of control. And so there's some very deliberate undermining of parenting that regularly occurs.

A survivor might say, you know, kids do this, this, and this. And then the abusive partner will say, no, we're not doing that. Don't do that.

Abusive partner may lock the non offending parent out of the house, keep them from doing things, like getting the kids to school, and daycare, and doing the kinds of things that need to happen. And so it gets-- they're judged by systems as they're not the good parent. So I may be trying to get my kids to school on time every day. I have something that was-- someone who has power and control over my life who is preventing me from doing those things.

And then I get blamed because the kids aren't going to school. And I'm charged with educational neglect. And so these are the kinds of things that happen. And absolutely, reproductive control is a very common tactic. And so

that happens in ways of deciding-- who gets to decide whether we're having children or not.

And then the harm that's done to folks, survivors who are pregnant, the harm that is done to them while they're pregnant. So there's all kinds of stuff happening here in the mix around coercive control. And, again, so many folks do not have access to resources.

In my family growing up, and although I was not aware of it-- so I'm number seven out of eight kids. And I had an older sibling who was incredibly protective of me. So I had no idea as a child in my own home that domestic violence and intimate partner violence were what was happening in my house, and both were happening.

And I had no idea because my sister, who was eight at the time I was born, would scoop me up and take me out, either to another room, or outside, to a neighbor's. I had no memory of violence in my home growing up. I learned about it as an adult. And so for her protection, I am incredibly grateful.

At the same time, I'm not so sure my mother wanted eight kids and miscarried a set of twins. But every year, she was pregnant again. And so we have to think about what is in the mix here and not making assumptions about why she had eight kids, but someone to be curious.

How do you have so many kids, you know, especially when we did not have the food. We did have a home I'm grateful for. But there were struggles. So it's really wondering and being curious, but also asking in safe ways, and asking in respectful ways, and saying why we're asking. That's important.

Any questions or comments, anyone?

JEN WINSLOW: We did have a question, somebody asking if withholding touch and voice from someone can be a form of abuse?

CATHY CAVE: Sure, sure. Again, the key would be what's the purpose? What's the intent, and how is it impacting the person, right? And so anything that would be perceived as a threat.

And so someone may be withholding touch because of something that's going on for them. So on the surface, you can't say, oh, yes, that must be intimate partner violence. But what we need to look at is, what's the intent?

Does it-- is it meant to control the person in some way, intimidating the person in some way? Like what's that look like? So it's the what is it, what's the intention, and what's the impact.

And so we need to understand the intention and-- but more specifically, from survivors, we need to hear about the impact of that. And so I just wanted to share there was a little bit more about. Undermining parenting, another piece that we didn't talk about with that is threatening to contact child protective services, or threatening to contact immigration, or anything that would threaten a survivor's capacity to parent, to be able to stay with their kids, and the threats related to that.

Outing a person because of their identity or sexual orientation, and leveraging stigma to control the partners. So I will out you if, at work, if you don't do what I want to do. And it doesn't even have to be that explicit a threat. It can be much more subtle.

So, again, we have to constantly be asking, what is it that is happening? Is it-- what is the person doing? Is the intention to control and to undermine? And what's the impact on survivors?

So the best resource of information for what is happening and how it's happening is when survivors trust you to share what's happening. When folks have experienced intimate partner violence and other trauma, it makes it really hard to trust folks. It makes it hard to reach out for or to respond to help.

It makes it hard to trust yourself, like, am I solving this problem, am I doing the right thing if I do this or I do that? And so people can appear as if they can't really function or make simple decisions, or they're waffling around things that seem pretty straightforward, there may be some sign that, wait, something else might be happening here. It also makes it really difficult to screen out distractions, or to process information.

If I have to pay attention to how much I need to watch someone's slightest shrug so that I can prepare myself, or protect myself, or my kids in some way, then that is going to be exhausting and all-consuming. It makes it hard to take initiative. It makes it hard to thoughtfully plan. And we're expecting people to do that with us.

So when we think about trauma and intimate partner violence, some things that we have to keep in mind are that there's an intimate and social betrayal. And so this is pain and violence and disconnection from a person's sense of self. And it's happening because someone that I love, that I care about, is now using that care, is using all of the tactics that they can to control me.

So there's that deep, intimate betrayal. I thought we were in this together, and whatever that looks like within any partnership. And, now, we're not. So that trauma, that betrayal, is very close to your soul.

As I was saying earlier, there's a cumulative burden of all of the ways that people are harmed and traumatized. So on top of cultural, on top of the historical, on top of other group experiences, on top of childhood experiences, all of that burden is there. And then with intimate partner violence, we also have cumulative burden and ongoing risk, and that is unique.

So really thinking about, what has this person in front of me experienced? When they tell us a little and they're trusting us with a little, there may be so much more, but they want to see, can we handle it? What will we do? What will we offer?

And because we don't understand all of those risks, we blame survivors, and we don't hold abusive partners accountable. And so that-- if there's a single thing that needs to change, it's that. Responsibility and accountability for violence rest with the person who's causing harm.

And so really thinking about how do we navigate that, how do we talk with survivors, how do we learn more-- and we'll be talking about a lot of those details as we move forward through our series. So, again, really wanting to encourage folks to stay tuned.

What we all need to hold onto, again, as this kind of fundamental shift, or beginning an opening place, is that trauma is not post. When we think about trauma, we often think about post-traumatic stress disorder and other-- if you're working in mental health, we are holding that space, right, where we have a way of thinking about trauma and thinking about what might be helpful. With intimate partner violence, there's a current, acute, social awareness, and folks are not overreacting to small things.

It's, oh, they need to, for safety's sake, notice the small things. This is an appropriate response to ongoing danger, and it could be happening today,

happen again later today, happen again tomorrow. So we're not in a post trauma experience.

There's a cumulative burden, and there's ongoing risk. And this occurs at the same time as all of the other kinds of harms that we talked about briefly. So ongoing trauma, racial, cultural, historical, generational, political, environmental, and structural, discrimination, harm, and trauma.

Any questions about any of that?

JEN WINSLOW: Somebody asks, what about when children threaten to disclose parents legal status, could that be a form of abuse?

CATHY CAVE: Again, I would go to intent. When kids are-- and again, we're also depending on the age of the kids we're talking about, right? I think there's a lot to understand about children and trauma. And I hope that you all get to have more conversation about that.

But children's behavior has meaning. And so I worked and was the director of a treatment foster care program for a number of years and have done training around children and trauma for most of the last 30 years. And we have to always be thinking about, what is happening with children's behavior? We have to be careful when we're trying to understand that we're not blaming a non abusive parent for children's behavior.

We have to think about it. We have to look at that-- look at it, and we have to talk with survivors about what's happening for them and their parenting experience. We need to understand where the source of harm is coming from.

When a child is threatening to out a parent's immigration status, I would wonder where that notion came from. I would wonder where that threat-- typically, it's not something we wake up and do, right? We don't wake up and say, oh, today's a gorgeous day. I think I'm going to threaten my parents' immigration status.

Something else is happening where-- and I don't want to speculate, and I don't know. And so being curious about what else is underneath is incredibly helpful. And to wonder why that is and to also make sure, again, that we're reaching out and connecting survivors, if an adult says that to you, we need to be thinking about, how do I connect this person with resources and support that can be helpful?

Because this may be way outside of my wheelhouse. If-- I'm a clinician, and I work in a mental health program, I may be getting this kind of question, and I have to recognize right away, not my specialty, let me find someone who works with survivors of violence. Let me find someone who is working with folks around immigration. And that would be community-based resources.

There's something else maybe happening here, and I would want to know more about that. That could be a threat, for example, that a child heard an abusive partner use, just as a clear example of how that could come to be.

JEN WINSLOW: We don't have another question in here, but somebody did say that they are concerned that perpetrators of domestic abuse are being sent to the wrong protocol. Anger management, partner abuse intervention programs are underutilized.

CATHY CAVE: Thank you, thank you, thank you, and I agree 100%. Two things should happen. If a survivor discloses that there's domestic violence, or intimate partner violence, couple counseling is not recommended ever, and anger management not recommended ever.

So if we're creating opportunities for intervention, often, those programs are called battering intervention programs. It's good to know those resources in your state. But, again, my first point of contact is always going to be the local domestic violence program, because they're going to know those resources. They're going to be able to tell you who has them, where are they, how are they operating.

And the focus is-- focus on bettering intervention programs is on accountability. It's on accepting responsibility for the violence. It's not anger management. And anger management, actually, those programs can make things more unsafe for survivors. And so it's clear no couple counseling and no anger management.

So partnering with those programs is really important. And for each and every one of us to think about what are the things you're already doing in terms of supporting survivors of intimate partner violence, and what are the things we could do better. And so, again, if you do not have a partnership, if you don't know someone, like a number to call, and who might answer that line.

So you don't want it to be a cold referral, somebody just gives you information, you hand them a phone number. If you're talking with someone,

you can also offer, do you need some assistance, or would you like some support to reach out to the domestic violence program. And so you can offer that, if you're one-on-one talking with a survivor, and it's safe, and it's private, and they're interested in that.

So better to say, let's call over, here's the number, you're welcome to use my phone. You don't want to say-- sometimes folks will say, you know, I'd like the phone number. Other times folks would say, I can't take that number with me. So we need to just trust what survivors are telling us when we offer those supports. And we need to continue to offer.

Yeah, Jen, go ahead.

JEN WINSLOW: Sorry. I just wanted to let you know it's 10:15.

CATHY CAVE: Thank you so much. All right. Things that we can do-- each and every one of us really needs to check our own power and use of power, and our own privilege. And so, again, not something that we have a lot of time to dig deeply into today, but I wanted to plant the seed for some consideration to think about the ways that when you are working with folks how do you include them in decision-making? How do you have them in the driver's seat for all decision-making?

So who makes decisions? What are the messages? Sometimes when we don't understand, we can judge folks as, are you worthy of our support, or unworthy. Sometimes programs will go as far as saying, well, we have limited resources. We want to make sure you're going to make the best use of them.

We need to support every single survivor we can in every way that we can. So checking our own power, our own messaging. Do we see people as capable? Do we see people as complicit if they don't leave-- like these are things that you all need to consider, have big conversations about where you work, and whatever role you're in. And talk about who has power, who's making decisions, and who's in the margins.

I also wanted to share there's a lot of conversation around ACEs. What I liked about this particular graphic that speaks to adverse childhood experiences. One is that we're also talking about community experiences. And so, again, we often pathologize people. We look at what's wrong with them, and then we want to help.

We need to understand what people strengths are, what's impacting them. So understanding the childhood experiences, but also understanding beyond those household experiences what is happening in our community. What's happening historically. How are whole groups of people being impacted by trauma and by adverse events.

And then the third realm is around environment. And so all the things that are happening in our environment, how are we impacted, really something for us to think about and bring this conversation into the work that we do. I just want to encourage that to happen.

I do want to talk for a moment about an integrated approach and what that actually means. So at the National Center on Domestic Violence, Trauma, and Mental Health, we created what we call an integrated approach. And you have a handout that describes the approach.

It really speaks to that we're thinking about, as I said earlier, that trauma happens, intimate partner violence, domestic violence happens, sexual violence happens. And we know that those are critical areas of our work and advocacy. We want them to stop. We want to engage in prevention. We want to be thinking about how do we have a more safe world for all survivors and their kids.

And then we have to think in this broad way around human rights and social justice, because of the things that we've been talking about, all of the kinds of adverse events that are fueling ongoing oppression. And then on the inside of our thinking is that relationship and connection, or the source of healing for everyone, and that intimate partner violence, we know, can be incredibly isolating and by intention. And so when we are able to create relationships to welcome folks in to be a part of their healing process, and we can partner with them, I like to think about it that we're not walking in anyone's shoes, we're walking beside them in partnership every step of the way.

And we are not telling folks what to do, we are clarifying options. We are talking about choices. We are talking about safety and really wanting to understand what's their belief and perspective about what safety means to them, rather than, well, here's what I would do, or here's what I think. What does it mean to you?

So part of what we talk about is that in our framework that we need to think about accessibility. We need to think about being culturally responsive and being trauma-informed. And so I've been doing trauma-informed work and having these conversations for the last 30 years.

And what I can tell you is that it wasn't until we started to put the language together, and that the National Center has from the beginning, talking about what does it mean to be accessible. What does accessibility look like? If we have services and people can get to them, that's not accessible.

If we have services and our services are not welcoming because of gender identity, or gender expression, or sexual orientation, then we are causing more harm. We're not helping anybody. And so we have to really look at how do we make what we do-- and this is a question for each and every one of us right now-- what do we do around accessibility. What do we do that says we're culturally responsive. And what does it mean to be trauma-informed.

And in whatever role that you have, it's making sure that your space signals that people are welcome, that your words, your language, the way you talk about your work, everything you do is really at the core. Yes, we are accessible. Yes, we will be culturally responsive, and this is how. And then being trauma-informed is a piece of that. It's not the whole piece of that.

So some specifics about what that means. We want to honor cultural community, family, and individual resources, strengths and resiliencies. We need to talk about strengths. We need to notice strengths. We need to talk with folks about what is it that you think would be helpful.

We need to understand a whole lot, and we need to be helpful. Don't ignore that these other sources of oppression that are structural, political, historical, are impacting folks in the present. And so someone may be having a trauma response that's related to something historical and not what happened yesterday.

I have a friend of mine who has given me permission to share this story. And she talks about in her work as a trauma survivor, she would say, I was abused in my childhood for years. I was abused in psychiatric institutions, and I was raped as an adult.

And what she will tell you is that her trauma from childhood abuse is still very present. Her trauma from being harmed in psychiatric institutions is not present because she dealt with it and wrote a book about it. So she understands those impacts and has navigated what's coming up for her.

And that she'll also say she does not have trauma from being sexually assaulted. And that was because she had a healing person with her right

afterwards. It might have been an hour or two afterwards. So she was able to talk about what happened. She was able to unpack it. She was able to participate in some healing practices that meant a lot to her.

And it doesn't mean she didn't have pain. She didn't have ongoing trauma from that experience, because she had healing support in that moment. And so that's just one person's story, and one person's experience.

And, of course, everyone's different. And so that's the reason behind being survivor defined. What would you find most helpful in this moment. And if people don't know, staying with them as a partner in that journey, as they discover and learn about that.

We need to consider the ways that victimization, being revictimized, having trauma reminders and trauma responses, all intersect and impact engagement. There may be something in the spaces where we work in this way our spaces smell, the colors that are up, the way it looks, that may be influencing whether or not someone can engage with us.

So we need to look at our space. We need to talk about comfort. A really simple thing that I like to ask everyone in whatever capacity we're meeting is to ask if it's one-to-one, or if it's virtual even, before we get started, is there anything that we can do to support you to feel more safe or more comfortable. Just that simple sentence, simple question, and then we do that. And then we get started with the agenda, whatever that might be.

Honestly, people ask for the simplest things. Can I sit in a different chair? Can I go get a drink of water? I'd like to get started right away, could we do that, but if we could end a few minutes earlier. And people ask for really concrete things.

But the idea is to work together to create that comfort, and then to do the work we want to do. And to also consider the impacts of trauma on those of us who are doing this work. None of us are exempt from trauma responses, or from the ongoing impact of trauma and harm over the life span.

So paying attention, notice why your heart, why-- notice why you're exhausted. Pay attention to those signs and signals, as well.

For some support around any of these things, one of the documents that we share at the center and I really, really love it, we have a reflection tool kit. And

this is designed for domestic violence programs. We have some other resources that are designed for mental health and substance use programs that can be helpful, and some other additional resources.

But to really think about our space, to really think about our intake process, to think about how noisy we are, or how quiet we are, or is there enough lighting where we are. Who are our community partners? So this toolkit takes you through all of these domains, and you can use it, you can just open up to a section and get some ideas for how we can look at our space and think about our space.

The original toolkit was a partnership between a mental health program and domestic violence programs and a consultant. And this version was, again, designed for domestic violence programs, but really helpful for anyone looking at your space and thinking about your approach, thinking about supervision and staff support. So all kinds of really helpful information in this toolkit.

Before we end today, I wanted to first check in to see if there are any other questions.

JEN WINSLOW: We just have a couple quick ones. One is, how can we get certified training in this topic? I'm trying to get certified and I am unsure where to proceed in certification training.

CATHY CAVE: So that's a good question, and I'm not sure if I have the answer for that. So what's-- I'm a teacher by training. And so when I talk about trauma, it comes from running mental health programs. It comes from experiences as a survivor. It comes from decades of doing this work in all kinds of arenas.

And so there are some specific kinds of programs that you can get-- you can complete your educational component, and you can get a certificate for that program. There's lots of resources on the National Center's website. I would also encourage you to look into the work, especially, for those of you who are working in substance use. Stephanie Covington also-- does a lot of work where she offers virtual courses and classes, and you can get a certificate, or a completion or training after that.

So there's all kinds of information out there. So I can't tell you off the top of my head, other than Stephanie, because I know her and I know her work. And Seeking Safety is another one. I also know that sometimes EMDR classes are

offered, which is a somatic approach to supporting trauma survivors. That is definitely something to look into and to get certified in, if that's helpful.

As far as domestic violence programs, advocates have training that they go through and ongoing training all the time. But there is a pre-certification, 40-- some states are 40, some are 60, many hours of training around advocacy and approaches to advocacy. That's really important and very different than a clinical approach. So just-- those are some ideas. If I hear more or learn more, I will definitely share that in the future.

JEN WINSLOW: We are out of time.

CATHY CAVE: OK.

JEN WINSLOW: So I don't know if you have anything else you want to share, Cathy.

CATHY CAVE: Just next time, we're going to talk about cultural and responsive approaches to working with survivors of intimate partner violence. And a reminder to take care of your own resilience, and to recognize resilience in others.

JEN WINSLOW: Thank you so much. And Cathy's referring to the webinar she is hosting on October 27. I put the next four trainings in the chat. As I said, registration is not open yet, but please sign up for our emails, or check back on our events calendar-- those links are in the chat-- for when registration will be open.

The recording transcript handouts and slides will all be available on our Great Lakes MHTTC website within the next week, so please be sure to look for that. You will, if you attended the session in full, you will receive a certificate of attendance. So please check your emails for that. It can take up to two weeks. Sometimes it ends up in junk or spam.

And as we said, we are able to provide these free trainings, too, through our funder. And so we-- you will be directed-- redirected to a very, very brief survey. Would be very appreciative if you would take-- it'll take just a quick minute, and it helps us continue to receive that funding to provide trainings to you.

Thanks, everyone, for being here, and we hope to see you at a training soon. Have a great day. Bye-bye.