



Understanding Trauma and Trauma-Informed Care When Working with Survivors of Intimate Partner Violence and SUD

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Intimate Partner Violence Definition

The term "Intimate Partner Violence" describes physical, sexual or psychological harm done to an individual by a current or former partner or spouse. Also, the terms of "Domestic Violence" and "Dating Violence" are included.

Most of the "violence" tends to be verbal and psychological in nature. It can also include financial abuse and stalking behaviors.

For same-sex couples it could include threats to "out" someone or partners with HIV, it could include withholding medicine.

This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

The most common dynamic is about "power and control" of someone which whom you have/or had a romantic relationship.



Intimate Partner Violence Prevalence

- 1 in 4 women and 1 in 7 men will experience severe physical violence by an intimate partner in their lifetime (CDC, 2017).
- 1 in 10 women in the United States will be raped by an intimate partner in her lifetime (CDC, 2010).
 - Approximately 16.9% of women and 8.0% of men will experience sexual violence other than rape by an intimate partner at some point in their lifetime (CDC, 2010).
 - Data on sexual violence against men may be underreported.
- Nearly half of all women and men in the United States will experience psychological aggression by an intimate partner in their lifetime (CDC, 2017).
- Over half of female and male victims of rape, physical violence, and/or stalking by an intimate partner experienced some form of intimate partner violence for the first time before 25 years of age (CDC, 2010).



Intimate Partner Violence Prevalence

- 2 in 5 lesbian women, 3 in 5 bisexual women, and 1 in 3 heterosexual women will experience rape, physical violence, and/or stalking by an intimate partner in their lifetime (CDC, 2010).
- 1 in 4 gay men, 1 in 3 bisexual men, and 3 in 10 heterosexual men will experience rape, physical violence, and/or stalking by an intimate partner in their lifetime (CDC, 2010).



What is Trauma?

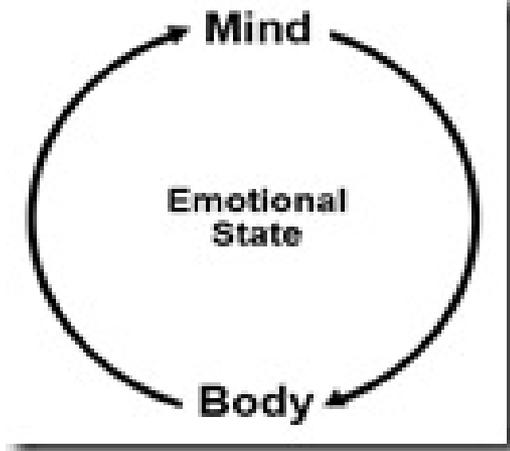
- ***Event(s) that overwhelms the body's, mind's, and spirit's ability to be in balance***
- Trauma is defined using eight general dimensions:
 - Threat to life or limb;
 - Severe physical harm or injury, including sexual assault;
 - Receipt of intentional harm or injury;
 - Exposure to the grotesque;
 - Violent, sudden loss of a loved one;
 - Witnessing or learning of violence to a loved one;
 - Learning of exposure to a noxious agent; and
 - Causing the death or severe harm to another (Wilson & Sigman, 2000)



Trauma

- Traumatic events are external, but they quickly become incorporated into the mind (Terr, 1990) and into the body (Van Der Kolk, 1991)

Traumatic event





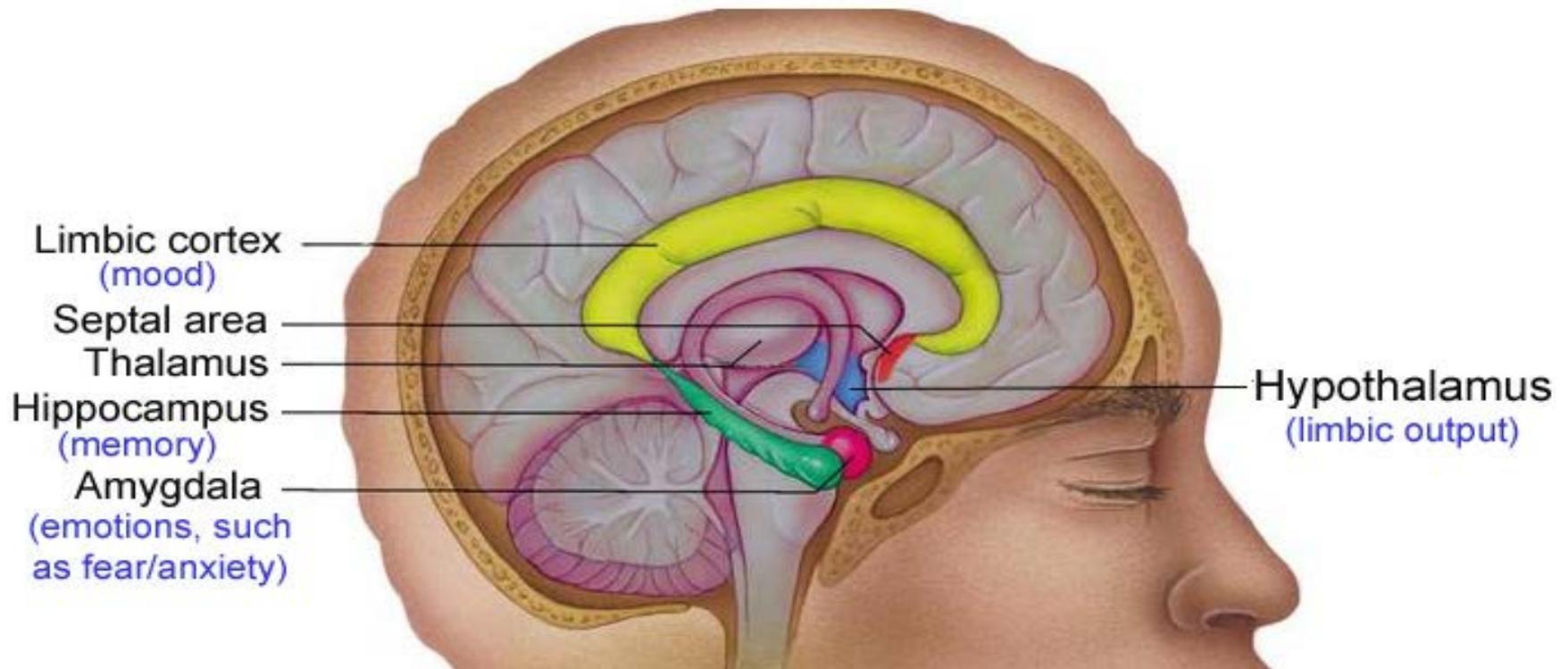
Trauma

- According to Judith Herman, MD, in her revolutionary book , *Trauma and Recovery* (1992), psychological trauma is characterized by:
 - Intense fear
 - Helplessness
 - Loss of control
 - Fear of annihilation(death)



Trauma and the Response in the Brain

Limbic System





Traumatic Stress

- The reactions someone may develop after a traumatic event are due to experiencing extreme stress.
- Reactions vary considerably.
- Some people experience anxiety, fear, shock and upset or even numbness.
- Some report disturbances in sleep, with nightmares.
- These reactions can interfere with activities of daily living, especially academic functioning



Substance Misuse and Trauma Response

- Generally within 18 months of a trauma, people may start using substances or increase their substance use.
- Research has documented a high incidence of comorbid posttraumatic stress disorder (PTSD) and substance abuse.
- Women substance abusers, in particular, show high rates of this dual diagnosis (30% to 59%), most commonly deriving from a history of repetitive childhood physical and/or sexual assault.
- Rates for men are two to three times lower and typically stem from combat or crime trauma (Najavits et al, 2010).
 - Men who have an ACE score of 6 are at risk by 2600% to become heroin users (Felitti et al, 2000)



Substance Misuse and Trauma Response

- The syndromes of PTSD and substance abuse appear to be strongly linked.
 - The presence of either disorder alone can increase the risk of developing the other disorder.
 - The disorders have consistently been found to co-occur across various types of traumas and substances.
 - The misuse of substances can be seen as an attempt to “self-medicate” the suffering experienced.
 - Moreover, women who have been traumatized have a more rapid onset of substance abuse than women who have not been traumatized



Substance Misuse and Trauma Response

- The relationship between the two disorders also appears to be more enduring than for some other Axis I disorders (such as mood or anxiety disorders).
- Women with PTSD may be particularly vulnerable to substance use relapse.
- Women with substance abuse have also been found to have high rates of repeated trauma.
- **Treatment is a crucial issue.** You can't treat one without treating the other.
 - PTSD tx alone could trigger relapse (exposure therapy) and
 - SUD tx alone doesn't address the past harm of traumas or recognize that removing substances will immediately increase symptoms of PTSD, or are too confrontational which may trigger trauma responses (Najavits et al, 2010).



Trauma-Informed Care (TIC)

- An organizational structure framework that involves understanding, recognizing, and responding to the effects of all types of trauma on well-being and behavior.
- TIC emphasizes physical, psychological, social and moral safety.
- TIC helps survivors rebuild a sense of control and empowerment.
- Additionally, a trauma-informed system of care requires closely knit collaborative relationships with other service system partners who should be trauma-informed as well.



Essentials of Trauma-Informed Care

- **Connect** – focus on relationships
- **Protect** – promote safety and trustworthiness
- **Respect** – engage in choice and collaboration
- **Empower** – provide opportunities to control situations
- **Cultural Sensitivity**
- **Strengths-based**
- **Compassion and Support**



Creating Cultures of Trauma-Informed Care

- **SAMHSA's** model (2014) for implementing a Trauma-Informed Framework.
- 5 Pillars of the Framework:
 - Safety
 - Trustworthiness
 - Choice
 - Collaboration
 - Empowerment



The 4 R's of The Trauma-Informed Approach Framework

- **Realizing** the impact of trauma
- **Recognizing** the signs and symptoms
- **Responding** purposefully with knowledge about trauma
- **Resisting** re-traumatization of individuals (SAMHSA, 2014)
- ***This framework is applicable to all settings***



Some Trauma-Informed Interventions for Survivors of IPV and SUD

- Relationships-- safe and consistent relationships (Perry, 2000)
- Structure and predictability plus accountability
- Use empowerment strategies— safety planning, choice and collaboration
 - Advocacy
 - teaching life skills, such as communication, conflict resolution, assertiveness, healthy relationships, financial literacy, dealing with triggers, etc.
- Self-care activities—trauma-informed yoga; body work; nutrition literacy; leisure activities



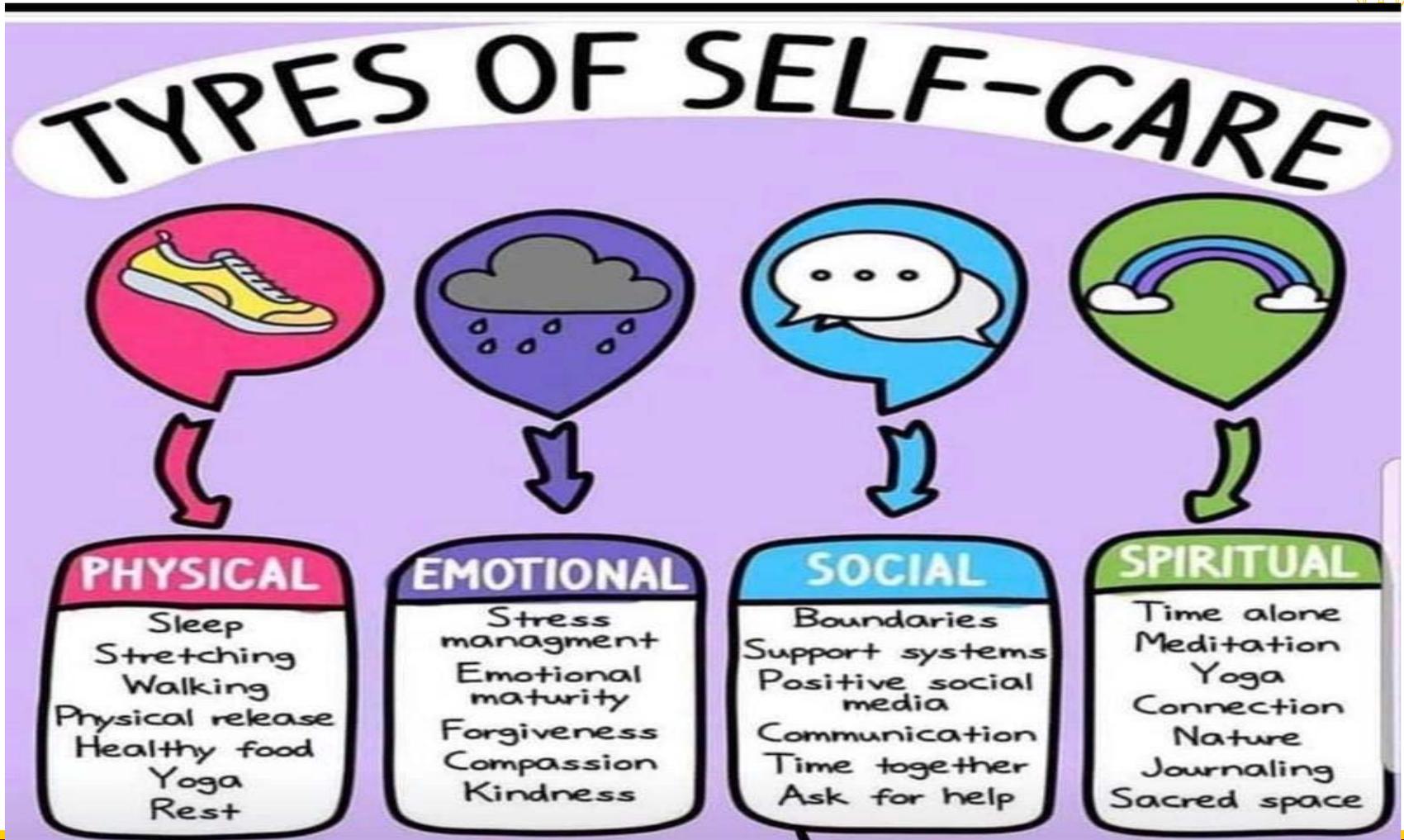
Self Care When Working with Trauma Survivors

- **Trauma is contagious**
- Because these clients require more attention, understanding and support, it can cause you to feel overwhelmed and overloaded.
- Some of their actions can trigger your own past trauma or grief reactions.
- Like the client you are working with, you may experience a variety of emotional reactions that manifest itself as secondary or vicarious traumatization or compassion fatigue.



Self Care When Working with Trauma Survivors

- In a work environment where personnel frequently work with trauma victims:
 - The organization must anticipate and normalize reactions by directly discussing the risk of vicarious traumatization, secondary trauma & compassion fatigue.
 - Developing an organizational plan to support staff, and providing personnel with the opportunity to discuss how work is affecting their life.





Self-Care Activities

- Practice deep breathing
- Progressive muscle relaxation
- Guided imagery
- Taking mini-vacations
- Self-care Days
- Gardening, increasing contact with green plants
- Exercise, yoga, dancing
- Meditation, spiritual, religious activities



Let's Practice Some Self-Care Using Neuroscience

- Take a moment to remember something that you felt was a funny story. Something that made you laugh.
- Share that story with your neighbor or in small groups of 3. You will have 2 mins each to share the story.
- Reflect on how you felt after sharing your story with others. What changes did you notice in your body? Did you notice if your feelings about the person(s) you shared the story with change?



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