

Trauma

Resiliency

Wellness

WASHINGTON STATE COALITION

WSCADV

AGAINST DOMESTIC VIOLENCE

Mental Health,
Domestic Violence &
Sexual Assault

(206) 389-2515 (v) or (206) 389-2900 (TTY), 2009



Gender, Power & Abuse

Most abusers are men (but not all men are abusers). Women are sometimes the abuser.

The majority of victims are women. Individuals are targeted because they are perceived by the abuser as vulnerable.

- **Same sex relationships**
- **Disabilities (including psychiatric disabilities).**

Abuse is about power and control – the abuse is intentional.



Trauma

Trauma (NASMHPD, 2004):

- The experience of violence and victimization including sexual assault, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters.

DSM IV-TR (APA, 2000)

- Person's response involves intense fear, horror, and helplessness
- Extreme stress that overwhelms the person's capacity to cope



Trauma Informed Care

Treatment that incorporates:

- Appreciation for the high prevalence of traumatic experiences in persons who receive services.
- A thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual.
- **Care that addresses these effects is collaborative, supportive and skill-based.**

Jennings, 2004, from "Trauma Informed Care: An Overview of Fundamental Concepts, A Primary Prevention Tool, created by Huckshorn, Stromberg, LeBel, 2004



Domestic Violence

- 22.1% of women have been physically assaulted by a partner or date.

-Tjaden & Thoennes, 2000

- National Family Violence Survey (1989) – 16% of women recently married or cohabiting with a man had experienced domestic violence in the previous year



Domestic Violence

On a single day in September 2008

- ❑ 60,799 victims of domestic violence were served by domestic violence programs
- ❑ Domestic violence programs answered more than 21,000 hotline calls.
- ❑ 9,000 requests for services were unmet

- NNEDV, 2008 Census



Domestic Violence & Mental Health Diagnoses

**Across studies of battered women,
rates of:**

- PTSD range from 54% - 84%
- Depression range from 63% - 77%
- Anxiety range from 38% - 75%

- Dr. Carole Warshaw, DVMHPI.org



Domestic Violence in Mental Health Settings

On average, over half of women seen in a range of mental health settings are either currently experiencing or have experienced abuse by an intimate partner.

- Dr. Carole Warshaw, DVMHPI.org

Understanding Domestic Violence Advocacy Services



What is Domestic Violence?

Pattern of intentional, controlling behavior

- Can include physical, sexual or emotional abuse
- Learned pattern of behavior
- Retaliates at acts of resistance
- Abuse can be directed at others who try to help



Sexual Assault

Sexual assault is any behavior of a sexual nature that makes a person feel uncomfortable.

- forced or coerced into doing something sexual
- unwanted sexual comments or harassment
- Abuse by someone that is known or a stranger.



Domestic Violence is NOT caused by:

- ❑ Illness
- ❑ Genetics or gender
- ❑ Alcohol or drugs
- ❑ Anger
- ❑ Stress
- ❑ Victim's behavior
- ❑ Relationship problems



Causes of Domestic Violence

- **Learned behavior**
- **How?**
 - Through observation
 - Experience
 - Reinforcement (it works)
- **Where?**
 - In the family
 - In society's institutions
 - In societal values



Ella & Tom

A world premiere presentation

Exercise

Break into small groups



Exercise

If a person is experiencing abuse, or has a history of trauma in their lives, how might that affect an objective assessment of how to create a treatment plan?



Exercise

- In what ways do abusers exploit a survivor's mental health issue to maintain power and control in the relationship?
- How might these actions complicate an attempt to objectively assess the situation and create a treatment plan?



Types of services at domestic violence programs

- Someone to listen**
- Advocacy services**
- Emergency shelter**
- Transitional housing**
- Support groups**
- Legal advocacy**
- Crisis services**

All services are free.



Types of DV Advocates

- **System-based advocates**
- **Community-based advocates**



Community-Based Domestic Violence Advocates

A community-based domestic violence advocate will:

- Support the decision making of the victim**
- Review pros and cons of disclosing abuse and the impact on safety**
- Protect confidentiality of files and communications with victim.**
- Explain paperwork and forms**

continued →



Community-Based Domestic Violence Advocates

A community-based domestic violence advocate will:

- Work with victim beyond criminal/civil legal process**
 - Safe/affordable housing**
 - Employment**
 - Children**
- Provide “Advocacy Based Counseling”
(RCW 70.123; WAC 388-61A-0145)**
- Provide ongoing Safety Planning**



What is Safety Planning?

- **An ongoing process consisting of a complex set of strategies the survivor utilizes to increase safety, given the tactics used by the abuser.**
 - **Builds on survivor's strengths**
 - **Safety planning is critical, even if abuse has not been physical**
 - **Domestic and sexual violence advocates help guide the process**



Coordinating Safety Planning & Wellness Planning

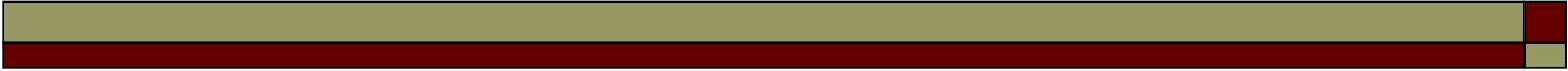
- How can domestic violence and sexual assault advocates be a part of the planning process for recovery and wellness?



Where to Go from Here?

How can we work together to improve both systems?

- ❑ Trauma Informed Care includes being informed about domestic violence and sexual assault**
- ❑ How can we ensure survivors get the support they need from the mental health, domestic violence and sexual assault systems?**



Start with the strengths in the systems

Mental Health system:

- emphasis on trauma informed care**
- emphasis on consumer control and consumer empowerment model**

Domestic Violence and Sexual Assault advocacy systems:

- survivor self-determination - helping others assume power over their own lives**
- experience in supporting survivors - supports equality in relationships and opposes the use of abuse as a means of control**



Barriers to change

- **Silos of service may make it difficult to find solutions**
- **Language, cultural differences and practices in the systems may lead to misunderstandings**



Everyone can do something to make a difference

Mental health consumers:

- ❑ Learn about domestic violence and sexual assault
- ❑ Learn local resources (mental health, domestic violence, sexual assault)
- ❑ Promote trauma informed care that includes information about domestic violence and sexual assault.
- ❑ Promote safety for all consumers



Everyone can do something to make a difference

Mental health advocates and providers:

- Invite local domestic violence or sexual assault programs to your trainings
- Learn about the connection between mental health and domestic and sexual violence
- Learn how to screen for and identify domestic violence and sexual assault
- Learn how to support survivor safety
- Learn how to connect survivors to local domestic violence advocates
- Include survivor safety in peer support curricula and in wellness and recovery plans



Everyone can do something to make a difference

Everyone:

- Support ongoing education that brings the systems together
- Learn more about domestic violence and sexual assault and mental illness
 - Find and connect with local resources.
 - Find points of intersection or make them happen.



Everyone can do something to make a difference

Advocate for Cross-training for:

- mental health consumers
- peer specialists
- mental health therapists
- domestic violence and sexual assault advocates



Everyone can do something to make a difference

- **Cross training for Peer counselors, mental health providers and support group facilitators should include:**
 - the dynamics of domestic and sexual violence
 - the local domestic violence and sexual assault programs
 - how to effectively support a mental health consumer who is a survivor

- **Cross training for domestic violence and sexual assault advocates should include:**
 - stigma
 - the mental health consumer movement
 - local mental health resources
 - basic techniques to effectively support a person who is experiencing mental illness



Resources

- **Statewide Domestic Violence Hotline**
(800) 562-6025 (voice and tty)
offers crisis advocacy and can connect a caller to any DV program in the state
- **National Domestic Violence Hotline**
(800) 799-7233
can connect a caller to any DV program in the country.
- **National DEAF Domestic Violence Hotline**
(800) 787-3224 TTY
offers crisis advocacy by Deaf advocates and can connect Deaf caller to any DV program in the country



Resources

- **Washington Violence Against Women Network**
www.wavawnet.org
list of domestic violence programs and information

- **Washington State Coalition Against Domestic Violence**
www.wscadv.org
(206) 389- 2515 (v) (206) 389- 2900 TTY
materials, resources and technical assistance available to members and callers



Resources

- **National Training and Technical Assistance Center on Domestic Violence, Trauma and Mental Health** (NTTAC, supported by DVMHPI)
<http://www.dvmhpi.org/CurrentProjects.htm>
312-726-7020 (v)
- **EndAbuse.org**
protocols for all types of providers to screen and identify domestic violence and sexual assault



Contact us

Abused Deaf Women's Advocacy Services

206-726-0093 (TTY)

www.adwas.org

Betty Schwieterman

Disability Rights Washington

bettys@dr-wa.org

(206) 324-1521 (V)

(206) 957-0728 (TTY)



Contact us

WA State Coalition Against Domestic Violence
206-389-2515 x202 (V), 206-389-2900 (TTY),
www.wscadv.org



The End

THANK YOU!!!