

Incorporating Trauma-Informed Practices in Battering Intervention Programs

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Webinar agenda

- Trauma defined
- Adverse Childhood Experiences (ACEs)
- Trauma Informed Care
- Trauma in abusive partners
- Addressing trauma in abuse intervention groups
- A specialized abuse intervention group for childhood trauma survivors

Trauma Defined

What is trauma?

- Many different definitions . . .
- Severe psychological distress following a life-threatening event
- A response to a deeply distressing or disturbing event that overwhelms an individual's ability to cope, causes feelings of helplessness, diminishes their sense of self and their ability to feel the full range of emotions and experiences
- A response to an event that a person finds highly stressful or extremely negative
- A response to an incident that causes physical, emotional, spiritual or psychological harm

Key aspects of trauma . . .

- The event is beyond the realm of normal day to day experience
- The event creates substantial fear, including the fear of death
- The person has a sense of powerlessness and lack of agency during the traumatic event
- There is often little processing or emotional acknowledgement of the event afterwards
- Arguably, all of these boxes need to be checked for an event to qualify as traumatic

What qualifies as a traumatizing event?

- Being severely physically assaulted
- Being sexually assaulted
- Witnessing violence
- Being verbally abused
- Being in a natural disaster (earthquake, hurricane)
- Not having your basic needs met as a child
- Being in a car accident
- Getting mugged/robbed
- Many others . . .

Historical trauma

- Originally coined by Maria Yellow Horse Brave Heart in the 1980s for Native Americans, but since expanded to include other oppressed groups
- Defined as cumulative psychological wounds that result from historical traumatic experiences such as colonization, slavery, dislocation, etc. which lead to intergenerational effects
- 4 C's: **Collective** experience of **colonial** injury with **cumulative** effects to produce **cross-generational** impacts that increase risk of psychological injury and struggles (Hartmann and Gone, 2014)

Historical trauma

- Can be similar to PTSD symptoms (e.g., hypervigilance, flashbacks, nightmares, avoidance)
- Depression, substance abuse, self-destructive behaviors can also occur as a result
- There is evidence of epigenetic alterations (Yehuda et al, 2016)
- Also sometimes described as soul wounds or soul trauma
- Because some of these issues continue, it may be better described as continual stress rather than trauma

Racial Trauma

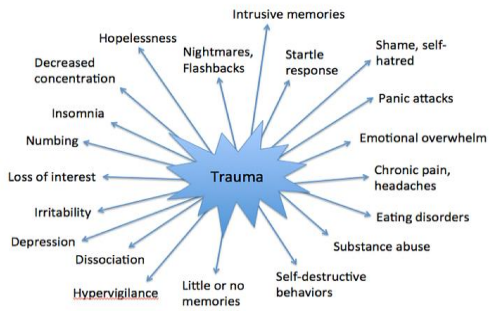
- Racial trauma is more presently focused on present day experiences of racial violence and oppression
- It is driven by racial microaggressions perpetrated by individuals, witnessing directly or vicariously (e.g., via media), more overt acts of racism (e.g., hate crimes), as well as more general racist policies and structures still present today

Racial Trauma

- Psychological consequences include:
 - lower emotional well-being (Ong et al, 2013)
 - increased depression and negative feelings (Nadal et al, 2014)
 - impede learning and problem solving (Salvatore & Shelton, 2007)
 - negative affect physical well-being (Clark et al, 1999)

Simple vs. complex trauma

- **Simple trauma** refers to experiencing a single traumatizing event such as being in a car accident, a single assault, being in a natural disaster
- **Complex trauma** refers to having multiple, often related traumatic experiences, often perpetrated by other human beings and typically experienced as a child (being repeatedly physically or sexually abused by family members, growing up in a violent home)
- While you can develop symptoms from either, the longer term, more enduring symptoms typically are a result of complex trauma, not simple trauma



Adapted from [Janina Fisher](#)

Trauma response

- A trauma response refers to “overreacting” to an otherwise non-threatening situation as if it is a dangerous one
- Typically the more primitive parts of the brain are activated and a person may become regressed in a variety of ways
- Things that can trigger a trauma response (trauma triggers) can include specific behaviors, smells, sounds, sights, memories, anniversaries as well as normal anxiety eliciting events

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACE)

- Adverse Childhood Experiences (ACE) refers to any abuse, neglect, or other traumatic experiences that occur to individuals when they were under the age of 18
- Between 1995 and 1997 Kaiser hospitals collected data on over 17,000 adult patients about childhood experiences and current health status
- Respondents score between 0-10, depending on how many of the items are endorsed
- Nearly two thirds of respondents reported at least one ACE, a third reported two or more

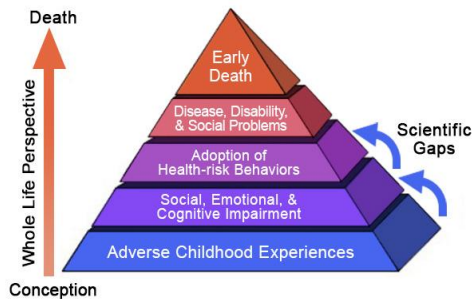
Adverse Childhood Experiences (ACEs)

- There are three categories of ACEs resulting in 10 items total:
 - Abuse
 - 1. Physical abuse
 - 2. Sexual abuse
 - 3. Emotional abuse
 - Family dysfunction
 - 4. Substance abuse
 - 5. Divorce
 - 6. Mental illness
 - 7. Domestic violence
 - 8. Incarceration
 - Neglect
 - 9. Emotional neglect
 - 10. Physical neglect

Adverse Childhood Experiences

- The study found striking connections between adverse childhood experiences and risky behavior, psychological issues, serious illness, and leading causes of death—the higher the score, the greater the risk
- Physical health: severe obesity, diabetes, STDs, heart disease, cancer, stroke, COPD, broken bones
- Mental health: depression, suicide attempts
- Behaviors: lack of physical activity, smoking, substance abuse, absenteeism, sleep disturbances
- Life expectancy: People with 6 or more ACEs died, on average, 20 years earlier than people without any ACEs

Adverse Childhood Experiences



Adverse Childhood Experiences

- ACEs cluster—more than a third reported having more than one ACE and more than 10% report having four or more
- ACEs have a dose response, where there is a progressive increase in problems as the number of ACEs increases

WHO ACE-IQ

- Developed about 15 years after ACE by the World Health Organization (WHO)
- 29 questions, 13 categories
- Designed to catch a broader range of traumatic experiences including:
 - Bullying
 - Parental death
 - Violence outside of the home (war, gang violence)
 - Forced relocation

Adverse Childhood Experiences

- What can be done?
- Safe, stable, nurturing relationships (SSNRs) can have a positive impact and can mitigate the negative consequences in children
- In adults, identifying and healing the trauma and encouraging healthy self-care and recovery can also make a difference

Trauma in Abusive Partners

Trauma in abusive partners

- In his multi-site survey, Gondolf found that approximately 40% of abusive partners did not report significant mental health issues, while about 30% reported multiple mental health issues
- In that same study, a third reported growing up in a substance abusing home, a third reported witnessing DV in their home, and a quarter reported being physically abused
- Hamberger and Hastings found about 33% of abusive partners had experienced abuse in the home, but that number rose significantly among substance abusing abusive men
- Jolin et al found that about 60% of abusive men had witnessed DV as children while just under half reported physical abuse as a child

Emotionally intense abusive partners

- Most abusive men are quite controlled and discrete in their abusive behavior and may even be quite calm when being abusive and controlling
- However, there is a subset of abusive men who are more prone to affective flooding and rage—less discrete and controlled abusive behavior which corresponds with emotional distress
- Many of these abusive men are also childhood trauma survivors

Types of abusive men

- Family only
 - Psychologically Distressed/Dependent
 - Criminal/Generally Violent
- Source material: Holtzworth-Munroe, A. & Meehan, J.C. (2004). Typologies of men who are maritally violent: Scientific and clinical implications. *Journal of Interpersonal Violence*, 19(12), 1369- 1389

Types of abusive men

Psychologically Distressed/Dependent

- Cyclical pattern
- Greater enmeshment/dependency
- More prone to jealousy
- More likely to have a history of childhood abuse
- Mood swings, higher levels of depression
- More impulsive (e.g., more property abuse, public abuse)
- Intermittent remorse
- At greatest risk of committing murder-suicides
- 25% of all abusive men

Trauma Informed Care

Trauma informed care vs. trauma specific services

- Some people mistakenly use trauma informed care and trauma specific services synonymously, but they are actually quite different from each other
- Being trauma informed or offering trauma informed services is NOT the same as offering specialized services to treat trauma

Trauma informed care vs. trauma specific services

- *Trauma specific services* are typically psychological interventions that are intended to directly address and heal the consequences of trauma in the individual
- These are often (but not always) offered by mental health professionals with specialized training in working with trauma
- They are intended to directly treat a person's trauma symptoms as well as facilitate deeper healing in the person

Trauma informed care vs. trauma specific services

- *Trauma informed care (TIC)* refers to offering services taking into consideration that trauma survivors may need additional considerations and accommodations
- The goal is **not** to treat the trauma. Instead, it is to be aware how trauma survivors may respond differently than "normal" or "expected"
- Any agency that works with the general public can become trauma informed including health care providers, mental health providers, law firms, governmental agencies, retail, restaurants, etc.

Trauma Informed Care (TIC)

- Definition: "An understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate so that these services and programs can be more supportive and avoid re-traumatization." -Substance Abuse Mental Health Services Administration (SAMHSA)
- Recognizes that traumatic experiences terrify, overwhelm, and violate the individual. TIC is a commitment not to repeat these experiences and, in whatever way possible, to restore a sense of safety, power, and worth

Why trauma informed care is needed

- Traditionally structured services can trigger trauma responses in a trauma survivor in a wide variety of ways, purely based on how they are structured . . .

Community health retraumatization

- Infrastructure (e.g., long waits, distant locations)
- Denial of abuse (e.g., ignoring, silencing, minimizing)
- Exerting power and control over the client
- Repression of emotions
- Being pathologized and blamed
- Failure to listen to/take seriously their concerns
- Using diagnosis to label
- Misdiagnosing
- Lack of compassion/understanding

Community health retraumatization

- Being talked down to/treated as unintelligent
- Automatic expectation that they will/should trust
- Penalties for being honest
- Lack of privacy/confidentiality
- Unrealistic expectations/setting up for failure
- Professionals acting out their own childhood trauma
- Arbitrary rules and rule changes
- Distancing/oothering
 - From "Community Retraumatization" by Ann Jennings <http://www.theannainstitute.org/CR.pdf>

TIC Goals

- Increase desired outcomes
- Reduce re-traumatization
- Provide corrective emotional experiences/trauma recovery

The 4 R's of TIC

- A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma to clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist** re-traumatization.

-SAMHSA

The 4 R's of TIC

- Realization
 - Trauma exists and can affect groups as well as individuals
 - Trauma survivors may have different coping strategies that need consideration
- Recognize
 - The signs of trauma, which can vary greatly from person to person

The 4 R's of TIC

- Respond
 - Applying a trauma informed approach
 - Examples:
 - Staff training
 - Agency self-evaluation
 - Operationalizing in agency policies and procedures
 - Making accommodations
- Resist re-traumatization
 - Monitor self and others for triggering experiences

3 key tenants of TIC

- As outlined by Mandy Davis . . .
- 1. Create safe context
 - Physical safety
 - Trustworthiness
 - Clear and consistent boundaries
 - Transparency
 - Predictability
 - Choice
 - Examples:
 - Signage
 - Seating/room arrangement
 - Explaining the "whys"
 - A non-triggering environment (e.g., not too crowded, noisy, etc.)

3 key tenants of TIC

- 2. Restore power
 - Choice
 - Empowerment
 - Strengths perspective
 - Skill building
 - Example:
 - Offering choices, at least 3, if possible

3 key tenants of TIC

- 3. Value the individual
 - Respect
 - Compassion
 - Mutuality
 - Engagement and relationship
 - Acceptance and non-judgment
 - Examples:
 - Making specific referrals
 - Life experience valued
 - Flexibility

6 key principles (SAMHSA)

- 1. Safety
 - Physical and psychological safety in the agency space
- 2. Trustworthiness and transparency
 - Be as clear as possible about reasons for policies, procedures, decisions, etc.
- 3. Peer support
 - This refers to trauma survivors
 - Utilize the stories and lived experiences of trauma survivors

6 key principles (SAMHSA)

- 4. Collaboration and mutuality
 - Partnering and leveling of power differences among staff and between staff and clients
 - Everyone on staff, not just therapists has a role to play (“one doesn’t have to be a therapist to be therapeutic”)

6 key principles (SAMHSA)

- 5. Empowerment, voice, and choice
 - Individuals’ strengths and experiences are recognized and built upon
 - Taking a compassionate stance
 - A belief in the primacy of the clients, their resiliency, and ability to heal/recover
 - Shared decision making whenever possible including planning and goal setting
 - Facilitate recovery rather than control recovery
 - This applies to how staff as well as clients are treated

6 key principles (SAMHSA)

- 6. Cultural, historical, and gender issues
 - Eliminate any prejudice or stereotyping
 - Practicing of cultural humility

New encounters with trauma brain

- Every interaction a trauma survivor has with a provider has the potential to either . . .
 - Add to/reinforce the trauma
 - Reactivate the trauma
 - Provide a sense of safety and help emotional regulation and new learning
- Goal: Shifting from “what is wrong with” to “what happened to?”

Other qualities consistent with TIC

- Being curious
- Making agreements
- Being relational

To sum it up . . .

- Think of TIC as really good customer service where you do everything you can to help the person feel welcome, safe, and accommodated
- It involves flexibility—being able to flex policies and procedures to accommodate the particular needs of the individual
- It requires humility (including cultural humility) on the part of the agency to not presume to know what is going to work best for any particular client and to be willing to make adjustments to standard operating procedures to accommodate these clients

To sum it up . . .

- This is also consistent with the “responsivity” aspect of the Risk/Needs/Responsivity approach to offering evidence based forensic practices, so there is significant forensic empirical support for applying this model to offenders
- TIC is excellent modeling of how to be respectful, compassionate, and relational with others in general
- For some it is (still) a provocative idea to treat abusive partners with compassion and respect and/or to apply TIC principles in working with them
- But in treating abusive partners this way we model for and challenge them to behave these same ways in their own lives with their loved ones

Addressing trauma in abuse intervention groups

Struggling with trauma

- Differentiate between the larger pool of people who are trauma survivors and fairly well healed and the smaller pool of people who are still struggling with their trauma
- Indications of continued struggles:
 - Depressive symptoms (disrupted sleep, appetite, energy)
 - Current trauma symptoms (hypervigilance, nightmares)
 - Mood dysregulation (property abuse, public abuse, general impulsivity)
 - Current/recent substance abuse
 - Struggles in daily living (unstable employment, relationships)

Individual therapy

- For clients still struggling with their trauma, strongly recommend/require that they engage in individual therapy with mental health professionals knowledgeable about complex trauma
- While group can support them in their trauma work, it is not a substitute for specialized individual therapy (and vice versa)

Past trauma is not an excuse to be abusive

- Past trauma is never a justification for abusive behavior
- While trauma may *trigger* abusive behavior, trauma never *causes* abusive behavior
- Patterns of abusive behavior, even in trauma survivors, is due to their pro-abuse belief system--they are still giving themselves permission to be abusive
- Many trauma survivors are never abusive, only those with pro-abuse belief systems will have patterns of abuse

Working with abusive partners who are trauma survivors

- “If you do not heal your trauma you will pass it on”
- Be mindful of helping them to identify trauma triggers—situations/events/words that trigger intense emotional responses and/or dissociation
- Help men identify specific steps they will take if their trauma gets triggered (e.g., time-out, conscious breathing, announcing that they have gotten triggered, de-escalating self-talk)

Coping techniques

- BEARS
- Back off and breath
- Escape the high risk situation
- Avoid the situation until ready to deal with it
- Right mind in the situation
- Safe places/peoples/activities

- STOP
- Stop
- Take a break
- Observe the situation
- Process and proceed

Mindfulness/Non-judgmental self-awareness

- Mindfulness has become very popular and, as a result, widely misunderstood and mischaracterized
- It is *not* about intentionally calming oneself nor is it a form of meditation although it can have a calming and grounding effect similar to meditation
- Our thinking typically takes us out of the moment:
 - We are recalling some past moment
 - We are anticipating some future moment
 - We are analyzing some experience
 - We are imagining being somewhere else
- Mindfulness is a continual practice of being fully present in the moment, *without analysis or judgment*

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Mindfulness/Non-judgmental self-awareness

- By being mindful we can experience this moment of life more fully through our five senses
- As thoughts occur they are noted while gently turning attention back to the experience of the moment
- It is about being as free of distraction from this present moment as possible
- Among other benefits, it helps to interrupt destructive and unhelpful thinking patterns
- Ideally, one seeks to practice mindfulness in every moment of one's life, not just for a few moments as an exercise

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Mindfulness/Non-judgmental self-awareness

- One way of practicing this is to silently or aloud state “Right now I notice . . .” Examples:
 - “my breathing is shallow”
 - “there is tension in my jaw”
 - “my thoughts are racing through my head”
 - “the ticking of the clock”
- Examples of mindfulness exercises include:
 - noticing one’s physical state
 - noticing one’s breath without changing it
 - attending to each sense
 - noticing a sensory experience (e.g., eating chocolate)

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Conscious breathing

- Slowing, deepening, and making your breathing more regular
- “Square” breathing—inhale/hold/exhale/hold
- “Triangle” breathing—inhale/hold/exhale
- All of these help activate the para-sympathetic nervous system which helps the body to calm

Getting triggered in the group

- While most group content may not be triggering, anything can be triggering, with the most emotionally intense and graphic content most likely to be triggering (e.g., sharing of an accountability statement, discussions of the impact of abuse on others)
- What typically does *not* trigger people are reports of abusive behavior, probably because they rarely capture the detail/intensity of the actual abuse
- For this same reason, certain role plays may actually be more triggering
- Videos and other media used, depending on how graphic and well made they are, may also be triggering

Getting triggered in the group

- People who get triggered may either escalate or dissociate
- Dissociation can be subtle and may be misinterpreted as someone simply spacing out and/or not paying attention or being resistant
- Know who in group are childhood trauma survivors and be vigilant to them getting triggered in the group
- If they do get triggered, help them to deescalate/ground
- For those who regularly get triggered, develop in advance an agreed upon action plan to implement when they are triggered

Ways to help a triggered group member

- Ask them what their intensity is as well as what physical sensations and thoughts they are having
- Help them to move back into the present moment (e.g., having them notice the chair they are sitting in), reminding them where they are
- Stop the present interaction and offer them calming/comforting words of support
- Suggest they take a time-out
- If co-facilitating, perhaps walk out with them and spend a few minutes helping them to process/ground

Other programmatic features that are trauma informed

- Have clear, consistent rules and expectations (rather than ambiguous ones)
- At the same time, be willing to bend and flex rules and expectations in consideration of a trauma survivor's particular needs
- If a client is not able to follow certain rules (e.g., lateness, not doing a homework assignment, not participating), be curious to understand why, what's behind it, and how it can be addressed to mutual satisfaction
- Explaining the "why" behind policies, rules, and expectations
- Helping a non-compliant client identify their underlying wants/needs and what they can do to appropriately meet them

Other programmatic features that are trauma informed

- Treat clients warmly and personably, see them as people rather than as labels
- Having discussions in small groups rather than in a single large group
- Avoid insisting on group members taking full responsibility for their behavior as described in the police report. This report may contain inaccuracies at times and the process of having to “admit” to things they didn’t actually do can be quite evocative of childhood trauma and abuse and quite triggering.

Other programmatic features that are trauma informed

- Regularly monitor/scan the group, particularly trauma survivors, for signs they are getting triggered
- Prioritize teaching emotion regulation skills for individuals struggling with this—either in the group, in an individual session, or through referral to an individual therapist to help with this specific skill set
- Supplement the group sessions with occasional individual sessions to check-in/touch base, especially early on
- Keep in mind that staff may also be trauma survivors and be trauma informed in staff policies and procedures as well

A specialized abuse intervention group for childhood trauma survivors

Allies in Change
 Group for abusive men who are
 childhood trauma survivors
 AKA
 Externalizers
 AKA
 Emotionally Intense Men

Origins of the group for Emotionally Intense (EI) abusive men

- Initially offered in 2006 and has been run continually since then
- Originally designed/developed by Chris Wilson, Psy.D. who had significant experience/training in batterer intervention, Dialectical Behavior Therapy, forensic work, and trauma work
- We currently offer one of these specialized groups

Common qualities of referrals for Emotionally Intense (EI) group:

- History of childhood trauma
- Untreated PTSD/complex trauma, often with some dissociation
- Currently in significant psychological distress
- History of suicidality and/or psychiatric hospitalization
- Impulsive abuse/rage (e.g., property abuse, self-abuse, and/or abuse in public)
- Overly dependent/enmeshed
- Jealousy issues
- Stalking behaviors
- More prone to Axis II issues (i.e., Borderline PD) and co-occurring disorders
- Emotionally needy/demanding with probation officer (and others)

Curriculum of EI group

- Standard Allies in Change curriculum plus . . .
- Regular use of grounding/centering techniques including mindfulness and breathing
- Heavier emphasis (especially early on) on emotion regulation and management skills
- Dialectical Behavior Therapy (DBT) skills
- Attention to and acknowledgement of additional work that childhood trauma may require beyond the group

Emotion regulation skills

- Greater emphasis on:
 - Self-awareness
 - Physiological
 - Cognitive (i.e., negative self-talk)
 - Emotional
 - Mindfulness/non-judgmental self-awareness practices
- Self-management
 - Self-soothing skills
 - Conscious breathing
 - Time-outs
 - Grounding exercises
 - Self-compassion

Dialectical Behavior Therapy (DBT) skills

- Greater focus and attention given to DBT skills to manage their distress including:
 - Radical acceptance
 - Wise mind
 - Acting opposite
 - Right vs. effective
- This is not intended to be a replacement for formal DBT treatment, which some group members may need

Attention to childhood trauma

- While childhood trauma may be touched on in regular groups, it is more frequently mentioned and taken into consideration in the specialized group
- It is consistently made clear that their trauma history neither excuses nor justifies their abusive behavior
- It is emphasized that while they are not responsible for their trauma, they are responsible for effectively managing their trauma

Attention to childhood trauma

- Basic education on what a trauma response is and how this may play a role in their abusive behavior
- More time spent on identifying their emotional triggers—circumstances which are most likely to elicit trauma responses (and possibly abusive behavior)
- Encouragement to seek out additional therapeutic services (often through other agencies) to do additional work on their trauma and co-existing psychological issues

Distinctive aspects of facilitation of the EI group

- Slightly smaller group size (averaging 6-9 rather than 7-10) because more group members tend to need more time/space
- Closer monitoring of group members' emotional distress and prioritizing the immediate addressing and managing of it over curriculum teaching
- Group facilitators are more psychologically minded
- More knowledgeable about personality disorders and how to manage them

Distinctive aspects of facilitation of the EI group

- On the lookout for affective flooding which is addressed as it occurs
- More knowledgeable about suicidality and how to manage it
- Comfort with experiencing and appropriately managing transference/counter transference which is more common
- Calm, gentle, warm facilitation style

Effectiveness/legitimacy of this group format?

- While abusive partners who are trauma survivors can do fairly well in a well run regular group, they typically find the specialized group to be more responsive and a better fit
- There tends to be greater cohesion among the men in the group and a greater sense of comradery and support
- Their trauma issues and management of their trauma issues are more regularly and effectively addressed in this group
- While there has been no formal outcome research, the cohesiveness, positive group member response, and distinct energy have all been validating of offering this specialized group over the past 10+ years

Recommended readings

- Trauma and abuse in abusive men: [I Don't Want to Talk About It](#) by Terrence Real
- Complex trauma: [The Body Keeps the Score](#) by Bessel Van Der Kolk
- An excellent website with tons of TIC hand-outs and materials (or just go to traumainformedoregon.org): <http://traumainformedoregon.org/resources/resources-organizations/#FullList>
- Website with several other discussions of trauma among abusive partners: <https://www.biscmi.org/the-archives/>



Thanks for being here!

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