

Intimate Partner Violence (IPV) – Creating Opportunities to have the Conversation



Presented by:
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What is Project Deamhi, Inc.

- Non-profit organization that is passionate about providing educational presentations, life skills programs and support groups for children, adolescents and adults as well professional development training for parents and staff



■ Mission

- to bring opportunities for **discussion, education and awareness to mental health issues**

■ Programs

- Young Decision Makers Program (20 weeks on mental health, substance abuse prevention, healthy relationship building, bullying prevention, and peer leader training)
- SOS/YMOW (Sisters of Strength/Young Men of Worth)
- Points of Light Youth Leadership Institute (Service Learning)
- S.U.P.E.R. Girls (Sassy, Unique, Positive, Energetic and Real) Life Skills Program



Workshop Objectives



- ❧ Identify strength-based language used to create conversation about intimate partner violence;
- ❧ Discuss the process of assessing for intimate partner violence through verbal and non-verbal strategies;

Workshop Objectives

continued

- Practice using motivational interviewing techniques to provide a non-judgmental environment; and
- Practice the use of an abuse assessment screening tool to be infused into your agency/private practice's system.

Creating opportunities to have the conversation



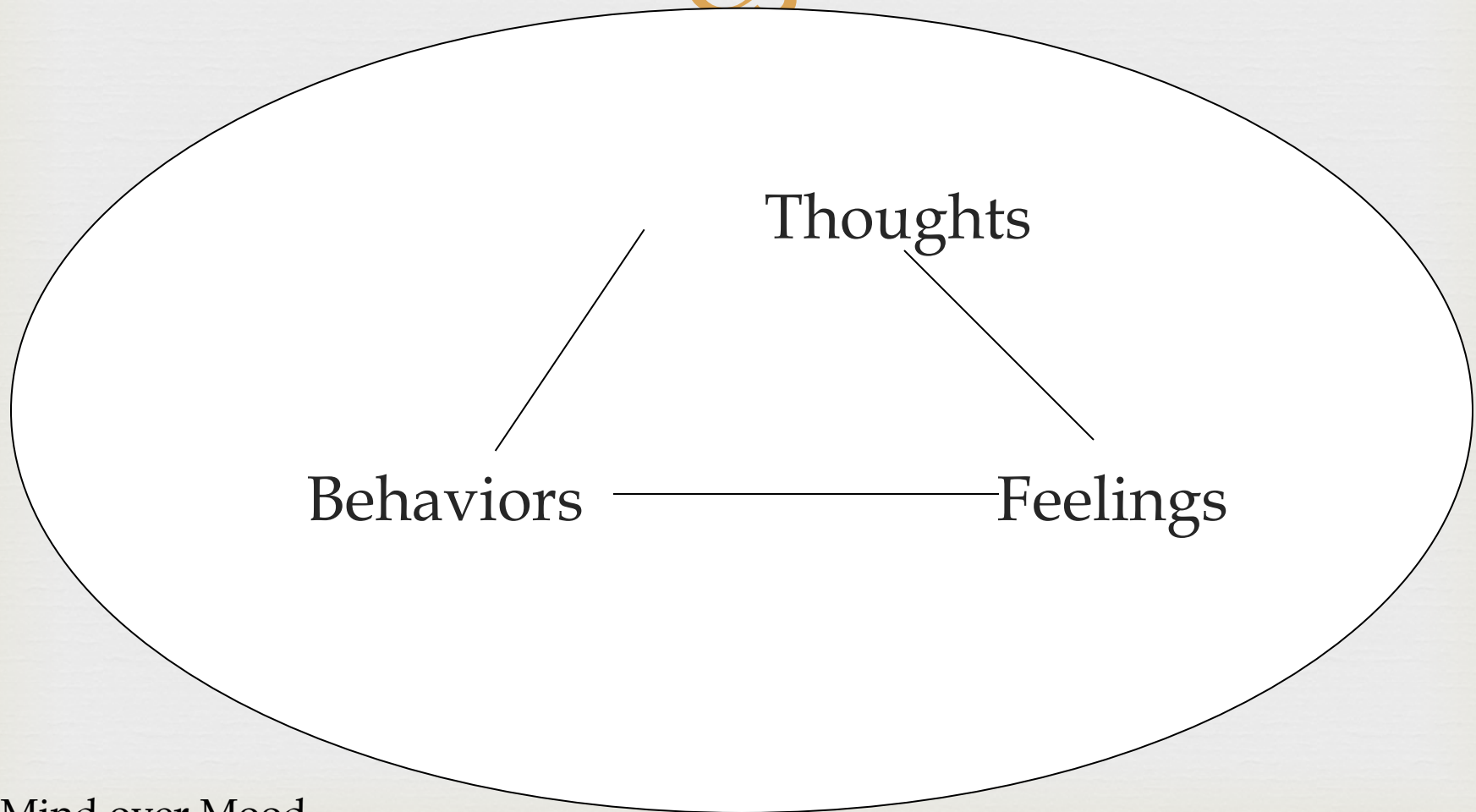
$$E + R = O$$



∞ Events + Our Responses =
Outcomes

∞ Our attitude is the first key to
client satisfaction.

Three-Prong Approach to processing Life Experiences



Mind over Mood

Building Rapport



- ❑ Always acknowledge the client and others that they bring to the appointment
“Thank you for being here. I look forward to talking with you.”
- ❑ Review Limits of Confidentiality, Agency Policies and Your Style of Communication
- ❑ True consent can not be given in the presence of others, so discuss privacy for the client in front of any visitors that they brought; then meet in private with them one-on-one

Starting the Conversation

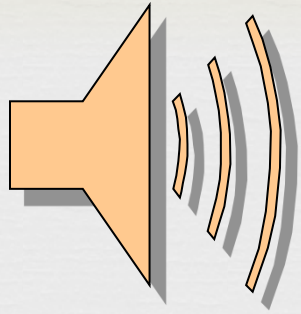
“Our program supports a safe zone for people who might be experiencing any kind of hurts – physical hurts, emotional hurts, verbal hurts, or sexual hurts.

So, we ask all clients if they are experiencing any hurts, need any assistance with being in a safe living situation and if they consider their relationship free of abuse.”

Having the Conversation does make a Difference



- ❧ We can not control whether or not a client will share their true experiences
- ❧ Even if they have not disclosed anything, our conversation about IPV can be heard as support and may set the tone for future disclosure when they are ready
- ❧ IPV survivors report being asked and listened to about their hurtful experiences was one of the most important aspects of their interactions with a provider



Verbal Strategies



When appropriate...

- ❧ Lower your voice and keep your tone even
- ❧ Use the other person's name
- ❧ Speak clearly...no jargon
- ❧ Use “present tense talk” (Focus on NOW)
- ❧ Paraphrase and summarize
- ❧ Allow the other person to “save face”

Non-Verbal Strategies



- ❧ Be aware of body posture
(Defensive vs. Receptive?)
- ❧ Protect your body space
- ❧ Seat the other person
- ❧ Give a warning before moving
- ❧ Minimize movement
- ❧ Use appropriate eye contact
- ❧ Avoid physical contact, or talk first.

Self Control



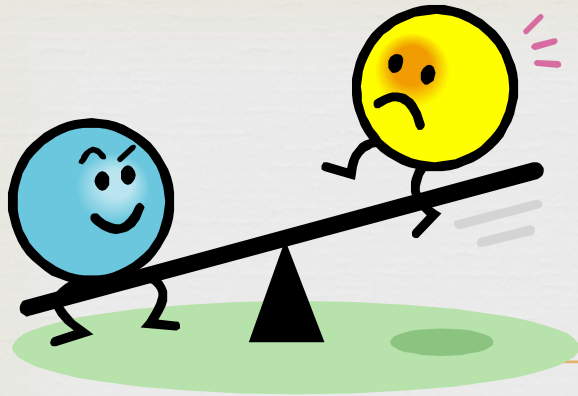
Respond , don't react to stories of IPV

- ❑ Avoid the:
 - “Oh my goodness! I can’t believe you went through that!”
- ❑ Avoid crying while you hear the client’s story
 - Client’s may assume that you are being sympathetic and could be offended if they think you are feeling sorry for them as a victim
 - It may concern the client that you won’t be able to emotionally handle their story, which results in a decrease in confidence about your ability to assist them

What does empathy mean for the client?



When clients feel that they are understood, they are more able to open up to their own experiences and share those experiences with others.



Motivational Interviewing – Decision Balance Tool



☞ A decision balance activity focuses on the following points

- Reasons to stay the same
- Concerns about changing the situation
- Reasons to change
- Benefits of changing

This is part of a therapeutic model called Motivational Interviewing

Motivational Interviewing - Rolling with Resistance

- ❧ Statements demonstrating resistance are not challenged
- ❧ Clients are not reinforced for becoming argumentative and playing “devils advocate” to staff suggestions
- ❧ Motivational Interviewing encourages clients to develop their own solutions to the problem
 - staff can invite a client to examine a new perspective (but, not impose)

Using Your O.A.R.S. - 4 Tools of Motivational Interviewing



Open-ended questions

-Invite many ways for a client to answer

Affirm, support

- Acknowledge
- Attributes
- Appreciation
- Compliment
- Expression of Hope

Reflective listening

-This is a statement, not a Question
"I hear you saying... Am I understanding you correctly?"

Summarize

- "Can I go over what we talked about?"
- "How does this sound to you?"

Guiding strategy for resolving ambivalence
Miller and Rollnick, second edition, 2002



Using Your O.A.R.S. Affirmations



☞ Affirmations are genuine, direct statements of support during your connection with a client directed at something specific and change oriented about the client

☞ Example:

- I appreciate your honesty.
- It sounds like you are really concerned about this.



What can staff provide with Motivational Interviewing?

☞ You can:

- Provide low-key feedback (without a lot of “I think you should”)
- Roll with resistance (avoiding arguments, shifting focus)
- Use a supportive, non-judgmental, collaborative approach



Quote for Your Thought Bag



Listening isn't a matter of
intellect or genius...it's a
habit we can all improve.

Beware of the Expert Trap

- ❧ Expert Trap: when you provide the client with solutions without having their voice be a part of the planning
- ❧ Question/ Answer Trap from Client: what would you do?

What do clients want?



∞ Special treatment

∞ Choices

∞ High quality

∞ Reliability

∞ Now

The Effects of Trauma on Communication



- ❧ Clients with extensive trauma histories could be seen as “argumentative” on one end of the spectrum or “numb” (passive) on the other end.
- ❧ At times, they could continuously be in survival mode, so they are always anticipating the worst in a situation.

Barriers to developing Trust

- ❧ Clients may find themselves seeking help just when their self-confidence is at its lowest and their sense of hopelessness is at its highest.
- ❧ Some of our clients may have been deeply hurt through disrespect.

Common barriers to survivors seeking help and hints to help them overcome

❧ Partner has threatened to kill survivor

- ❧ DV shelters are confidential and exist nationwide
- ❧ Possibility of obtaining an Emergency Protective Order (EPO) and a Temporary Restraining Order (TRO)

❧ Partner will harm or abduct children

- ❧ In most circumstances, children are welcome at DV shelters
- ❧ Legal protection of children through EPO's, TRO's, Good causes and court mandated custody arrangements

Common barriers to survivors seeking help and hints to help them overcome

❧ Shelters are scary

- ❧ Most shelters are very clean and safe
- ❧ The shelter experience can normalize the violence for survivors to help them talk about it more

❧ Does not want to legally or emotionally harm partner

- ❧ Many legal options are voluntary when working with a DV shelter
- ❧ Counseling options are often available if the survivor is not ready to leave

Resources



❧ **Missouri Coalition Against Domestic Violence**
(MCADV)

573-634-4161

MCADSV is not a direct service organization. Our purpose is to provide Education, Assistance, Alliance Opportunities, Public Policy Advocacy and Research

❧ **National Domestic Violence Hotline 1-800-799-7233**

❧ **National Sexual Assault Hotline 1-800-656-4673**

Resources



Local Resource

Life Source Consultants

- Crisis Management/Case Management
- Support Groups
- Therapy
- Education Workshops on IPV Prevention

Crisis Line: 314-524-0686

Office: 314-524-4130

Assessment of Needs with a Survivor



Observe a Person's Behavior

- Flat affect
- Fright, depression, anxiety
- Post-traumatic stress disorder (PTSD) symptoms:
- Overcompliance
- Excessive distrust

Symptoms of Clinical Depression

- ▶ Must exhibit at least **five of the following nine** symptoms for 2 weeks or more:
 - ▶ Persistent sadness or irritability
 - ▶ A loss of interest or pleasure in activities (or loss of interest in friends)
 - ▶ Weight loss or gain
 - ▶ Sleep difficulties
 - ▶ Observable agitated or slowed down behaviors
 - ▶ Concentration problems
 - ▶ Thoughts of worthlessness or extreme guilt
 - ▶ Feeling fatigued or diminished energy
 - ▶ Suicidal thoughts or preoccupation with death

Anxiety Disorders



- ⦿ Anxiety is a normal reaction to stress. It helps one deal with a tense situation in the office, study harder for an exam, keep focused on an important speech. In general, it helps one cope.
- ⦿ But when anxiety becomes an excessive, irrational dread of everyday situations, it has become a disabling disorder.
- ⦿ **Five major types of anxiety disorders are:**
 - ⦿ Generalized Anxiety Disorder
 - ⦿ Obsessive-Compulsive Disorder (OCD)
 - ⦿ Panic Disorder
 - ⦿ Post-Traumatic Stress Disorder (PTSD)
 - ⦿ Social Phobia (or Social Anxiety Disorder)
- ⦿ In general, anxiety disorders are treated with medication, specific types of psychotherapy, or both.

Post Traumatic Stress Disorder



- ❧ PTSD is an anxiety disorder that some people get after seeing or living through a dangerous event.
- ❧ Anyone can get PTSD at any age. This includes war veterans and survivors of physical and sexual assault, abuse, accidents, disasters, and many other serious events.
- ❧ Not everyone with PTSD has been through a dangerous event. Some people get PTSD after a friend or family member experiences danger or is harmed. The sudden, unexpected death of a loved one can also cause PTSD.

Symptoms of Post Traumatic Stress Disorder



☞ Re-experiencing symptoms:

- Flashbacks — reliving the trauma over and over, including physical symptoms like a racing heart or sweating
- Bad dreams
- Frightening thoughts

☞ Avoidance symptoms:

- Staying away from places, events, or objects that are reminders of the experience
- Feeling emotionally numb
- Feeling strong guilt, depression, or worry
- Having trouble remembering the dangerous event.

Symptoms of Post Traumatic Stress Disorder continued



⌘ Hyperarousal symptoms:

- Being easily startled
- Feeling tense or “on edge”
- Having difficulty sleeping, and/or having angry outbursts.

Observe Partner's Behavior

- Being overly solicitous
- Answering questions for the client
- Being hostile or demanding
- Never leaving the client's side
- Monitoring the survivor's responses to questions

Ask Directly

“Violence is a problem for many. Because it affects health and well-being, I ask all my clients about it.”



Ask Directly

- Ask questions in private.
 - apart from the partner
 - apart from family or friends
- Explain issues of confidentiality.
- Be aware of mandatory reporting laws in your state and inform the survivor of them.

Open the Door

- Find your own way of phrasing questions.
 - power in words (consider using the words “physical hurts” vs domestic violence)
- Be prepared to hear your client’s answer
- Face-to-face talk is more effective than written client questionnaires
- Caring, empathetic questions may open the door for later disclosure.

Closed-Ended vs. Open-Ended Questions

❧ Closed-Ended

Did that upset you?

Are you tired?

Do you want to go?

Can I help you?

❧ Open-Ended

How'd that make you feel?

How are you feeling?

What would you like to do?

How can I help?

Abuse Assessment Screen

- Short
- Tested in clinical settings
- Effective in identifying violence

Abuse Assessment Screen

1. In the last year (since I saw you last), have you been hit, slapped, kicked, or otherwise physically hurt by someone? (If yes, by whom? Number of times? Nature of injury?)
2. Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone? (If yes, by whom? Number of times? Nature of injury?)

Abuse Assessment Screen

3. Within the last year, has anyone made you do something sexual that you didn't want to do? (If yes, who?)
4. Are you afraid of your partner or anyone else?

Additional Questions

Emotional Abuse:

“Does your partner (former partner) ever humiliate you? Shame you? Put you down in public? Keep you from seeing friends or from doing things you want to do?”

Child Abuse:

“Within the last year, has someone made you worry about the safety of your child? (If yes, who?)”

Questions Not to Ask

- Why don't you just leave?
- What did you do to make him/her so angry?
- Why do you go back?

Reasons that your client may say no to your assessment questions

- Embarrassment/shame
- Fear of retaliation by partner
- Lack of trust in others
- Economic dependence
- Desire to keep family together
- Unaware of alternatives
- Lack of support system

Responding to “Yes”

Things you can say:

- This is *not* your fault.
- No one deserves to be treated this way.
- I’m sorry you’ve been hurt.
- Do you want to talk about it?
- I am concerned about your safety (and that of your children).
- Help is available to you.

Assess Patient's Safety

- Is either your client or their children in danger?
- Has violence escalated recently?
- Are there weapons in the home?
- If the client is not safe, does she/he have a safety plan?

Safety Planning must



- ❧ Validate the survivor's experiences
 - Of the violence
 - Of their culture, spiritual beliefs, community
 - Acknowledge their feelings, including anger
- ❧ Build on their Strengths
 - What have they done in the past to be safe?
 - What are their ideas now?
 - Assist them in visioning the short and long-term future

Components of a Safety Plan

- Pack a bag in advance.
- Have personal documents ready.
- Hide extra sets of house and car keys.
- Establish a code with family or friends.
- Plan where to go.

Patient Options

1. Stay with abuser and formulate a safety plan
2. Remove abuser through arrest or protective orders
3. Leave the relationship temporarily or permanently

Referrals

Keep a current list of local resources:

- Office and hospital personnel with special training
- Law enforcement (police, lawyers, advocates)
- Shelters (housing, support groups, advocates)
- Local hotlines
- Child protective services

Referrals

Keep a current list of local resources:

Hotlines

Life Source Consultants: 314-524-0686

Safe Connections: 314-531-2003

ALIVE: 314-993-2777

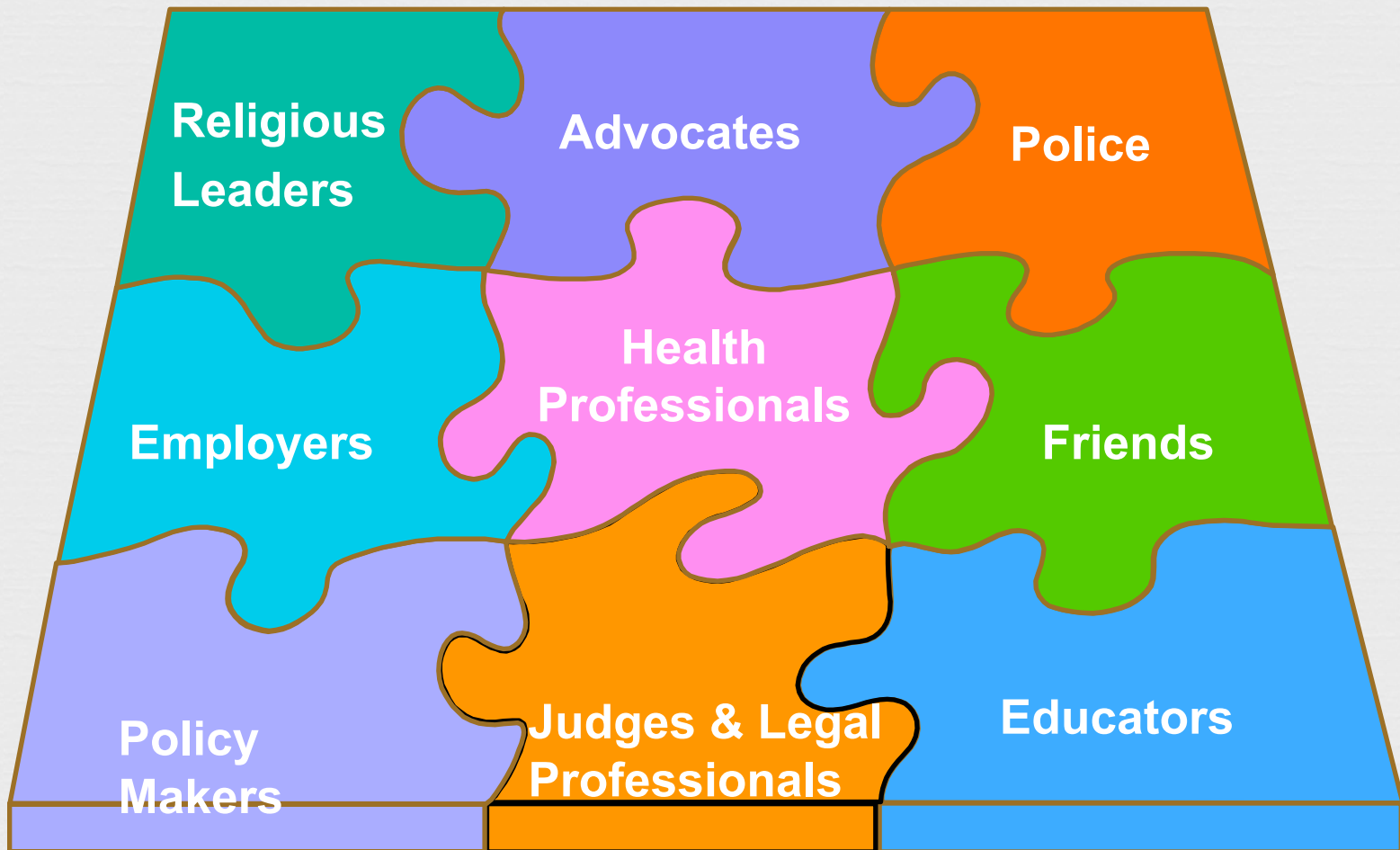
Shelters

The Women's Safe House: 314-772-4535

St. Martha's Hall: 314-533-1313

Kathy J. Weinman Shelter: 314-423-1117

Collaborative Response



The American Congress of Obstetricians
and Gynecologists; Center for Disease
Control



Chapman
Daley



Comments/Questions?



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www.projectdeamhi.org

