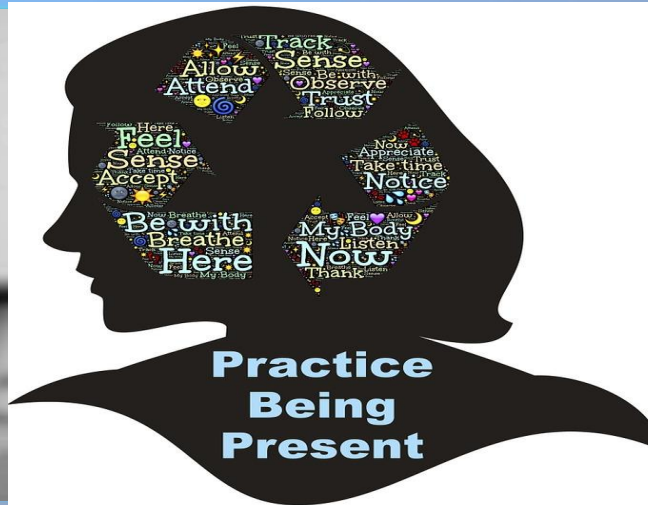


Treatment: The Connection Between Trauma and Substance Use Disorders: Creating A Healing Process



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Outline



- **Define trauma and how it effects a person over the lifespan**
- **Identify the elements of the neurodevelopmental view of childhood trauma that can help guide treatments for women with substance use disorders and children**
- **Acquire practical tools to identify past and current IPV**
- **Make brief office interventions to assist IPV victims, and offer strategies to refer**

What is Trauma: The Event

A traumatic event is one in which a person experiences (witnesses or is confronted with):

- ◆ **Actual or threatened death**
- ◆ **Serious injury**
- ◆ **Threat to the physical integrity of self or another**

Responses to a traumatic event may include

- ◆ **Intense fear**
- ◆ **Helplessness**
- ◆ **Horror**
- ◆ **Detachment**

What is Trauma: The Response

- **Frequently, a sense of humiliation, betrayal, or silencing often shapes the experience of the event.**
- **How the event is experienced may be linked to a range of factors:**
 - **the individual's cultural beliefs**
 - **availability of social supports**
 - **the developmental stage of the individual**



Defining Trauma

- ***Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.***
- **Events and circumstances may include the actual or extreme threat of physical or psychological harm or the withholding of material or relational resources essential to healthy development. These events and circumstances may occur as a single occurrence or repeatedly over time.**
- **The individual's *experience* of these events or circumstances helps to determine whether it is a traumatic event. A particular event may be experienced as traumatic for one individual and not for another.**

What is Trauma: Effects

- **The long-lasting adverse *effects* on an individual result from the individual's experience of the event or circumstance.**
- **These adverse effects may occur immediately or over time. Some people may not recognize the connection between the effects and the events.**
- **Examples of adverse effects include an individual's inability to:**
 - **Cope with the normal stresses and strains of daily living**
 - **Trust and benefit from relationships**
 - **Manage emotions, memory, attention, thinking, and behavior**
 - **Neuro-physiological make-up, health and well-being can be harmed**
 - **Traumatic experiences can lead to a constant state of arousal which eventually wears a person down, physically, mentally, and emotionally**

Trauma

***The event + the way the event is
experienced + the effect on the person=
Trauma***

Types of Trauma

Ongoing abuse and violence can induce feelings of

- shock
- disbelief
- confusion
- terror
- isolation
- despair
- loss of self worth

These, in turn, can manifest as psychiatric symptoms (e.g., hyperarousal, depression, anxiety, and sleep disruption).

Possible to develop chronic posttraumatic stress disorder (PTSD), a disorder that is a common response to overwhelming trauma and that can persist for years.

Types of Trauma

Interpersonal (Relationship) Violence

Interpersonal Violence includes

physical, sexual, emotional, economic, or psychological actions or threats of actions



that a **reasonable person** in **similar circumstances** and with **similar identities**



would find **intimidating, frightening, terrorizing, or threatening.**

Such behaviors may include threats of violence to one's self, one's family member, or one's pet.

*Interpersonal Violence can encompass a broad range of **abusive behavior** committed by a person who is or has been:*

- In a **romantic or intimate relationship** with the Reporting Party (of the same or different sex);
- The Reporting Party's **spouse or partner** (of the same or different sex);
- The Reporting Party's **family member**; or
- The Reporting Party's **cohabitant or household member**, including a **roommate**.

Whether there was such a relationship will be gauged by its length, type, and frequency of interaction.

*Interpersonal Violence is commonly referred to as intimate partner violence, dating violence, domestic violence, and relationship violence.

InterPersonal Violence (IPV): Definition

A systematic pattern of intentional intimidation through the use of threats and violence for the purpose of gaining power and control over one's partner in an intimate relationship.



IPV: Types

- **Physical: Assault on the victim's person (hit, kick, slap, etc.)**
- **Sexual: Forced or unwanted sexual acts**
- **Psychological: Woman's psychological well-being deteriorates or remains at an unhealthy level (threats, destruction of property, etc.)**

Facts About Trauma

- ▲ **What trauma is/ How common it is**
- ▲ **How trauma effects the brain and body**
- ▲ **Relationship between trauma, substance use, and other mental health issues**

Facts About Interpersonal Violence/Trauma (IPV)

- **Approximately 960,000 incidents of violence against a current or former spouse, boyfriend, or girlfriend per year**
- **More than 1 in 3 women in the USA have experienced rape, physical violence, and/or stalking by an intimate partner**
- **More than 1 in 4 men in the United States have experienced rape, physical violence, and/or stalking by an intimate partner**
- **Nearly 80% of female offenders with a mental illness report having been physically and/or sexually abused**
- **More than 3 in 4 women and men in treatment for substance use disorders report trauma histories**

Pregnancy Does Not Protect Against Trauma

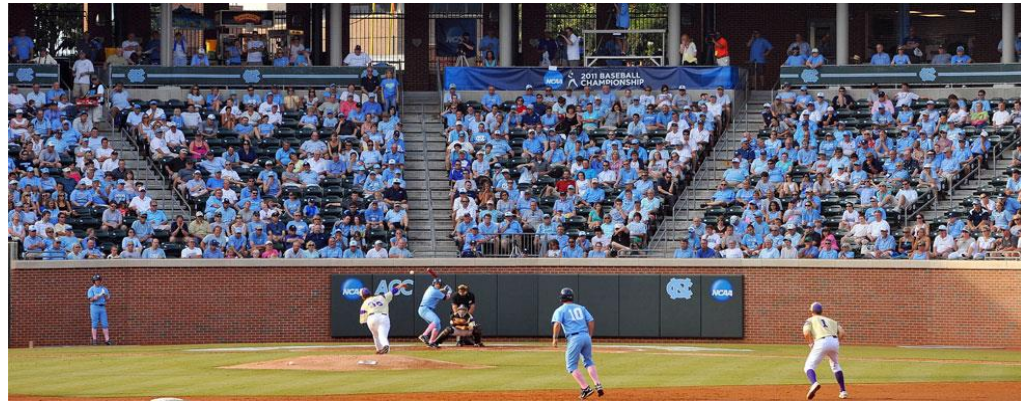
- Review of the literature reported 1-20% prevalence of IPV during pregnancy
- Among 104 Appalachian women during pregnancy:
 - 81% reported some type of IPV during the current pregnancy
 - 28% reporting physical IPV
 - 20% reporting sexual violence
- Among 715 urban drug-dependent pregnant women attending a drug addiction treatment program:
 - Lifetime: 73% physical 71% emotional 45% sexual
 - During pregnancy: 41% emotional, 20% physical 7% sexual

Trauma: A Pediatric Health Crisis

- A report of child abuse is made every ten seconds in the USA



- Approximately 5 children die every day because of child abuse and/or neglect.



Trauma: A Pediatric Health Crisis

- **Children who experience child abuse and neglect are:**
 - **59% more likely to be arrested before 18 years of age**
 - **28% more likely to be arrested as an adult**
 - **30% more likely to commit violent crime**

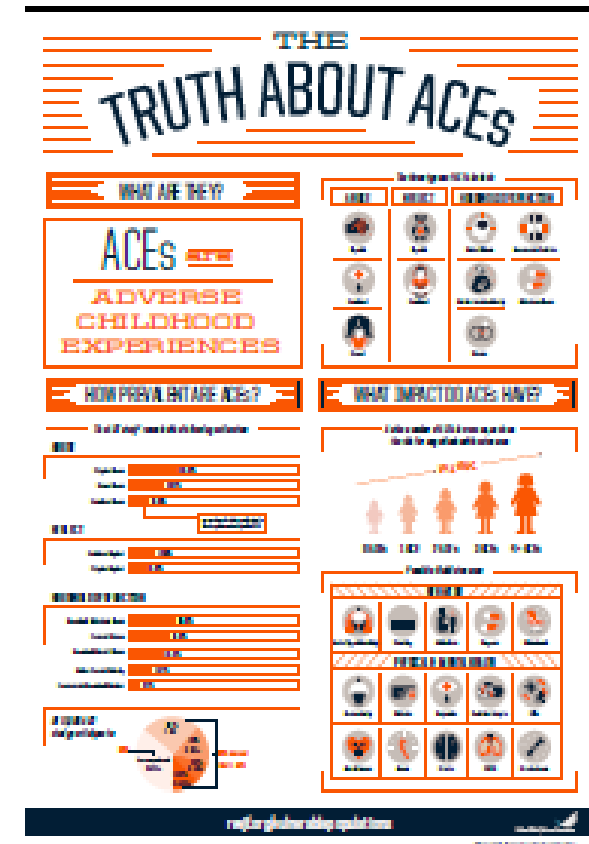
The Adverse Childhood Experiences Study

Authors: Drs. Robert Anda and Vincent Felitti

N=17,421 adults who were having medical difficulties received a survey about their childhood experiences

9 categories of adverse childhood experiences were examined

A person's ACE score is sum of the number of categories a person experienced

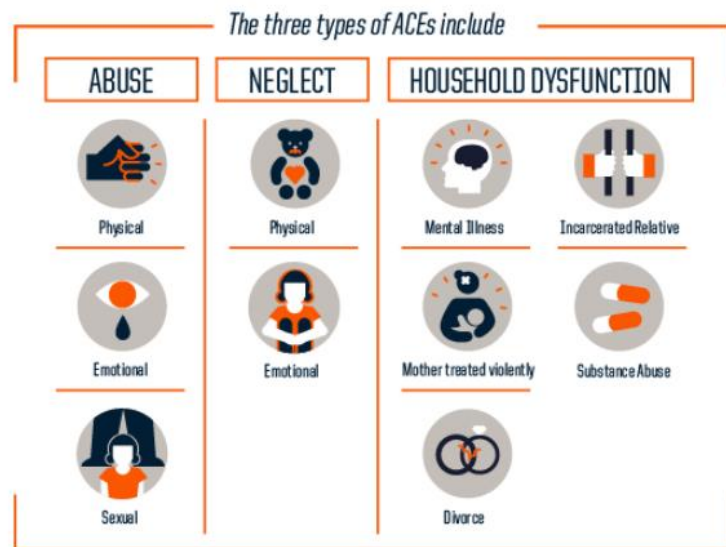


Adverse Childhood Experiences: ACE Categories

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Sexual abuse
4. Neglect

Growing up in a household where there was:

5. Domestic violence
6. An alcoholic or drug abuser
7. Someone chronically depressed, mentally ill or suicidal
8. At least one biological parent was lost to the patient during childhood – regardless of cause
9. Someone in prison



ACE Study Demographics

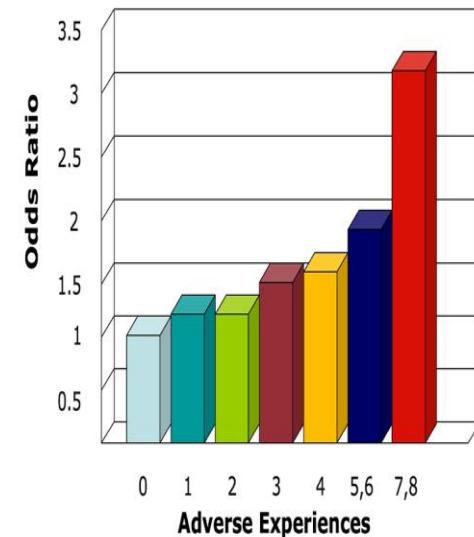
| Demographic Categories | | Percent (N = 17,337) |
|------------------------|----------------------------|----------------------|
| Gender | | |
| | Female | 54% |
| | Male | 46% |
| Race | | |
| | White | 74.8% |
| | Hispanic/Latino | 11.2% |
| | Asian/Pacific Islander | 7.2% |
| | African-American | 4.6% |
| | Other | 1.9% |
| Age (years) | | |
| | 19-29 | 5.3% |
| | 30-39 | 9.8% |
| | 40-49 | 18.6% |
| | 50-59 | 19.9% |
| | 60 and over | 46.4% |
| Education | | |
| | Not High School Graduate | 7.2% |
| | High School Graduate | 17.6% |
| | Some College | 35.9% |
| | College Graduate or Higher | 39.3% |

ACE Study Results

- Shows a relationship between a person's adverse childhood experience and their physical and mental health as adult as well as death
- The higher the ACE score the greater the likelihood that person would suffer significant health problems in adulthood
 - Heart Disease
 - Chronic Lung Disease
 - Liver Disease
 - Suicide
 - Injuries
 - HIV and STDs



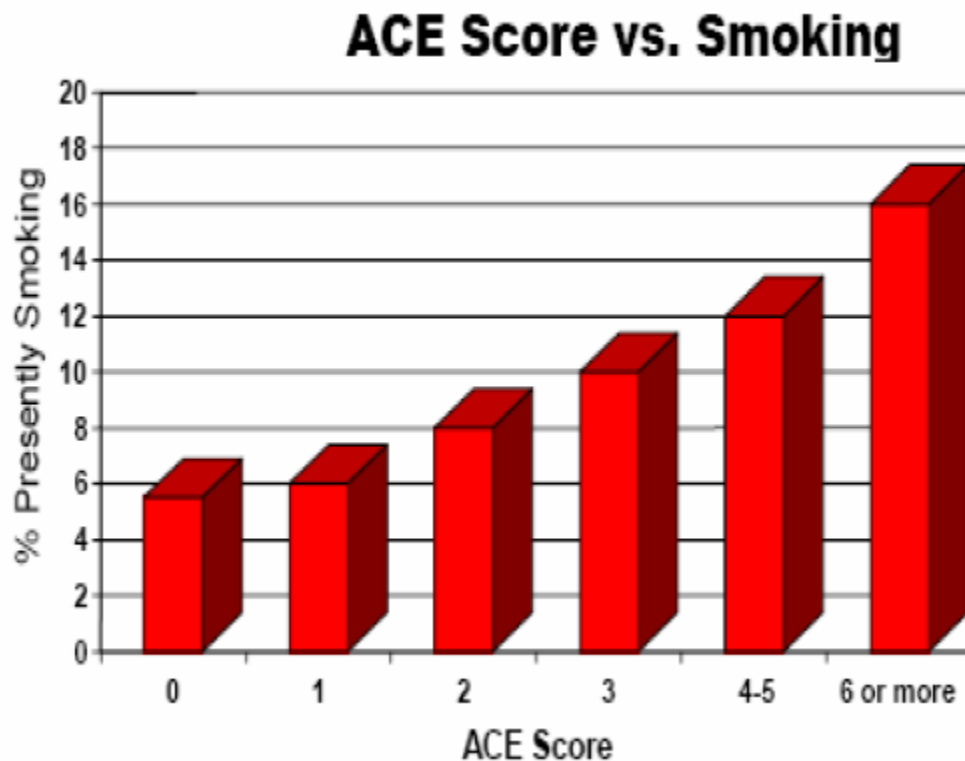
Risk Factors for Adult Heart Disease are Embedded in Adverse Childhood Experiences



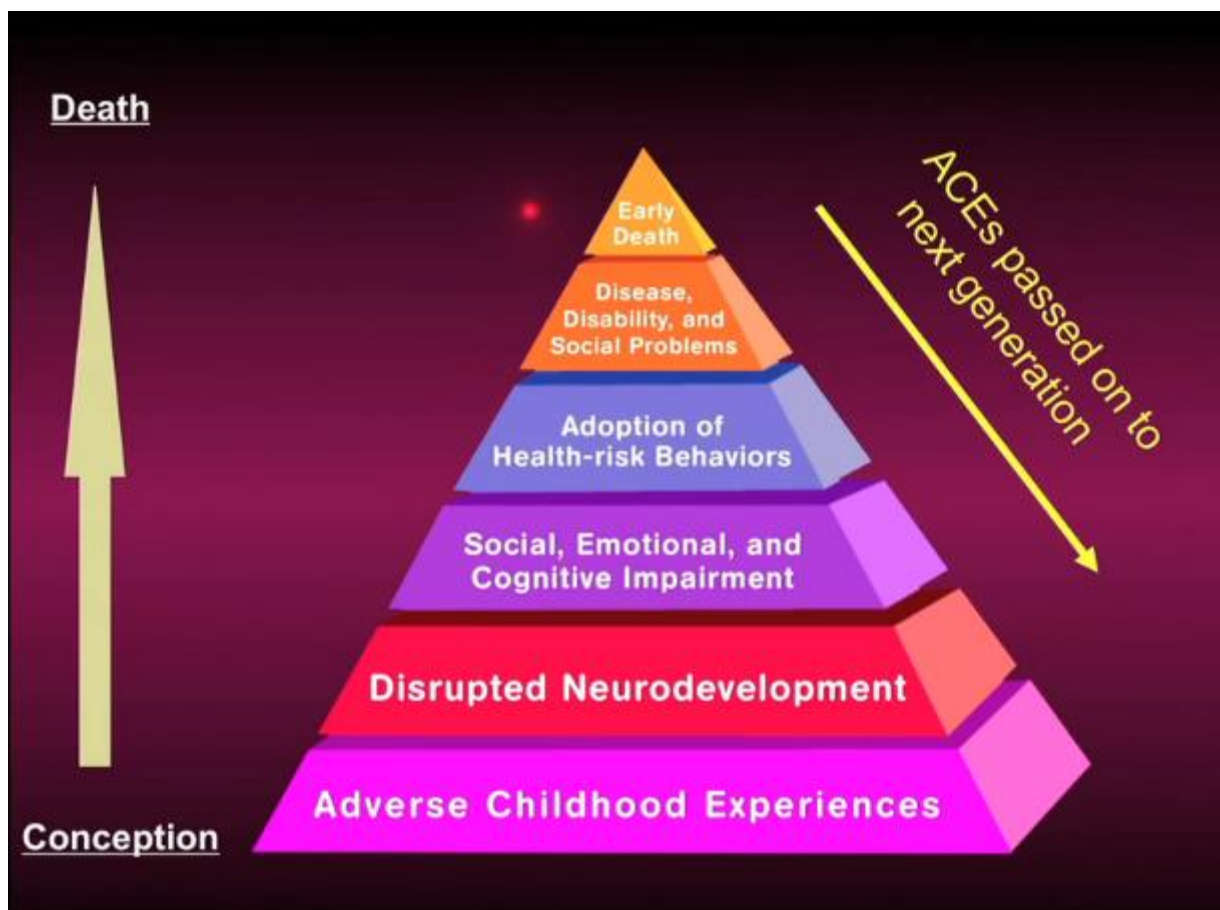
Source: Dong et al, 2004

ACE Scores Are Related To Health

- Adolescent Health
- Teen pregnancy
- Sexual abuse
- Risk of re-victimization
- Smoking
- Alcohol use disorders
- Illicit drug use disorders
- Mental health
- Relationship stability
- Workforce performance



The ACE Pyramid



Radiating Effects of Trauma

Psychological

- Anxiety
- Depression/Suicide
- PTSD
- Poor self-esteem
- Blame and guilt
- Uncontrollable emotions

Social

- Isolation/Withdrawn
- Few social interactions
- Rigid sex-role expectations



Physical/Stress Related

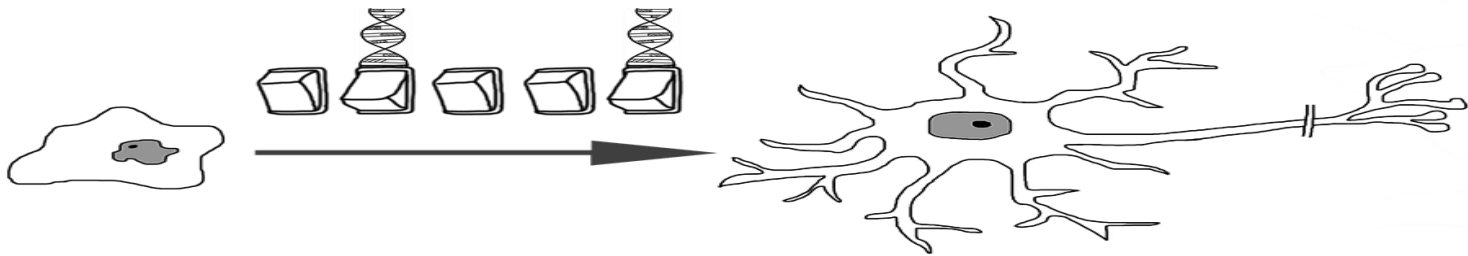
- Injury
- Sleep problems
- Nutritional/ Low weight gain
- Substance use/ Smoking
- Chronic pain
- Hypertension
- Inadequate prenatal care
- Miscarriage
- Pre-term labor
- Fetal fracture/ Fetal death
- Placental abruption
- Uterine rupture

Trauma's Effects on Children

- ◆ **Children living in homes where there is domestic violence are 15 times more likely to be abused than children from non-violent homes**
- ◆ **Parents usually think children do not know what is happening**
- ◆ **Children witness between 60-80% of assaults**
- ◆ **When children live with interpersonal violence they may witness some of the physical violence**
- ▶ **Physical injuries**
 - **Hurt while trying to intervene**
- ▶ **Abuse and Neglect**
- ▶ **Sleeping disorders**
 - **Difficulty falling asleep**
 - **Wake frequently**
 - **Refuse to sleep in their own bed**
 - **Night mares**
- ▶ **Anxiety**
 - **Worry about parents**
 - **Worry about self**
- ▶ **PTSD**

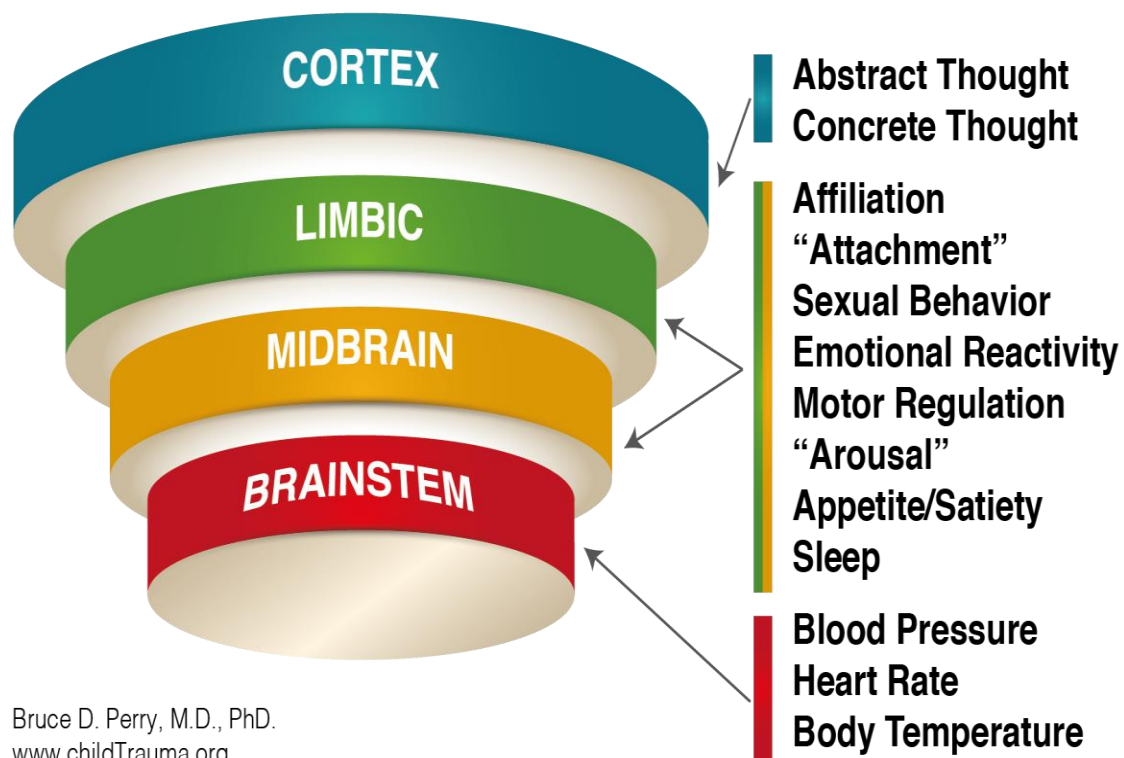
The Brain and Trauma

- At birth about 100 billion neurons have been produced
- Genes (genetic code) and the environment both influence how a baby's brain develops
- Genes are responsible for the basic wiring of the brain
- Environment and experience are responsible for the fine-tuning of those connections



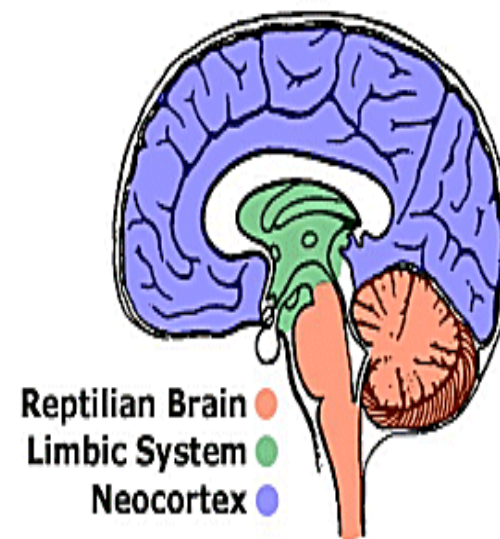
The Brain and Trauma

The brain has a “bottom-up” organization



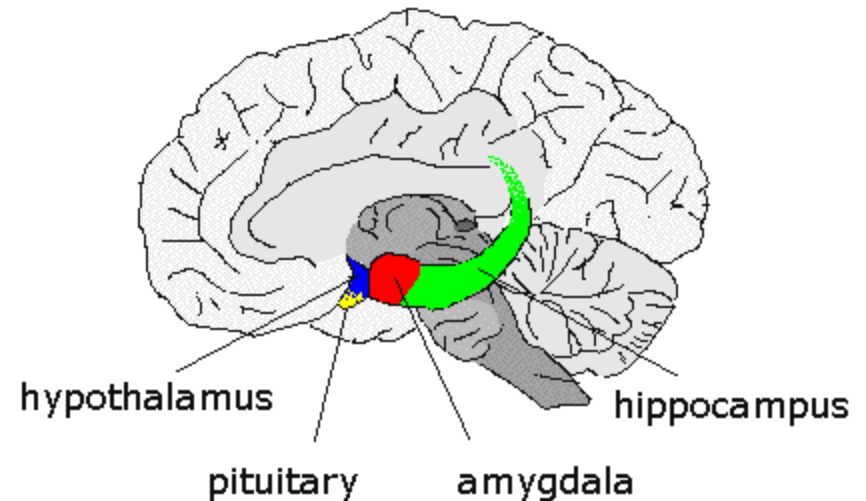
Bruce D. Perry, M.D., PhD.
www.childTrauma.org

The Evolution-Designed Brain



The Brain and Trauma: Limbic System

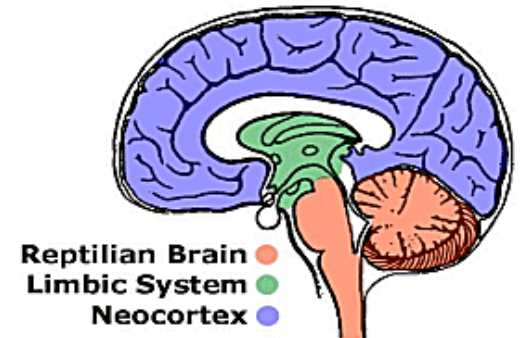
- **Responsible for:**
 - Emotions
 - Attachment
 - Memory
- **Regulates:**
 - Appetite
 - Hormones
 - Immune system
 - Sexual urges
 - Sleeping



The Brain and Trauma: Cortex

- Upper brain
- Makes up two-thirds of the brain
- Crumpled up space – if unfolded it would be about half a square yard
- Divided into two hemispheres and 4 lobes
- Regulates decision-making
- Controls thinking, reasoning and language
- Understands time – past, present, future
- Allows reflection, decisions and actions
- Responsible for abstract thinking
- Contains 80% of the neurons

The Evolution-Designed Brain



The Brain and Trauma: Cortex Development

- **The ability to regulate reactivity is related to how well your cortex works**
- **Mature cortex controls aggressive and impulsive behaviors better**
- **Factors that impair cortex functioning increases reactivity**
 - **Alcohol/drugs**
 - **Stress**
 - **Trauma**

The Brain and Trauma: Connections Form

- **Neurons and neuronal connections (synapses) change in an activity-dependent fashion**
- **This "use-dependent" development is the key to understanding the impact of maltreatment on children**
- **These areas organize during development and change in the mature brain in a "use-dependent" fashion**

The Brain and Trauma: Modified by Experience

- The more a neural system is activated, the more it will "build-in" this neural state
- What occurs in this process is the creation of an "internal representation" of the experience corresponding to the neural activation
- This "use-dependent" capacity to make an "internal representation" of the external or internal world is the basis for learning and memory
- The result of this sequential neurodevelopment is that the organizing, "sensitive" brain of an infant or young child is more malleable to experience than a mature brain

The Brain and Trauma: Changes in Childhood

- **The brain is most plastic (receptive to environmental input) in early childhood**
- **The consequence of sequential development is that as different regions are organizing, they require specific kinds of experience targeting the region's specific function (e.g., visual input while the visual system is organizing) in order to develop normally**
- **These times during development are called critical or sensitive periods**

Brain Development and Caregivers

A baby's relationship with her primary caregivers has the biggest effect on how the brain develops

Babies learn from the responses they receive from caregiving adults

When parents and caregivers respond in a positive, attentive way, babies begin to learn to care about others.

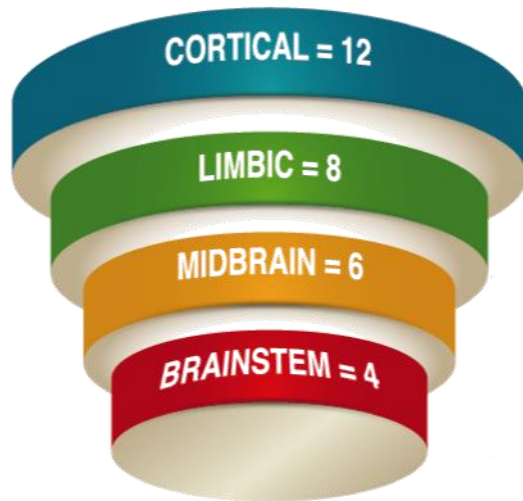
The Brain and Trauma: Maltreatment Effects

- **If maltreatment leads to disruption in the timing, intensity, quality or quantity of normal developmental experiences, however, it can have a devastating impact on neurodevelopment – and to brain function**
 - **Healthy development results in a top-heavy ratio of cortical and limbic system relative to the midbrain and brain stem**
 - **However, maltreatment during sensitive periods of brain development can change the ratios to make the brain more bottom-heavy, with lasting results**
-

The Brain and Trauma: Changes

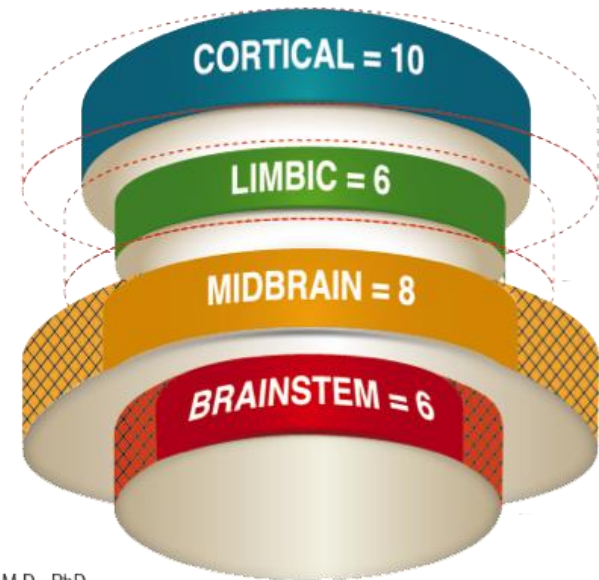
Impact of Adverse Stress on the Brain and Brain Development

Optimal Developmental Experience



Bruce D. Perry, M.D., PhD.
www.childTrauma.org

Neglect and Trauma

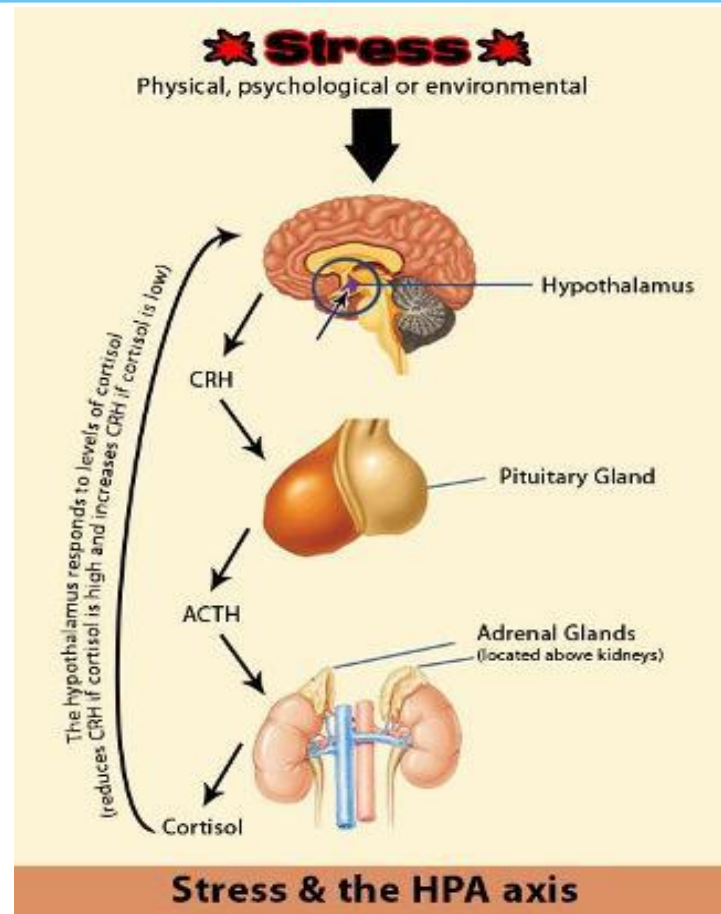


Bruce D. Perry, M.D., PhD.
www.childTrauma.org

With trauma and neglect, the midbrain is overactive and grows in size while the limbic and cortical structures are stunted in growth

The Brain and Trauma: Stress Response

- Children that learn the caregiver will be unavailable and/or rejecting when the child needs him/her may develop a chronic activation of the physiological stress-response system
- The early memories of trauma experiences may adversely color our view of the world throughout our lives



The Brain and Trauma: Stress Response Exhaustion

- Adverse childhood experiences, which lead to chronically activated stress systems, have detrimental, long-term effects on physical and mental health
- The results of the chronically activated stress response system make the provider's goal clear:
 - To normalize the stress response to allow for a return to a calm secure state.



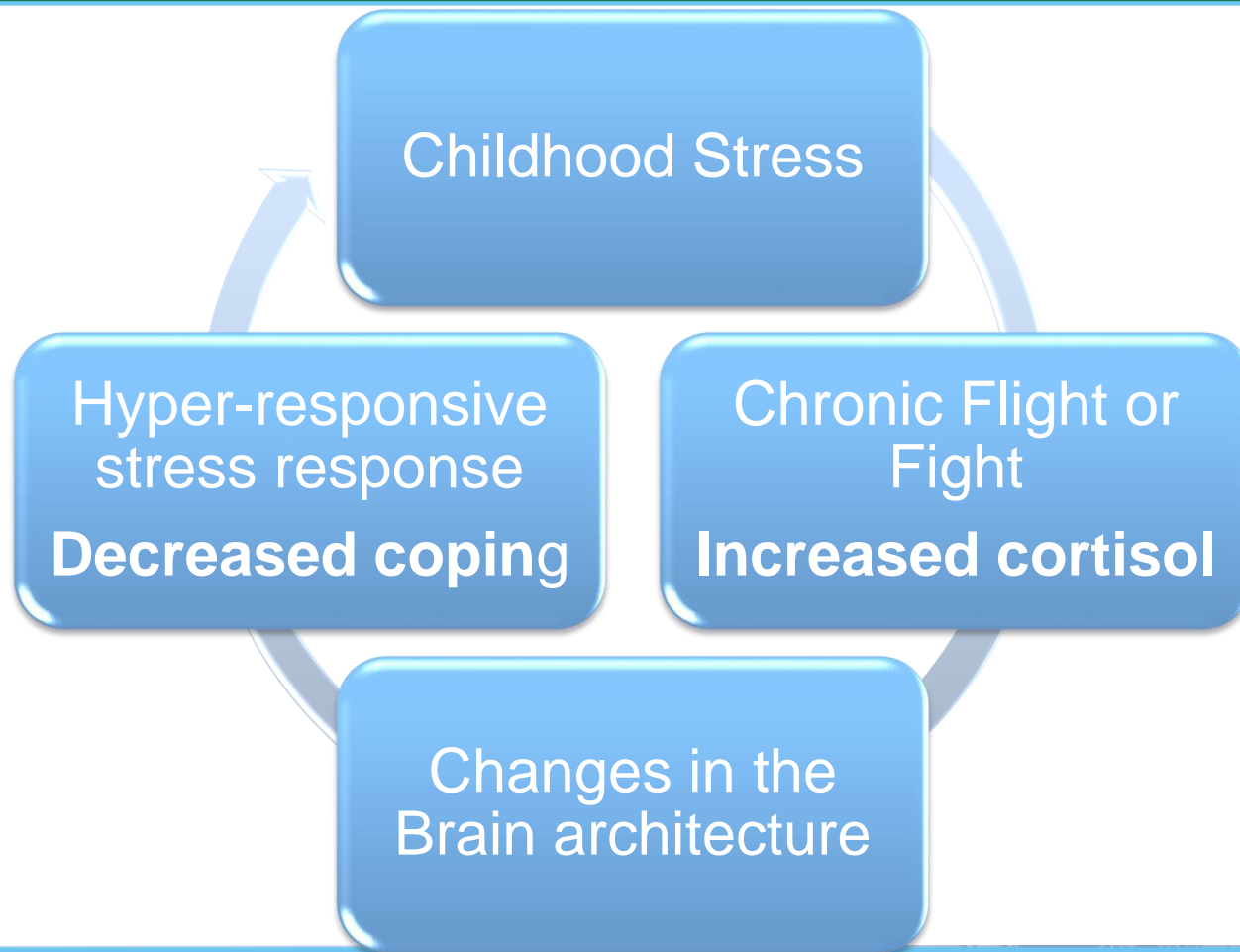
STAGE 01 - Stimuli from one or more of the five senses are sent to the brain.

STAGE 02 - The brain deciphers the stimulus as either a threat or a non-threat

STAGE 03 - The body stays activated or aroused until the threat is over

STAGE 04 - The body returns to homeostasis, a stage of physiological calmness, once the threat is gone

Impact of Early Stress



Example of Childhood Adversity

- A young child living in a home with an abusive caregiver will create a set of associations between a multiple neutral cues and threats
- These neural-cue associations become automatic – and will elicit fear response for the rest of the child's life
- The cues can be smells, sounds, types of touch, sights, facial expressions, body language
- In order to change these associations, the child must have opportunities for new experiences that will allow the brain to decrease the overgeneralization of these trauma-related associations

Protective Factors Against Trauma

Dr. Bruce Perry's Six Core Strengths for Children: A Vaccine Against Violence

ATTACHMENT: being able to form and maintain healthy emotional bonds and relationships

SELF-REGULATION: containing impulses, the ability to notice and control primary urges as well as feelings such as frustration

AFFILIATION: being able to join and contribute to a group

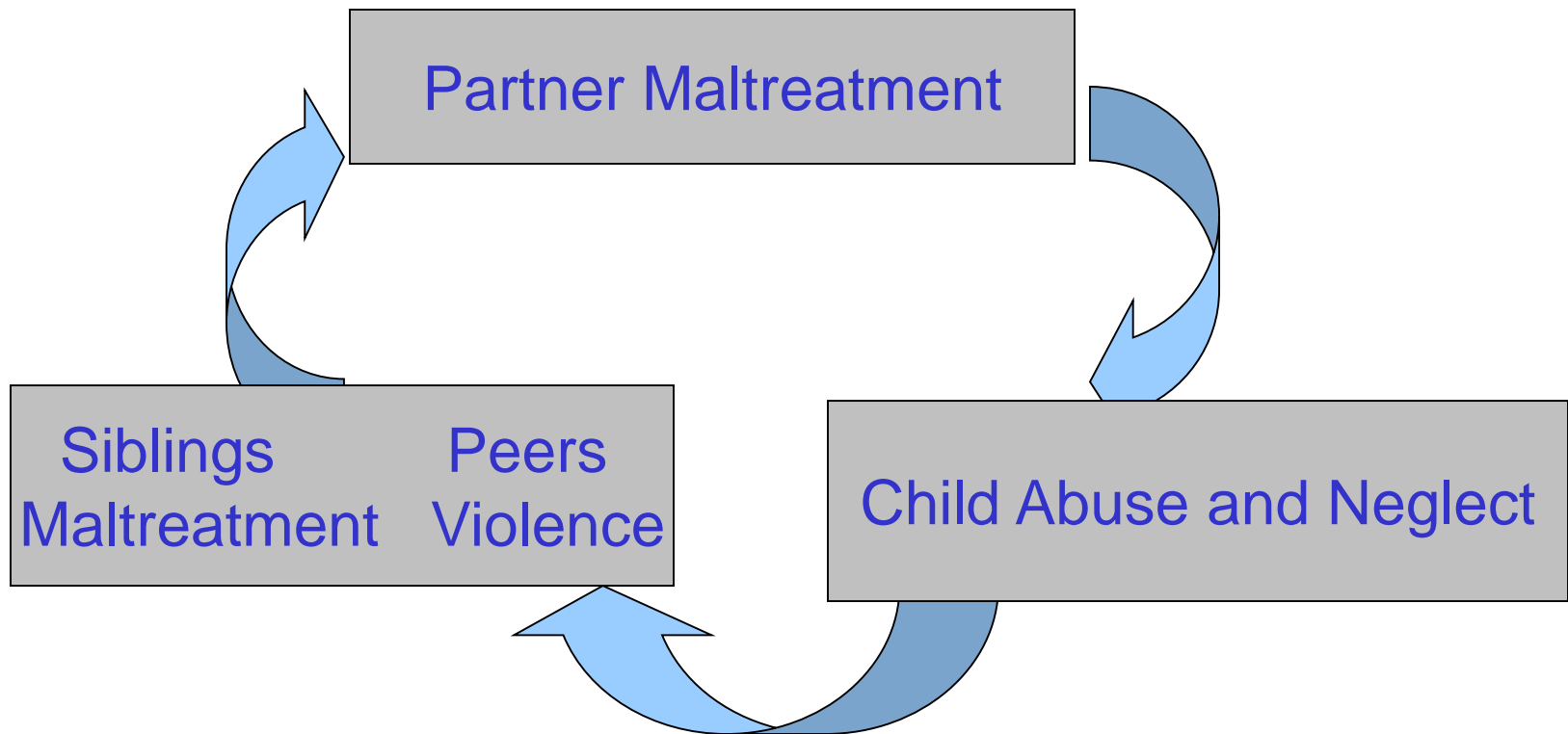
ATTUNEMENT: being aware of others, recognizing the needs, interests, strengths and values of others

TOLERANCE: understanding and accepting differences in others

RESPECT: finding value in differences, appreciating worth in yourself and others

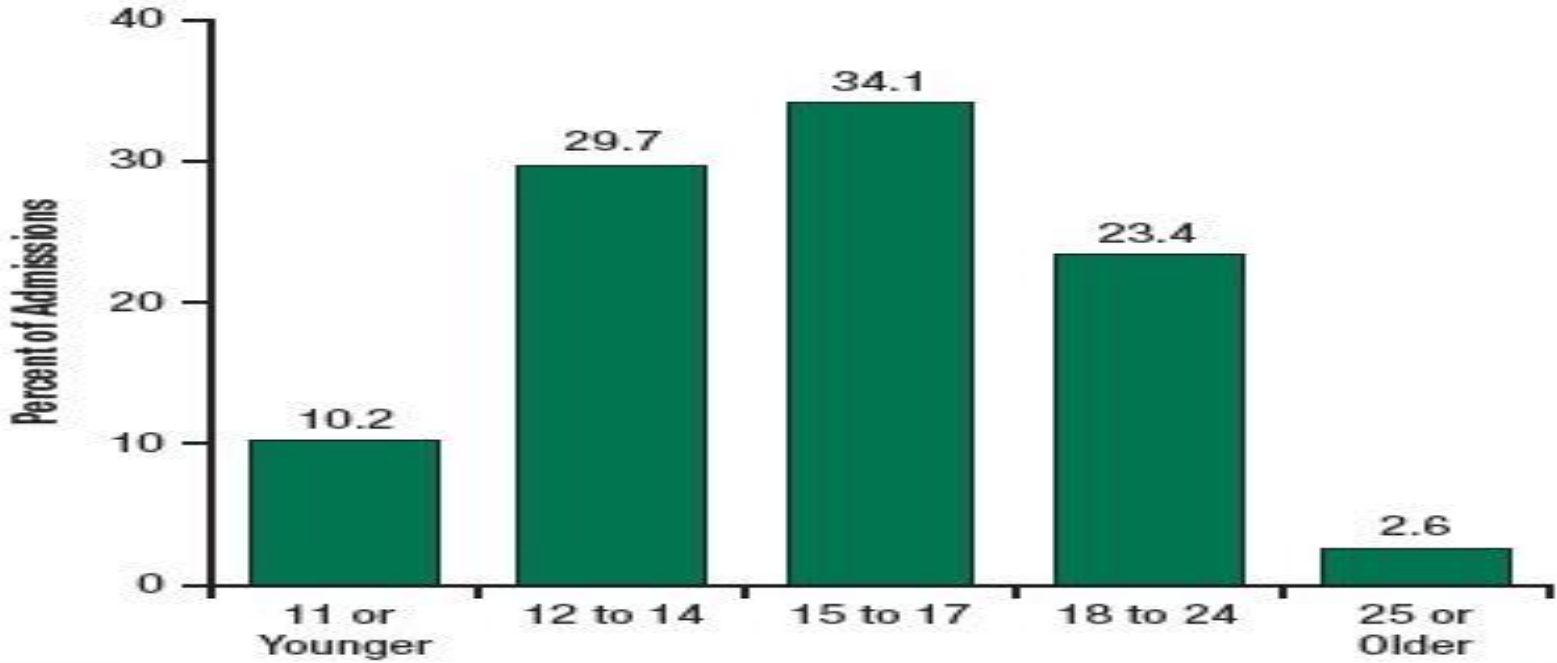
Interpersonal Violence: Intergenerational Cycle of Violence

“A child’s exposure to the father abusing the mother is the strongest risk factor for transmitting violent behavior from one generation to the next.”
(American Psychological Association Presidential Task Force on Violence and the Family, 1996)



Substance Use Disorders are Pediatric Illnesses

Just 5 percent of youth with a substance use disorder get treatment



Issues Facing Women with Substance Use Disorders

- Exposure to violence and trauma

- Generational drug use
- Legal involvement
- Lack of formal education
- Unstable housing
- Multiple drug exposures
- Lack of job acquisition and maintenance skills
- Lack of positive/supportive relationships



- Multiple psychiatric issues
- Gender inequality
- Male-focused society
- History of child abuse and neglect
- Limited parenting skills/resources
- Food insecurity and lack of nutrition

↪ ***These factors with or without drug use can influence mother and child outcomes***

Trauma Exposure: A Risk Factor for Women

History of Interpersonal Violence, Childhood Sexual Abuse, and Other Traumas

▶ History of traumatic events, including:

- sexual and physical assaults
- childhood sexual and physical abuse
- domestic violence



have been found to predict both initiation of drug use and development of drug use disorders in women

↳ *Najavits et al. (1997) reported a lifetime history of trauma in 55-99% percent of women who used drugs, compared with population-based rates of 36-51%*

Challenges in Treating Traumatic Stress and Substance Use Disorders

- **Drug abstinence may not resolve comorbid trauma-related disorders – for some PTSD may worsen**
- **12-Step Models often do not acknowledge the need for pharmacologic interventions**
- **Confrontational approaches typical in addictions settings frequently exacerbate mood and anxiety disorders**
- **Treatments for PTSD only —such as Exposure-Based Approaches often may not be advisable to treat women with addictions or may be marked by complications**

Treatments for Trauma and Substance Use Disorders

- **Sequential Model:** Initial phase may focus on substance use disorder related symptoms in preparation for working on trauma related symptoms later
- **Concurrent Model :** Additional components may be delivered at the same time but sometimes in parallel
- **Integrated Model:** Components are all working together; one informing the other



Trauma-Informed Care

A definition of trauma-informed approach incorporates three key elements:

(1) Realizing the prevalence of trauma

(2) Recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce

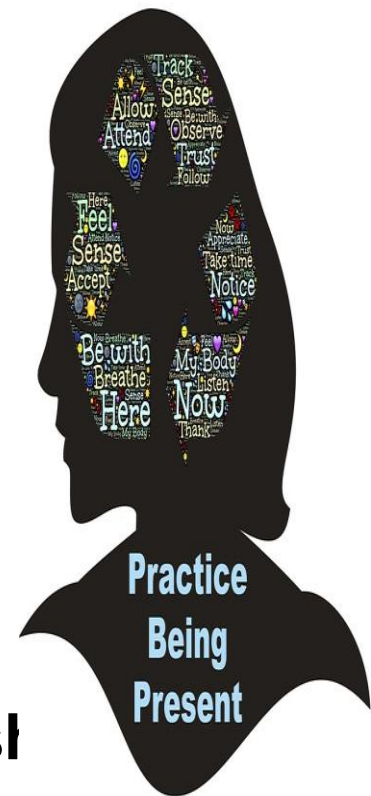
(3) Responding by putting this knowledge into practice

Integrating Trauma Treatment

Trauma-Informed Treatment
vs.
Trauma-Specific Treatment

Trauma-Informed Services: *Characteristics (WCDVS)*

- **Aware of the role of violence and victimization in women's lives**
- **Minimize victimization and re-victimization**
- **Hospitable and engaging for survivors**
- **Facilitate recovery and healing**
- **Empower**
- **Respect a woman's choices and control over recovery**
- **Goals are mutual and collaboratively established**
- **Emphasize women's strengths**



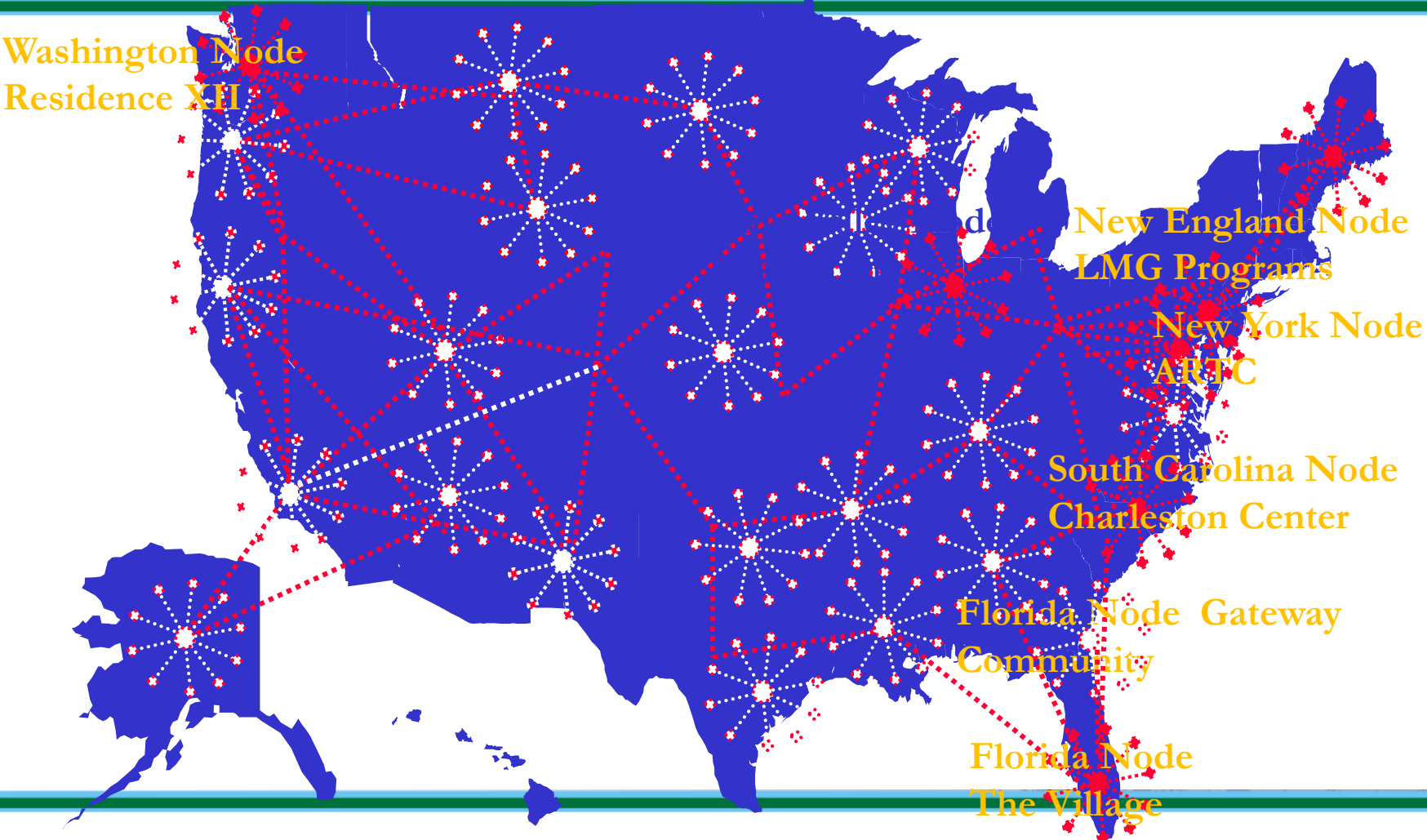
Trauma-Informed Services: *Principles (WCDVS)*

- **Respect trauma as a central concern in a woman's life**
- **Symptoms are adaptations to traumatic experiences**
- **Reframe 'Adaptive' behavior as positive coping**
- **Violence and trauma have broad impact**
- **Providers need to meet the woman where she is in her life experience**

Examples of Evidence-Based Trauma-Specific and SUD Interventions

- **ARTS: Assisted Recovery from Trauma and Substances** (Triffleman et. al, 1999)
- **ATRIUM: Addictions and Trauma Recovery Integrated Model** (Miller & Guidry, 2001)
- **COPE: Concurrent Treatment with Prolonged Exposure** (Back et al., 2014)
- **CBT for PTSD** (McGovern et al., 2010)
- **Seeking Safety** (Najavits, 1998; www.seekingsafety.org)
- **Transcend** (Donovan et al., 2001)

NIDA Clinical Trials Network Trauma Group Study Sites



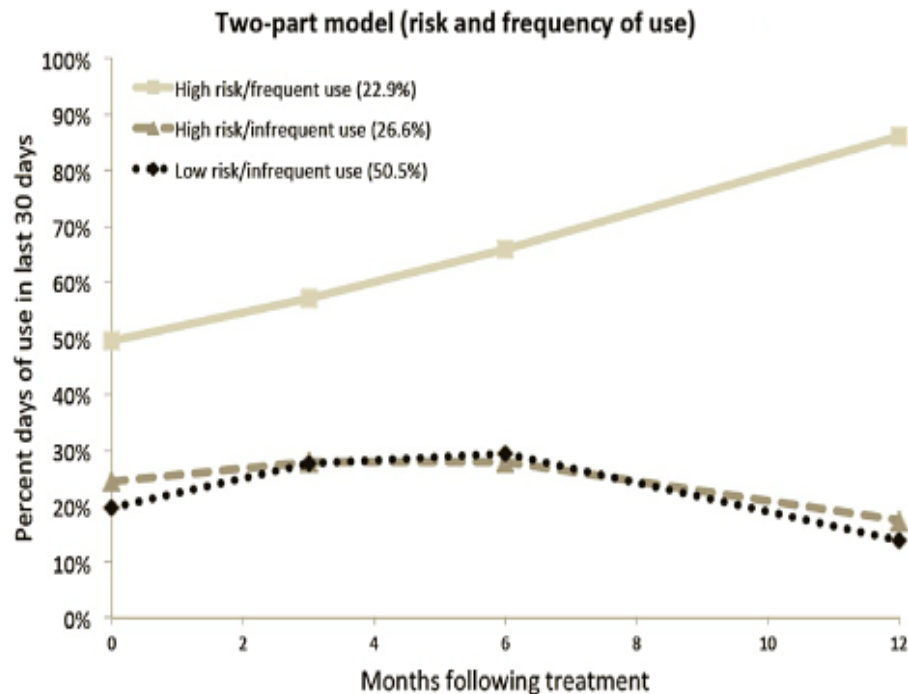
Pathways to change: Use trajectories following trauma-informed treatment of women with co-occurring post-traumatic stress disorder and substance use disorders

***Seeking Safety* + substance abuse treatment-as-usual (TAU) vs. *Women's Health Education* + TAU.**

The researchers looked at the effect of these treatment options on both substance use and the severity of PTSD symptoms.

Analyses showed large, clinically significant reductions in PTSD symptoms over the course of treatment and follow-up, but no reliable difference between the study groups.

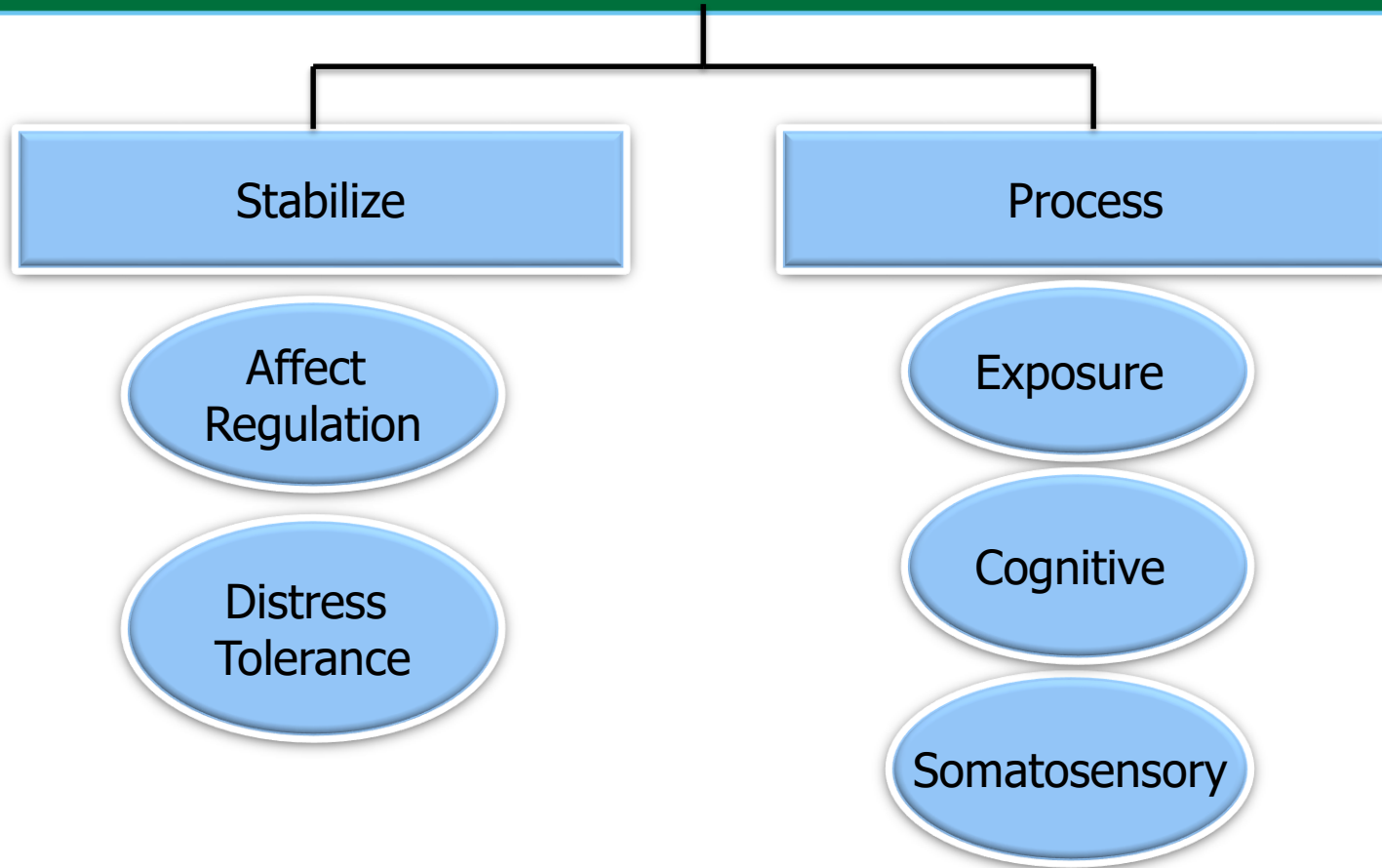
Substance use outcomes were not significantly different over time between the two treatments and at follow-up showed no significant change from baseline.



NIDA Clinical Trials Network Trauma Group Study Sites

- Findings highlight the benefit of multiple treatment episodes and the relevance of adopting a broader, 'long-range' lens.
- SUD treatment careers of women played a significant role in which post-treatment use trajectory they would ultimately follow.
- Those who reduced their PTSD symptoms during treatment were better able to manage their substance use in the year following treatment
- For clinicians, interventions for PTSD will not negatively impact SUD treatment, but may very well reduce the need of patients to use substances for self-medicating purposes.

Phases of Trauma Treatment



Potential for Vicarious Traumatization

- Sensitivity for counselor survivors
- Conducting trauma treatment should be voluntary
- Supportive environments
 - Moderate caseloads
 - Regular supervision



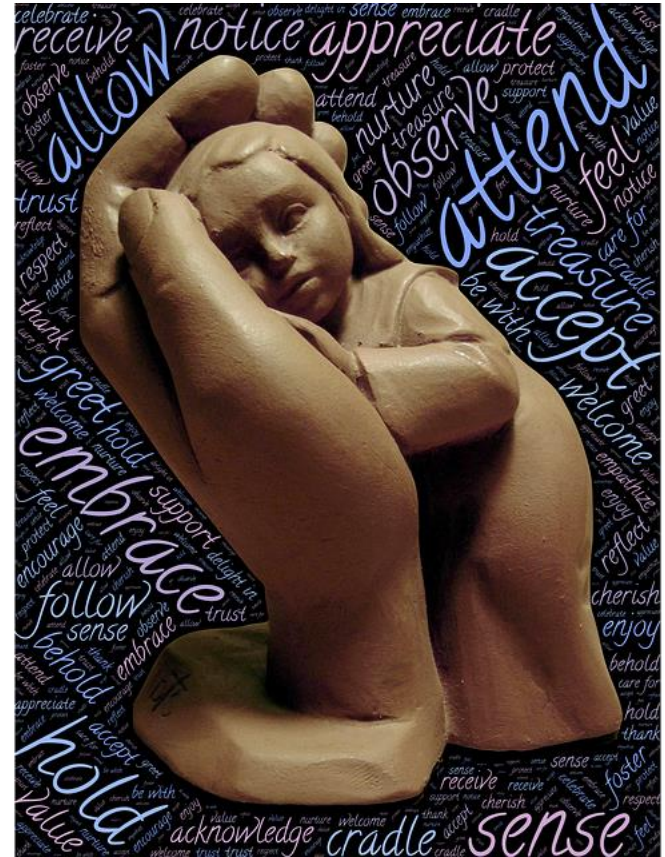
Supervision is Critical

- Protocol training is only the beginning
- A *safe* place
- Individual or group supervision
- Should not be on the 'back burner'
- Ensure fidelity to the treatment



Counselor Self-Care

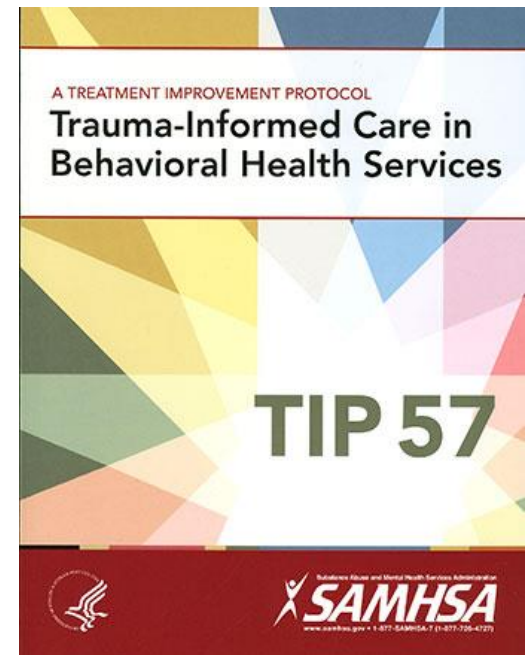
- Practice what you tell others to do
- Rest and exercise
- Opportunities for personal renewal
- Personal therapy



SAMHSA's Six Key Principles of a Trauma-Informed Approach

These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific:

- 1. Safety**
- 2. Trustworthiness and transparency**
- 3. Peer support**
- 4. Collaboration and mutuality**
- 5. Empowerment, voice and choice**
- 6. Cultural, historical, and gender issues**



Core of Trauma-Informed Care

If a program can say that its culture reflects each of these key principles in each contact, physical setting, relationship, and activity and that this culture is evident in the experiences of staff as well as the patients/clients, then the program's culture is trauma-informed

Trauma-Informed Care

***The event + the way the event is
experienced + the effect on the person=
Trauma***

***How we respond to the event in the short
term and long terms matters!***

Healing must be the focus

Trauma-Informed Care: Tools for How to Respond

DBT Skills

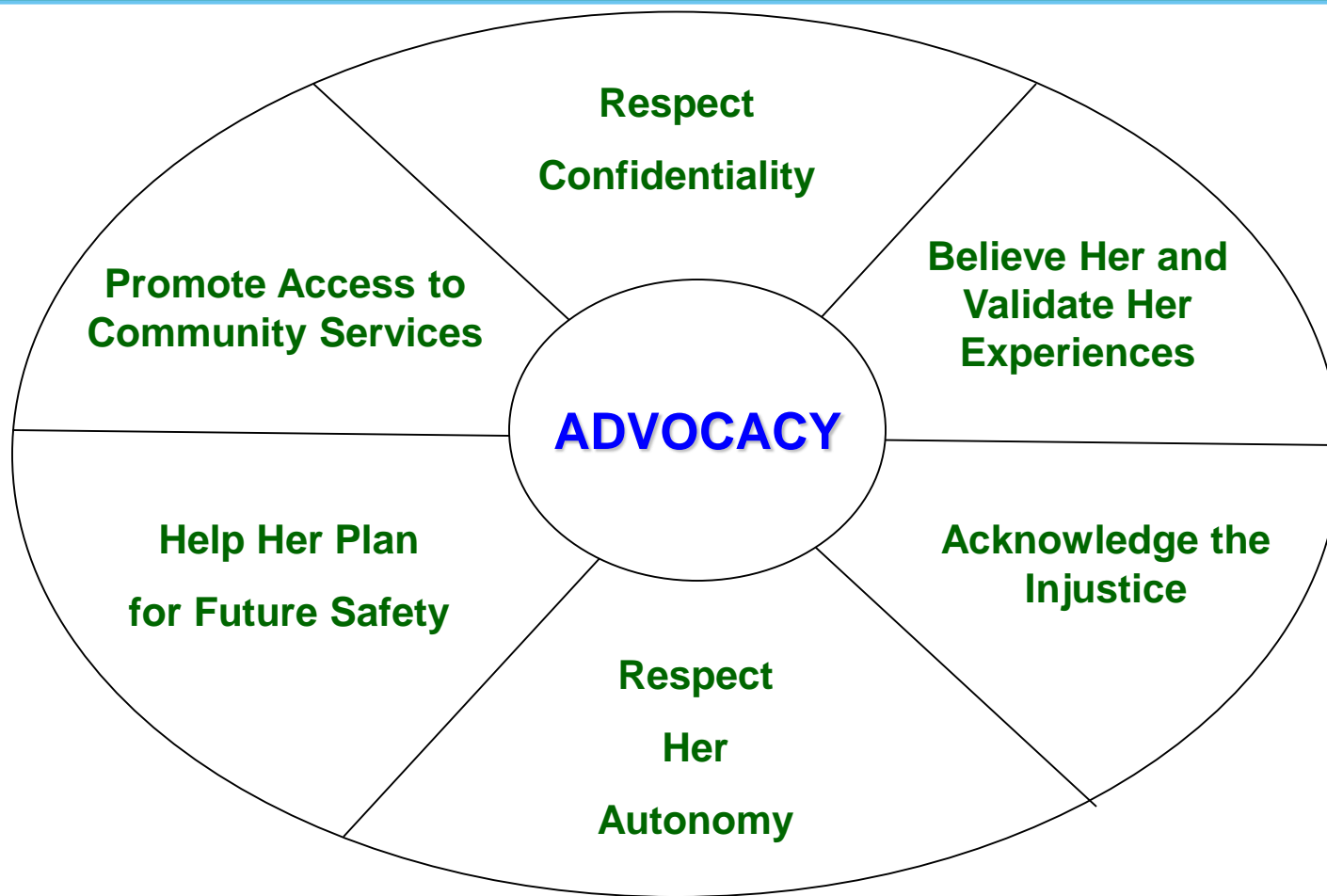
Mindfulness

Distress Tolerance

Emotional Regulation

Interpersonal Effectiveness

Interpersonal Violence: Empowerment



How to Identify Someone with IPV

Reluctance to Assess

- **Fear of re-traumatizing or upsetting patients**
- **No follow-up support**
- **Feeling intrusive**
- **One's own abuse issues**
- **Denial**

Know Your State Laws

- ◆ **Disclosing Limits of Confidentiality mandated reporting responsibilities should always be discussed with patients seeking care prior to assessing for domestic violence.**
- ◆ **It is absolutely critical for health care providers to ALWAYS discuss the limits of confidentiality prior to doing an assessment for domestic or sexual violence.**
- ◆ **Providers need to be familiar with their state law and how it is implemented. Not disclosing these limits can harm the relationship between patient and provider, can be disempowering to the patients choice to disclose/not disclose domestic violence and may put the patient at risk for retaliation by the batterer.**

Primary Care PTSD Screen (PC-PTSD)

- Designed for use in primary care and other medical settings. Those screening positive should then be assessed with a structured interview for PTSD.
- Instructions:
- In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:
 - *Have had nightmares about it or thought about it when you did not want to? YES / NO*
 - *Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? YES / NO*
 - *Were constantly on guard, watchful, or easily startled? YES / NO*
 - *Felt numb or detached from others, activities, or your surroundings? YES / NO*
- Research suggests that the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any three items.

Substance Use during Pregnancy: Recognize Risk of Violence

Women Abuse Screening Tool (WAST) – Short (4 min to complete)

❖ *In general, how would you describe your relationship?*

A lot of tension some tension no tension

❖ *Do you and your partner work out arguments with...*

Great difficulty some difficulty no difficulty

- Endorsing both underlined items correctly classified 92% victim and 100% non-victim

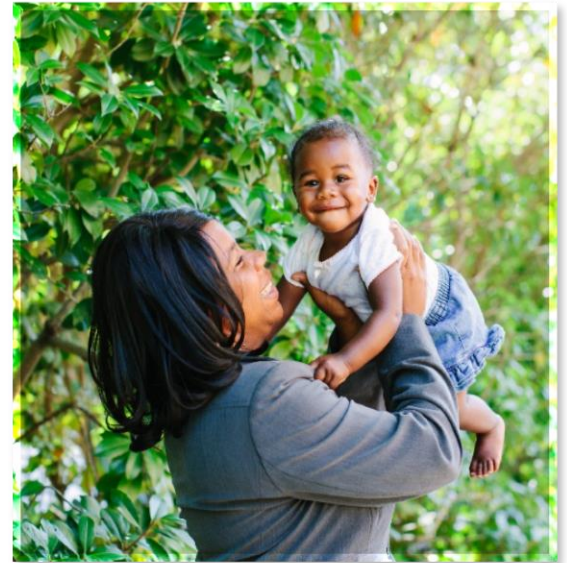
HOW TO HELP SOMEONE WITH IPV

Responding To Risk of Violence

- **If a person endorses these or other questions indicating risk for violence:**
 - **Listen to him/her and believe her**
 - **Acknowledge his/her feelings and let him/her know she is not alone**
 - **Let him/her know that no one deserves to be abused**
 - **Provide resources (hotline, shelter, spiritual)**

Empowering Survivors

- **Strength based not deficit based approach**
- **Practice empathy**
- **Practice gratitude**
- **Practice recovery language**
- **Practice telling story of recovery**
- **Practice advocacy**
- **Practice parenting skills**
- **Practice employment seeking skills**
- **Practice economic independence skills**
- **Individualized care for attachment challenges**



Educate About Danger and Adapt Treatment Response

Signs of Increasing Danger

- ↳ Abuse happens more frequently
- ↳ Abuse gets rougher
- ↳ Abuser tries to choke her
- ↳ Abuser threatens to kill her
- ↳ There is a gun in house/car
- ↳ Abuser forces sex
- ↳ Abuser uses drugs
- ↳ Abuser hits woman during pregnancy
- ↳ Abuser has been reported for child abuse
- ↳ Abuser is extremely jealous, possessive, controlling

- ↳ Recognizing that there is a high chance that women and experienced one or more traumatic brain injuries (TBI)
- ↳ A TBI has implications for treatment and how best to help women learn, remember and apply information

Support: Action Plan

Patient Contact

- **Acknowledge**
- **Safety**
- **Containment**
- **Support/Affirm**
- **Focus on coping**
- **Referral**

Documentation in patient's medical record

- **Patient's own words of injury or abuse**
- **Diagram of the injuries (body map)**
- **Photographs of injuries (consent needed)**
- **Police phone calls**
- **Safety plan discussed**
- **Medical follow-up care advised**
- **Community resources recommended**

IPV: Empowerment Advocacy

- ◆ **Respect**
- ◆ **Confidentiality**
- ◆ **Believe Her/Him and Validate Her/His Experiences**
- ◆ **Promote Access to Community Services**
- ◆ **Help Her/His Plan for Future Safety**
- ◆ **Acknowledge the Injustice**
- ◆ **Respect Her/His Autonomy**

What is Safety?

- ◆ **Achieve abstinence from substances**
- ◆ **Eliminate self-harm**
- ◆ **Acquire trustworthy relationships**
- ◆ **Gain control over overwhelming symptoms**
- ◆ **Attain healthy self-care**
- ◆ **Remove oneself from dangerous situations (such as domestic violence, unsafe sex)**
- ◆ ***Seeking Safety*: Lisa Najavits**

Summary



Cumulative experiences of stress and trauma can alter brain development and have important implications for how we treat patients

Trauma is a common and critical issue to address to help improve the patient's health and well-being

Providers can play a key role in helping empower women to find safety and remain safe and healthy