

Lesson 2 – Culture*

1

AS A RESULT OF THIS LESSON, YOU WILL BE BETTER ABLE TO:

Recognize the role culture plays in the lives of all domestic violence survivors

*The framework and concepts in this segment are adapted from the work of Sujata Warriar, PhD (with her permission)

Cultural Identity

2

What is your cultural identity?



Take a minute and
write a description
of your cultural identity
in as many words as you wish.



Cultural Factors

Here are some examples of cultural factors.

All of us have cultural factors that make up our identity.

Economic Status

Geographic Location

Class

Education

National Origin

Sexual Identity

Religion

Politics

Immigration Status

Race

Age

Language

Neighborhood

Profession

Spirituality

Gender Expression

Disability

Ethnicity

Cultural Factors

4

What cultural factors did you include when you described your cultural identity?

Impact of Cultural Identity

5

Your Cultural Identity

How does your cultural identity affect, limit or enhance your work?

Take a minute and write down the impact of your cultural identity on your work.

Survivor's Cultural Identity

How might a survivor's cultural identity affect, limit or enhance his/her access to resources and social support?

Impact of Cultural Identity - Examples

6

Some examples of how cultural identity may impact survivors (positively or negatively) include:

- Limited English proficiency may make it harder for a survivor to find out how to get a protection order.
- The belief that lesbians cannot be in an abusive relationship may discourage a survivor from admitting to herself that she is being abused.
- A survivor who was raised in a family that valued social justice may feel empowered to access help.
- A survivor from a minority community may need extra help with safety planning and may be especially concerned about confidentiality.

Cultural Misinformation

7

Sometimes people attribute DV to culture. This is misinformed. DV is widespread globally. **It is not unique to any culture**, nor does membership in any particular culture indicate whether or not someone will experience domestic violence.

While most cultures (including mainstream American culture) have some messages that support domestic violence, culture cannot and should not be used as an excuse for DV. Within the same cultures that may support an environment conducive to DV, there are usually voices and values that discourage and prohibit DV.

Lesson 3 – Co-occurring Factors

8

AS A RESULT OF THIS LESSON, YOU WILL BE BETTER ABLE TO:

Recognize the intersection of domestic violence, mental health concerns, and substance use.

Co-Occurrence of DV, MH, and CD

9

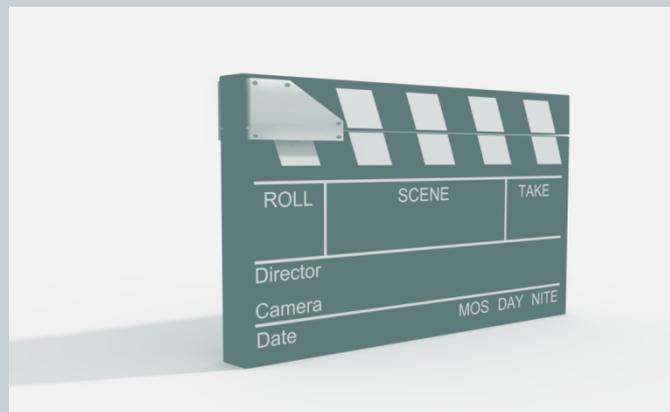
While most women who have experienced domestic violence do not experience chemical dependence or mental illness, it is important to acknowledge many survivors are dealing with chemical dependency as well as mental health concerns stemming from trauma.¹¹

CD-DV-MH Labels Video

10

Please exit this lesson, click on the link for the CD-DV-MH Labels Video, and then return to Lesson 3, Slide 11.

Please note you may NOT share the link to this video with others.



Reactions

11

Take a couple of minutes and write down your reactions to the video you just viewed.



What do you think the service recipient experienced?

How might this impact someone's willingness to meet with more than one service provider?

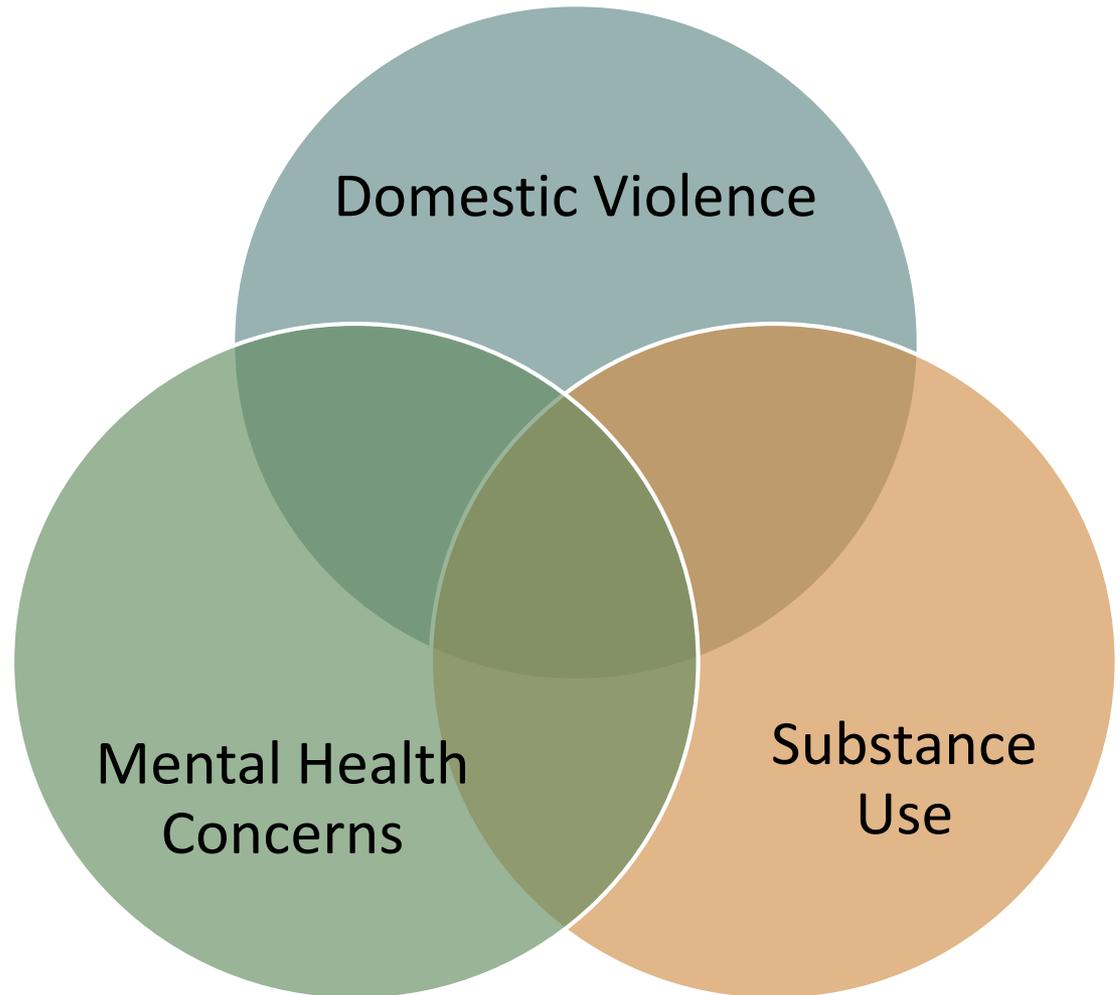
How might this impact someone's ability to get their needs met?

$$1 + 1 + 1 = ?$$

DV, MH, and Substance Use often co-occur.

Addressing one without considering the others can be harmful.

Service recipients want a holistic, integrated response to their needs.



Overlapping Issues

13

Not only do DV, MH and Substance Use frequently overlap, they also share several points in common. They all¹²:

- Involve power and control dynamics
- Impact entire families, often harming three generations or more
- Thrive in silence and isolation
- Carry great societal stigma and shame
- Limit freedom
- Can result in incarceration, institutionalization or homelessness

DV and Mental Health

14

Among women with mental health concerns, DV is particularly common and among people who have experienced DV, mental health concerns are very common.

Women who have been victimized by an intimate partner are more likely to experience a wide array of physical and mental health conditions including frequent headaches, gastrointestinal problems, depression, anxiety, sleep problems and Post Traumatic Stress Disorder (PTSD).^{13,14,15}

DV and Mental Health continued

15

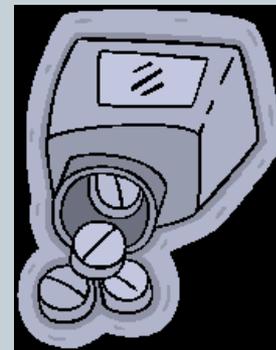
Women who experienced an abusive relationship have significantly higher rates of depression, anxiety, and post-traumatic stress disorder *after* the abuse than they did before.¹⁶

Out of 303 depressed women who were part of a large random sample, 55% reported having been abused in adulthood by “a family member or someone they knew well, such as a boyfriend.”¹⁷

DV and Substance Use

16

Substance use may be a tactic of control used by a batterer. It may also be a coping strategy used by a survivor.



Spousal abuse has been identified as a predictor of developing a substance abuse problem.



Substance abuse and high-risk alcohol use are more prevalent among women who experience DV.¹⁸

DV and Substance Use continued

17

Participants in New Beginnings' support group for chemically dependant battered women reported that batterers have:

- Tried to lure them from shelter by offering drugs
- Sabotaged recovery efforts by demanding they leave treatment
- Prevented them from attending self-help or support groups
- Terrorized them with threats of institutionalization
- Blamed them for their substance use

DV and Substance Use continued

18

Survivors have also shared that batterers have:

- Insisted on their use of illegal substances
- Escalated their violence when drugs have not been available
- Been violent after the survivor has used drugs or alcohol, so that calling 911 does not feel like a viable option
- Threatened to disclose the survivor's substance use to family members or in court

Lesson 4 – Trauma-Informed Practice

19

AS A RESULT OF THIS LESSON, YOU WILL BE BETTER ABLE TO:

Apply the philosophical framework of trauma-informed practice to your work

What is Trauma-Informed Practice?

20

It is a paradigm under which the basic premise for organizing services is transformed from *“What is wrong with you?”* to *“What has happened to you?”*

Trauma experiences are seen as having a significantly negative impact on the emotional wellbeing of the service recipient.

The Experience of Survivors

21

It is important to ground our work in the experiences of actual survivors. In order to do that, we are going to look at artwork created by a survivor.

She expressed her experiences with abuse and trauma visually by painting a t-shirt as part of the [Clothesline Project](#), a national project that encourages survivors to tell their stories through decorating t-shirts and to air their “dirty laundry.”



Her shirt is titled, “The Stress Chalice” and is included in this course with her permission.

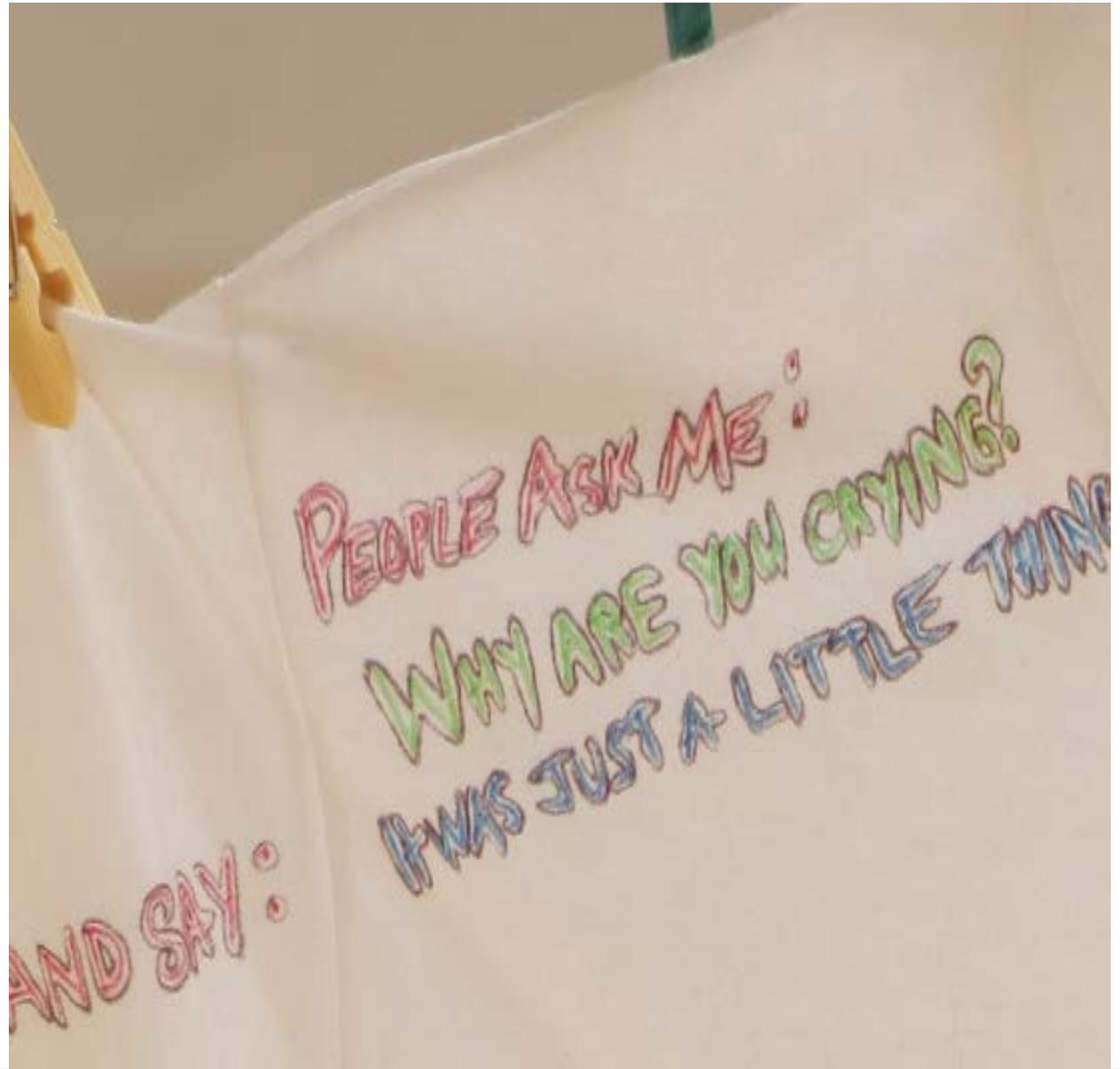
Close-up of the shoulder of the t-shirt

“People Ask Me:

Why are you crying?

And Say:

It was just a little thing!”



Stress Chalice Layers:

Continued abuse
by my ex

Medical problems and
appointments

Single parenting a child
who has witnessed DV

Making \$ ends meet

Legal and custody
battles

Today's little stressors

= My Cup Runneth
Over!



My Cup Runneth Over

24

As the “Stress Chalice” illustrates, the impact of DV is far more than the consequences of a single incident. It is layer upon layer of trauma and stress that can take a major toll on the survivor.

The cumulative effect can be that the survivor is *overflowing* with stress and emotion. This can lead to the survivor reacting in ways that seem odd or out of proportion to the situation.

Trauma Theory

25

Trauma theory emerged in the 1970s as a result of social justice movements and a new understanding of

- The impact of the Holocaust and Hiroshima-Nagasaki on survivors;
- The large number of traumatized Viet Nam war veterans;
- The global prevalence and impact of violence against women;
- The prevalence of physical and sexual abuse of children; and
- The impact of trauma on physical, psychological and neurological development.

Trauma Framework

26

A trauma framework gives us a way to:

- View trauma responses and seemingly unhealthy behaviors as survival strategies.
- Recognize the role of abuse and violence in the development of mental health symptoms and disorders.
- Understand the impact of trauma on the developing brain.

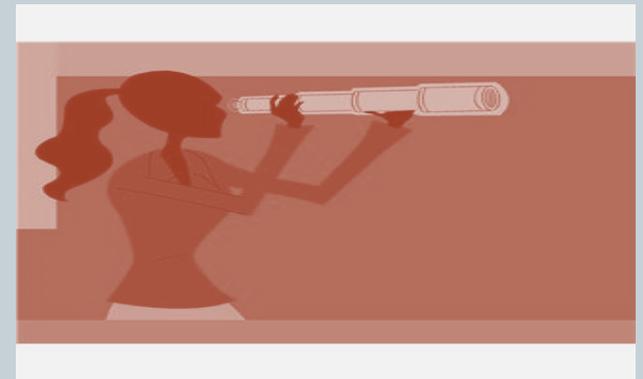


Components of Trauma-Informed Practices

27

A trauma-informed organization has reviewed and refined its services to ensure:

1. A welcoming and inclusive environment
2. The survivor's sense of control is fostered
3. A recognition of the impact of trauma



A Welcoming and Inclusive Environment

28

Recognize that entering your offices can have an effect on survivors.

Tell every person who enters your program:

“If there are things here that make you feel unsafe or uncomfortable, let me/us know...we will try to make things comfortable and safe.”

- Warshaw, Pease, et. al. (2007)



Fostering the Survivor's Sense of Control

29

Understand that much of a survivor's energy may have been spent on trying to have control over a situation in which s/he has little or no real control, such as trying to keep an abusive partner calm, or keeping the children safe.

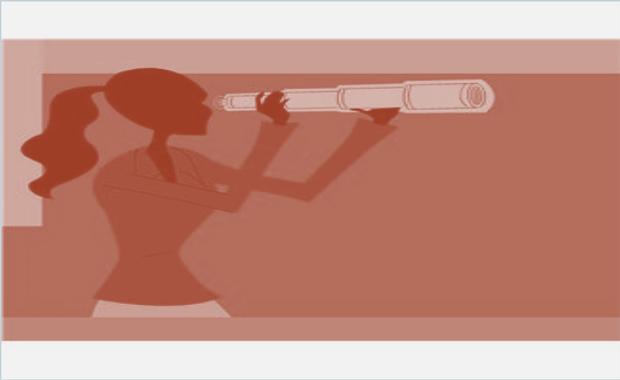


Giving up control in order to follow program rules and structure, or to interact with a service provider who is perceived as an “authority” may result in increased anxiety for the survivor.

- Warshaw, Pease, et. al. (2007)

A Recognition of the Impact of Trauma

30



Trauma can impact the survivor's behavior and their ability to process information.

It can make otherwise neutral events seem disturbing or threatening.

What Can You Do?

31

Knowing the central importance of trauma on the emotional wellbeing of survivors of DV, how might you view their needs differently?

What are you and your organization doing to offer trauma -informed services?

What else might you do?

You Need Support Too

32

Addressing domestic violence can be rewarding and it can be challenging. It is common for people who assist survivors of DV to experience vicarious trauma.

As you incorporate the knowledge you learned through this course into your work, take some time to consider these questions:

- *What support do you need to do this work?*
- *How will you get the support you need?*
- *What will sustain your efforts?*

Coming Attractions

33

Now that you are more familiar with domestic violence basics, you are ready for the course, “Domestic Violence Response for Mental Health Professionals.”

As a result of that course you will be better able to:

- Identify domestic violence related safety risks
- Assist someone who is experiencing DV with ongoing basic safety planning
- Make an appropriate referral for DV advocacy services
- Navigate coordinated care

Thank You

34

The creation of this course was a team effort of the Enhancing Knowledge Initiative Work Group of the Domestic Violence and Mental Health Collaboration Project:



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