Domestic and Family Violence Counselling for People with Intellectual Disabilities Handout

1. What is Trauma?

The term "trauma" can be used to describe "both an adverse life event" and a person's "reaction to an adverse life event" (Wigham, Hatton & Taylor, 2011). There are many definitions for the experience of trauma, but most share these common elements:

- A person experiences an event or series of events (chronic trauma) that presents an actual or perceived threat to their life or personal safety, or to that of a family member or significant other. It is important to note that the experience of trauma centres on how the individual experiences the event. Two people may experience the same event, and one may be traumatized and not the other.
- The nature of the experience includes intense emotional and physical effects associated with a sense of fear, terror, and/or helplessness that overwhelm the person's internal coping resources. The experience is so distressing it fundamentally changes how the person views and makes sense of the world, including their core beliefs about themselves, other people, and the future.
- The effects of trauma are wide ranging and can have an ongoing influence on the person's presentation (behaviours) and perspective (thoughts and feelings).
- The impact of trauma can be ongoing when people do not receive support to recover (Keesler, 2014; Saakvitne, Gamble, Pearlman & Tabov Lev, 2000 cited by Crates, Spicer, Burton, & Pullen, n.d.).

It is important to note that trauma is not experienced in the same way for everyone. A person's unique perception of a traumatic event can be influenced by many factors, including age at the time of trauma, personality, coping strategies, and life skills; environmental factors such as experiences prior to traumatic events; the type and characteristics of the traumatising event; the meaning of the trauma (personal and socio cultural); and/or the availability, skills and resources of social supports during and after the trauma (Jackson & Waters, 2015; Keesler, 2015; Substance Abuse and Mental Health Services Administration (SAMHSA), 2014).

2. Experiences of Trauma

Traumatic events can include:

- Single episode trauma – for example, a car accident, a natural disaster, a sexual assault, or the removal of a child from their family.
- Chronic trauma (ongoing or repetitive exposure to traumatic events) – for example ongoing physical, sexual and emotional abuse within a family or other daily life context (for example, residential, educational, workplace); witnessing violence between caregivers or significant others (e.g. domestic and family violence) and ongoing experiences of neglect. Developmental trauma results from early and/or ongoing trauma in childhood (Crates et al., n.d).
- Colonization or historical trauma - colonization is defined as "a process whereby one group of people assumes control over another group of people" (including their land, language, cultural practices and personal freedoms) (Manitoba Trauma Information and Education Centre (MTIEC), 2013a) while historical trauma is defined as "a collective complex trauma" or "psychological baggage" that "reverberates across communities but also generations…[as a consequence of] "the devastating trauma of genocide, loss of culture, and forced removal from family" (Sharing Culture, 2016). Examples of colonization and historical trauma in Australia include the forced

separation of indigenous children from their families; the forced removal of indigenous people from their land; and genocide. Experiences of genocide and the Holocaust are also examples of historical trauma (Sharing Culture, 2016; MTIEC, 2013a).

- War – the experience of war is a traumatic event for people who are born into or live in a cultural context of war (often for many generations); people who experience the onset of war and the loss of previous security; and people who are sent to war as soldiers and military personnel (MTIEC, 2013a).
- Complex trauma is usually a result of cumulative, repetitive and interpersonal assaults. It is particularly pernicious if it occurs in childhood and where the source of trauma is a person who has a caregiving and trusting relationship, and is meant to be a source of safety (MHCC, 2013 in Jackson & Waters, 2015).

Experiences of trauma in the lives of people with intellectual disability:

People with intellectual disability can experience the same traumatic events as anyone else, including single episode, chronic, colonization/historical, and war. At the same time, research demonstrates that people with intellectual disability (including children, young people and adults) are more likely to experience many types of trauma, including:

- Sexual Violence, Domestic and Family Violence, Physical abuse, Emotional/psychological abuse, Financial abuse, and Neglect (either a single episode or chronic)
- Social trauma – e.g. bullying, name calling, verbal abuse, exclusion from peer and community groups (this is often chronic)
- Trauma associated with experiences of institutionalization, including removal from family, multiple care placements, loss of valued relationships with family, staff, and/or co-residents, loss of culture (this can be single episode or chronic)
- Trauma associated with regulation and control of personal freedom – for example, forced sterilization, and removal of children.
- Experiences of trauma may occur in family of origin, service systems, schools, workplaces, and the wider community.

Research demonstrates:

- People with intellectual disability are more likely to experience traumatic events, especially sexual and physical abuse. (Ryan, 1994; Mansell, Sobsey & Moskal, 2003).
- Children with intellectual disability report more negative life events (bereavement, life threatening illness, move of residence and injury) (Hatton & Emerson, 2004).
- People with disability are at least 3 or 4 times more likely to experience abuse than those without disability (Sobsey, 2008; Mitchell & Clegg, 2005).
- 15.9% of women with disability or long-term health condition reported experiences of violence in last 12 months, compared to 4.3% women without disability (ABS, 2016).
- Women with physical and cognitive disabilities experience higher rates of intimate partner violence than those without disabilities, and those with cognitive disabilities are particularly vulnerable (Brownridge 2006; Cohen et al 2005).
- Vulnerability to abuse is likely to increase with the severity of a person's disability (Plummer & Findley, 2012).

3. Effects of trauma

The Manitoba Trauma Information and Education Centre in Canada outlines seven domains in which people may experience trauma effects, including physical, emotional, behavioural, cognitive, neurobiological, relational and spiritual effects (MTIEC, 2013c). Examples of effects in these different domains are outlined below:

Physical effects include:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Foetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted infections (STI's)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity and
- Adolescent pregnancy

Emotional effects include:

- Depression
- Feelings of despair and hopelessness and helplessness
- Guilt
- Shame
- Self-blame
- Self-hatred
- Feeling damaged
- Feeling like a "bad" person
- Anxiety
- Extreme vulnerability
- Panic attacks
- Fearfulness
- Compulsive and obsessive behaviours
- Feeling out of control
- Irritability, anger and resentment
- Emotional numbness
- Frightening thoughts and
- Difficulties in relationships

Behavioural effects include:

- Self-harm such as cutting
- Substance abuse
- Alcohol abuse
- Gambling
- Self-destructive behaviours
- Isolation
- Choosing friends that may be unhealthy and
- Suicidal behaviour

Cognitive effects include:

- Memory lapses, especially about the trauma
- Loss of time
- Being flooded and overwhelmed with recollections of the trauma
- Difficulty making decisions
- Decreased ability to concentrate
- Feeling distracted
- Withdrawal from normal routine and
- Thoughts of suicide

Spiritual effects include:

- Feeling that life has little purpose and meaning
- Questioning the presence of a power greater than ourselves
- Questioning one's purpose
- Questioning "who am I", "where am I going", "do I really matter"
- Thoughts of being evil, especially when abuse is perpetrated by Clergy
- Feeling disconnected from the world around us and
- Feeling that as well as the individual, the whole race or culture is bad

Neurobiological effects include:

- Jittery, trembling
- Exaggerated startle response
- Alarm system in the brain remains "on"; creating difficulty in reading faces and social cues; misinterpreting other people's behaviour or events as threatening, sleep difficulty and the need to avoid situations that are perceived to be frightening
- Part of the brain systems change by becoming smaller or bigger than they are supposed to be
- Fight, flight, freeze response (which may look different from person to person) these
- Responses are involuntary

Relational effects include:

- Difficulty feeling love, and/or trust in relationships
- Decreased interest in sexual activity
- Emotional distancing from others
- Relationships may be characterized by anger and mistrust
- Being Unable to maintain relationships and

- Parenting difficulties

4. Human Responses to Trauma

A trauma informed approach is important when working with people who have or may have experienced trauma, as is the case for many people with intellectual disability. A trauma informed approach requires an understanding of:

- The Biology of Trauma (the biological changes that occur in a stress response)
- The Continuum of Trauma (the range of traumatic stress responses)
- The Trauma/Emotion/Behaviour Triad (including "Challenging Behaviours")
- Trauma triggers
- Practices for calming a trauma response

1. The Biology of Trauma

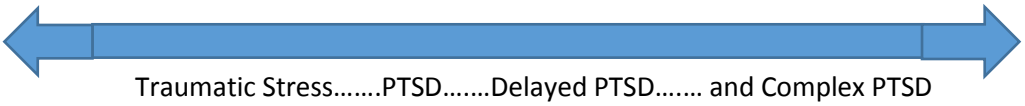
Exposure to trauma leads to "a cascade of biological changes and stress responses" (SAMHSA, 2014), including:

- Changes in limbic system functioning (the limbic system is a complex system of nerves and networks in the brain, involving several areas near the edge of the cortex concerned with instinct and mood. It controls the basic emotions (for example fear, pleasure, anger) and drives (hunger, sex, dominance, care of offspring).
- Changes in cortisol levels (cortisol is a hormone made by the adrenal glands (located on each kidney) and it is essential for life. Cortisol can: help the body to manage stress; convert protein into glucose to boost flagging blood sugar levels; work in tandem with the hormone insulin to maintain constant blood sugar levels; reduce inflammation; contribute to the maintenance of constant blood pressure; and contribute to the workings of the immune system) (https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/hormones-cortisol).
- Changes in brain chemistry (neurotransmitters) resulting in abnormal functioning (dysregulation) of the body's arousal and pain relieving systems.

2. The Continuum of Trauma

The Continuum of Trauma provides a model for understanding the range of stress reactions a person may have in response to an experience they perceive as traumatic:

The Continuum of Trauma



Traumatic Stress…….PTSD…….Delayed PTSD……. and Complex PTSD

- Traumatic Stress Reaction
  - Involuntary stress reaction
  - The body self-regulates fairly quickly

- Post-Traumatic Stress Disorder –
  - More intrusive response, interfering with quality of life, including:
  - Reliving the event
  - Avoiding reminders of the event
  - Increased arousal as a result of the event

- Delayed PTSD
  - PTSD response symptoms
  - BUT may occur much later after the event

- Complex PTSD
  - Directly connected to chronic and ongoing trauma at an early age
  - Can have direct impact on brain development and attachment process
  - Can disrupt ability to form healthy relationships across the lifespan.
  - Directly connected to chronic and ongoing trauma at an early age

Traumatic Stress Reaction can be described as "normal reactions to abnormal circumstances" (SAMHSA, 2014). A traumatic stress response may include an involuntary reaction to a situation that is experienced as highly stressful but the body is able to fairly quickly regulate itself after the stressful event. For example, having a medical procedure may trigger a significant stress response but this does not interfere significantly in the person's quality of life. A person may have a traumatic stress response to an event but not go on to develop Post Traumatic Stress Disorder (PTSD).

"Immediate reactions to trauma can vary widely and include exhaustion, confusion, sadness, anxiety, agitation, numbness, disassociation, physical arousal and blunted affect" (SAMHSA, 2014).

Post-Traumatic Stress Disorder is a more significant intrusive response to a traumatic event, and includes the ongoing experience of:

1) Reliving of the traumatic events (for example, flashbacks;

2) Avoidance of the reminders of the event; and

3) Increased arousal as a result of the event.

These three factors are considered in the formal diagnosis for PTSD. The symptoms of PTSD are ongoing; become the organizing principle of the individual's life; and interfere significantly with the person's quality of life and can be very debilitating.

"Indicators of more severe responses include continuous distress without periods of relative calm or rest, severe disassociation symptoms, and intense intrusive recollections that continue despite a return to safety" (SAMHSA, 2014).

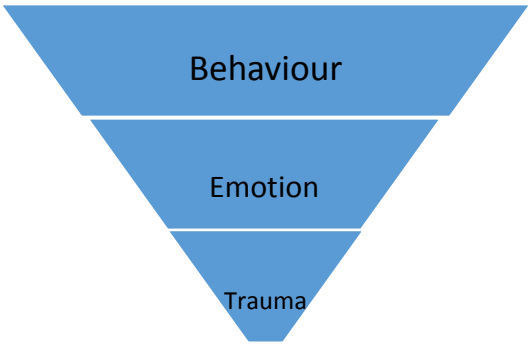
Delayed Post Traumatic Stress Disorder would include all of the symptoms and experiences listed above in the PTSD response but what is relevant to this response or impact is the symptoms may occur *much later* after the traumatic event has occurred. This can be very confusing and frightening for people who experience a traumatic event and then months or maybe even years later begin to develop symptoms of a PTSD response.

"Delayed responses to trauma can include persistent fatigue, sleep disorders, nightmares, fear of recurrence, anxiety focused on flashbacks, depression, and avoidance of emotions, sensations or activities that are associated with the trauma" (SAMHSA, 2014)".

Complex PTSD is at the far end of the continuum and is considered the most severe form of PTSD. It is characterized by a history of severe, long-term trauma at an early age in development that usually

includes exposure to caregivers (parent, caregiver, or person in a position of authority) who were cruel, inconsistent, exploitive, unresponsive or violent. This type of trauma has a direct impact on brain development (and to that end can be a cause of intellectual impairment) and the attachment process (which can impact the individual's ability to form healthy relationships across the lifespan).

3. The Trauma/Emotion/Behaviour Triad



The trauma/emotion/behaviour triad provides a model for understanding the relationship between traumatic events, emotional response, and behaviour.

Level 1: Trauma Event

Includes single episode trauma, chronic trauma, colonization or historical trauma, and war.

Levels 2 & 3: Emotional and Behavioural Responses

Emotional and behavioural responses to trauma are automatic responses triggered by the biological changes in the nervous system. These emotional and behavioural responses fall into one of three groups – fight responses, flight responses, or freeze responses. The primary (and primal) aim of these responses is survival of real or perceived danger (MTIEC, 2013b).

Fight responses (aimed at fighting off or frightening away the perceived danger) include:

- Crying
- Hands in fists, a desire to punch, rip
- A Flexed/tight jaw, grinding teeth, snarl
- Fight in eyes, glaring, fight in voice
- Desire to stomp, kick, smash with legs, and feet
- Feelings of anger and rage
- Homicidal or suicidal feelings
- A Knotted stomach/nausea, or burning stomach
- Metaphors like bombs, or volcanoes erupting

Flight responses (aimed at fleeing or escaping the perceived danger) include:

- Restless legs, or feet /numbness in legs
- Anxiety/shallow breathing
- Big/darting eyes
- Leg/foot movement
- Reported or observed fidgety-ness, restlessness, feeling trapped, tense
- Sense of running in life- one activity to next
- Excessive exercise

Freeze responses (aimed at hiding from the perceived danger) include:

- Feeling stuck in some part of body
- Feeling cold/frozen, numb, pale skin
- Sense of stiffness, heaviness
- Holding breath/restricted breathing
- Sense of dread, heart pounding
- Decreased heart rate (can sometimes increase)
- Orientation to threat

"Challenging Behaviours" in response to trauma:

Trauma response behaviours by people with intellectual disabilities are often labelled as "challenging behaviours". If we only consider the person's behaviour, without identifying the emotional response underlying that behaviour, or the root cause (trauma) underneath that, our response will often be ineffective, and may cause unintended harm. Adopting a trauma-informed approach can help to to respond more effectively to people who are demonstrating behaviours that are challenging.

4. Triggers that can activate trauma responses and Ways to Respond.

A trauma response initiated by a prior event (for example, past experience of abuse, including physical, sexual, verbal abuse, neglect, abandonment) can be triggered by actions or events that occur in the present. As such, certain actions or responses by service providers, support workers and/or family members are not compatible with the needs of people who have experienced trauma because they present a risk of re-traumatising the person; escalating the "challenging behaviour" by triggering the fight/flight/freeze response; and damaging the relationship between the person and their supporter.

Actions or events commonly experienced by people with intellectual disability that could trigger a trauma response include:

- The use of restraints, restriction or aversion practices (the pairing of an unwanted behaviour with an unpleasant stimulus - for example, electric shock, or bad taste) to manage unwanted behaviours.
- Teasing, demands, parental tones, judgments, labels, or sarcasm.
- Rejection, lack of relationships, inappropriate touching.
- Lack of attention.
- Loss, death, staff turnover (Harvey, 2012).

Calming a trauma response:

Within the human nervous system, the sympathetic nervous system (SNS) controls the body's arousal responses to perceived threat and is responsible for the "fight or flight" response; while the parasympathetic nervous system (PNS) (or "calming system") controls homeostasis (stability) and the body at rest and is responsible for the body's "rest and digest" functions (Low, 2016). When the sympathetic nervous system is activated during a trauma response the rational mind shuts down. The sympathetic nervous system can only be calmed by the parasympathetic nervous system (not by the rational mind) and soothing calming reassurance is needed (Harvey, 2012).

Mindful activities or techniques that focuses on breathing, repetitive, focusing, using the senses and being present that calm the sympathetic nervous system may include:

- Breathing exercises 2-3 counts in & 4-6 counts out; sighing, singing a fun song, yawning,
- Practicing Concrete Meditation – can use different Apps on phone, practice in session.
- Grounding Exercises using Senses – Sound (music); Smell, taste (vegemite, mints), Touch (soft blankets, pillows, pets), Sight (colours)
- Mindful movement – Yoga, stretching activities, Going for a Walk while talking; Sitting outside in garden; rhythmic movement activities (settles nervous system, self regulation)
- Repetitive activities - Drawing Colouring or Craft activity, Puzzles; exercise.
- Sleep and Good nutrition.
- High cardio physical exercise assist with burning off cortisol and increases positive hormones
- Animals, Pets - Equine therapy works really well.

These should be modelled and practiced during and outside of therapy sessions.

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