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 - - Empowering Survivors of Intimate Partner Violence

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Objectives

- Understand health impacts of IPV (ex., emotional health, psychosocial health, and physical health), with a focus on traumatic brain injuries
- Understand what occupational therapists can address based on client needs
- Understand what occupational therapists can do to support self-advocacy and empowerment
- Problem solve through client case scenarios to apply knowledge

AOTA's Statement on Domestic Violence

Occupational Therapy Services for Individuals Who Have Experienced Domestic Violence (Statement)

Purpose

The primary purpose of this paper is to define the role of occupational therapy and the scope of services available for survivors and families who have experienced domestic violence. This document is intended for use by occupational therapists, occupational therapy assistants, and individuals interested in this topic as it relates to the occupational therapy profession.

Introduction to Domestic Violence

Domestic violence is a societal problem in the United States and abroad that affects not only the survivor of the violence but also the children witnessing it, the family and friends of the survivor, and the communities in which it occurs. Domestic violence affects 1,500,000 women and 835,000 men in the United States each year (National Institute of Justice [NIJ], 2000). In the United States it is estimated that 1 in 3 women have experienced domestic violence in an intimate relationship (Heise, Ellsberg, & Gottemoeller, 1999; Helfrich, 2001). These statistics do not account for those men and women who have not spoken up and admitted that they are survivors of domestic violence or for the lasting effects that violence has on children and families. The term *victim* is sometimes used to describe individuals who are currently in an abusive relationship. The term *survivor* is used to describe individuals who are currently in the abusive relationship or who have overcome the abuse. The term survivor is viewed as more empowering and denotes the great strength and courage needed to endure and survive domestic violence.

There are numerous definitions of domestic violence depending on the state and organization. This document defines *domestic violence* as a pattern of "coercive behavior designed to exert power and control over a person in an intimate relationship through the use of intimidating, threatening, harmful, or harassing behavior" (Office for Victims of Crime [OVC], 2002). Domestic violence therefore focuses on *intimate partners*. Child and sibling abuse also may occur concurrently with or as a consequence of living in a domestic violence situation. Although women are abused in 85% to 95% of the reported domestic violence cases (Fisher & Shelton, 2006), men also are abused. New research suggests that women may be abusers in intimate relationships more often than previously thought (OVC, 2002). Therefore, it is important to view domestic violence as an issue of obtaining power and control over a partner rather than as a gender issue. Domestic violence occurs in both heterosexual and homosexual relationships at nearly the same rate. Survivors of domestic violence in a homosexual relationship, however, may have more difficulty accessing services and may face further oppression.

Additionally, women with disabilities who are abused may face additional barriers that make it more difficult to leave the abusive relationship and access services. Although there are inconsistent findings regarding the incidence of abuse of women with disabilities, several sources indicate that they are assaulted, raped, and abused at a rate twice that of women without disabilities (Helfrich, 2001; Helfrich, Lafata, MacDonald, Aviles, & Collins, 2001). These studies indicate that women with disabilities may be dependent on their partners for financial, physical, or medical support, and thus may stay in abusive relationships for longer periods of time (Helfrich et al., 2001; NIJ, 2000). Their abusers may withhold necessary equipment such as wheelchairs, braces, medications, and transportation as a means to control them (NIJ, 2000).

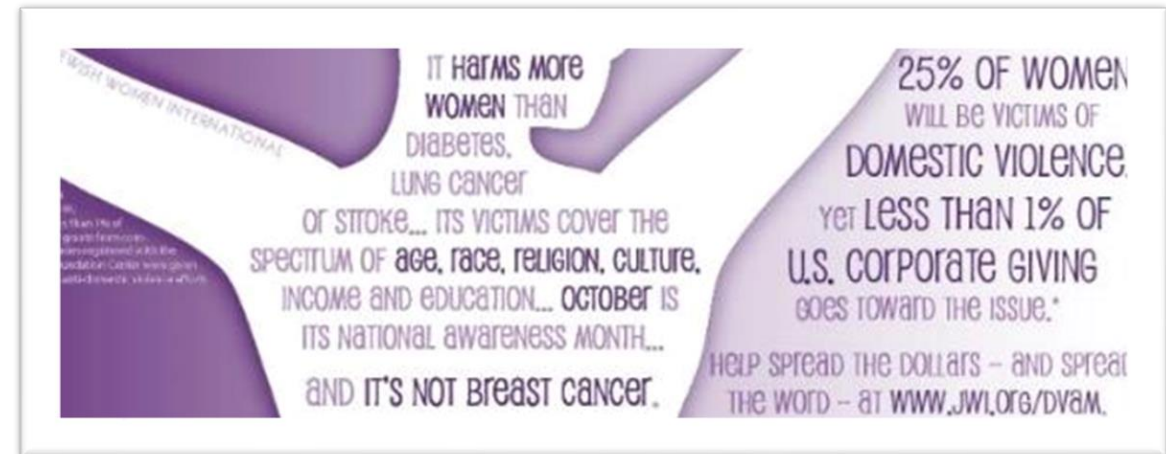
Domestic violence also affects older adults. The National Coalition Against Domestic Violence (NCADV) defines *elder abuse* as abuse by an intimate partner rather than by a caregiver (NCADV, n.d.). Domestic violence in older adults has unique considerations that include the chronic effects of abuse over many years, guilt mixed with a sense of responsibility to be the caregiver for the abusive partner, and conditions such as Alzheimer's that may mask signs of abuse or exacerbate behaviors (NCADV, n.d.).

The effects of domestic violence on children can be devastating as well. In addition to experiencing the abuse between their parents or a parent and partner, it is estimated that child abuse occurs in 30% to 60% of domestic violence cases (Appel & Holden, 1998; McKibben, DeVos, & Newberger, 1998). These children often have low self-esteem, psychosomatic complaints, nightmares, impaired social skills, and poor academic performance. They may be aggressive, withdrawn, anxious, depressed, and even suicidal (OVC, 2002). In families of domestic violence, young boys may model their father's behavior, while girls may model their mother's behavior and show more signs of withdrawal and isolation (Cummings, Peplar, & Moore, 1999; Huth-Beck, Levendosky, & Semel, 2001; Stiles, 2002). According to the OVC (2002), some children will begin to disrespect the victim of domestic violence and identify more with the abuser, modeling the manipulating power that the abuser has over the victim and the children living in the household where domestic violence is occurring. Domestic violence knows no boundaries; it crosses into all socioeconomic classes, races, societies, and ages, regardless of the sexual orientation that defines the relationships. The key issue in domestic violence is the use of a pattern of abusive behavior by the abuser to establish fear, power, and control over an intimate or formerly intimate partner.

Abuse in domestic violence comes in many forms. It may be physical, psychological, or sexual. *Physical violence* may include such behaviors as hitting, slapping, punching, or stabbing. *Psychological*

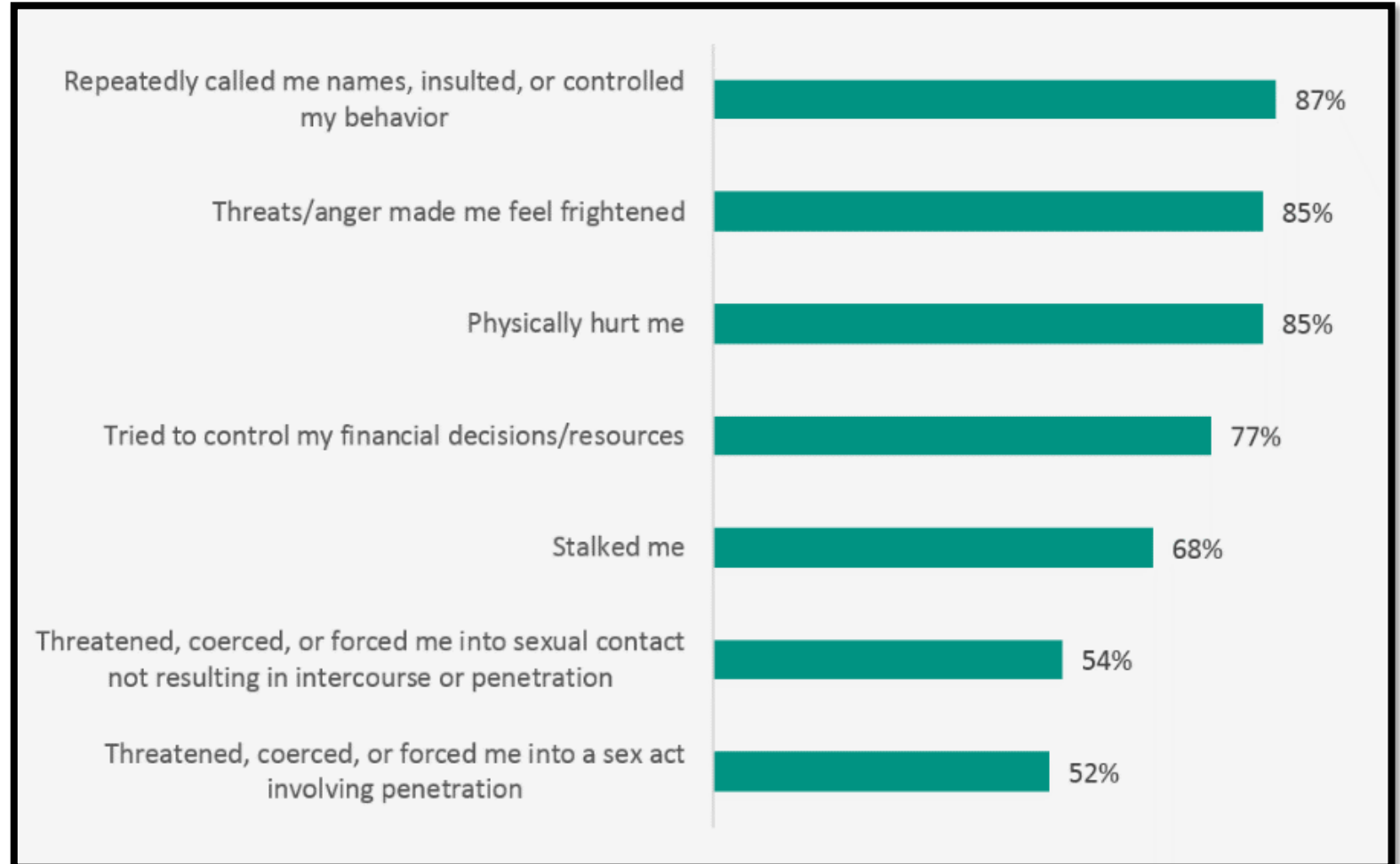
What is domestic violence?

- Intimate partner violence
 - Abuse or aggression that happens between people in an intimate relationship
 - Between spouses, individuals in dating relationships, and former partners or spouses (CDC, 2022).
 - “A pattern of behavior used to establish power and control over another person through fear and intimidation, often including the threat or use of violence” (NCAD, nd)
- Domestic violence
 - Violence that occurs amongst individuals who live together
 - This can include a partner, but also can include children, parents, roommates, and other family members (Moorer, 2021)



Forms of Abuse & Aggression

- Physical
- Sexual
- Psychological
- Stalking
- Financial
- Isolation



Domestic Violence: The impact

Intimate partner violence impacts 1 in 4 women and 1 in 7 men (Heckler, King, Jordan, et al., 2023)

41% of women and 26% of men have experienced some type of IPV (CDC, 2022)

60.8% of women and 43.5% of men have been stalked by current/past partner (NCADV, 2022)

Debate that Domestic violence is a leading contributor of preventable injury to women between the ages of 15-44.

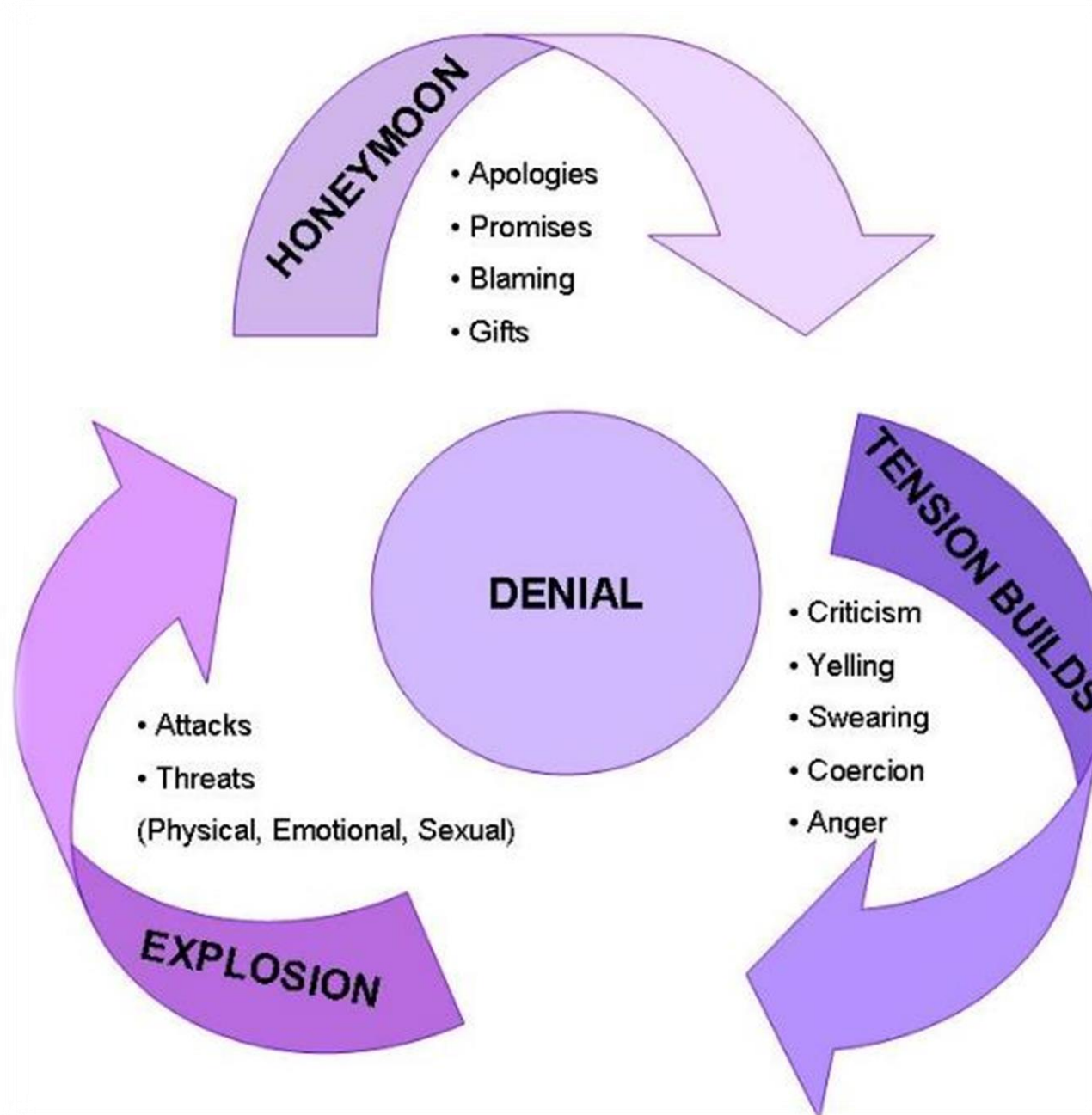
In most domestic violence cases, the crimes are committed by men (CDC, 2019)

40.4% of lesbians reported violence by their female partner and 25.2% of gay men reported being victimized by a male partner. (Brown & Herman, 2015)

From 2006–2009, there were 112,664 visits made to United States EDs with an e-code for battering by a partner or spouse. Most patients were female, and ~35 years of age

(Davidov, Larrabee & Davis, 2015; Jrl of Emerg Med).

Cycle of Violence





Long term and continued exposure cause physiological changes

Chronic exposure to stress and abuse leads to repeated Sympathetic Response

Increased chronic levels of cortisol in the brain

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graph TD; A[Increased chronic levels of cortisol in the brain] --> B[Fight, Flight, Freeze, Fawn]; B --> C[Hypervigilance]; C --> D[Aggressive behavior]; D --> E[Fear, withdrawal, isolation];
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Fight, Flight, Freeze, Fawn

Hypervigilance

Aggressive behavior

Fear, withdrawal, isolation

Overall Health Impact

- 50-70% increase in gynecological, central nervous system, and stress related conditions and problems (Campbell, 2002 – n=2,005)
- Long-term negative health consequences (ACE studies)
 - Intergenerational violence
- Many of these conditions are commonly seen in primary care clinics
 - It's preventable

Common Physical Health Conditions

- Asthma
- Cardiovascular disease
 - Hypertension
- Chronic pain syndromes
 - Overall
 - Back pain, pelvic pain
 - Painful intercourse
- Diabetes
 - Increased likelihood as noted in ACE studies
- Endocrine & immune system dysfunction
 - More colds and flu

(Black, 2011; Campbell et al., 2002; Crofford, 2007; Fisher & Shelton, 2006 ; National Coalition Against Domestic Violence, 2007; Leserman and Drossman, 2007; Perona et al, 2005)

Physical Health Consequences

- Gastrointestinal disorders and Irritable Bowel Syndrome
 - Functional GI disorders often happen around the time of the abuse (Perona et al, 2005)
 - Doctors should screen for IPV and trauma even from childhood (ACE studies, and Mayo Clinic)
- Headaches
- Insomnia
- Loss of appetite
- Sexually transmitted disease
 - Increase incidence
- Urinary Tract Infections



Microsoft PowerPoint images

Injuries



Microsoft PowerPoint images

- Back injuries
- Burns
- Concussions
- Facial injuries, fractures, lacerations
- Fractures
- Gun shot wounds
- Shoulder injuries
- Tendon injuries and repairs

Women who have experienced IPV
have 3x the risk of developing a
mental illness, including severe
conditions such as schizophrenia and
bipolar disorder compared with those
who have not.

BMJ 2019; 365 doi: <https://doi.org/10.1136/bmj.l4126> (Published 07 June 2019) Cite this
as: *BMJ* 2019;365:l4126

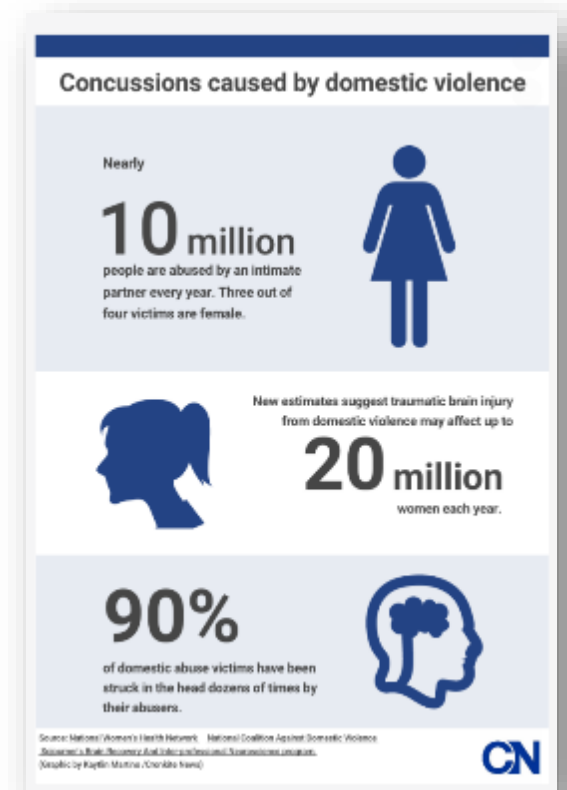
Psychosocial Effects

- 56% diagnosed with a psychiatric disorder
- 29% of all women who attempt suicide were battered
- 37% have symptoms of depression
- 46% have symptoms of anxiety disorder
- 45% experience post-traumatic stress disorder
- 20% of survivors report experiencing a new onset of a psychiatric condition:
 - MDD
 - GAD
 - PTSD



Domestic violence and brain injury

- Where do you think are the most common injuries?
- Maxillofacial region accounts for 50.4% (Saddki et al, 2010)
- Punching, kicking, hitting, strangling are risks



Brain Injury – Impact on Cognition

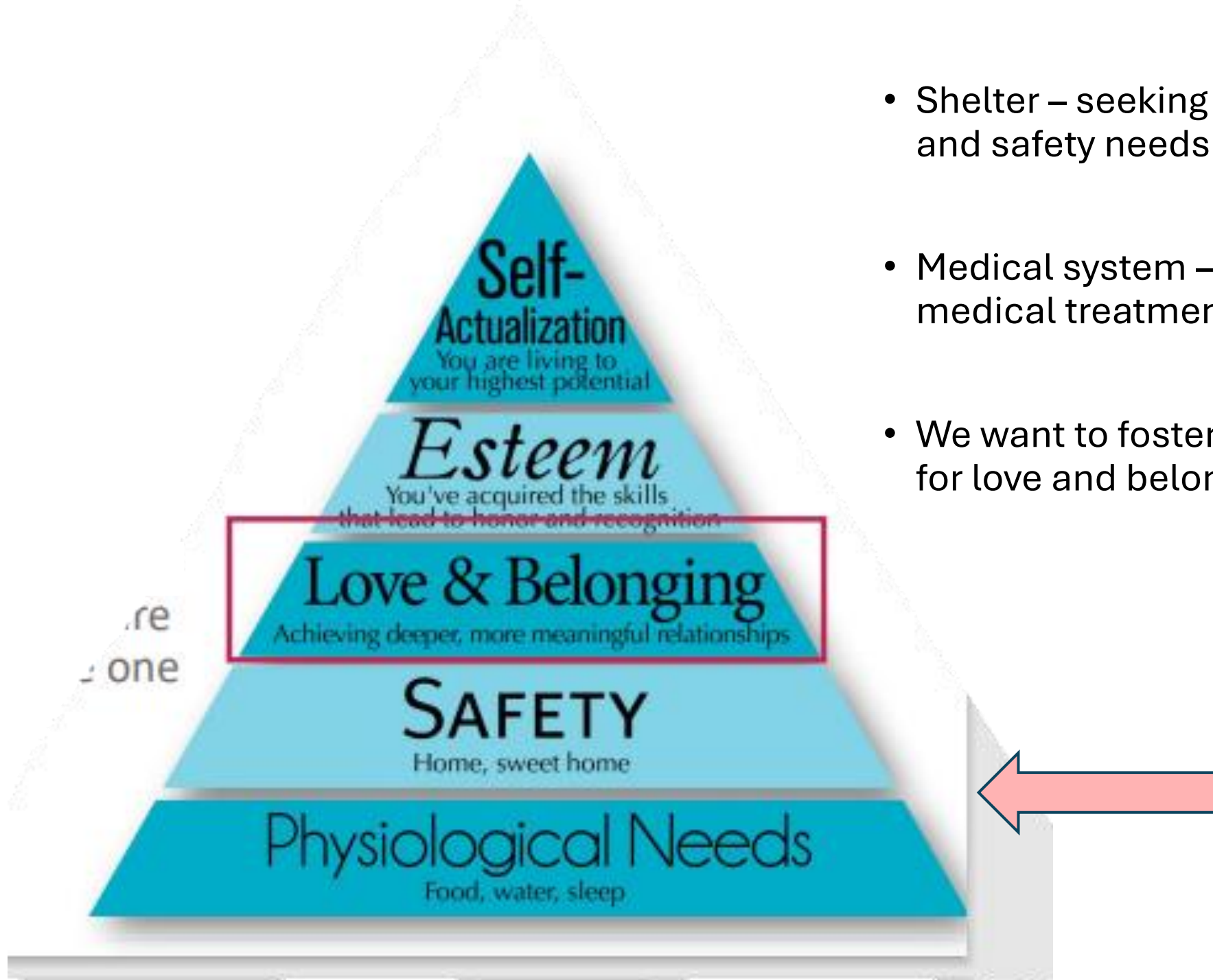
- Executive functions
 - Initiation
 - Planning
 - Problem-solving
 - Mental flexibility
 - Self awareness
 - Controlling impulses
- Attention difficulties
- Impaired memory
- Difficulty completing tasks
- Double vision
- Headaches



Impact of TBIs: Daily routines and activities

- Changes in appetite and sleep
- Difficulty completing self-care and ADLs
- Difficult to drive to and from work, and sustain the focus for work
- Impact relational exchanges – and may be combined with other mental health conditions such as PTSD
- Negatively impact parenting skills and other IADLs (shopping, financial mgt, etc)
- Decreased motivation

OT and IPV



- Shelter – seeking physiological and safety needs
- Medical system – seeking medical treatment and support
- We want to foster connections for love and belonging

Behavioral, Physical & Mental
Impacts Negative affect Role
Participation

- Parenting role
- Partner role
- Worker role
- Student role
- Family role
- Habits – adaptive or maladaptive



“Everything is an obstacle”
“It’s really, really hard. You have to start all over.”

Exhibit 1. Aspects of the Occupational Therapy Domain

All aspects of the occupational therapy domain transact to support engagement, participation, and health. This exhibit does not imply a hierarchy.

Occupations	Contexts	Performance Patterns	Performance Skills	Client Factors
Activities of daily living (ADLs) Instrumental activities of daily living (IADLs) Health management Rest and sleep Education Work Play Leisure Social participation	Environmental factors Personal factors	Habits Routines Roles Rituals	Motor skills Process skills Social interaction skills	Values, beliefs, and spirituality Body functions Body structures

Evaluation and Goal Setting

History: Marisol has a son who is 6 years old. She has filed for divorce. Marisol has a high school education and is not working. She has Type I Diabetes Mellitus and an A1C of 12. She was married to her abuser for 7 years. She has no work hx. She doesn't know her father and reports growing up in a DV home where her grandmother abused her mother. They would then withhold food from her and her sister.

Stress Level: 8

Occupational Therapy Lifestyle Medicine Checklist (1-10): Healthful eating 4, Physical Activity 4, Stress Management 3, Social Connections 7, Sleep 5, Work/School 2, Leisure/Hobbies 2, Avoiding Risk Substances 9.

Psychosocial Well-being: Struggles with anxiety and depression. She has low self-esteem and cries often.

Current Coping Strategies: Praying

Occupational concerns: She is working with her case manager to explore housing options. She has no job and is stressed and anxious as she has never worked full-time. She is not engaging in any leisure activities or hobbies.

Goals: Within 3 weeks, client will:

1. Create a meal plan that aligns with her physician recommendations for diabetes management.
2. Identify and engage in 1 leisure activity 3x/week for 2 weeks to support stress management and build self-esteem.
3. Explore and identify 3 job opportunities.

Settings IPV can be shown

Primary care clinics

Hospitals and rehab centers

Urgent care clinics

Outpatient occupational therapy settings – hand clinics, pediatric clinics

Schools

... And any other setting that OTs work in

What are 3 *general* approaches we can take with our clients?

- Inquire about DV on the evaluation or screening tool
- Provide a referral to SW or a marriage and family counselor, or resources for local DV organizations
- Address impacted client factors in OT intervention

What to do if IPV is suspected?

Asking client/patient individually (without suspected perpetrator) and directly

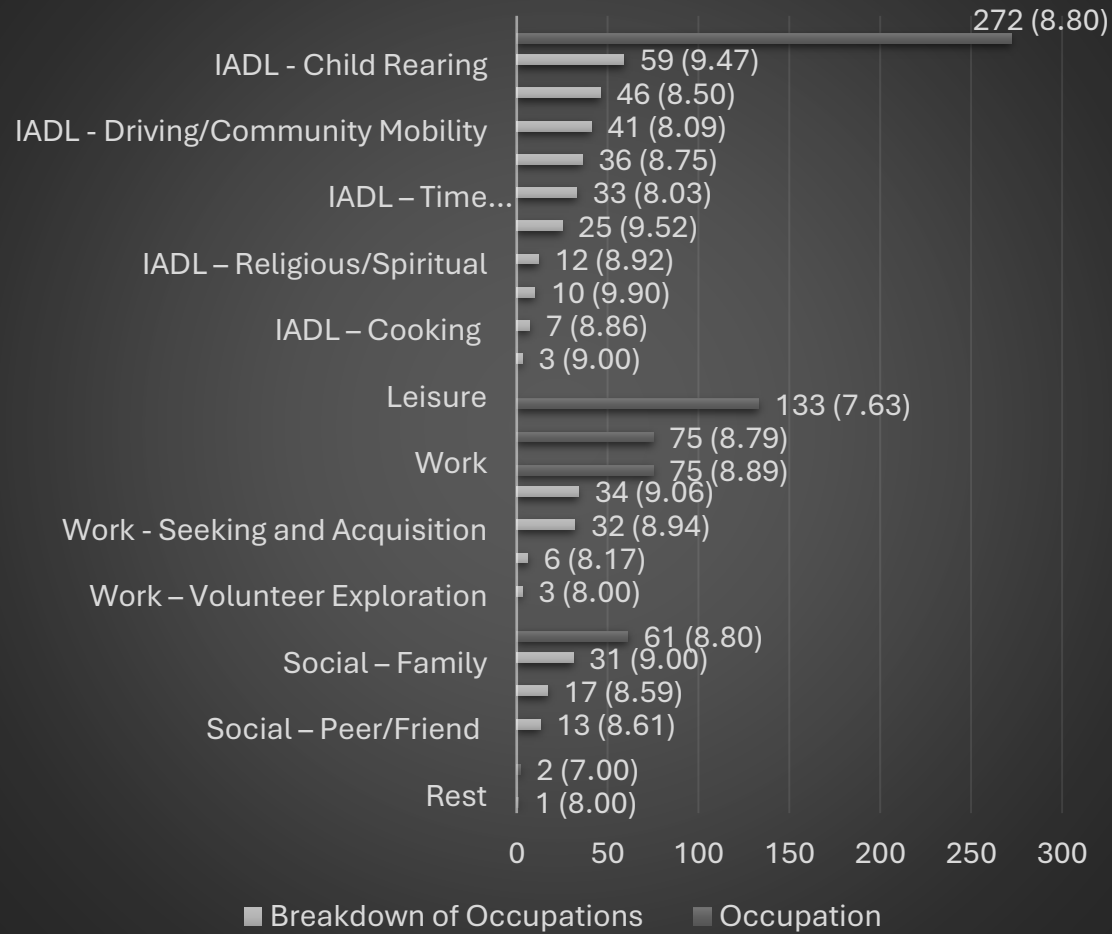
CPS report for children, police call for adults

Following through with client and checking in with them after a report has been made

EB Intervention approaches

- **Cognitive behavioral therapy in 1:1 and groups** (Echeburua, sarasua & Zubizarreta, 2014; Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012)
- **Trauma informed care approach** (DeBoard-Lucas, Wasserman, Groves, Bair-Merritt, 2013)
- **Mindfulness-Based Stress Reduction** (Dutton, et al, 2013)
- **Life skills via 1:1s and groups** (Javaherian et al (2020). SR)

Frequency of problem areas organized according to occupations in the OTPF



(Javaherian-Dysinger, Krpalek, Brown, Cabrera, Francis, Rogers, Server, Huecker, & Hewitt, 2014)

Intervention Format**Example of Intervention**

Group / Individual: 6 sessions each for a total of 12 sessions (# of weeks not specified)

(Helfrich, Peters & Chan, 2011)

Hygiene, Medication Routine, and Nutrition

Self-care Management

Safe Sex Practices

Group / Individual: 1hr/wk for 6 months

(Gutman et al., 2004)

Dyad (mother-child): 5-8 sessions, 30 mins with an interval of 4 days/wk between sessions

(Waldman, & Weintraub, 2015)

FI-OP Intervention

Environmental Organization and Adaptation

Mediation, Modeling, Consultation

Reframing, Enabling, Reflection

Group: 2-3x/day at least 4 days/wk for 2-10 wks

Individual: 1-3x/wk for 2-10 wks

(Javaherian-Dysinger et al., 2016)

Parenting Interventions

Parent-Child Time

Parenting Skills

Group / Individual: 6 sessions each for a total of 12 sessions (# of weeks not specified)

(Helfrich, Peters & Chan, 2011)

Credit Card, Money Orders, & Checks

Developing a Monthly Budget

Getting a Loan from the Bank

Introduction to Financial Management

Group / Individual: 1hr/wk for 60 mins for 4-24 wks

(Gutman, S. A., et al., 2004; Helfrich, C.A., et al, 2006)

Investing Money

Money Management

Paying Weekly/Monthly Bills

Individual: 1-3x/wk for 2-10 wks

(Javaherian-Dysinger, H., et al., 2016)

Savings & Checking Services

Saving Money & Education

Group: 2-3x/day at least 4 days/wk for 2-10 wks

(Javaherian-Dysinger, H, al. 2016)

Saving Receipts, Budgeting and Bills

Spending Money & Education

Group & Individual: 1hr/wk for 6 months
(Gutman, S. A., et al., 2004)

Group/Individual: 6 sessions each for a total of 12 sessions
(# of weeks not specified)
(Helfrich, Peters & Chan, 2011)

Group: 2-3x/day at least 4 days/wk for 2-10 wks
(Javaherian-Dysinger et al., 2016)

Individual: 1-3x/wk for 2-10 wks
(Javaherian-Dysinger, 2016)

Community Outings & Coping
Get Fit (physical activity and health)
Current Events & Empowerment
Food Management
Room & Self-care Management
Safety planning
Drug & alcohol awareness
Anger management
Stress management
Boundary establishment & limit setting
Housing application

Group / Individual: 6 sessions each for a total of 12 sessions
(# of weeks not specified)
(Helfrich, Peters & Chan, 2011)

Leisure Exploration

Group / Individual: 1hr/wk for 6 months
(Gutman et al., 2004)

Community Safety

Group & Individual: 1hr/wk for 6 months
(Gutman et al., 2004)

Individual: 1-3x/wk for 2-10 wks
(Javaherian-Dysinger et al., 2016)

Group: 2-3x/day at least 4 days/week for 2-10 wks
(Javaherian-Dysinger et al., 2016)

Assertiveness & Advocacy Skills
Computer Skills
Creating a Resume
Job Club (Work skills and exploration)
Mock Interviews
Time Management
Vocational & Educational Skill
Training

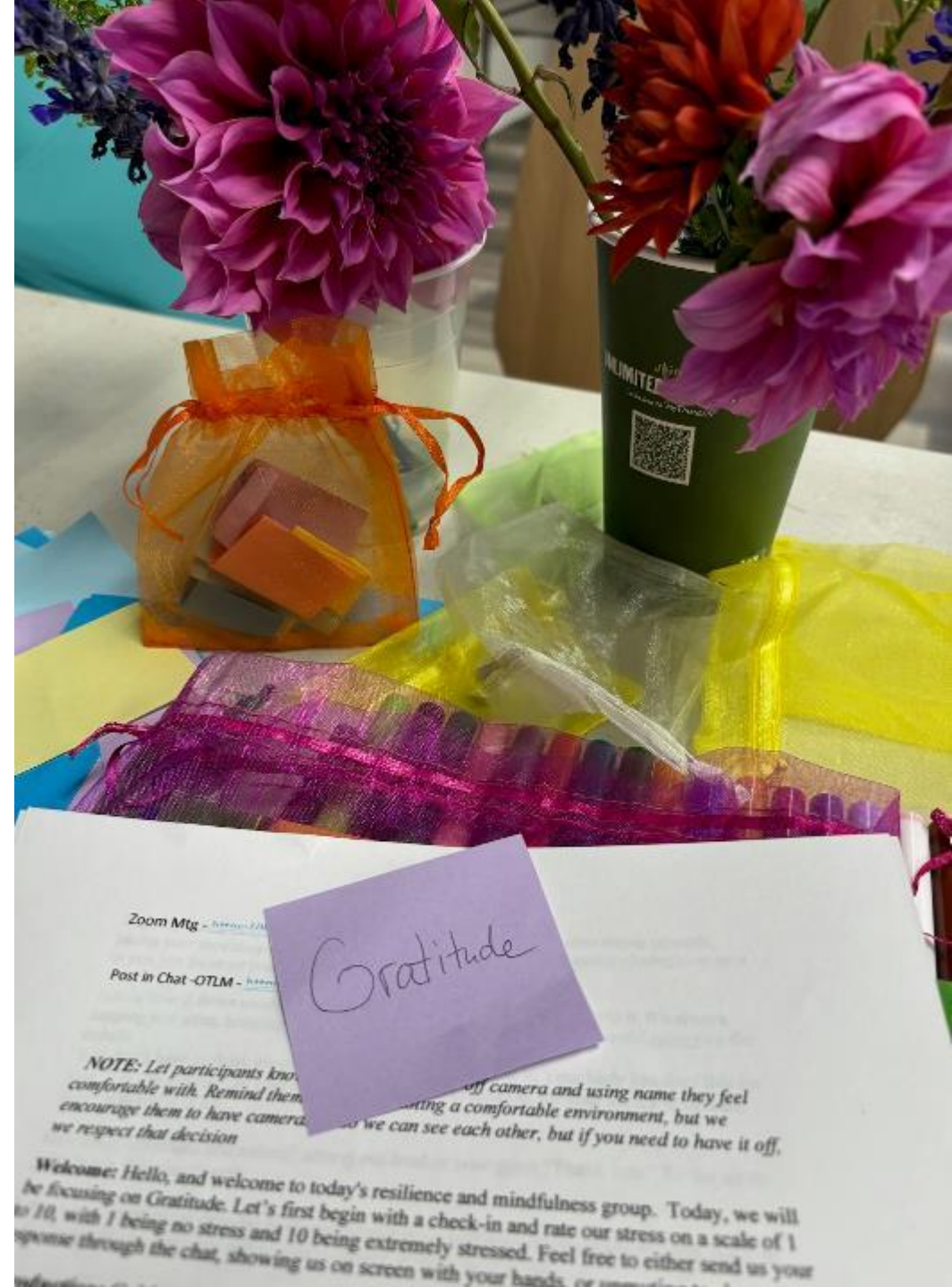
Role of OT for Supporting Survivors Example

- Explore their leisure interests as a single person no longer in an abusive and controlling relationship
- Empower clients to explore these interests and encourage self-advocacy



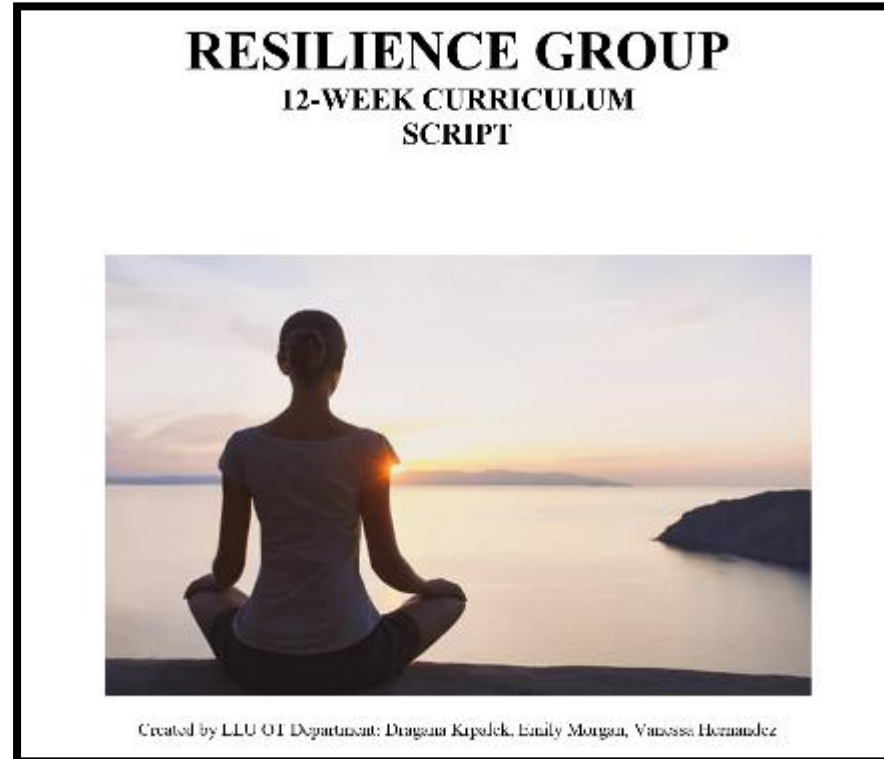
Role of OT for Supporting Survivors

- Addressing meaningful occupations, participating in meaningful activities during individual or group occupational therapy sessions (AOTA, 2017).
- Promote positive self-esteem
- Cognitive behavioral therapy
- Coping skills



Healthy Coping Skills

- iChill
- Breathing
- Meditation
- Grounding strategies
- Self-regulation



Health Management

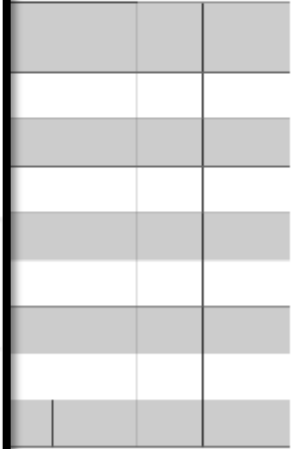
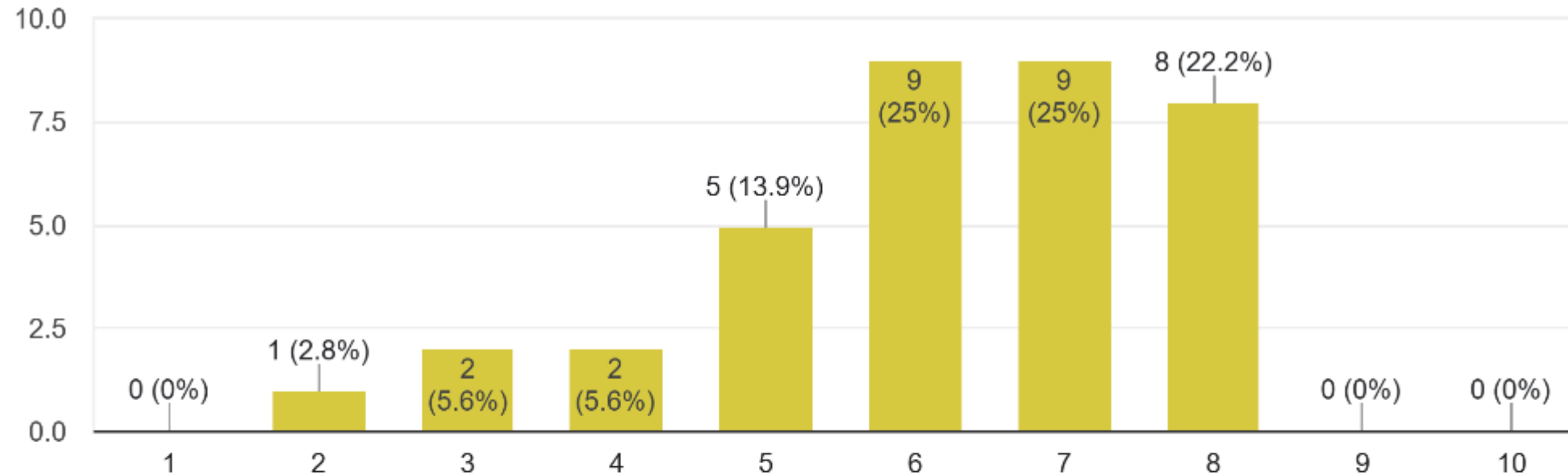


OTLM Check-ins

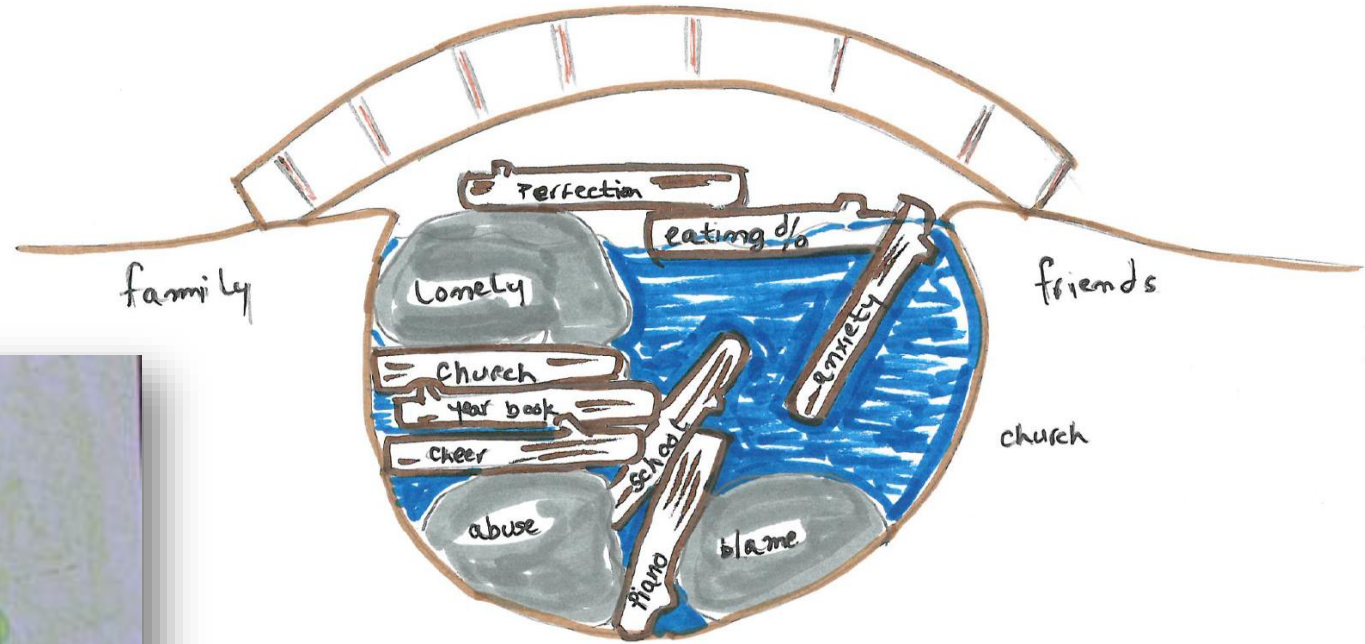
Poor		Fair		Good		Very Good		Excellent	
1	2	3	4	5	6	7	8	9	10

Stress Management-Mental Health

36 responses



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Case Studies

A 44 year old woman is being seen at a hospital for a traumatic brain injury. Upon further assessment, she is observed to have bruises along other areas of her body (primarily spots that would be normally hidden, such as her back and abdomen). She has not mentioned any DV.

- How would you proceed with assessment and checking in on her as a hospital-based OT?
- What are some treatment options you would do as an OT to support her care?

Case Studies

A 20 year old woman is being seen at at a hand therapy clinic after a fall that sprained her hand. Per chart review, you notice that she also sustained a traumatic brain injury. You have no information about DV on her file, but still feel concerned.

- What would you do for proceeding?
- What are some treatment options you would do as an OT to support her care?

Case Studies

A 30 year old man is being seen at an outpatient physical rehabilitation setting. He has experienced cognitive impacts from a recent TBI, as well as a broken leg that is healing and he uses crutches for. On file, he does not want to put down his wife's information, stating that he doesn't want her to have additional information on his care. He takes an uber to and from home, but still lives at home with his wife.

- What would you recommend for conversations with this client?
- What are some treatment options you would do as an OT to support his care?



Questions

