

Neurobiology Applications for Community Supervision Professionals in Interpersonal Violence

Presenters: Robyn Mazur, Rebecca Thomforde Hauser, & Dr. Anjali Nandi

Webinar Resources

Q&A Responses

Q: So, in IPV cases, is it the panel's perspective that both the victim and the perpetrator are both trauma sufferers? If only one of the partners addresses the trauma can progress still be made?

A: *Not necessarily, though the likelihood is high. And yes, progress can still be made if only one of the partners addresses their trauma.*

Q: I often find that victims will at first want to report and then will go back into avoidance behavior. Is there a way to help the victim recognize avoidance behavior?

A: *Yes, very normal and creating a safe environment is key. It is also helpful to reinforce that it really is their choice, while also asking them about the benefits of reporting from their perspective. It is also important to understand the survivor's safety concerns and immediate needs to see how those can be addressed.*

Q: How can we successfully intervene with generational or historical trauma once it has been identified?

A: *Using a trauma-informed lens is a start. Generational and historical trauma is healed in the same way any trauma is healed. And the healing is incredibly important if we have to break the cycle of passing on these genetic changes. It is also to understand how current system and community responses are re-traumatizing or actively traumatizing clients and work to address those in our role as system players. It can be hard to heal from trauma if the trauma is continuing.*

Q: Is trauma able to heal?

A: *Yes, most definitely, and that is the exciting thing. One of the biggest things that contributes to healing is empathy and being in a caring relationship. Yes, we sadly didn't get to resilience and the importance of that in our work.*

Q: Must you recognize trauma symptoms to be able to help someone struggling with trauma?

A: *Yes!*

Q: How does trauma experienced by law enforcement officers affect us in the long term?

A: *Vicarious trauma has the same problematic impacts on the brain and body that directly experiencing trauma does.*

Q: I recently read an article that discussed that we should not be using ACE's to excuse violence. It talked about the difference between men and women and how they are treated differently by the system when they have a high ACE score. Have you all come across this?

A: *Neither ACEs nor trauma excuse violence. In fact, nothing excuses violence. It helps us understand it and therefore it helps us know how to intervene. But we are never excusing the behavior. Just because we understand, doesn't make it okay.*

Q: I work in Juvenile Probation and will soon be working with Emerging Adults ages 18-25. My struggle is how do encourage young people to address their trauma. Especially young men are very reluctant to engage in counseling. I often ask how can we help all these angry young men?

A: *Yes, a very common situation. Helping these young men increase their self-awareness and recognize their triggers or trauma responses is the first step. It doesn't have to be through therapy. It can be skill-building with any provider. Also looking at hope and resiliency is important with youth.*

Q: My work with men who abuse women and their partners in general have also experience much history of trauma themselves. Do you have any current statistics on how many of our men who batter are also traumatized?

A: *Upwards of 85% of men in the criminal justice system endorse symptoms of trauma.*

Q: Is it normal for someone to experience forgetfulness or is it used as a coping mechanism?

A: *Yes, forgetfulness is a common symptom of trauma and can also be a coping mechanism to help stay safe and grounded.*

Q: What's the line drawn before we start report those violations when they're continuing substance use but attending treatment?

A: *It depends. What drives your decision-making is what the client most needs. So, if the client needs additional services or support, that drives the intervention. If the client needs more structure and accountability, that drives the response.*

Q: Advice on the best way to build rapport with younger children who might be scared to open up?

A: *Always start by developing a safe, stable, supportive and nurturing environment.*

Q: Was the last slide specifically speaking on police officers experience with trauma? Or the law enforcement, what they see?

A: *The slides are intended for a mixed audience of those working with the defendant/probationer--could be probation, mandated or voluntary program facilitators. Some slides also referenced working with the survivor/victim. But they were not specific to law enforcement.*

Q: It seems each agency have their own philosophy, confidentiality standards, and each seems to want to take the lead role. How can we reach across the aisle and work together for the best result for our clients?

A: *Excellent question. It starts with bringing everyone to the table and having some mutual agreements about how we proceed together.*

Q: In the Law Enforcement world, are there things to look for in personnel that are behind the scenes that are transcribing reports on critical incidents that were not on the scene but can visualize what victims and officers were encountering?

A: *Yes! We can develop vicarious trauma just by hearing or reading about critical incidents. Look for any signs or symptoms of trauma*

Q: I work in probation and trauma for the probationers is only just now becoming a part of the conversation. Many officers try to rationalize and do cost/benefit with no success. How should officers try to motivate those with traumatic history?

A: *Start with developing a strong and empathic relationship. Lean on your use of Motivational Interviewing skills.*

Q: If the probationer is shutting down emotionally and verbally, how would we know if it's trauma based? And if we build trust with them but then hold them accountable, how can we manage a trauma response to that?

A: *Keep naming what you are seeing in a non-judgmental way. For example, "I can see that you are shutting down, what's going on right now?" Slow the conversation down, empower the person, provide choice within accountability and always demonstrate caring.*

Q: Is it necessary to administer a resiliency questionnaire if you are administering ACEs for adult probationers?

A: *Not necessary, but having a conversation about resiliency and coping strategies is important.*