

Domestic Violence Review



Office of the State Courts Administrator
Office of Court Improvement

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Office of Court Improvement

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Helpful Web Resources

[Family Courts](#)

[DV Benchbook 2014](#)

[Petitioner Brochure](#)

[Respondent Brochure](#)

[DV Case Management Guidelines](#)

[Best Practices: Child Support in DV cases](#)

[Dating Violence Checklist](#)

[Repeat Violence Checklist](#)

[Sexual Violence Checklist](#)

[Domestic Violence Checklist](#)

[Stalking Checklist](#)

[DV Court Action Plan](#)

February, 2015

Virtual Court Available for Continuing Education Credits

The Virtual Court program offers Florida domestic violence judges and stakeholders an opportunity to learn about domestic violence proceedings and see the case through the judge's eyes. The program allows the user to act as judge in a domestic violence simulation. The case is fictitious, but the questions are real questions that judges must grapple with every day during an injunction hearing. Learn the laws that guide judges' actions during domestic violence proceedings with our engaging, interactive online program. The program can be accessed at: <http://virtualcourt.flcourts.org>.

The Virtual Court program is approved for up to 1.50 non-conference Domestic Violence CJE credit hours. Judges may apply for Continuing Judicial Education (CJE) credit by emailing a request to CJEMail@flcourts.org or writing to: Court Education Division, Office of the State Courts Administrator, 500 South Duval Street, Tallahassee, Florida 32399-1900 (Attention: CJE Credit). Judges who have completed the program but have not yet requested a certificate of completion may do so by sending an email request to vcsupport@flcourts.org.

The Florida Bar has approved 2.00 hours of general Continuing Legal Education (CLE) credit (including 1.50 hours of Marital and Family Law Certification credit) for the completion of this training module. Individuals are required to post their CLE activity on the Florida Bar website, www.floridabar.org, to receive credit. Please refer to course #1300185N.

Completion of the Domestic Violence Virtual Court training module can count as 2.0 hours of Domestic Violence Continuing Mediator Education (CME) credit. Individuals are required to keep the information pertaining to the completed virtual court course during the two-year cycle. Individuals will then report the information on the CME Reporting Form included in the renewal packet at the time of renewal, not when the credit is earned. The CME Reporting Form is also available on the Dispute Resolution Center's [website](#).

February, 2015

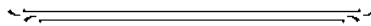
News from the Office of Court Improvement

2014-15 FJIDV Regional Trainings

The Office of Court Improvement, in conjunction with Judges Carroll Kelly and Peter Ramsberger, are in the process of hosting a series of six regional domestic violence training events throughout Florida. Thus far, successful events have been hosted in Jacksonville, Tallahassee, Miami, Orlando, and Tampa, with a final training in West Palm Beach on May 14-15. These trainings are aimed at providing family court judges throughout Florida with a comprehensive understanding of the basic legal and jurisprudential theories in domestic violence. Judges interested in attending the West Palm Beach event may still register by contacting the Office of Court Improvement, or by visiting the registration page at: <http://checkbox.flcourts.org/Domestic-Violence-Regional-Trainings-2014-Registration.aspx>.

Upcoming Projects and Events

- **THE FLORIDA JUDICIAL INSTITUTE ON DOMESTIC VIOLENCE WEBSITE** The Office of Court Improvement is in the process of developing a web-presence for the FJIDV. The forthcoming website will feature noteworthy domestic violence cases from Florida and across the nation; additionally, it will have an online research center and library devoted to providing access to important domestic violence research. It is anticipated that the website will be operational in mid-Summer of 2015.
- **2014-15 DOMESTIC VIOLENCE WEBINARS** The Office of Court Improvement will be hosting a series of webinars aimed at providing detailed information on pressing domestic violence issues for judges, court staff, and a variety of other stakeholders and interested parties. More information on these highly-anticipated webinars will be forthcoming shortly. Please contact Susan Proctor if you would like to see a webinar on a particular domestic violence topic.



The following article has been reprinted with permission from the National Council of Juvenile and Family Court Judges.

Thinking About Trauma in the Context of Domestic Violence: An Integrated Framework

Adapted from an article by Carole Warshaw, MD
Director, National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH)



INTRODUCTION

As the concept of “trauma-informed” becomes increasingly widespread, it is important to clarify what being trauma informed means in the context of domestic violence and in the broader context of peoples’ lives. Survivors of domestic violence and their children are often dealing with the traumatic effects of abuse. At the same time, survivors may also be experiencing ongoing coercion at the hands of an abusive partner related to mental health or substance use, and other forms of violence and oppression. The NCDVTMH has developed an integrated framework to help those working with survivors and their children to recognize and respond to these complex issues. This integrated approach combines a trauma-informed perspective with a culture, domestic violence advocacy, and social justice lens. This article will explain the

need for such an approach, describe how trauma theory can serve as a bridge to assist survivors, and provide examples to put trauma-informed approaches and domestic violence advocacy and social justice principles into practice.

THE NEED FOR AN INTEGRATED FRAMEWORK

In 1999, when we first started doing work on trauma and domestic violence, the physical consequences of domestic violence had been well documented. Yet acknowledging the mental health and substance abuse effects of domestic violence was still controversial. While advocates were aware of the impact that victimization could have on the emotional well-being of domestic violence survivors and their children, they were also concerned about how these mental health and substance abuse effects were being used against survivors by their

abusive partners and by the systems where they sought help.¹

A lack of knowledge about domestic violence and the stigma associated with mental health and substance abuse reduced the likelihood that women dealing with these experiences would have access to safety, resources, and support. Women experiencing the traumatic mental health effects of abuse and/or psychiatric disabilities did not always feel welcome in shelter. At the same time, when survivors sought help in other systems, they often encountered providers who did not understand the dynamics of domestic violence. This, in turn, increased abusers' control over their lives and placed survivors and their children in further jeopardy.²

As advocacy, legal, and social service providers learned from survivors about how experiencing the traumatic effects of abuse could affect their ability to access help and resources, the need for a combined domestic violence- and trauma-informed approach became clearer. For example:

- The repeated betrayal of trust survivors may have experienced over the course of their lives, including in their relationship with an abusive partner, can make it harder to reach out and engage with service providers.
- Living in communal shelter environments, listening to other people's stories in support groups, and being in crowded, chaotic environments can evoke memories of survivors' own traumatic experiences, along with the intense distress they may have felt at the time.
- Trauma symptoms can affect survivors' ability to retell their stories and engage in the legal process. For example, since trauma affects memory, it may impact a survivor's ability to remember details as part of a linear narrative. Furthermore, recounting the abuse can cause survivors to re-experience aspects of the trauma, making it difficult to tell their stories or stay emotionally present.
- Trauma-related responses during legal proceedings can impact how survivors are perceived. For

TRAUMA AND THE ABUSER

- Domestic violence can have significant trauma-related health, mental health, and substance abuse consequences.
- Abusers actively undermine their partners' sanity, sobriety, and parenting, which also impacts their children's well-being.
- Abusers use trauma-related health, mental health, and substance abuse issues to further control their partners, particularly in relation to custody, credibility, and recovery.
- Women who develop trauma, mental health, or substance abuse conditions in the context of domestic violence are at greater risk for coercive control.
- Stigma associated with substance abuse and mental illness compounds risks for survivors and their children.

example, if a survivor dissociates (i.e., disengages emotionally as a way to protect herself in threatening situation) and avoids making eye contact or has a flashback (i.e., relives the experience of abuse as if it were happening in the present) and is unable to describe what happened in a clear, intelligible way, she may not be taken seriously or believed.

- Trauma-related symptoms can sap the energy needed to mobilize resources, and can affect a person's ability to process information and make complicated decisions.
- For many survivors, the "trauma" is ongoing and "symptoms," such as hyper-vigilance (continually being on alert for potential threats), may actually be responses to ongoing danger and coercive control that are keeping them safe.

In some instances, trauma responses may be misinterpreted as signs of denial, dishonesty, or unwillingness to engage. If not understood, they can adversely affect survivors' safety, access to services, credibility in court, and legal outcomes. For these

reasons, we need an integrated approach that addresses all of these complexities: the impact of trauma and the potential for retraumatization in service systems, the ongoing danger and coercion, and the stigma that enables abusers to successfully use mental health and substance abuse issues against survivors.

TRAUMA THEORY AS A BRIDGE

The evolution of trauma theory over the past three decades has helped to bridge clinical and advocacy perspectives. As knowledge about trauma has grown, there has been a profound shift in our understanding of the impact of trauma on individuals, families, and society. Trauma theory also shifted the ways that we conceptualized mental health “symptoms,” reframing them as survival strategies—adaptations to potentially life-threatening situations that are made when real protection is unavailable and usual coping mechanisms are overwhelmed. Posttraumatic Stress Disorder (PTSD) was the first diagnosis to recognize that external events can play a significant role in the development of mental health symptoms. This recognition has also helped to destigmatize the mental health and substance use-related consequences of domestic violence by identifying the common physical and psychological effects of abuse and normalizing human responses to interpersonal trauma.

“Trauma theory also shifted the ways that we conceptualized mental health ‘symptoms,’ reframing them as survival strategies—adaptations to potentially life-threatening situations that are made when real protection is unavailable and usual coping mechanisms are overwhelmed.”

The concept of Complex Trauma, introduced by Judith Herman in her book, *Trauma & Recovery: The Aftermath of Abuse—From Domestic Abuse to Political Terror* (1997), refers to the multiple

ways that exposure to ongoing interpersonal trauma, particularly in childhood, can impact us in the short and long term. This concept offers a more holistic and nuanced way of understanding the effects of interpersonal trauma across the lifespan. The coming together of the trauma and child development fields has also provided important insights into the critical role that early caregiving relationships play in how we manage stress; regulate emotions; and feel about ourselves, other people, and the world. Emotional dysregulation (disruption in our internal capacity to manage feelings in a safe and balanced way) is a hallmark of complex trauma. Understanding the neurobiological underpinnings of emotional dysregulation helps make sense of some of the coping strategies people use to manage their feelings through external means (e.g., self-injury, substance use). Similarly, understanding how betrayal of trust in childhood can affect our ability to trust as adults helps make sense of the challenges survivors may face in their interactions with service providers.

These ideas have helped to reframe previously misunderstood behaviors as understandable responses to overwhelming trauma. When service providers have a greater appreciation of survivors’ resilience, strength, and survival skills, they are more likely to respond in ways that are empathic, non-judgmental, and ultimately, more trauma informed - ways that are also more likely to increase survivor safety.

Trauma-informed approaches recognize that supporting children’s healthy attachment to the survivor-parent is crucial to their development and resiliency following exposure to domestic violence in the home. This understanding has many implications for how a child’s best interests are understood, particularly in the context of dependency and family court proceedings. New scientific findings have also begun to elucidate the mechanisms through which early experience shapes brain architecture, as well as the ways that our brains are able to continually learn and

grow throughout our lives, a concept known as neuroplasticity.³ Furthermore, research on trauma and resilience, combined with lessons learned from the experiences of survivors, advocates, and clinicians, have taught us many lessons about how to respond in helpful ways. In sum, these advances in understanding trauma have led to a more holistic approach to thinking about the biological, emotional, cognitive, and interpersonal effects of abuse, and to more complex and nuanced approaches to healing.

PUTTING IT INTO PRACTICE A TRAUMA-INFORMED APPROACH⁴

Trauma-informed social justice work is about understanding the effects of trauma and what can be done to help mitigate those effects, while at the same time working to transform the conditions that allow for violence in our world. Becoming trauma-informed does not mean defining all experiences through a trauma lens. It means adding an additional layer of perspective to the work we do. That perspective is informed by what people find helpful in reducing further traumatization, and it can inform the creation of services and environments that support the resilience and well-being of survivors and their children. In the legal context, such as within custody or child welfare proceedings, adopting a trauma-informed approach would also mean accounting for the effects of both trauma and domestic violence in our understanding of survivors' responses and in decision-making processes.⁵

Creating trauma-informed services means taking time to think about how trauma might affect survivors' experience of services and what we can do to reduce further traumatization at every level of our organizations. When we understand trauma responses as adaptations to being under siege, then part of our work is to do everything we can to reduce the likelihood that survivors will feel discounted and disempowered in our programs and systems. This includes doing what we can to reduce further harm, support strengths, and

facilitate healing, resilience, and well-being. It also means being thoughtful in how we relate to other people within the broader context of their lives, culture, and experiences.

“When we understand trauma responses as adaptations to being under siege, then part of our work is to do everything we can to reduce the likelihood that survivors will feel discounted and disempowered in our programs and systems.”

While this might involve offering access to trauma treatment or other healing modalities, at heart, trauma-informed practice is about creating environments and relationships that offer an atmosphere of safety, connection, and hope. This includes supporting survivors to feel more connected and empowered as they prepare for situations in which responses to trauma may be evoked such as going to a court hearing, job interview or custody evaluation.



At the organizational level, becoming trauma-informed means creating a physical and sensory environment that is accessible, welcoming, inclusive, healing, and attentive to potential trauma triggers, as well as a relational environment that is caring, respectful, empowering, transparent, and attentive to both physical and emotional safety. It also means ensuring that programs and services are flexible and responsive to both individual and collective needs, linguistically appropriate, and attuned to the people and communities being served. Involving people who access services in the agency's evaluation, planning, and oversight is another key element of trauma-informed work.

Lastly, a trauma-informed approach fosters the recognition of what we bring to our interactions with others, including our own experiences of trauma as well as the ways we are affected when we are truly open to the experiences of other people. This includes ensuring that our organizations support staff well-being and create safe opportunities for reflection and growth.

Attending to all of these elements and, ultimately, becoming a trauma-informed organization is a long-term transformative process that takes administrative commitment, a thoughtful and inclusive approach, purposeful planning, and a substantial investment of time and resources.⁶

AN ADVOCACY AND SOCIAL JUSTICE FRAMEWORK: IMPLICATIONS FOR SERVICES AND SYSTEMS

A trauma-informed approach can greatly inform and enhance work with survivors of domestic violence by increasing understanding of the psychological consequences of abuse and the ways that trauma can affect survivors as well as providers and systems. However, responding to trauma also requires a commitment to change the conditions that produce it. Trauma-informed approaches are not a substitute for advocacy-based approaches that help survivors achieve freedom and safety or for broader social justice efforts to address the underlying causes of oppression and abuse.



Many survivors experience collective forms of trauma such as historical trauma,⁷ and the trauma of war, poverty, displacement, and persecution, in addition to trans/homophobic and gender-based violence. Culture, context, and identity can all impact a person's experience of trauma and approach to healing, including access to holistic, communal, and spiritual approaches to healing. Responses to collective trauma may involve the mobilization of entire communities to transform the continuing effects of trauma across generations and to change the ongoing social, political, and economic conditions that contribute to violence and oppression.⁸ Responses to trauma are ultimately responses to socially tolerated forms of abuse, violence, and oppression and require a social justice approach.

For many survivors of domestic violence, trauma is not only in the past but is also ongoing. Thus, trauma-informed work means attending not only to the physical and psychological impact of trauma, but also the direct effects of an abusive partner's coercive and controlling behavior. This requires a focus not only on healing the traumatic effects of the abuse, but also on ensuring access to safety, resources, and support. Recognizing the ways that an abusive partner may be undermining a survivor's mental health, sobriety, and recovery—and the ways he or she may use these issues to interfere in a survivor's custody of their children—has critical implications for both family and dependency courts. Both trauma and domestic violence can impact survivors' appearance in court and, as a result, credibility and decisions about custody. Additionally, a non-custodial parent's accusations about the mental health status of a primary caregiver should raise concerns about possible mental health and substance use coercion.⁹ The potential for safety and support to

help resolve the traumatic effects of abuse is also critical to keep in mind.

CONCLUSION

Using a trauma-informed approach that incorporates a domestic violence advocacy and social justice lens provides an opportunity to offer a more integrated approach to the evolving discourse on trauma. This more integrated approach will help to ensure that services, programs, and court processes are fully accessible, culturally attuned, and both domestic violence- and trauma-informed. It also provides a framework for understanding how the traumatic effects of social injustice can play out in individual, social, and institutional forms, and for addressing the social, political, and psychological conditions that generate and support abuse, oppression, and violence across generations. Ideally, it will also help us to embody, in our lives and work, the world we want to create.

⁹Two recent studies on mental health and substance use coercion conducted by the National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH) and the National Domestic Violence Hotline highlight the scope of this problem. An alarming percentage of hotline callers reported a current or former partner had deliberately done things to undermine their sanity, sobriety, and recovery; control their access to treatment; and/or use mental health or substance use issues to sabotage their efforts to obtain custody or protective orders. Warshaw C., Lyon E., Phillips H., Bland P. & Hooper M., *Mental Health and Substance Use Coercion Survey: Report on Findings from the National Center on Domestic Violence, Trauma & Mental Health and the National Domestic Violence Hotline* (in press).

¹⁰For example, if mental health providers are not trained to address the social factors that entrap victims in abusive relationships, this can result in mistakenly interpreting survival strategies as disorders, overlooking the advocacy needs of survivors (e.g., safe housing, legal assistance, safety planning), and not understanding the risks a psychiatric diagnosis can pose for custody battles with an abusive partner. Similarly, providers often use a family member to provide collateral information during psychiatric crises, without safely ascertaining whether the informant is, in fact, the abusive partner. Obtaining information from potential abusers or those who may be allied with them or allowing abusers into the treatment or discharge planning process can be dangerous for domestic violence survivors.

¹¹Felitti V.J., Anda R.F., Nordenberg D., Williamson D.F., Spitz A.M., Edwards V., Koss M.P. & Marks J.S., *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults, The Adverse Childhood Experiences (ACE) Study*, AM. J. PREV. MED. 14(4):245-58 (May 1998); Classen, C.C., Pain, C., Field, N.P. & Woods P., *Posttraumatic Personality Disorder: A Reformulation of Complex Posttraumatic Stress Disorder and Borderline Personality Disorder*, PSYCHIATR. CLIN. NORTH AM. 29(1):87-112, viii-ix (March 2006); Lanius R.A., Bluhm R., Lanius U. & Pain C., *A Review of Neuroimaging Studies in PTSD: Heterogeneity of Response to Symptom Provocation*, J. PSYCHIATR. RES. 40(8):709-29 (Dec. 2006); Lyons-Ruth, K., Dutra, L., Schuder M. & Bianchi, I., *From Infant Attachment Disorganization to Adult Dissociation: Relational Adaptations or Traumatic Experiences?* 29(1): 63-viii (March 2006); McEwen, B.S., *Protective and Damaging Effects of Stress Mediators: Central Role of the Brain*, DIALOGUES CLIN. NEUROSCI. 8(4): 367-381 (Dec 2006); Nemeroff C., *Neurobiological Consequences of Childhood Trauma*, J. CLIN. PSYCHIATRY 65 Suppl 1:18-28 (2004); Van der Kolk, B.A.; Roth, S.; Pelcovitz, D.; Sunday, S.; Spinazzola, J., *Disorders of Extreme Stress: The Empirical Foundation of a Complex Adaptation to Trauma*, J. OF TRAUMATIC STRESS 18 (5): 389-99 (Oct. 2005); Yehuda, R., *Advances in Understanding Neuroendocrine Alterations in PTSD and their Therapeutic Implications*, ANN. N Y ACAD. SCI. 1071:137-66 (July 2006).

¹²Warshaw C. & Cave C., *Module 4 Creating Inclusive Trauma-Informed Environments, Advocacy and Supports in Warshaw, C., Blumenfeld S., Bland P. & Cave C., Training-of Trainers Curriculum: Creating Inclusive Trauma-Informed Domestic Violence Services & Organizations* (NCDVTMH September 2013).

¹³This includes, for example, recognizing that attempted reconciliations, withdrawing petitions for protective orders, failing to call the police, recanting after disclosure, not remembering chronological details of an abusive incident, etc., are not "proof" of false allegations but rather normal responses by survivors dealing with trauma, coercion, ongoing threats to safety, and a host of other concerns.

¹⁴For a more comprehensive approach to creating trauma-informed services and organizations, see NCDVTMH's *Accessible, Culturally Relevant, Domestic Violence- and Trauma-Informed Agencies (ACDVTI) Tool* at http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/03/ACDVTI-Self-Reflection-Tool_NCDVTMH.pdf.

¹⁵Historical trauma is the cumulative emotional, psychological, and spiritual wounding of individuals and communities across generations, emanating from massive group trauma experiences such as slavery and colonization—the experience of which are still ongoing.

¹⁶Collective responses to trauma may involve the engagement and transformation of entire communities, as exemplified by the work of the Mohawk Nation at Akwesasne, which is described in the forthcoming report *Promising Practices and Model Programs: Trauma-Informed Approaches to Working with Survivors of Domestic Violence and Other Trauma*, authored by H. Phillips, M. Fabri, E. Lyon, and C. Warshaw.

¹⁷See, Substance Use Coercion Study at Note i.

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Caselaw Corner



Pryor v. Pryor, 141 So. 3d 1279 (Fla. 1st DCA 2014). **ORDER VACATED**. The respondent appealed an order that extended a temporary injunction for protection against domestic violence which, even as extended, had expired by the time of the court's review. The court vacated the original order and the temporary injunction and dismissed the appeal due to the collateral consequences that occur through the injunction process. The court noted that while the statute does allow the court to issue a continuance for good cause, the court may not issue a series of temporary injunctions in lieu of a permanent injunction. July 22, 2014. NOT AVAILABLE.

Branson v. Rodriguez-Linares, 143 So. 3d 1070 (Fla. 2d DCA 2014). **INJUNCTION PROTECTING AGAINST CYBERSTALKING AFFIRMED**. The respondent appealed a final judgment of injunction for protection against domestic violence that was issued to protect the petitioner from cyberstalking. Although the respondent did not verbally threaten the petitioner, the trial court found that he did stalk her with about 300 emails during a 1.5 month period. The respondent claimed that his actions did not constitute violence under the statute, however, the court found that "the statute plainly permits the entry of an injunction for a person who is the victim of "stalking." Thus, the court held that proof of recent stalking can be sufficient to establish the act of "violence" required for the issuance of a section 741.30(1)(a) domestic violence injunction." If such an act of violence is sufficiently established and if it is between "family or household member[s]" as defined in section 741.28(3), the petitioner is not also required to demonstrate reasonable cause to believe that he or she is in imminent danger of becoming the victim of any future act of domestic violence. The court also noted that "some of the offenses described in the statute, such as assault, battery, kidnapping, false imprisonment, aggravated stalking, and stalking, do not need to result in physical injury or death to qualify as acts of domestic violence." July 25, 2014. http://www.2dca.org/opinions/Opinion_Pages/Opinion_Pages_2014/July/July%2025,%202014/2D12-3827.pdf

"This project was supported by Contract No. LN967 awarded by the state administering office for the STOP Formula Grant Program. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the state or the U.S. Department of Justice, Office on Violence Against Women."

People wishing to contribute to future editions of the "Domestic Violence Review" should contact Andrew Wentzell at Wentzella@flcourts.org.