Rebecca Daniel-Burke: This is Dr. Rebecca Daniel-Burke, your host for the American Counselling Association’s 2015 podcast series. Today, we are speaking with Tali Sadan, M.A., LGPC about domestic violence. Welcome, Tali.

Tali Sadan: Thank you. Thank you for having me.

Rebecca: It’s great having you.

Tali Sadan, M.A., LGPC is a domestic violence and sexual assault therapist for The Women's Center. She meets with individual clients in their Washington DC office. She also provides individual and group trauma counseling to residents and clients in one of DC's largest homeless shelters. In addition to providing therapy services, she is a member of a number of Victim Services Committees in DC, including the Victims Assistance Network, the Victims Assistance Network Mental Health Subcommittee, and the DC Coalition Against Domestic Abuse's Training Work Group. She creates and facilitates training programs for various universities, the military, and nonprofit organizations in the city on the topics of mental health and domestic violence.

Okay, let's dive in to the questions. The first question, what are the most effective ways to communicate with domestic violence survivors?

Tali: Great question because I did learn very quickly that communicating with the victim or survivors, I should say, of domestic violence is very different. They may have some barriers to responding to communication and support. And what I have found that is most helpful first and foremost is to acknowledge those trauma-related barriers to communication. Follow their lead, don’t push them to talk about things that they're not ready to, and really normalize that those barriers exists and are very understandable considering everything that they've experienced.

Rebecca: Tali, I asked you ahead of time if you had any personal experience with domestic violence, and you said it was okay to ask you about that. Can you describe a little about that? Because it might help you in the ways you communicate with the survivors.

Tali: Sure, and it actually has been a really big factor in learning how to communicate with them is how I would’ve wanted to be communicated with in that place. I do have a history of domestic violence in relationships as well as adolescent sexual assault, and it gets scary to communicate with people you don’t know about things that are quite intimate.

One of the things that I go into a new client relationship with is the understanding that I may not ever know what their trauma is and the point of my meeting with them is not to get to know their story, to help them figure out how they were affected by their trauma and build coping skills.
Rebecca: I love that. What are traumatic triggers, and how do they relate to counselling? How can I help clients manage their triggers? I know this is the big question for a lot of counsellors. What are your thoughts on that?

Tali: The first thing that I do with clients is explain to them what a traumatic trigger is and that really helps them normalize what they're experiencing. The traumatic trigger is their mind and their body’s response to a dangerous situation. It may look like withdrawal, anger, anxiety, depression, paranoia, and reacting to things in the environment that may not have anything to do with their trauma, but somehow their mind associates, their body doesn’t forget, and they may not even be conscious that they’re reacting to it.

Rebecca: And how do you help them manage these triggers?

Tali: Again, normalizing things that is big, letting them know, “Yes, I understand life can be like a landmine of potential triggers and it can be paralyzing.” But the triggers are actually a sign of their resilience. It’s a long term pattern that they develop to adapt to life after a traumatizing life.

Normalizing it, letting them know that they’re not going to be able to control every one of their – avoiding the triggers but that it’s okay. And you can teach them mindfulness, relaxation, self-soothing, grounding, and deep breathing techniques. And what I found really effective with the trigger is expressive writing, art or movement therapy, so get creative.

Rebecca: The next question is a big question that a lot of counsellors face and that is what if you’re not prepared to offer clients appropriate care? You just feel like you don’t have enough experience with domestic violence to give them the care that they need. How do you manage a referral of that client without triggering them or making them feel rejected?

Tali: I completely understand that and early on in my career, I also felt that way as well when I wasn’t working with domestic violence. But the biggest point I can emphasize is to help them feel like a referral is not about you making them feel rejected, it’s about helping them get the absolute best support that they could get. Really do your homework, check with the local and state government websites, and when you do find referrals, really look at the logistics. What is parking going to look like? What are the fees? What documentation did they need? Help avoid surprises and obstacles that could be jarring for them.

And if you really want to go above and beyond which I'm sure you would, get the name of the person that’s going to be greeting them and absolutely respect their decision about whether they’re going to want to receive the services or not. Really be as supportive as you can because switching to another service would be difficult and you want to make it as seamless as possible.
Rebecca: Let’s say I have a general counselling practice in a town. How can I make my practice more domestic abuse friendly? What is emotional safety? How can I provide more of that to this person who comes in and is finally seeking help?

Tali: The biggest thing to be mindful of other than preparing yourself for providing the service is really making sure that your environment communicate how welcoming you are. Be aware of whether you have a space that really feels quiet, private, and welcoming.

One of the things that was most important to me when I was getting service, make sure that there – I felt uncomfortable when there was a lot of clutter in the space. Whether we’re aware of it or not, a survivor is always going to look for either a clear or perceived escape route. Having them face the door is a big deal. Also ask questions about how they feel about maybe having their back towards the window. All of those things help make them feel safe.

You had asked about emotional safety. They can give you a lot of information about it. And feel free to ask them how they feel about certain things and give information in small doses, small tasks, frequent breaks and check ins, and really follow their lead in terms of the speed. Those things will be very helpful.

Rebecca: Those are wonderful ideas. I wouldn’t have thought about have the chair facing the door. That’s a really good tip, thank you. Now the next question is one that so many people have and probably not only counsellors actually may have the following question but also members of our society and relatives of the survivor of domestic violence. And the question is why doesn’t he or she just leave? How can I help my clients if they don’t leave? I can’t work with him or her if they don’t leave. That question, why don’t they leave? Can you help us with that?

Tali: Absolutely. And that’s a very, very natural feeling. Even people who’ve worked in domestic violence for quite a while may still feel frustrated with that. What’s important to remember is that – I hesitate to use the word brainwash but there are a lot of manipulation, mind games that the abusers play and the client may not feel like they have the option to leave. They may not have anywhere to go. Very often, they’ve been isolated from their families so they may feel a lot of shame and guilt.

Another reason is the power of stigma. Even if a client has answered all your questions in a checklist that show you that they have been experiencing abuse, they may not actually be willing or able to admit that they’re victims of abuse.

Some of the other strings attached could be the child custody, financial support, housing, citizenship. I’ve actually heard clients say, “Look, I didn’t stay for love. I stayed because he or she said that if I leave, they will kill me or they will kill someone or hurt someone that I care about.”
And more important than anything, please, please, please, don’t ever, ever tell a client that they should leave their abuser. It could be more dangerous. It could intensify the violence. And they want to please you if they feel connected to you and may decide that they don’t want to come back to therapy. They make think that you are judging them and they didn’t want to disappoint you.

If they do decide to stay and you have any kind of feelings of discomfort about it, immediately speak with a supervisor and maybe reach out to a domestic violence agency in your area or a national agency to get some support. I can recommend the domesticviolence.org, thehotline.org, safehorizon.org, and womenslaw.org. They provide great support.

Rebecca: And we will have those links on the bottom of this podcast announcement. Thank you very much for that.

Another question counsellors would have would be: what is my liability if my client gets physically hurt and or killed while I am working with him or her? Do I need to report abuse?

Tali: Another great question. It depends on where you are. The majority of US states do have four different categories of laws that have to do with the type of injuries, weapons, and then other specific indications about how things are going to be dealt with legally.

If you're not sure, continue providing the assessments, documentation, interventions, and referrals but definitely contact — if you look online for Futures Without Violence Fund, they do have more specific information. Understand that confidentiality, no matter how you address the situation, is critical for their survival. Continue with the routine danger and risk assessments and then find out in your jurisdiction what the policies are and parameters for reporting and for HIPPA.

Now as far as reporting, one thing to keep in mind is that even if it seems like it’s for their best interest, if it does not violate the protocol and HIPPA, understand that it may not be in their best interest. Whatever little control they have over their situation, they will lose it. Very likely, they could face retaliation by the abuser, and it could leave them more vulnerable to exploitation or exposure to violence.

So really get supervision and again, consult with your local legal agencies and domestic violence agencies.

Rebecca: Okay, that sounds like a good plan. What about the child who witnesses the abuse? If you find out that a child has witnessed the abuse, do you need to report this to Child Protective Service?

Tali: Sure. Right now, and this is according to childwelfare.gov, there are only about 23 states including Puerto Rico that have some kind of statute to protect children witnesses
of domestic violence, and each one of these statutes do vary in their language so it's important that you take a look at that ahead of time to familiarize with it.

And also learn what your agency’s specific language is for dealing with it. Learn the laws locally and if you have any questions at all, just contact your local child maltreatment organization or legal agencies to get information. Don’t assume anything until you’ve gotten some professional guidance.

**Rebecca:** Now this is a tough question because many of us had to do this. How could I do couple counseling if there's domestic violence in the relationship and when do I know it is safe to do couple’s counselling?

**Tali:** I have my own personal opinion about it. I am not a fan of couple's counselling because even if it’s not an abusive relationship, and I'm not saying that it shouldn't be used, the skills can be fantastic. But in a situation where you're not sure if there could be domestic abuse, really pay attention to the balance of power between your clients and how each person responds to the shift and the balance.

Make sure when you're looking at the way that they interact in regards to conflict. Does each one of my clients accept responsibility to make a healthy and lasting behavioral adjustment? Is there some kind of struggle that I'm noticing of power and control, and is one of the individuals seem to have an issue with relinquishing power and control?

The National Domestic Violence Hotline actually emphasizes that abuse is not a relationship problem. It really lies in the abusive partner. You may notice them shift topic, communicate about other issues, and avoid talking about the abusive behaviors. If you notice that, maybe suggest individual sessions. You don’t know whether things that they talk about in session could lead to retaliation or the abuser may get mad that the victim leaked something during therapy, so really be mindful.

The last thing I was going to say about this is that the hotline does recommend Battering Intervention and Prevention Program, BIPPS, and you can find that at thehotline.org.

**Rebecca:** Good idea. The next question is about perpetrators. I know I worked in an agency years ago where we had the perpetrators who were coming in for therapy go in a different door than the survivors of abuse because we didn’t want them to have to encounter one another.

But this question is my client is a perpetrator of abuse. How do I know when he or she has changed and how can I help him or her change?

**Tali:** My opinion about this changed when I started working with perpetrators of abuse and needing to have faith in change is difficult when you know that it’s a pattern of abuse.
It’s really about paying attention to certain elements of their behavior, and they are committed to change really deeply rooted attitudes of entitlement or issues with anger. Some things that you may want to pay attention to is does my client admit to the abuse and not make excuses or blaming? Are they willing to make amends and accept the responsibility?

I notice patterns of controlling, and can my client acknowledge, you know, change is going to take a long time, and I’m not doing this to get credit for the change and it’s not going to be vouchers that I can trade in when I am abusive, saying things like, “Well, I haven’t done anything like this in a long time, so it’s really not a big deal.”

Can you see them starting to develop respectful, kind, and supportive way that they behave towards their significant other or whoever their victim was and start dealing with heated conflict and anger differently and without self-pity or blame?

Rebecca: I noticed that we are saying his, her. We’re interchanging the genders. How often do you actually see a male come in in the case where the perpetrator is actually a female? Is that something you see?

Tali: Not in this particular agency, but I worked in another jurisdiction and led a group for female offenders. And it was really, really interesting because it was learned behavior whether they were the targets of abuse and then became abusers or whether they witnessed abuse in their household as children. Anybody could be an abuser and their targets could be anyone regardless of gender.

Rebecca: Here’s one and I’ve often been sitting and talking to usually a woman in a therapy session, and I feel like there’s some warning signs but I’m not quite sure what they are. My question is what are the warning signs that a client may be a victim of domestic abuse or violence and what kind of symptoms might you be seeing in this client?

Tali: What I’ve noticed is that the symptoms – if they’re acute symptoms may come across in one of two categories, either expressive which could be fear, anger, anxiety, sobbing seemingly out of nowhere, inability to concentrate, they can’t sit still. Or it could be an overly controlled presentation. It seems like they may be masking their feelings, they’re unusually cool and detached, vicious and not trusting, and obviously like other clients you can read a lot in their body language.

Some of the symptoms could be that they’re either not able to talk, not really noticing what’s going on around them, not knowing what could help them, or feeling like nothing could help them ever, or feeling overwhelmed to interact with you, or really not wanting to say certain things. They may even feel like they want to protect you.

Some symptoms that you may see are pretty common of posttraumatic stress disorder like nightmare, flashback, fears, phobias, changing in appetite, sleep. A big one, and
this is one that I remember experiencing, is hypervigilance, really needing to look over my shoulder all the time and it's overwhelming and it's paralyzing.

Rebecca: And this is just a little personal thing that I'm going to interject here, is that I remember working with a client once and her husband would not allow her to open any of the windows in the house. He was just very controlling, and he felt like burglars were going to come in if the windows were open, and he was just so controlling and she came in and said, “I just feel like I want air. Why can’t I open a window?”

And although that might not fit into a classic definition of domestic violence, it was telling me something. How might you work with a client who came in with those kinds of symptoms?

Tali: I would really open up the discussion about what kind of environment did they feel safest in. This is actually a great question, because one of the things you may want to start including in your intake assessments are questions about what feels safe to them. Around what kind of people or certain specific people they feel most comfortable about and get an idea about some of those characteristics of those individuals. That will tell you a lot about what feels safe to them.

And as far as environment is concerned, you can ask those questions. Do you feel comfortable if we meet here and speak? I've had clients in the past where they've actually wanted to do a walk-and-talk. I don't know what the protocol is for your particular agency, but it very well could be something to offer them. In the case of your client, do you want to maybe meet outside or walk while we talk? It may not be every single session, but in the rapport building and getting her to acclimate to working with you, that could be an option.

Rebecca: Good ideas. Let’s say I’ve been seeing a client for a while. I suspect that the client’s in an abusive situation and they’re not interested in leaving or changing the relationship. What do I do? Where do I go with the therapy? What are your thoughts on that?

Tali: They very well could decide that leaving is not something that they wanted to do, and I would support them regardless. Most clients will not leave and even if they come forward, a very, very small percentage of them will leave. A lot of it has to do with the cycle of abuse that they get stuck in.

It's a powerful, powerful cycle that you very well could not help facilitate them breaking out of. Find out what's keeping them there, understand that them leaving is not going to be an action, it's going to be a process. If you feel like there are certain things that are keeping them there, maybe help them build some self-esteem first of all to think that they could actually be capable of it. And things like financial planning, maybe help them, put them in touch with that and start including certain activities that they can take ownership of.
Rebecca: You said very few actually leave. Do you have some statistics?

Tali: I don’t off the top of my head. A lot of the websites that we talked about could have some information like all – and this is just to give you an idea how small of a percentage is and I – I think 4 or 5% of survivors that even come forward. If you think that even a smaller percent actually leave, that tells a lot.

Rebecca: Yes, that is a small amount. And I remember I oversaw a domestic violence shelter along with a lot of other projects in a community agency I was working in, and I remember there was one gentleman who had so systematically abused his wife and children and we actually got them to the domestic violence shelter to live but we eventually were able to get them situated some place where he couldn’t find them. And this gentleman actually committed suicide when he realized he couldn’t get at them. And it was so powerful. What are your thoughts about that?

Tali: It’s a really interesting scenario that you brought up because the first thing that comes to my mind is the danger assessments that many agencies, crisis centers, and such give clients. And one of the questions on there is has your significant other, has he or she threatened to harm or kill themselves if you leave? That’s a technique that they use to get the client to not leave, and they know that the emotional attachment that the client has to them is incredibly powerful even if there’s some chance that they will leave, it’s almost like a punishment because again, if you’re thinking of abuse being about power and control, if I’m an abuser and for me it’s about controlling you and you left and I no longer have control over the situation, it’s not unheard of for a very desperate act like suicide to occur.

Rebecca: And the counsellor in that situation was – I was doing some supervision with her - and she said, “This client -” this was in another state long ago, this client is actually saying that she feels guilty for being happy, that he's no longer on this earth.

Tali: Absolutely. In which case, helping her through the grieving process and reminding her that it is not her fault and helping her become aware of the abusive past relationship. It’s not going to solve it, but it could help.

Rebecca: I'm a therapist. What are common mental health and emotional issues that survivors struggle with? What might I see in a cluster of symptoms?

Tali: The most common one that I've run into is posttraumatic stress disorder, of course. Depression, anxiety, sleep and eating disorders, suicidal, or even homicidal thoughts or violence. I’ve had clients who’ve had so much anger towards their abuser that they fantasize about harming them. To get some sort of relief from that anger.

And one of the things that I do feel very strongly about and I really hope that it becomes a bigger topic in domestic violence research is substance abuse. It is a symptom, a symptom to deal with very, very overwhelming, and unmanageable emotion.
If there is substance abuse with your client even if there's no history of domestic violence or sexual assault, is really to investigate what has been going on in their families and their relationship.

There are emotional issues that I've seen struggles from my clients and even if they've gotten out of the abusive relationship, there's a big conflict about control versus submission. I'm in a new relationship, what's too controlling? I was controlled before, I don't want to be controlled again. What's too controlling and what's too submissive. If I submit, if I fall into the beta instead of the alpha role in the relationship, am I going to be abused again? Self-esteem, anger, vulnerability, defensiveness, and really paying attention to family pattern.

Rebecca: How can I explain the effects of abuse to my client? I'm sure that you have done this many times, so how do I do that?

Tali: It really depends on each client and what they're willing to receive or not. If you're unsure about what stage they're in, is to ask them. What do you want to get out of therapy? Do you want to process what happened? What's a good way for me to respond to you?

One of the questions that I ask clients because again, going back to your first question about communication is what's the most comfortable way for me to help you be aware of certain things that you may not be aware of, of trigger, some blind spot which was for me was one of my biggest elements of my own healing was be aware of blind spots.

For me for example, having a very direct response to, “Hey, what I'm seeing happening with you is A, B, and C.” That could be triggering, so ask them, “Are you more comfortable with a softer indication that there are certain things that I'm noticing?” Maybe open-ended questions. Give them a chance to interview you so that you can get a better idea of what would be the most effective.

Rebecca: Is domestic abuse counselling like addiction counselling in that it’s okay to talk about your personal story with your client?

Tali: That’s difficult because again, I'll take it back to the ACA Code of Ethics and making sure that it really is in the best interest of the client for you to make them aware of certain things. Some clients will want to test you. What do you really know about trauma? How do you know how to help me if you haven’t gone through it? You may want to consider saying that but also be aware am I doing this because it’s cathartic for me? Am I revealing something because I really want the client to connect with me and I think that this is one way they will connect with me.

Just think about it because if you do say things, then maybe say it as minimally as possible to, “Okay, I’ve experienced some things in the past that helped me understand where you’re coming from.” Turn it back to whatever they're focused on. Don’t take the
focus away from them because very often, if they have recently gotten out of an abusive relationship or still in it, they may shut down. Now it’s about you. Just be very careful with that.

Rebecca: Yes, it’s not about us. It’s about our clients that every now and then and I notice in addiction counselling often the counsellor will talk about their story. Maybe addiction counselling and domestic violence are two where it’s slightly different.

Tali: Yes. Thank you for redirecting me back to your initial question about the addiction part of it. Oh my gosh, it’s an absolute addiction for both the abuser and the victim.

A while back, I worked with substance abuse. And the same cycle that I saw in substance abuse went back to behavioral addiction, that high and low of the drama in the relationship. To oversimplify it, it could be very well be an addiction to drama. Again, it really, really oversimplifies it especially in severe cases or childhood abuse. But just the high and low of things are okay now, but they could be bad and then they can get really bad. But then there’s that honeymoon after which where the person just is so loving and giving.

It’s just very important to help them to start seeing the patterns of the highs and lows in the relationship that are keeping them engaged.

Rebecca: Yes. Let’s say my client needs legal advice and they have no money. What are resources for domestic violence survivors?

Tali: The first thing I would suggest is again to touch base with your local jurisdiction, your government jurisdiction to see what they have available. They very well could have that and many jurisdictions do.

I have found the website probono.net/dv has had some great resources, that could be a great starting point. The web link for the American Bar Associations Commission on Domestic and Sexual Violence and they have a directory of specialized legal agencies depending on your location. And if you don’t find anything there, you may want to go to your state’s bar association, Domestic Violence Coalition, and even consult with attorneys for pay to see if they’ve referred clients in the past who did not have the ability to pay.

Another great option is the Legal Services Corporation. It’s Isc.gov which does cater to low-income Americans.

Rebecca: Once again, I'm reminding the listeners that we will have all of these links on the podcast page. Next question is a big one and take as much time as you need to answer this, and what is the cycle of abuse?

Tali: I love this question.
Rebecca: It’s very important.

Tali: Oh, yes. Well, it breaks down into either a pattern of either three or four stages. I actually like to explain it to my clients in the four stages, and I’ll explain it to them in individual as well as in the group sessions that I hold. I always, always include it.

We start with the tension stage. This is the stage in the relationship where it feels like walking on egg shells. You start feeling that tension over very common issues, so either cleaning around the house or children or if it’s a parent over schoolwork. And it could be either subtle or very apparent verbal abuse or not even abuse, but just a lot of tension and you’ll start seeing the client’s really wanting to appease and please the abuser in order to avoid escalation. But very sadly, there are no techniques that we can offer the clients to stop the violence.

And eventually, it will go to the next stage, which is the explosive incident phase. Now we’re looking at more severe physical or emotional abuse. Typically before this comes, the client will know that it’s imminent. They have no way of predicting when it’s going to happen because typically, what initiates the incident are external factors. Stressors outside of the relationship that really are outside of the abuser’s control, so the victim does become the target.

And what’s most interesting to me about this phase is that the victim could actually provoke the incident unconsciously, and that makes it happen quicker. I don’t know when it’s going to happen; I don’t know what’s going to happen, I’m just going to go ahead and make them angry and set them off so it happens and we can just move on to the next phase.

Rebecca: So their anxiety would make them want to move on and just make it happen, get it over with?

Tali: Yes.

Rebecca: Okay, go ahead.

Tali: And it’s unconscious, usually.

Rebecca: It’s unconscious, yes.

Tali: And once you do move to the next stage, that’s the honeymoon phase, you see the abuser expressing shame, remorse, really minimizing what happened and giving excuses and even denying it. “It never happened. I don’t know what you’re talking about.” Or, “If you wouldn’t have done A, B, and C, we wouldn’t be in this predicament.” Or just being more loving than usual, although that – if it’s a long-term abusive relationship, typically you don’t have the loving and acts of generosity and helpfulness that you do earlier in the relationship.
Earlier in the relationship, in these cycles, the abuser will really find ways to pull on the victim's heartstrings. Like, “It's not going to happen again, and overcoming this is just going to make our bond stronger.” They very frequently and pretty much every – well almost every case that I heard and in marriages, there’s a promise of couple therapy. You're really just being dramatic about it.

This is the high of the cycle. This is what typically keeps the victims coming and it leads to the calm phase. This is very calm, this is as close to normal. “Our relationship is normal. These things happen. Every relationship has ups and downs. Maybe I really did overreacted. It’s not a big deal and I believe them. I know they're a good person. It’s not going to happen.”

This cycle is so powerful that it can make the relationship last for either many years or a lifetime. It just becomes the normal way of living.

Rebecca: What are the different types of abuse?

Tali: It obviously can be in simplest forms can go into either physical, sexual, emotional, economical, and psychological. And recently, I noticed especially in psychoeducational programs teaching adolescents that technology abuse is a big thing as well. Oh yeah, it’s big.

Rebecca: Describe that to us. Can you describe that to us?

Tali: Sure, and I’ll go back to the example of adolescents. My girlfriend or boyfriend text me a lot, a lot. And if I'm not by my phone and I don't respond for a while, they think something’s wrong so I have to respond. There's so much anxiety attached to either the cell phone or the computer also in social media, it’s a big, big part.

Rebecca: Interesting.

Tali: And I forgot to say stalking.

Rebecca: Oh gosh, yes. Huge.

Tali: Very scary. Some of the other types of abuse that have gotten more attention recently are gaslighting.

Rebecca: What is that?

Tali: I don't know if you’ve heard of it. In 1940s, there are two versions of the movie Gaslight. That’s where the term originated and it really refers to a type of mental abuse where the abuser really twists and manipulates things so severely, the victim starts doubting their own memory and their perception or even their sanity. It’s very scary.
I would recommend definitely watching that movie to understand or at least try to understand what that feels like. Also dating violence, human trafficking is a big one, and you see a lot of agencies pop up now to support the LGBTQ community with the violence that they’ve been experiencing.

Another population that I’ve seen become targets are immigrants and refugees. Either in a relationship where they’re with a citizen or it’s relationships where they’re both immigrants or both refugees and they may not have access to some of the services that citizens have or refugees, probably but not immigrants.

**Rebecca:** We hear that domestic violence is about control and power. What does that mean?

**Tali:** Those are typically the things that the abuser feels like they’re lacking. They create a relationship culture that’s based on conditioning the victim to respond in the way that they want them to. So it involves confusing, manipulating, or even using threats of injury and harm or actual injury and harm to be able to control what happens within the relationship.

They create an emotional, traumatic bond that typically means that the victim won’t resist. Some elements of power and control that you can see would be intimidation, emotional abuse, isolation which is pretty much universal to most abusive relationships, very, very difficult for the victim to overcome, minimizing, blaming, and denying, using children or pets, using privilege like male privilege or female privilege or economic privilege, economic abuse and coercion, and threat. Those are the really big ones.

**Rebecca:** What if we as counsellors have a mother or father of the domestic abuse survivor or victim, what if we have that mother or father, sister, brother in therapy with us and they want to do something and they don’t know what to do. What might you tell them?

**Tali:** That’s really tough and I’ve had situations like that, and one of the things that I found most helpful is to really give, to let them understand that your goal as a therapist is to help their child gain a sense of control in their own life and feel safe and that you’re doing what you can as a therapist to help their child stay safe and build their own resilience.

You also can speak with your client to get an idea of how comfortable they are to have their parents involved. For example, in a situation with a client where the child was a victim and the parent had a history of being a victim of abuse, I referred to some of the experiences that the parent had shared with me that they experienced and trying to help them build compassion for their child to say, Yes, I want to protect their privacy and let’s talk to your child separately to see if they are willing to set some time aside that we can talk about this as a team to get an idea of what role each individual, the parent and child, want the parent to have as part of support team.
Rebecca: Those are good ideas. What are common characteristics we might see, common characteristics of abusers and a victim?

Tali: I'll start with the abusers because there are red flags that – working with domestic violence I find that sometimes even outside of work, I find myself noticing, speaking disrespectfully about former partners, about other people, being disrespectful towards the clients, being either too nice in maybe not as a good way. Maybe you're aware that there's that bit of discomfort, but you can't really put your finger on it, so probably your instinct about that.

It's subtle, possessiveness and jealousy can lead to control. I was tempted to say extreme but very often, it starts as a subtle hint, being self-centered, having a very difficult time, not using “me, me, me,” and “I, I, I.” It’s not ever feeling that anything is their fault.

A big one is when you see them moving very quickly into a relationship. I just started dating someone like, “Oh my god, they want me to move in and they went ring shopping with me and it's so exciting.” And you're like, “Oh, red flag.”

Rebecca: It's all happening too fast.

Tali: Oh, yes. We're starting to look at control and power over the speed of the relationship. Substance abuse, alcoholism, and I know I'm jumping around a little bit but I want to cover it. Anger, pressuring for sex, double standards. “Well you know, this is a big deal for me and it’s not a big deal for you but that’s just the way that it is.”

Negative attitudes towards women or towards men, treating the victim or – I should stop saying that and say survivor – treating them differently around other people. Around other people, they're fantastic. How can anybody ever think anything bad about this person? And seeing that has led me to actually despise the word charming.

[laughter]

Rebecca: Because that’s always part of the description of the abuser.

Tali: I can't stand it because it's almost like an act of, “Oh, I'm going to be super likeable and wonderful.” And this is a big deal, someone who's very attracted to vulnerability. Maybe you know that your client who could potentially be an abuser - but you don't know that - is always wanting to save someone. It's not saying that they're an abuser, but just be mindful of that.

Rebecca: I noticed that we have used – wait, before I go to the next question, I wanted to ask you, what are common characteristics we might see of the victim or survivor?

Tali: Low self-esteem, a lot of insecurity and anxiety, this is where helping them with building self-esteem and developing their own personal interest of things they can be
proud of, feeling inferior to others, very submissive, saying that they really depend on somebody else to take care. They really want to be taken care of. Feeling they may not deserve respect, unrealistic expectations of the relationship, feeling that control is equivalent to protection.

Rebecca: Oh, that's a good one.

Tali: Being excessively tolerant and accommodating of things that violate their own rights in a relationship personally. Deceiving themselves to think that one day, magically the abuser will change and blaming themselves for the problems of others. Another one is very common is a resistance to change, feeling stuck.

Rebecca: Yes. I remember I had a client who I suspected was a victim of domestic violence and I asked her what she thought she got out of being with this volatile person and she said, “I get a lot of joy out of it.”

Tali: There's a little quieter feeling to that because I know that the attachment to that honeymoon.

Rebecca: Oh, the honeymoon phase.

Tali: They hope that things are going to just be okay. It comes out in other ways. It plays out in either physical problems that never seem to have some kind of diagnosis. They're very, very happy and they don't want to admit that things are stressful with the relationship so they'll put that on something else either unfortunate relationship with somebody else or the physical issue.

And the last thing I was going to say if you notice that your client really isolates, doesn’t connect with other people very well, one of the things you may want to talk about or ways for them to build some social skills because the isolation, even if they're not currently in an abusive relationship will mean that they're more exposed to somebody who is able to connect with them, having a lot of power over them.

Rebecca: I noticed sometimes we use the word victim, and sometimes we use the word survivor during this conversation we’ve had today. I think you just said you use the word survivor as a bit more optimistic. Is there something we need to know about those two terms?

Tali: Yes, and I apologize for using the word victim so frequently especially since I don’t like thinking about them as victims because if they’ve come forward and they’ve either admitted to me or they've even come to therapy even if they don't know it’s abuse, they're already one of the very few to have come forward for help. To me, that’s a very good sign of survival.
And so if we backtrack and redid this all in survivor, wonderful. And that my hope is that once they do go through therapy and healing, we can get them towards surviving, being able to live a healthier life.

**Rebecca:** This is my last question. ACA currently have 55,000 plus members, most of whom are clinicians. Is there anything that I have not asked you that you want our members to know?

**Tali:** Sure, and thank you for giving me the opportunity to do this and to share this information.

**Rebecca:** Absolutely.

**Tali:** Because one of the things that I've noticed in becoming a part of the mission to end domestic violence is that it exists in so many other situations and you may have clients that present with completely different issues and no matter what they present with, I think it's important for all of us to become familiar with what abuse looks like and how it could present the things that are completely different, so become familiar and get to know the people in your domestic violence agencies or reach out to the ACA to find out more about it. It's everywhere.

**Rebecca:** And again, I want to tell our listeners that we will have all of the links that Tali has mentioned today will be on the podcast page. I want to thank you so much, Tali Sadan, for joining us today to discuss domestic violence. To the links to this program, to write to the presenter or the host, please go to www.counselling.org and click on the podcast page. This is Dr. Rebecca Daniel-Burke, your host for the ACA 2015 podcast series signing off.