



# Spotlight

## A publication from End Domestic Abuse Wisconsin exploring pathways to ending violence

December 2024

### From the Executive Director

The transition to a new calendar year is traditionally a time for reflecting on the past and setting intentions about how to move forward. It is a particularly interesting time to consider **crisis prevention, intervention, and de-escalation**. We have been through a lot: as a movement, within our agencies, with one another. We've needed to manage our emotions in the face of overwhelming circumstances as we center survivors in all we do.

With resources inequitably distributed and often entirely inaccessible to those most in need of support, people in crisis have come to us in increasingly desperate circumstances. Particularly in shelter settings in our state and beyond, we are faced with escalating emotions and behaviors from those we are here to support which require an approach that is immensely compassionate under extremely challenging conditions. In this issue of *Spotlight*, we offer materials on this topic from our recent webinar series, *Supporting Survivors at the Intersections: Trauma, Mental Health, and SUD*.

In a new year, we look to the latest offerings from across disciplines to guide us in our resolute commitment to being alongside survivors – particularly those marginalized – as we move through individual and collective times of crisis, together.



**Monique Minkens,  
Executive Director**

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# Polyvagal Theory

The Polyvagal Theory was developed by Dr. Stephen Porges to identify and understand the way we respond to the human experience, including our responses to real or perceived stress, danger and safety.

This beginner's guide explains that polyvagal theory centers on our autonomic nervous system that “is our personal surveillance system, always on guard, asking the question “Is this safe?” Its goal is to protect us by sensing safety and risk, listening moment by moment to what is happening in and around our bodies and in the connections we have to others.”

## **Your Central Nervous System is an Intervention to Crisis**

Neuroception is our ability to constantly scan our environment for cues of safety or danger without actually thinking about it. When neuroception is working accurately it prepares the nervous system to move into the state that is aligned for the appropriate response all below our level of awareness. When individuals lack the ability to detect when a situation is safe, it can lead to hypervigilance, and an inability to detect threat leads to dulled responses to high-risk situations.

## **The Wanderer**

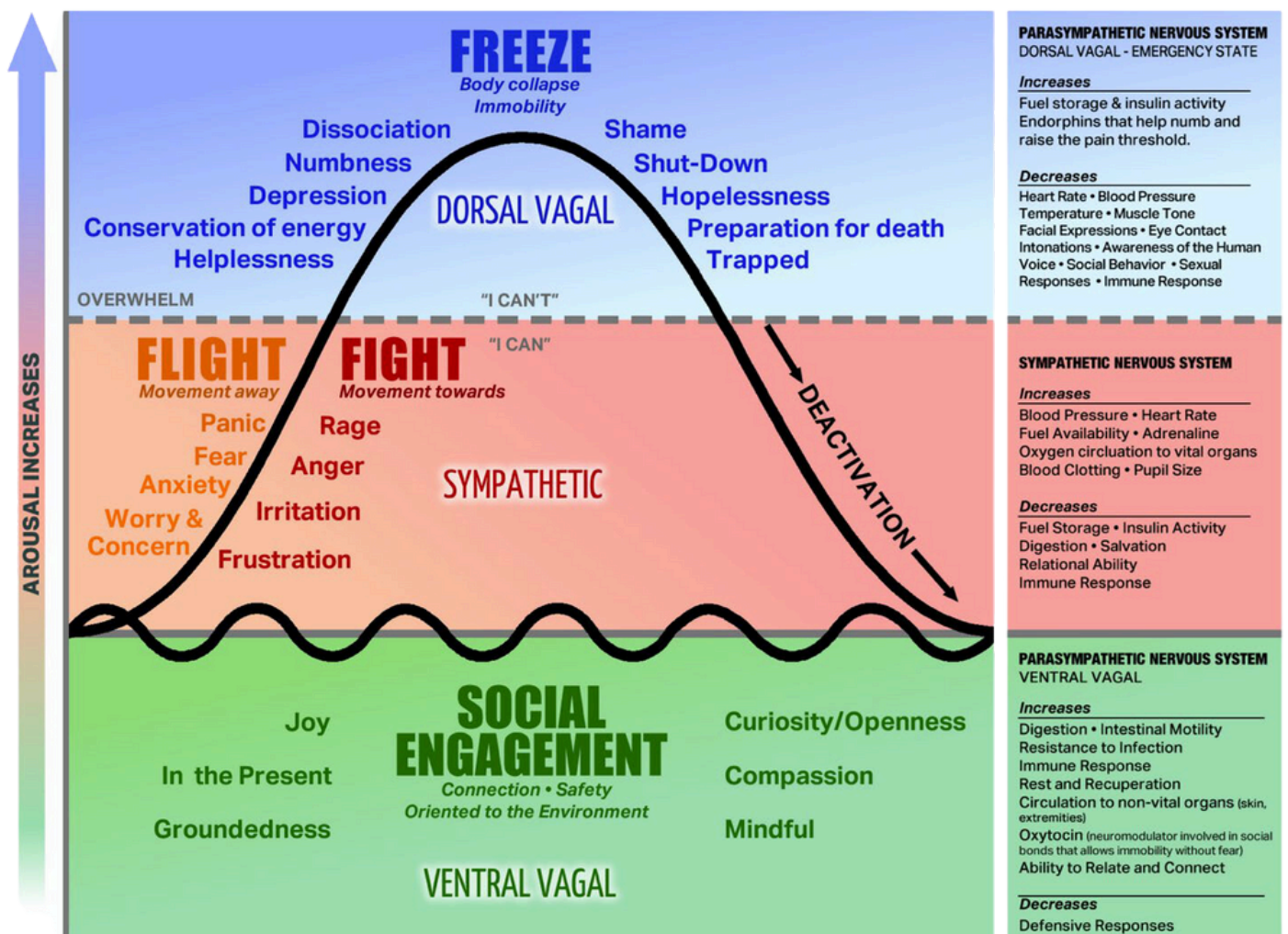
‘Vagus’ in Latin means wanderer, which is appropriately named for the nerves that travel from the brain stem down the spine, through the lungs, heart, diaphragm and stomach, and upward connecting to the neck throat, eyes and ears. It's no wonder that the vagus nerve helps us identify our environment as we're scanning others for safety and social engagement through facial expressions and social gaze. Likewise, we pick up cues about other people through changes in voice (like the way our voice may change when we're nervous or scared), the way our ears might start to ring, and we often refer to “gut instincts” in making decisions about our safety.



The autonomic nervous system is made up of the sympathetic and parasympathetic systems. The sympathetic system, which runs down the spine, prepares us for action through our fight or flight responses. The parasympathetic system is made up of the ventral vagal and dorsal vagal nervous systems. 80% of the information handled by the vagus nerve goes from the body to the brain.

The ventral vagal nervous system is where we feel joy, safety, and grounded. We feel a sense of social engagement and see the world with a sense of curiosity and compassion. It is often referred to as “home base” and where we strive to be and return to.

When we pick up on cues through neuroception that our environment may not be safe, we move into the sympathetic system where our fight or flight responses are activated. Dr. Porges refers to this activation as mobilization. During mobilization you may experience panic, fear or anxiety, anger, irritation or frustration.



Adapted by Ruby Jo Walker from: Cheryl Sanders, Steve Hoskinson, Steven Porges and Peter Levine

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## Hierarchy of Response

Polyvagal Theory concludes that your nervous system moves through a hierarchal response to help keep you safe. Starting in the ventral vagal where you feel connectedness and safety, you move into your sympathetic fight, flight or fawn response when you detect something unsafe in your environment. Finally you move into the dorsal vagal where you experience a freeze response. Polyvagal theory suggests that you move through all three responses, and depending on your ability to regulate your nervous system, may move through them slowly or quickly. In some cases, you may move through the hierarchy so quickly that you barely register your body's response.

We can [learn from Deb Dana](#) that “when states of fight, flight, and collapse are frequent, intense, and prolonged...the autonomic nervous systems now respond in characteristics post-traumatic patterns of hyperarousal, hypervigilance, disconnection, and numbing.”

## Regulation

Self-regulation is when we develop our own tools to calm ourselves down on our own. Co-regulation refers to the way we calm ourselves down when we are connecting to someone else. When we are connected to another person's sense of warmth, care and stability, we are able to better regulate.

We all need a combination of both, soothing we get from others and our own self-soothing.

We experience optimal functioning in social engagement but our nervous system can get “wired” according to life circumstances. Healing is a way of “resetting” our nervous system to ventral vagal home base.

## How does this relate to de-escalation?

- Addressing your own underlying nervous system response could decrease altercations or conflicts.
- Recognizing individuals may respond differently based on their nervous system state allows for more personalized and effective de-escalation strategies.
- Integrating these principles can help individuals develop long-term resilience and coping strategies, reducing future crises.
- Foster a sense of safety and connection.
- Facilitate effective resolution

# Co-Regulation is Key

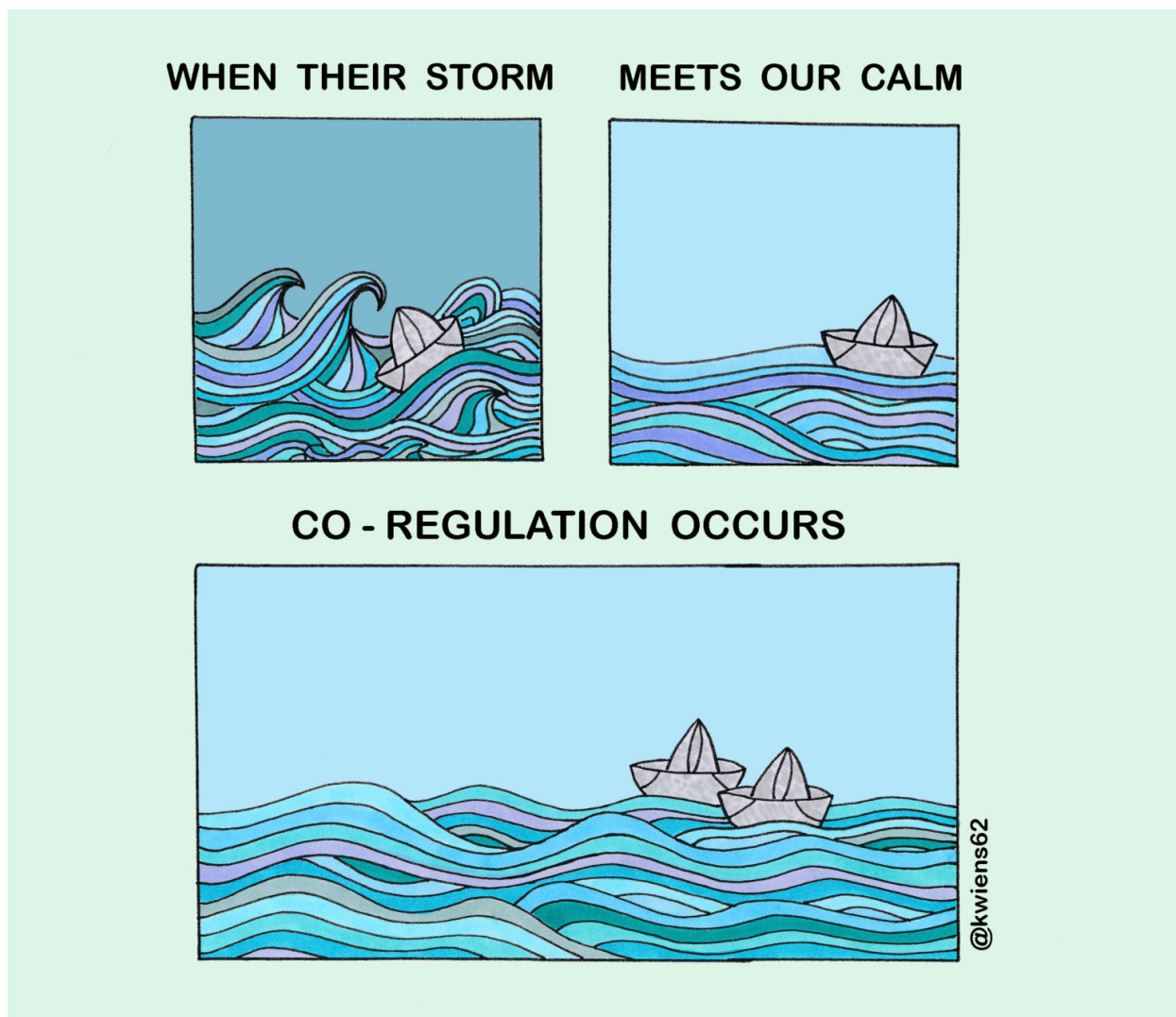
Remember that de-escalation starts with you. Having the tools and strategies to effectively respond to your own nervous system will allow you to provide opportunities for co-regulation and assist others with navigating and moving forward in their own states of mobilization or activation.

## Learn more about Polyvagal Theory!

From Deb Dana's [Rhythm of Regulation](#): The Polyvagal Theory is a collection of proposed evolutionary, neuroscientific, and psychological constructs pertaining to the role of the vagus nerve in emotion regulation, social connection and fear response.

[Healing Trauma And The Polyvagal Theory Q & A With Deb Dana](#)

[Transformative Issue #6](#)



# Personal & Culturally Learned Conflict Styles

We continue to lay the groundwork for developing a personal or agency crisis plan by examining some of the underlying elements at play in crisis situations that we carry with us in our daily lives. Just as the central nervous system contains its own crisis response mechanism, personal and cultural influences play a role that usually operates below the surface. Conflict is inevitable in human relationships, and everyone approaches conflict situations in ways that are familiar to them.

Models have been developed to better understand patterns of behavior when approaching conflict. In this issue, we share brief overviews of two models for assessing conflict styles: the **Thomas Kilman Model** and the **Intercultural Conflict Style Inventory**. Both tools can be helpful for understanding the diversity of approaches each of us brings to conflict situations. Gaining insight into styles that are at odds with our own approaches can help avoid misunderstandings that escalate conflict.

## Thomas-Kilman Conflict Model

This widely used model posits that five main styles represent our different inclinations or natural tendencies when we face conflict.



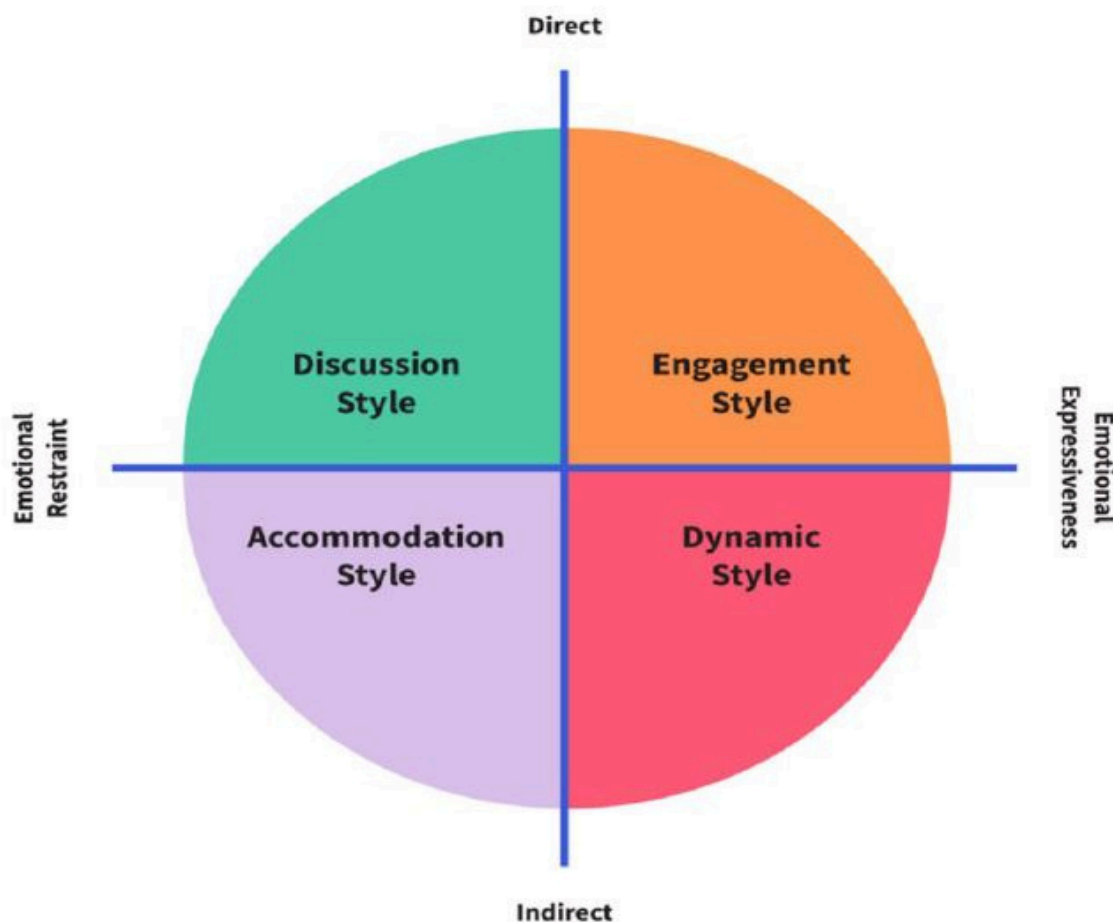
Each style in this model involves some measure of assertiveness and cooperativeness, and each has relative advantages and limitations in various scenarios. The diagram on the previous page illustrates the five styles, placing *compromise* in the center.

Insight into our own tendencies can help identify ways we might aspire to approach conflict differently. Recognizing inclinations of others can help us make choices in a given situation to manage potential conflict. For example, when someone seems to be competing, what options might be available to contain conflict while honoring the needs of all parties?

Visit the United States Institutes of Peace where you can [take the assessment online or download it as a pdf for free](#).

## The Intercultural Conflict Styles (ICS) Inventory

The ICS assesses culturally learned approaches for communicating information and resolving conflict in terms of Direct or Indirect strategies for “working through” significant disagreements and emotionally Restrained or Expressive approaches for dealing with emotional upset. Like the Thomas-Kilman conflict styles, the ICS model offers a diagram with these strategies and approaches falling somewhere on a spectrum. Unlike the Thomas-Kilman model, the ICS recognizes styles identified in the model as rooted in culture, globally and within the US.



## Communication Styles: Direct versus Indirect

At one end of the spectrum, someone from an indirect communication culture may place greater value on how the message is conveyed, with more context and nuanced language. Tone of voice, facial expressions, body language and non-verbal gestures are more important.

At the other end of the spectrum, direct communicators would place more weight on expressing information verbally, saying what is meant succinctly and directly, without a lot of background information. Making eye contact and openly expressing disagreement are not considered disrespectful.

## Emotional Expressive versus Emotionally Restrained

Emotionally expressive cultures tend to value overt displays of emotional experience. Emotional upset is controlled by releasing emotion. In a conflict situation, advice to calm down would likely be experienced as a challenge to one's sense of authenticity and can escalate rather than deescalate the situation.

Emotionally restrained cultures value maintaining emotional control even when feeling upset, in part to avoid upsetting the other party. Emotions are controlled by internalizing and displays of emotion whether verbal or nonverbal are more constrained when resolving conflict. Maintaining calm in the face of emotional upset may communicate sincerity while more overt displays of emotion may seem insincere.

For a more in-depth look at the ICS, read [Solving Problems and Resolving Conflict Using the ICM](#) by Mitchell R. Hammer

## Reflections

Both models offer tools that can bring underlying assumptions and behaviors to light to better navigate conflict when it arises. Tools can help us when the nature of a crisis often robs us of any sense of control. In reality, we will not be able to manage every situation as well as we'd like to.

For example, consider how we feel and behave in *calm* or *stormy* conditions: Calm conditions are when differences in an interpersonal situation have just emerged, and emotions are low. In storm conditions – when previous attempts to resolve a conflict have failed and emotions are high – everything is less predictable.

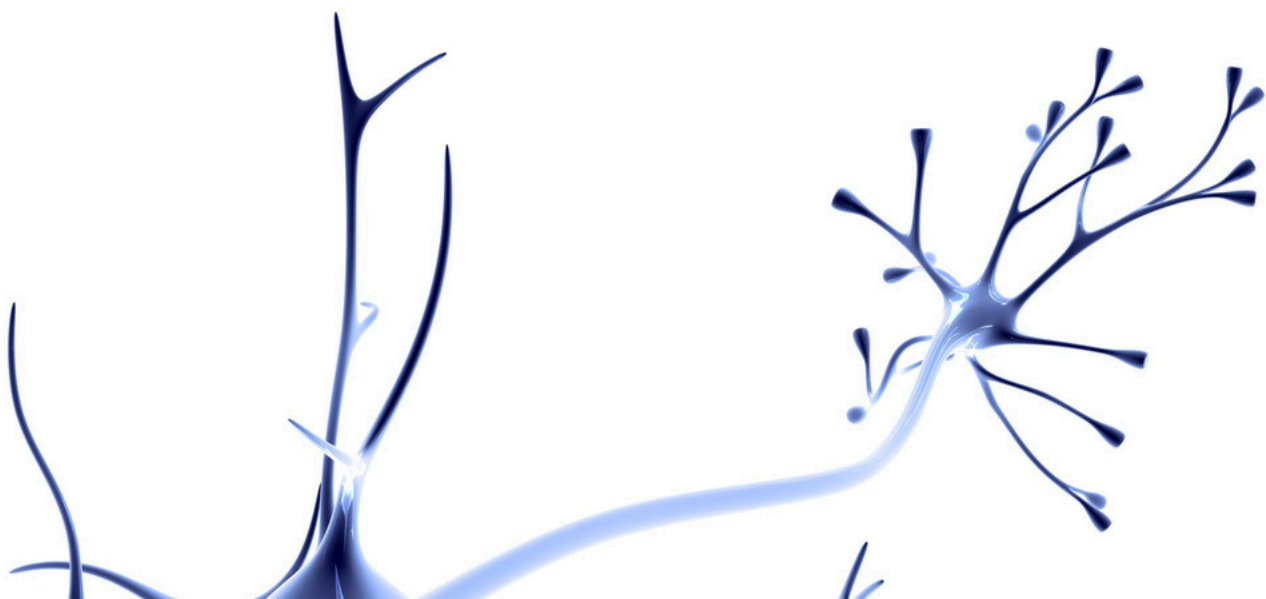


Reflect on which conflict style(s) you typically use when things are relatively calm. What changes when the conditions become stormy? Do you tend toward different styles? Can you identify strengths and risks associated with these styles?

Additionally, the conflict styles we tend to use are fluid in other ways. How we approach conflict is filtered through our historical and social contexts. For example, a particular cultural conflict style exists within the context of white supremacist, colonialist, and patriarchal systems in the US. Where each of us is located within these systems greatly influences each interaction. We do not control whether we are beneficiaries or survivors of a given oppressive system, but we are constantly navigating these systems regardless of whether we are conscious of them in the moment.

Consider the power dynamics built into the situation. For example, there is an inherent power imbalance when we as service providers control access to resources survivors need. What is the culture of the organization in terms of authority, respect, hierarchical versus shared power? Everyone also has their own beliefs and values connected to power dynamics that they carry with them.

It is not always within our capacity to control our responses when conflict arises, but insight into our own as well as others' styles can help to contain conflict that threatens to become a crisis.



# Crisis Planning

Remember that most people in crisis are scared or frustrated and people with trauma history may react in a specific way. Assessing crisis situations can help you prepare on a macro and micro level (organizational and individual).

Crisis often happens within the first hour of contact and most violence is verbal. Crisis situations will most often occur with people seeking services and/or their family. Often, there is a progression of crisis beginning with a precipitating event. This event can be recent or very old. The individual will perceive that something is unsafe due to this past event or cumulative trauma. From what we have learned about our autonomic nervous system response, this perception will be under a level of awareness. This perception gives weight and impacts the intensity of response and the individual may experience emotional distress. If the distress is strong enough it overwhelms functioning and the individual may experience many responses, including anger, irritation, fear, panic (flight/fight) and dissociation or shutting down (freeze).

## **How to prepare within your agency**

- Have a shared crisis plan
- Have shared resources/strategies for how to respond to a crisis
- Develop connections with community resources before crisis occurs
- Be upfront about rules, expectations and consequences
- Consider who has access to facility and when
- Consistent following of protocols amongst staff
- Consider where staff sit
- Provide supervision and debrief

## **How to prepare as an individual**

- Are you safe? First rule of first aid, don't create another crisis
- Be aware of your surroundings
- Check for heavy or potentially dangerous objects in the vicinity
- Make sure the exit is not blocked for either you or the agitated person
- Determine level of public/private space when having a hard conversation
- Know how you respond to a crisis – what are your buttons?
- Have your own coping strategies for slowing down
- Seek support during and after
- Therapy as a person
- Supervision as a professional

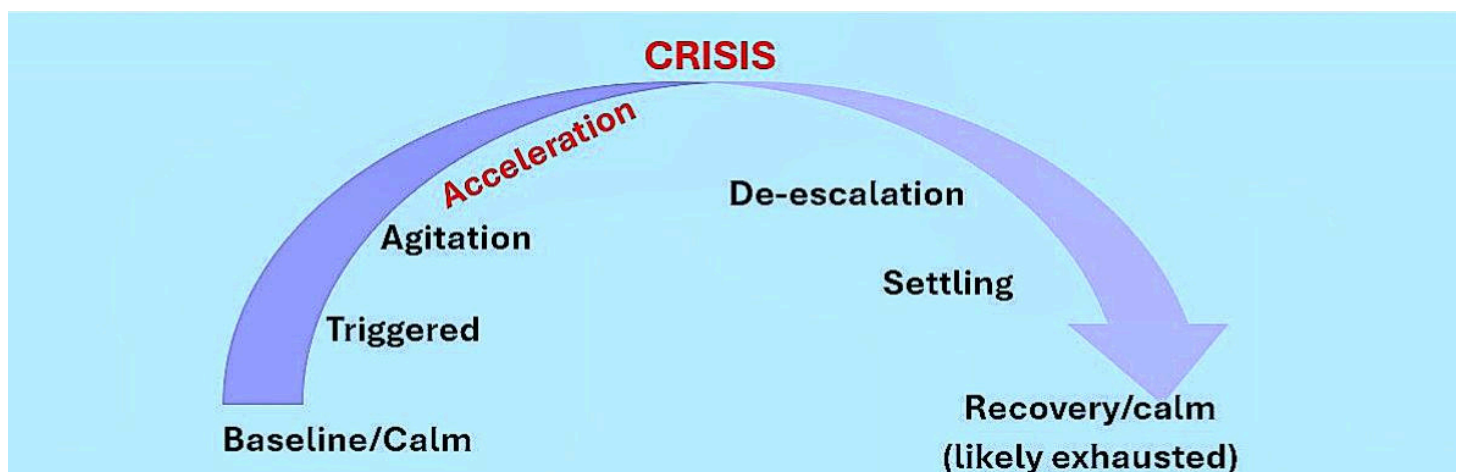
# Risk, Crisis, & De-escalation

Some factors can increase the risk of escalation and danger. When anger is present, or when individuals are experiencing heightened states of fear, confusion, frustration, or negative perceptions related to the situation, risk is increased. Such situations can escalate more quickly when individuals are experiencing impairment due to substance use, cognitive disability, or overwhelming symptoms of psychiatric disorders.

When de-escalation is required, there are some general guidelines to turn to:

- Low and slow: keep your voice down, speak and move slowly. Regulate your speech according to the situation – for example, don't speak so slowly that you appear to be condescending. Do however keep your sentences short, as the person who is experiencing heightened emotions or confusion is already overwhelmed.
- Don't lose your trauma informed care. You are in a storm – your immediate response when someone is coming at you with anger and sarcasm may be to fight back. Remember they are overwhelmed and not in control.
- Work from compassion. Remember that however the person is behaving, they are acting out of distress that has nothing to do with you.
- Know yourself, take care of yourself. If you feel unsafe, remove yourself from the situation. Do everything you can to protect yourself.

The figure below shows the build up to a crisis point and de-escalation back to baseline.



## What You May Notice and Ways to Respond

The points outlined below highlight aspects of the escalation/de-escalation continuum.

- You may notice a variety of outward signs signaling building tension or aggression. Acting out may include physical or verbal violence; it may seem outwardly or inwardly directed. For example, you might notice:
  - Anxiety
  - Provocative behavior, prolonged staring, angry demeanor
  - Loud, aggressive, rude, or sarcastic speech
  - Tense posturing, frequent change in body position, pacing
  - Aggressive acts such as pounding/kicking walls, throwing things, or hitting themselves

You may have practiced these tips for de-escalation in your crisis planning. These recommendations include using body language and tone of voice to de-escalate the situation:

- Use a neutral stance, without facing the person directly, but at a slight angle.
- Keep your hands open at your sides.
- Use low and slow speech.
- Maintain clear access to exits.
- Involve other staff, if possible, particularly if they have had positive or neutral interactions with the person.

While calm is being restored, the process may not be smooth:

- The individual beginning to calm down may flare back up due to their emotional response to the experience, shame or guilt, returning feelings of frustration.
- You can go back to de-escalation techniques as needed.
- Allow space; refrain from attempts to process the experience with them too soon.

The upset is an emotionally and physically draining experience:

- It is important to allow rest following the incident.
- At this point they are least engaged in the aggression cycle.
- People experiencing trauma may be hypervigilant and have trouble resting/resetting.
- Stay alert. From this stage they can become re-activated and jump to violence with little or no warning.



The skills and tools for preventing, intervening, and de-escalating crisis are likely familiar to advocates who support and safety plan with survivors on a daily basis. The context shifts in the moment when the immediate source of danger appears to be the same person who reaches out for support. Often advocates are themselves survivors contending with harm they have experienced directly and indirectly. In this work the lines have always been blurry, however we may at times wish they were black and white.

Colleen Cox and Nicole Johnson adapted the content for this issue from materials presented on October 29, 2024, by Michelle Murray and Becky Hiller of [Forward Counseling and Consultation](#), as part of the series [Supporting Survivors at the Intersections: Trauma, Mental Health and SUD](#). The recording of this session is available at [Supporting Survivors at the Intersections Crisis Prevention Intervention and De-escalation](#).

To close is a short quote borrowed from JK Murphy, [Understanding Glimmers and Triggers: A Guide to Emotional Balance](#) – [We hope for and] help each other find pathways to a more peaceful life. If we can do this, we might be able to move from a place of emotional hardship to a place where we truly shine.

# End Domestic Abuse Wisconsin (End Abuse)

Based in Madison, Wisconsin, but with staff across the state and country, we work on a wide array of initiatives including engaging youth, public policy and legal systems advocacy, outreach to under-served communities, homicide prevention, and multidisciplinary response team support. Our work includes specialized local initiatives as well as the National Clearinghouse on Abuse in Later Life.

## End Abuse Board of Directors

End Abuse is a 501c3 nonprofit organization with a Board of Directors as our governance structure. To view our current Board Members, go to [End Abuse Board of Directors](#).

## End Abuse State Coalition Staff

Staff at End Abuse are available 8:30 a.m. to 4:30 p.m. CST to aid staff of member agencies. The staff directory below contains the contact information and areas of expertise for individual End Abuse staff who assist agencies and advocates providing services directly to survivors. To view End Abuse staff and contact information, go to [About End Abuse Staff](#).

- For general technical assistance email [TA@endabusewi.org](mailto:TA@endabusewi.org) or call 608-255-0539 and press 4.
- For legal technical assistance email [legalTA@endabusewi.org](mailto:legalTA@endabusewi.org) or call 608-255-0539 and press 5.



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