

Thinking about Trauma in the Context of DV Advocacy: An Integrated Approach

The emergence of trauma theory over the past three decades has created a significant shift in the ways mental health symptoms are conceptualized and in our understanding of the role abuse and violence play in the development of mental health and substance abuse conditions. Arising out of the experiences of survivors of civilian and combat trauma, trauma theory views “symptoms” as survival strategies—adaptations to potentially life-shattering situations that are made when real protection is unavailable and normal coping mechanisms are overwhelmed.

Trauma theory helps destigmatize the mental health consequences of domestic violence by recognizing the role of external events in generating symptoms and normalizing human responses to traumas such as interpersonal violence. It also creates a more holistic framework for understanding the ways in which the biological, emotional, cognitive and interpersonal effects of abuse can lead to future difficulties in a person’s life. And it affords a more balanced approach to mental health treatment—one that focuses on resilience and strengths as well as psychological harm. Lastly, a trauma framework fosters an awareness of the impact of this work on providers, and emphasizes the importance of provider self-care, along with administrative, consultative, and peer support.

Although trauma models are not a substitute for advocacy-based approaches that help survivors achieve freedom and safety, or for broader social justice efforts to address the root causes of abuse, violence, and oppression, trauma theory can greatly inform and enhance advocacy work by increasing understanding of the psychological consequences of abuse and how trauma affects both domestic violence survivors and the providers and programs that serve them.

Trauma-informed models are designed to be responsive to the experiences of survivors of abuse and violence and to incorporate an understanding of how those experiences can affect one’s ability to regulate emotions, process information, and attend to one’s surroundings. They also provide tools for responding skillfully and empathically to individuals for whom trust is a critical issue, without having one’s own reactions interfere.

Trauma-informed service environments provide emotional as well as physical safety and are consistent with advocacy models in their focus on empowerment, collaboration, and choice. They are also designed to ensure that services themselves are not retraumatizing to survivors, as well as to provide strategies

NCDVTMH Definition of Trauma-Informed:

The term *trauma-informed* is used to describe organizations and practices that incorporate an understanding of the pervasiveness and impact of trauma and that are designed to reduce retraumatization, support healing and resiliency, and address the root causes of abuse and violence (NCDVTMH 2013, adapted from Harris and Fallot 2001).

for attending to the effects that bearing witness to another's painful experiences has on advocates as well.

At the same time, trauma models have historically focused on the effects of trauma that occurred in the past. Yet for many survivors the trauma is ongoing and "symptoms" may reflect a response to ongoing danger and coercive control. Similarly, stigma associated with substance abuse and mental illness allows abusers to use these issues to control their partners, undermine them in custody battles, and discredit them with friends, family, and the courts, underscoring the importance of responses that are both DV- and trauma-informed. We also know that many of us experience multiple types of trauma in the course of our lives—trauma that is collective as well as individual—and that culture and context can play an important role in our experience of trauma and our approaches to healing. As advocates, we have the opportunity to offer a more integrated approach to the emerging discourse on trauma—one that combines a trauma-informed perspective with a DV/social justice lens—and to ensure that our own programs and services continue to counteract the effects of abuse and oppression, not only through our grounding in DV advocacy but also by working to ensure our programs and services are fully accessible, culturally attuned, and trauma informed.

(Warshaw 2005, NCDVTMH 2013)