

TRAUMA-INFORMED CARE FOR SURVIVORS OF DOMESTIC VIOLENCE

A traumatic experience involves a threat to one's physical or emotional well-being, and elicits intense feelings of helplessness, terror, and lack of control.¹ Traumatic experiences can change a person's perception of herself, her environment, and the people around her. As traumatic experiences accumulate, responses intensify and have more impact on functioning. Ongoing exposure to traumatic stress can affect all areas of a person's life, including biological, cognitive, and emotional functioning; social interactions and relationships; and identity formation. Because a person who has experienced multiple traumas does not relate to the world in the same way as someone who has not had these experiences, trauma survivors require services and responses that are sensitive to their experiences and needs.

Definition of Trauma-Informed Care

Meeting the needs of trauma survivors requires that programs become "trauma-informed."² A trauma-informed service system is "a human services or health care system whose primary mission is altered by virtue of knowledge about trauma and the impact it has on the lives of consumers receiving services."³ This perspective views all aspects of programming through a trauma lens, constantly considering how traumatic experiences impact a survivor of domestic violence. Programs that are informed by an understanding of trauma respond best to survivor needs and avoid engaging in re-traumatizing practices.

Principles of Trauma-Informed Care

The National Center on Family Homelessness has developed eight foundational principles that represent the core values of trauma-informed care:

- ***Understanding Trauma and Its Impact:*** Understanding trauma and its impacts on survivors and recognizing that many behaviors that seem maladaptive in the present are actually adaptive responses to traumatic experiences in the past.

¹ American Psychiatric Association (2000). Diagnostic and statistical manual of mental disorders, (4th ed., text revision). Washington, DC: American Psychiatric Association.

² Harris, M. & Falot, R. (Eds.) (2001). New Directions for Mental Health Services: Using Trauma Theory to Design Service Systems. San Francisco: Jossey-Bass.

³ Harris, M. (2004). Trauma Informed Services: The Evolution of a Concept. Available electronically at: <http://womenandchildren.treatment.org/media/presentations/c-1/Harris.ppt>

- **Promoting Safety:** Establishing a safe environment in which basic needs are met, safety measures are in place, and service provider responses are consistent and respectful.
- **Ensuring Cultural Competence:** Understanding how cultural context influences each survivor's perception of and response to traumatic experiences and the recovery process; respecting diversity within the program, providing opportunities for survivors to participate in cultural practices, and designing interventions that respect and are specific to cultural backgrounds.
- **Supporting Survivor Control, Choice, and Autonomy:** Helping survivors regain a sense of control over their lives; informing survivors about all aspects of the system, outlining expectations, and providing them with opportunities to make decisions and create personal goals; and maintaining an awareness of and respect for basic human rights and freedoms.
- **Sharing Power and Governance:** Promoting equalization of the power differentials across the program; sharing power and decision-making across all levels of the organization, including in the review and creation of policies and procedures.
- **Integrating Care:** Maintaining a holistic view of survivors and their process of healing and facilitating communication within and among service providers and systems.
- **Healing Happens in Relationships:** Believing that development of safe, genuine, and healthy relationships can be restorative to survivors of trauma.
- **Recovery is Possible:** Understanding that recovery is possible for everyone; instilling hope by providing opportunities for involvement at all levels to program participants and former program participants, and facilitating peer support, focusing on strength and resiliency and establishing future-oriented goals.

Why Programs Need to be Trauma-Informed

Families often come to domestic violence programs with significant histories of trauma that impact their current functioning and needs. The following realities underscore the need for trauma-informed care in organizations serving families who have experienced domestic violence:

- **Domestic violence survivors have experienced traumatic stress.** Most families experience multiple traumas prior to coming to a domestic violence program. Traumatic

experiences include childhood abuse and neglect, family separations, violent relationships, and witnessing domestic violence.⁴

- **Trauma impacts how survivors access services.** People who have experienced ongoing trauma may view the world and other people as unsafe. Those who have been hurt by others repeatedly may come to believe that people cannot be trusted. Lack of trust and a need to be constantly guarded make it difficult for families to ask for help, trust service providers, or form relationships.
- **Responses to traumatic stress are adaptive.** People who have had traumatic experiences learn to adapt to keep themselves safe. Responses to traumatic stress may include withdrawing, becoming aggressive, dissociating, engaging in self-injury, or abusing substances. While these behaviors may appear to be unhealthy or ineffective to service providers, they should be viewed as coping skills that were once useful in the past, but now can be replaced with healthier alternatives.
- **Trauma survivors require specific, tailored interventions.** Given the far-reaching impact of trauma and the adaptations survivors are forced to develop, trauma survivors require responses and interventions not offered by traditional service systems. Healing for trauma survivors is not supported by “one-size-fits-all” services that fail to consider trauma and its impact. How a program responds to the needs of families who have experienced trauma has a significant impact on their process of recovery.

This article was adapted by NNADV staff from: Guarino, K., Soares, P., Konnath, K., Clervil, R., & Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at: www.homeless.samhsa.gov and www.familyhomelessness.org.

⁴ Bassuk et al. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. *Journal of the American Medical Association*, 276(8): 640-646.