

CREATING TRAUMA-INFORMED SERVICES: TIPSHEET SERIES

A Trauma-Informed Approach to Domestic Violence Advocacy

Adopting a trauma-informed approach* to domestic violence advocacy means attending to survivors' emotional as well as physical safety. Just as we help survivors to increase their access to economic resources, physical safety, and legal protections, using a trauma-informed approach means that we also assist survivors in strengthening their own psychological capacities to deal with the multiple complex issues that they face in accessing safety, recovering from the traumatic effects of domestic violence and other lifetime abuse, and rebuilding their lives. It also means ensuring that all survivors of domestic violence have access to advocacy services in an environment that is inclusive, welcoming, destigmatizing, and non-retraumatizing.

This document will discuss **five core components** of a trauma-informed approach to domestic violence advocacy. These include (1) providing survivors with information about the traumatic effects of abuse; (2) adapting programs and services to meet survivors' trauma- and mental health-related needs; (3) creating opportunities for survivors to discuss their responses to trauma; (4) offering resources and referrals to survivors; and (5) reflecting on our own and our programs' practice.

1. Provide survivors with information about the traumatic effects of abuse.

Many survivors of domestic violence will not be familiar with the concept of trauma. Some survivors may believe that it is a sign of strength to be able to withstand extreme difficulty without complaining. Some may view silent endurance as a religious or spiritual value. Helping survivors understand that there are natural ways that the human mind and body respond to stress and pressure can help counter the belief that these reactions are signs of weakness.

How can your programs provide survivors with destigmatizing information about the traumatic effects of abuse?

- Discuss the link between lifetime trauma, domestic violence, and mental health.
- Discuss some of the common emotional or mental health effects of domestic violence and ways that these responses can interfere with accessing safety, processing information, or remembering details.

* The notion of "trauma-informed services," which comes from the work of Maxine Harris, PhD, and Roger Fallot, PhD, at Community Connections, is designed to promote recovery and minimize the chance of revictimization. Harris, M. & Fallot, R. (2001, Spring). *New directions for mental health services, Using trauma theory to design service systems*, 89, Jossey-Bass.

- Discuss the ways that trauma can disrupt our ability to trust and to manage feelings and can affect the ways we feel about other people, ourselves, and the world.
- Discuss the things that abusers may do to make their partners feel “crazy.”
- Discuss the ways that abusers use mental health issues to control their partners.

2. Adapt programs and services to meet survivors’ trauma- and mental health-related needs.

As domestic violence programs become sensitized to the effects of trauma and the need to provide inclusive services, we can work to create programs, policies, and settings that meet survivors where they are and that are careful not to retraumatize survivors.

How can your program respond to the individual needs of survivors?

- Conduct pre-intake screenings for domestic violence only and do not “screen out” for mental health “issues” or a history of psychiatric treatment.
- Create a welcoming environment with a wide range of options for survivors and make changes when practices and policies are not well suited to individual survivors’ needs and capacities.
- Discuss ways that shelter living can be difficult for everyone and offer supportive strategies that would make it more comfortable for the individual survivor with whom you are working.
- Have a standard medication policy for everyone. It is not necessary to know what medications women are taking or why. Questions related to medication may be prohibited by law. Please see the Center’s *Model Medication Policy* for further guidance.
- Inform survivors about your medication policies and let her know you are available to discuss any particular needs she has (e.g., she has run out and needs new supply, is having problems with side effects, is not sure they’re helping, can’t afford them, etc.).
- While conducting support groups or house meetings, discuss the range of responses people have to trauma, including physical and mental health symptoms.
- Reassure and support survivors who are uncomfortable with the mental symptoms of other women in the program that these are common responses to abuse.
- Collaborate (with consent) with the mental health providers, peer support specialists, and/or systems that work with each individual survivor.
- Inform or educate the mental health providers on issues related to domestic violence, including documentation of abuse in mental health records and additional needed supports.

- Advocate with mental health providers and systems on behalf of survivors when requested and support survivors in their efforts to advocate on their own behalf.

3. Create opportunities for survivors to discuss their responses to trauma.

Once survivors are aware that most people have natural responses to extreme stress and pressure, it may be possible to help each woman to think about the specific ways that she and her children have managed, responded to, and been affected by the stress, pressure, and trauma that they have experienced.

How can your program provide opportunities for a survivor to discuss her responses to trauma?

- Ask about ways that she has changed as a result of the abuse.
- Ask if she is having any feelings or thoughts that concern her.
- Ask about the impact of domestic violence on her emotional well-being and mental health.
- Attend to the role of culture, community, and spirituality in her life.
- Talk with her about how her own emotional responses to abuse can affect how she responds to her children and offer strategies for noticing and addressing those concerns.
- Ask if her abusive partner interfered with past mental health treatment or medication.
- Ask if she has any mental health concerns she'd like to discuss, including concerns related to treatment, medications, hospitalizations, or past interactions with mental health providers or mental health systems.

4. Offer resources and referrals to survivors.

Like many of us, survivors of domestic violence may hold stereotypes about mental health treatment. Survivors may be unfamiliar with mental health services, believe they are only appropriate for people with very extreme symptoms, or think they are indulgences for weak or pampered people. You can let women know that these resources are appropriate for anyone who has been highly stressed or traumatized—that everyone deserves to feel better. Resources may include self-help tools as well as referrals to knowledgeable providers in the community or consultants who provide services at a DV program.

How can your program make resources and referrals available to a survivor?

- Discuss the process of healing from abuse and other trauma (instilling a sense of hope, that she will not feel this way forever).
- Develop culturally relevant and community-based referrals and linkages.

- Let her know that if she is interested in accessing resources and services related to healing from abuse and other trauma, you can help her to access them.
- Provide linkages to information or resources to help her advocate for herself around mental health or medication issues (or, with permission, advocate for a survivor with her mental health care provider).
- Work with her on strengthening or developing new skills for dealing with painful or disruptive feelings such as relaxation training or exercises,[†] grounding techniques, affect regulation strategies, or developing a written plan like a Wellness Recovery Action Plan (WRAP[®]).[‡]

5. Reflect on our own and our programs' practice.

Being aware of our own reactions to others and to trauma helps ensure that our interactions with survivors are focused on supporting their best interests and well-being. Reflection also helps us to make thoughtful and professional decisions with knowledge of how our personal reactions and feelings are operating.

How can your program incorporate reflection into your practice and your settings?

- Create an environment with regular opportunities to reflect on your responses to each individual survivor and how those responses may be affecting her, as well as what those responses may reflect about your own experiences.
- Reflect on the impact of the work that you do on your own life (i.e., how you experience secondary trauma) either privately or with trusted others (including supervisors, peers, therapists, family, friends, etc.).
- Work with colleagues to recognize the ways in which tensions that arise within your program (among women receiving services and among program staff) may be related to staff feelings about and reactions to trauma. Develop ways to safely and respectfully address these issues when they arise.

For more information or for technical assistance, please contact the National Center on Domestic Violence, Trauma & Mental Health at info@nationalcenterdvtraumamh.org or 312-726-7020(P) or 312-726-4110(TTY).

[†] For example, see the Capacitar Emergency Response Tool Kit (available in multiple languages) at http://www.capacitar.org/emergency_kits.html

[‡] For more information about WRAP[®], see <http://www.mentalhealthrecovery.com/aboutwrap.php>