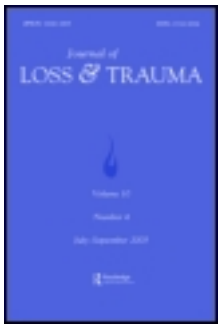

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Responding to the Sociopolitical Complexity of Trauma: An Integration of Theory and Practice

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Abstract

This article calls attention to the complexity of trauma by enhancing the awareness of the intersectionality of race, class, and gender among oppressed groups, specifically women from marginalized populations, and underscores that consideration of such, is essential for the creation of systems of care that are truly trauma-informed. Advancing the integration of theory and practice, we provide a rationale for adopting a postmodern feminist perspective to facilitate the creation of trauma informed systems of care that take into account the complexity of trauma among this population leading to comprehensive treatment that furthers the social work mission of social justice.

KEYWORDS: Trauma-Informed Care, Postmodern Feminism, Intersectionality, Trauma, Culture

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INTRODUCTION

Trauma experiences are inherently complex and present in those exposed to them a wide range of reactions and affect all aspects of their life. Therefore, it is essential to create systems of care that respond to the complexity and diversity of trauma experienced in the lives of those whom practitioners in the helping professions serve in the context of various systems and agencies of service delivery. This paper discusses the significance of applying a postmodern feminist perspective to practice to understand and respond to the sociopolitical complexity of trauma. We

take the position that such a response will help create trauma informed systems of care specifically for women from marginalized communities, as this combination positions them at the intersection of gender and social condition-related risks for trauma exposure. To become trauma-informed, a system of care must demonstrate understanding and recognition of trauma as both interpersonal *and* sociopolitical and foster safety, trustworthiness, choice, collaboration, and empowerment at all levels of service delivery (Fallot 2011). An agency that is trauma-informed is aligned with the social work mission of social justice, in that structural and environmental conditions are considered when assessing trauma, and therefore failure to effectively adopt trauma informed care as an integral aspect of agency culture may potentially put service programs out of synch with social work's commitment to social justice.As trauma practitioners, educators, and researchers of multicultural backgrounds, we view this issue as two fold. First, trauma specific interventions in social service agencies, where trauma exposure is not the main mission or the main focus, often remain disconnected rather than being an integral part of the structure of the agency and the treatment approach. For example, those suffering from both Post Traumatic Stress Disorder (PTSD) and substance related issues were documented to have worse treatment outcomes than those with any other dual-diagnosis (Najavits, 2002). "PTSD was frequently left undiagnosed and untreated in many substance abuse treatment programs, in the context of a culture of treatment that emphasized ameliorating substance abuse" (Kent & Davis, 2010, p.434). Furthermore, from our clinical practice, we observed that in programs that do incorporate a trauma related component, the culture of the agency does not support trauma specific interventions. As a result, the effectiveness of interventions may be compromised leading to negative outcomes and re-traumatization.The second issue is broader in scope and speaks to the rigid and narrow conceptualization of trauma. Systems of care which do facilitate

trauma specific interventions, often limit conceptualization, understanding, assessment, and diagnosis of trauma to the micro level including histories of abuse, domestic violence, terrorism, life threatening disease or combat, whereas the sociopolitical context in which clients live is neglected. As Burstow (2003) points out, the political is not fully integrated into the definition of trauma and as a result, the field of mental health does not consider social conditions that give rise to trauma in the lives of clients. Furthermore, the knowledge that informs the trauma field is still wedded to traditional psychiatry and diagnostic categorization (Tseris, 2013), which fails to recognize the social conditions that traumatize on a daily basis the working class, women, people of color, the LGBTQ community, immigrants and those with disability. Somewhat similar to what occurred in the development of feminist thinking, traditional trauma theory imposes a "one-size-fits-all" perspective, fostering a discourse of trauma development and subsequent interventions exclusively on the basis of the experience of white, well educated, middle class women and men neglecting to recognize the diversity of experiences and situations shaped by race, ethnicity, class, immigration status, and sexual orientation. We wish to broaden the definition of trauma by enhancing the awareness of the intersectionality of race, class, and gender among oppressed groups, specifically women from marginalized populations, and to underscore that consideration of such is essential for the creation of systems of care that are truly trauma-informed. We posit that adopting a culture and system of care that weaves trauma specific interventions into the fabric of the trauma informed culture of an agency is crucial for the healing process and increasing resiliency among clients and practitioners.We argue that postmodern feminism offers a paradigm within which to respond to the complexity of trauma and furthers social work's commitment to social justice. This framework is inclusive of the intersectionality of gender, race, and class and lends credence to how women's socio-cultural

position interacts with the other aforementioned systems of power and oppression to determine making meaning of their lived experiences. We believe that trauma is “a reaction to a kind of wound. It is a reaction to profoundly injurious events and situations in the real world and, indeed, to a world in which people are routinely wounded” (Burstow, 2003 p. 1302) and thus, traumatizing socio-political circumstances must be part of the understanding and addressing of people’s psychosocial problems.Taking the discussion of “trauma informedness” from the micro to the macro level, we build on the work of feminist scholars such as Herman (1992), Burstow (2003), and Tseri (2013), trauma-informed clinicians like Harris (2001), Najavits (2002), and Fallot (2011), and our own discourses, to present best practices for creating agency cultures that respond to trauma in all of its complexity. The postmodern feminist trauma lens is progressive, diverse, and inclusive of the sociopolitical context of women’s lives which emphasizes addressing themes of oppression and stigma as critical components of trauma-informed care and social work practice.

THE COMPLEXITY OF TRAUMA

A traumatic stressor is defined in the DSM-V as a: Direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1) others” (APA, 2013, p. 274).

Despite this comprehensive definition, a review of the literature reveals with a few exceptions, privileging the understanding of interpersonal over sociopolitical trauma even though negative

effects of historical socio-political stressors have been documented (Berger, 2014). While theoretical literature does to some extent consider the intersectionality of race, class and gender, most practice literature fails to include a complex analysis of the impact and experiences of racial and cultural traumas on women, in spite of their higher susceptibility for PTSD, stressed induced depression and generalized anxiety (Bryant-Davis & Ocampo, 2005; Helms, et. al, 2010; Sue, et. al., 2007). We echo Bryant-Davis and Ocampo (2005), who point out that experiences of racism affect women in ways similar to the effects of rape and domestic violence such as powerlessness, entrapment, pain, confusion and/or loss, and contribute to physical and emotional distress and disruptions. Helms and others (2010) state, "as is the case for rape and domestic violence, racism may involve physical and psychological assaults that might be overlooked if racism is not considered to be an important cause of physical and emotional distress" (p. 55). To varying degrees, a considerable number of clients served by social workers carry scars of traumatic experiences of marginalization, discrimination because of class, sexuality, and racial/ethnic affiliation. Socio-cultural contexts also augment interpersonal traumatic events such as childhood abuse and domestic violence. For women from marginalized communities such traumatic experiences shaped by oppressive social structures are everyday occurrences. Yet, these experiences are likely to be ignored by white (as well as some nonwhite middle class) therapists because of the inequalities that are ingrained in society and lack of awareness of the privileges and advantages afforded to them (Sue, et. al., 2007). Burstow (2003) stated, "oppressed people are routinely worn down by the insidious trauma involved in day after day living in a sexist, racist, classist, homophobic, and ableist society: being ogled by men on the streets, slaving long hours and for minimum wages in a fish processing plant, hearing racist innuendoes even from one's White's allies" (p. 1296). Though histories of such traumas exist in

clients of social workers in all agencies, their prevalence in agencies addressing substance abuse issues is higher and often goes unaddressed, in spite of their crucial impact on clients experiences (Najavits, 2002).

One reason for the failure to address such experiences is the rigid understanding and conceptualization of trauma. The determination if these experiences are traumatic relies on the subjective interpretation of the events rather than its objective reality (Bryant-Davis & Ocampo, 2005; Helms, Nicolas & Green, 2010). For example, when a natural disaster occurs, there is a general consensus that it has occurred and its traumatic implications are understood. However, racism, sexism, and classism do not have a consensually agreed on criteria (Sue, et. al., 2007; Helms et al., 2010). Furthermore, experiences of systemic oppression are not included in what is defined as trauma because the victims are typically oppressed groups and their voices are silenced by the universality of the white, middle-class and heterosexual experience that dominates the treatment and research literature. While sociopolitical experiences fall outside of traditional types of trauma discussed in the literature and are often challenged as being "traumatic," such stressors are central to the experiences of clients.

POSTMODERN FEMINISM

Feminist theory contributed significantly contributions to the field of trauma by challenging psychiatry's deficit focus, extending the understanding of trauma to include multiple conditions and raising the voices of traumatized groups of both genders that have been left out of the discussion (Burstow, 2003). All feminist theories share basic assumptions of women's subordination in a hierarchical male dominated society, i.e. a belief that "women universally face some form of oppression or exploitation" (Maguire, 1987, p. 79). Feminism is value-oriented,

concerned about social inequalities, and seeks to affect social change. Its main principles are equality of rights, opportunities and choices in all aspects of life, recognition of the importance of women's narrative, validating women's interpretations of their own experience and challenging gender inequality.However, feminist theories differ in their conceptualization of the sources of gender inequality and its nature as well as their view of remedies for the situation and strategies for achieving gender equality. Postmodern feminism, which has developed since the 1980's, challenges the idea that all women speak in unisome and can be universally addressed (Grande, 2003; Rosser, 2005). According to postmodern feminism, just like there are multiple truths, multiple roles and multiple realities, there are many ways to be a woman and these ways are fluid, dynamic and shaped by the intersectionality of categories of difference.Consequently, postmodern feminism criticizes traditional feminist theories for class and race bias and for focusing on and universalizing the experience of white middle class women while failing to address or recognize experiences of women from culturally, socio-economically, and linguistically diverse backgrounds (Grande, 2003; Rosser, 2005). Postmodern feminism emphasizes the intersectionality of gender with other categories of difference such as race, sexuality, and class, pays special attention to diversity (i.e. difference between men and women as well as among women on the basis of race, class, religion, ethnicity and psychology), power relations and historical context, and the understanding of how women's socio-cultural position interacts with the other aforementioned systems of power and oppression to determine making meaning of their lived experiences. Postmodern feminism also underscores language and subjectivity in deconstructing social discourse and processes, producing meaning and analyzing social power structure (Weedon, 1987). Examples include literature written by women of color, lesbians and women with disabilities (Olesen, 2000).

One aspect that was affected by feminism is the understanding of trauma in a more inclusive way than before. Posttraumatic stress disorder (PTSD) started off from psychiatric and medical treatment of male war combatants and was conceptualized as a battlefield -related reaction. called “soldier’s heart” in the American Civil War, “shell-shock” or “War neurosis” in World War I and “combat fatigue” or “battle fatigue” in World War II. However, the feminist rape crisis movement raised awareness that PTSD did not discriminate by gender, although coping differs in men and women and expanded its applicability to women, especially survivors of domestic and sexual violence (Berger, 2014).

It is here that we wish to integrate theory and practice to embrace the notion that there are multiple definitions of trauma, which are shaped by the intersection of race, class, and gender. Women’s reality is socially constructed out of the language of multiple and diverse stories, all of which deserve recognition and consideration. Postmodern feminism seeks out this diversity to raise the voices, individually and collectively, of those who have been silenced.

CREATING A TRAUMA INFORMED ENVIRONMENT

The helping professions have come to understand, through both research and practice experience, that to be truly trauma-informed, services cannot simply address specific symptoms or syndromes related to trauma; rather, they must adopt an overarching comprehensive approach that takes into consideration trauma-related issues in all aspects of the agency’s operation (Elliot, Bjelajac, Markoff & Reed, 2005; Harris & Fallot, 2001). Therefore, shifting to a trauma-informed service system includes two major components. First, creating for those affected by sociopolitical and interpersonal trauma, both natural and agency environments that are emotionally and physically safe, promote trustworthiness, choice, and collaboration and are

empowering within a culturally relevant framework (Jennings, 2004; Fallot, 2011). This is particularly important because the culture of the environment, in combination with the interventions used, are directly linked to recovery.Second, within these environments, the agency needs to incorporate evidence-based trauma specific knowledge, skills and strategies in all aspects of service delivery and practice, thereby working to place trauma and safety first (SAMHSA, 2011). Included in this culture shift is taking into account the impact of the sociopoltical and interpersonal trauma experiences, common coping behaviors, and the connection between current behaviors, symptoms and histories of early trauma in *all* the aspects and *throughout* the process of the intervention, thus, moving beyond traditional service delivery systems to understand the client in all of her complexity. This begins with staff training on the complexity of trauma and cultural awareness, as practitioners must be alert to their own biases, stereotypes, and worldviews, and the ways in which they may minimize racial and cultural traumas (Sue, et. al, 2007). In addition, including questions related to sociopolitical and interpersonal trauma in the assessment and routinely screening for exposure to certain conditions (which may be potentially traumatic but not always recognized as such by the affected individuals because “this is the way of the world”). Finally, moving away from a pathologizing stance to a place of growth and collaboration where women feel safe to communicate their experiences and tell their stories.The literature and experience suggest that such a shift in culture lays the foundation for implementing evidence based interventions that are effective. In other words, social service agencies may adopt evidence based practice interventions, yet remain stuck in an agency milieu that is re-traumatizing and non-inclusive of the sociopolitical context in which women live. In preparation for the creation of an environment that is receptive to trauma-informed care, the environment, daily interactions, interventions, policies and procedures need to

be assessed critically. Fallot (2011) outlined five core concepts that should guide the creation of trauma-informed care: safety, trustworthiness, choice, collaboration, and empowerment. We wish to view these concepts through a postmodern feminist lens.

Safety

As noted throughout the trauma literature, physical and emotional safety are the foundation for all therapeutic work (Najavits, 2002). This means creating a physical environment that generates a sense of safety including the minutest details such as type of furniture, the pictures on the walls and predictability of daily schedules. Achieving safety on all levels requires an understanding of the wide range of trauma reactions that clients may experience and of the extent to which practices and settings ensure and reinforce the physical and emotional safety of consumers. For example, in what ways might services and daily interactions serve as a trigger for women and/or replicate the oppressive structures women from marginalized communities contend with on a daily basis? Furthermore, the environment must not only *be* safe but also *feel* safe as illustrated by the reaction of a Holocaust survivor who manifested trauma symptoms when hospitalized for a medical condition. It turned out that from her window, she saw smoke from the hospital's kitchen, and the smoke became a trigger for memories associated with the gas chambers in the Nazi camps, where she was tortured and witnessed numerous deaths decades ago. In another example, women with histories of trauma in a residential substance abuse center were triggered by the unpredictability of daily schedules such as constant changes in group times, interruption of meetings by other staff, and high rates of staff turnover. Because consistency and predictability are hallmarks of emotional safety, these occurrences contributed to an environment where women felt powerless and unsafe.

Trustworthiness

According to Fallot (2011) trustworthiness, i.e. maintaining clear and appropriate boundaries, honoring confidentiality policies, clarity, consistency and predictability are keys to creating a trauma informed system of care. Contracting with clients around issues of confidentiality in the beginning of individual or group sessions is one way of creating trustworthiness. However, what are appropriate boundaries, clarity and consistency vary by culture; thus gestures, language and actions that promote trustworthiness in one culture may achieve totally the opposite reaction in another. Hence, it is important that the agency provide training in cultural awareness and use individuals who are informed about the norms of clients' culture of origin to advise regarding the type of conditions which enhance trustworthiness in that particular culture.

Choice

Consumers are to have some control and choice over their recovery and in addition, be offered an array of services. For example, in one residential substance abuse treatment facility, group members participating in a 12 weeks group cycle were given choice as to the order of topics. The degree to which the availability of choice is helpful depends on the specific individual and circumstances. For some, especially women from traditional male dominant cultural background, the need to make choices may become an additional stressor.

Collaboration

The principle of collaboration means sharing of power, allowing clients to play an active role in their treatment, and having providers acknowledge the expertise that clients bring to the treatment process. This means building a helping relationship where the knowledge and wisdom

of the worker is not privileged over that of the client. Rather, alternative strategies in which the skills and knowledge of both professionals and clients can be heard, become paramount. Each learns from the other's experience and in true postmodern feminist fashion, multiple realities are honored (Daniel & Quiros, 2010).

Empowerment

Fallot (2011) discusses empowerment in this context to be a maximizing of consumer skill building and allowing for clients to be involved in the planning, operating and evaluation of services. This could take the form of providing clients with resources, building on their strengths, and engaging with them in interventions that ensure that their voices are heard and taken seriously. For example, including clients in the process of deciding group topics, having them name their experiences instead of subjecting to a naming that is controlled by an institution, testimony to the trauma (to the degree that proving this testimony does not put the woman in a position of feeling shame and guilt, for example for being raped and thus no longer pure) and moving beyond the diagnosis to name their experiences. Kacen (2002) invited battered women to title their life story, thus making them active participants in constructing the realities of their life affected by traumatic exposure. Ultimately the helping relationship fosters a partnership among the women seeking services and the service providers.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

We wish to highlight guidelines for practitioners. We argue that adopting a postmodern feminist approach will help to create an agency culture that acknowledges the multiple identity statuses that women occupy and the systemic oppression that they experience because of those

affiliations, addresses the sociopolitical context in which clients live, and is built on the principles of safety, trustworthiness, choice, collaboration, and empowerment. This type of culture is crucial for the healing process and for increasing resiliency among clients and practitioners.

Integration Of Theory And Practice

Postmodern feminists tend to agree on the importance of several principles including research as a vehicle for social change, reflexivity as a source of insight, positioning oneself, co-creating meanings of realities in the context of a mutual and non-hierarchical relationship , and granting voice in the research process to those whose narratives have not been heard (Maynard & Purvis, 1995). A postmodern feminist lens views participants as experts of their reality and emphasizes the removal of power imbalances by involving participants in all phases and aspects of the process, seeking their interpretation of the information, recognizing their ownership of the knowledge and changing language (e.g. from subject to participant). Rather than seeking neutrality, feminist practice embraces integrating practitioner's personal experiences, which are viewed as beneficial rather than potential threats to the integrity of the process. Adopting a postmodern feminist perspective in practice can facilitate the creation of trauma informed systems of care that take into account the complexity of trauma among women from marginalized communities leading to comprehensive treatment that furthers the social work mission of social justice.

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