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The Principles of Trauma Informed Care in the Context of Childhood Domestic Violence

I. Introduction

With the global discussion surrounding human rights constantly expanding, people express continued concern about their own safety, vulnerability, and agency. This is reflected in the number of crimes against children, women, and minorities that surface each day and the scholarly work that is derived from these experiences. Patricia Uberoi, known for studying family, marriage, and kinship systems in India, mentions that, while the family is imagined as a safe space, it is also a site of exploitation and violence. The mystification of the ideal family as a source of love, care, and sacrifice, "quarantines it against interrogation, criticism and intervention."[1] Similarly, Leela Dube brings attention to feminist scholarship developed in the 1970s, wherein the family was seen in the light of, "conflicting gender interests, gender hierarchy, inequity and abuse of women."[2]

As a contribution to this discourse, Malavika Karlekar calls for wider attention to be paid to the "mental health aspect of violence."[3] Karlekar references many studies in her work that prove marriage and family are the main stressors when it comes to the mental health of women in India.[4] Karlekar calls attention to children, especially girls subjected to violence and discrimination within the family. However, the impact of domestic violence on children remains insufficiently discussed within the Indian context. Namy et al. studied the overlap of violence against women and children, perpetuated and normalized by patriarchal family structures in

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[1] Uberoi, Patricia. "Sociology, Gender, Family Studies: Regressive Incorporations." *Economic and Political Weekly* 29, no. 27 (1994): 1686-687.

[2] Dube, Leela. "Women and kinship: Comparative perspectives on gender in South and South East Asia." (1997).

[3] Karlekar, Malavika. "Domestic Violence." *Economic and Political Weekly* 33, no. 27 (1998): 1741-751.

[4] Karlekar, 1741.

Uganda. This type of violence is a recurrent theme in Indian literature as well.[5]

A majority of work focused on domestic violence solely discusses physical child abuse, but Brain F. Martin makes a point to differentiate abuse from childhood domestic violence (CDV). According to Martin, the founder of The Childhood Domestic Violence Association, different types of violence do overlap, but there needs to be separate terms to distinguish each type from the next. Specifying these terms will be a key element in raising awareness, as well as identifying the relationships between different forms of violence. Trauma Informed Care (TIC) is an approach which raises awareness and sensitivity to trauma, by encouraging institutions to "realise" its pervasiveness, "recognise" its symptoms and "respond" in a manner that does not re-traumatized individuals.[6] The rest of the essay will explore the way childhood domestic violence is conceptualized in feminist and childhood studies, and elaborate on the importance of TIC in these fields. As opposed to applying a universal approach to trauma, TIC brings power and agency to victims of domestic violence, adhering to their strengths instead of pathologizing their experiences.

II: Trauma Informed Care

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), presents a limited understanding of trauma, defining post-traumatic stress disorder as a result of, "exposure to actual or threatened death, serious injury, or sexual violence."[7] Stressors that do not fit into those categories are excluded. Therefore, there is a need to move away from universalization and

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[5] Namy, Sophie, Catherine Carlson, Kathleen O'Hara, Janet Nakuti, Paul Bukuluki, Julius Lwanyaaga, Sylvia Namakula et al. "Towards a feminist understanding of intersecting violence against women and children in the family." *Social Science & Medicine* 184 (2017): 40-48.

[6] Substance Abuse and Mental Health Services Administration. "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach." Rockville, MD, 2014. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf.9.

[7] *Diagnostic and statistical manual of mental disorders: DSM-5*.(2017). Arlington, VA: American Psychiatric Association. 271.

compartmentalization of traumatic experiences, in order to acknowledge the subjective experiences of children, including the context of domestic violence.

The Substance Abuse and Mental Health Services (SAMHSA), a branch of the U.S. Department of Health and Human Services, defines individual trauma as, "resulting from an event,series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."[8] This definition places the emphasis on the individual's experience. This way, what is deemed to be traumatic is dependent on an individual's judgment; there are no set criteria or precipitating events which an outsider uses to determine the severity of one's trauma. This understanding of trauma is called the Trauma Informed Approach. SAMHSA defines, "6 guiding principles" of this approach: Safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, and cultural, historical, and gender issues.[9] Drawing from this approach, the mental health community created the practice of Trauma informed Care (TIC). According to SAMHSA, TIC identifies the signs of trauma correctly, acknowledges the widespread impact of the trauma, and responds to trauma holistically through its policies and procedures.[10] It reflects a paradigm shift from diagnosing and supposedly treating trauma to creating a safe environment, careful not to pathologize or re-traumatize the individual.

Trauma specific care, different from TIC, aims to unmask trauma and help children work through the effects it has left on their lives. TIC works at a larger, systemic level, where creating a supportive environment takes priority over the disclosure of the trauma. This is important since disclosure of trauma might be an added source of distress for the child, or professionals that

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[8] Substance Abuse and Mental Health Services Administration, 7.
[9] Ibid, 10.
[10] Ibid, 9.

provide trauma specific services may not be accessible. A report published by Udayan Care, a non-profit organization based in Delhi, India, found that there is a lack of IC research, training, and intervention in the South Asian regional context. More often than not, the element of addressing trauma is usually limited to counseling; there is a need for trauma-informed alternative care systems for children. This can be done by training the staff at juvenile justice centers, child care facilities, educational institutions, mental health services and hospitals in the delivery of trauma informed care. When the entire network is made ware about trauma and its impact, children gain better access to support and can rely on individuals at various levels.[11] Therefore, in the absence of trauma specialists, trauma-informed individuals offer comfort and safety, by delivering their services in a way that does not re-traumatize the children.

India's cultural norms and alarming rates of domestic violence call for the development of a trauma informed approach for victims of these instances. Based on the United Nations Secretary-General's Study, about 27.1 to 69 million children in India were exposed to domestic violence in 2006.[12] However, such data may not be a true representation of reality. The patriarchal norms and concerns in India related to, "propriety, honour ('izzat') and reputation," often act as a cultural barrier to subjecting the family to public investigation.[13] The millions of children affected by domestic violence in India should have access to TIC in all institutions. With trauma informed protocols in place, children will be able to cope with trauma in a healthier manner.

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[11] Udayan Care. *Consultation on Trauma Informed Care Concepts and Practices for Children in Alternative Care* ,March 17, 2017. https://udayancare.org/sites/default/files/Trauma%20Informed%20Care%20final%20report.pd f. vi.

[12] United Nations Children's Fund (UNICEF), United States of America, United Nations Secretary-General's Study on Violence Against Children, The Body Shop International, and United Kingdom. "Behind Closed Doors: The Impact of Domestic Violence on Children." (2009).

[13] Karlekar, 1741.

Training professionals to be trauma informed in their approach is essential. As Gordon Hodas notes, trauma informed professionals connect the presenting behaviors with the child's trauma; the intention is not to diagnose the behavioral problems but evaluate the underlying trauma to improve the child's well-being. This is important because children who do not meet the limited criteria for a trauma or stress disorder diagnosis are overlooked. These children are often misdiagnosed with attention deficit hyperactivity disorder, oppositional defiant disorder, conduct disorder, juvenile bipolar disorder, or borderline personality disorder. They might be given side effects producing medications even if they do not need them. The goal of traditional interventions is to correct negative behaviors, whereas TIC ensures that the child is supported as they unpack their experience. For Hodas, the problem lies in assuming that the child's negative behavior is intentional, instead of looking at it as a, "consequence of neurobiological factors and prior adaptation to dangerous circumstances."[14] This point becomes particularly important since a large number of feminist and childhood scholars emphasize the importance of looking beyond surface behaviors that might actually be manifestations of an unhealthy environment. Feminist and childhood studies possess a multitude of overlapping themes, which highlight the agency of children and women with an emphasis on cultural diversity, especially those who discuss TIC.

III. Intersectionality & the Ecological Model of TLC

Feminism and the Politics of Childhood, published by University College London Press, traces the emergence of the feminist movements in the 1960's which ran parallel to the growth of childhood studies. The text deemed this period "a social phenomenon."[15] Children were seen

[14] Hodas, Gordon R. "Responding to childhood trauma: The promise and practice of trauma informed care." *Pennsylvania Office of Mental Health and Substance Abuse Services* 177 (2006). 25.
[15] Mayall and Oakley. "Feminism and the politics of childhood: friends or foes?". UCL Press (2018). ix.

as a "social minority group" whose interests had been largely ignored, but during this time, efforts were being made to address their subordination.[16] As a result of this, feminists and those who study childhood engaged in a deeper conversation, comparing their shared theoretical bases.

One of the main concepts put forth by both these groups was that of intersectionality. Rosen and Twamley write that while women and children are often imagined to be, "vulnerable victims" and, "angelic innocents," limiting their agency, "generation should not be superimposed on gender."[17] Work that focuses on conceptualizing family violence calls for a, "more complex and contextualized response to domestic violence."[18] This response must be sensitive to diverse sexualities, genders, ages, cultures, and relationships.[19] Synthesizing intersectionality and domestic violence reflects the power dynamics within macro-structures of society. For example, patriarchy, capitalism, heterosexism, racism, and "temporal vulnerability" of children are taken into consideration while addressing trauma.[20]

This helps in breaking the pattern of universalizing the category of childhood, particularly the Western concept of childhood which is symbolic of exemption from responsibilities. The assumption that children are passive, vulnerable victims in comparison to protecting and active adults needs to be questioned. For instance, such notions leave behind those children that are contributing to the labor force and fulfilling other social roles.[21] In the Indian context, Susan Seymour's research explores the responsibilities borne by children in Bhubaneshwar, Orissa, largely determined by gender binaries and oppressive structures like caste and class. The data

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[16] Ibid, x.

[17] Rosen, Rachel, and Katherine Twamley. "The Woman–Child Question A Dialogue in the Borderlands." Essay. In *Feminism and the Politics of Childhood Friends or Foes?* London: UCL Press, 2018. 3.

[18] Nolas, Sevasti-melissa, Rachel Rachel, Erin Sanders McDonagh, Lucy Neville, and Katherine Twamley. "'Gimme Shelter'? Complicating Responses to Family Violence." Essay. In *Feminism and the Politics of Childhood Friends or Foes?* London: UCL Press, 2018. 225.

[19] Ibid, 225.

[20] Rosen, Rachel, Katherine Twamley, Gina Crivello, and Patricia Espinoza–Revollo. "Care Labour and Temporal Vulnerability in Woman–Child Relations." Essay. In *Feminism and the Politics of Childhood: Friends or Foes?* London: UCL Press, 2018.

[21] Ibid.

showed that children were involved in chores including childcare, hospitality, household work, running errands, and schoolwork. The lower the status of the family in terms of class and caste, the higher the responsibilities of the child were.[22] The realities of differing cultures challenge the idea that childhood is a period free of responsibilities and burdens. In fact, research also shows that bearing these hardships during childhood, including poverty and violence, "fosters an older subjective age."[23]

It is important to acknowledge that each child's experiences and articulations may be very different depending on their cultural background. The kind of support each child needs based on the roles they already perform at home would differ. In a nation like India, it becomes important to develop interventions that work with diversity rather than creating a one-size-fits-all approach to support and prevention. This is reflected in the larger ecological model that TIC draws upon. Gordon R. Hodas mentions that the trauma informed approach follows the biopsychosocial perspective while looking at the risk and protective factors surrounding the individual. This includes biological factors, the unique psychology of the child, and the larger social environment.[24] One way to work within this framework is to recognize the positive factors present for each child, increasing the probability of a positive outcome and preventing any further negative ones. These outcomes cannot be specifically defined since they require an examination of the unique context each child belongs to.[25] This approach also recognizes that there can be multiple ways to respond to trauma, to cope, and to survive. There can be no prescription or healing modality that can work better than what the person, in this case the child and their caregiver, deem fit for themselves.

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[22] Seymour, Susan. "Expressions of responsibility among Indian children: Some precursors of adult status and sex roles." *Ethos* 16, no. 4 (1988): 360.

[23] Johnson, Monica Kirkpatrick, and Stefanie Mollborn. "Growing up faster, feeling older: Hardship in childhood and adolescence." *Social psychology quarterly* 72, no. 1 (2009): 6-7.

[24] Hodas, 41.

[25] Ibid, 37.

IV. Recognizing the Agency of the Child

Most literature on caregiving has focused on what Erica Burman term "unnuanced polarities: women and children."[26] The relation between women and children is represented in ways that binds them, "in their fates and public imaginaries."[27] Such imaginaries are reductionist; the child becomes the, "object of care," and the woman's role reduces to the caregiver.[28] These labels perpetuate inequalities, missing the point of their actual value in society. The imaginative roles of women, children, and "women and children,"[29] must be reconsidered.

Adopting a "relational lens" allows for an altercation of these fixed ideologies.[30] As Rachel Rosen and Katherine Twamley say, we need to re-conceptualize the way we understand care, moving beyond interpersonal and gendered understandings and looking at it as a, "fundamental human concern." Humans are interdependent on each other for care. It is "profoundly interactive and transactional."[31] While emphasizing the reciprocity of care, the boundaries between women and children are challenged, along with their socially constructed roles. In other words, we must move from a unilateral model to a bilateral model, where influence flows in both directions. This model assigns equal agency to both parent and child.[32] Our understanding of children as victims shifts to viewing children as agents.

Carolina Overlien and Margareta Hydén interviewed children who grew up in homes where domestic violence occurred. They recorded instances of when these children took actions, whether overt or covert, to protect their mothers and siblings from the violence of their fathers.

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[26] Burman, Erica. "Beyond 'women vs. children' or 'Womenandchildren': Engendering childhood and reformulating motherhood." *The international journal of children's rights* 16, no. 2 (2008): 180.
[27] Rosen, Rachel, and Katherine Twamley, 1.
[28] Ibid, 2.
[29] Burman, Erica, 2008.
[30] Ibid, 9.
[31] Ibid, 10.
[32] Katz, Emma. "Domestic violence, children's agency and mother–child relationships: Towards a more advanced model." *Children & Society* 29, no. 1 (2015): 71.

One of the principles of Trauma Informed Care as stated by SAMHSA is, "Collaboration and Mutuality."[33] While this is framed in the context of the helper and the child, it is still applicable in terms of the parent-child collaboration. The parent's recognition of the child's action, as Emma Katz observed, increases the well-being of both. She mentions an instance where, upon the insistence of her child, the mother was able to leave the perpetrator of violence and seek safety.[34] The unilateral model, which assumes that support flows solely from the parent to the child, would misjudge this instance as a failure on the mother's part to protect her child from threat. Additionally, it misunderstands the child's support to their mother as "parentification", and a cause of "high emotional distress" for the child.[35] However, the bilateral model acknowledges the mutual exchange of support and influence in the parent-child relationship. The child's advice to the mother would be seen as an acknowledgement of the child's agency and ability to make decisions. In fact, Katz mentions a research which suggested that excluding children from decision-making may cause them higher distress, but "valuing and reciprocating" their support may produce better results.[36]

Children's voices and actions have been marginalized as just witnesses of domestic violence or objects exposed to it, distancing them from their own lived experiences. Overlien and Hyden play close attention to how children make sense of these toxic environments, often creating their own ways to cope. Children who experience domestic violence have different perceptions of their futures, creating worlds in which they have control in their imaginations.[37] This shifts the focus from understanding how children are supposedly damaged, therefore

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[33] Substance Abuse and Mental Health Services Administration, 10.
[34] Katz, 74.
[35] Ibid, 75.
[36] Ibid, 76.
[37] Överlien, Carolina, and Margareta Hydén. "Children's actions when experiencing domestic violence." *Childhood* 16, no. 4 (2009): 479-496.

needing to be treated, to understanding how they take actions and responsibility, in various forms, in order to survive. Such research also helps in shaping the principles of Trauma Informed Care, wherein the child is given space to articulate their own interpretations of the situation. Applying the fifth principle of TIC, "empowerment, voice and choice,"[38] an effort is made to, "return a sense of control and autonomy" to the child.[39]

Particular attention is also paid to children's coping responses. Overlien and Hydén explain the active and passive coping strategies that the children they interviewed utilized, whether it was shutting out the trauma or intervening during acts of violence.[40] However, these survival strategies, more often than not, are misrecognized as, "antisocial and/or self-destructive responses" resulting in the misdiagnosis of behavioral disorders.[41] A trauma informed approach would, instead, acknowledge the fact that every child has different strategies of dealing with the environment at home, which may become their way of responding across situations. Children treated with TIC become competent informants, enabling the child rather than excluding them.[42] In the context of the justice system in India, Asha Bajpai mentions that, for matters related to child rights and child abuse, the "child is unrepresented" in family courts.[43] This is due to the fact that the courts operate on the paradigm of proofs and facts. While the constitution provides the freedom of expression under Article 19 (1) (a), the exclusion of children's voices takes place due to the patriarchal norms that implicitly govern how most systems of the nation function. Therefore, Bajpai calls for a greater effort on behalf of these structures to increase the

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[38] Substance Abuse and Mental Health Services Administration, 10.
[39] Hodes, 34.
[40] Överlien, Carolina, and Margareta Hydén, 13.
[41] Hodes, 30.
[42] Øverlien, Carolina. "Children exposed to domestic violence: Conclusions from the literature and challenges ahead." *Journal of social work* 10, no. 1 (2010): 80-97.
[43] Bajpai, Asha. "Protecting India's Children: Vulnerabilities and Challenges." *Macalester International* 29, no. 1 (2012): 8. 72.

participation of the child. Such steps of change, emphasizing empowerment and inclusion of children's perspective, reflect how a particular system can incorporate the principles of TIC.

TIC operates on a strength and resilience based paradigm, producing healthy outcomes despite trauma. As Hodas states, the assumption lies in the fact that the child is doing the best they can. It is the responsibility of the helper, whoever it might be, to support the child and build on their strengths instead of pointing out their limitations.

V. Conclusion

This essay aimed at tracing some of the basic principles of the Trauma Informed approach in the context of childhood domestic violence. It discussed how understanding intersectionality helps us grasp the ecological model of TIC, along with the importance of collaboration and mutuality through a relational lens. Most importantly, it acknowledged the agency of the child, a reflection of the principle of TIC, "Empowerment, Voice and Choice."[44]

When one begins to realize that the ideal family may not be the norm and macro structures of oppression may be perpetuating dysfunctionality and violence, one also begins to realize that trauma is pervasive. Andrea Papin, a trauma informed counselor, highlights the importance of TIC in a simple way, "No matter who you are or what you do, being trauma informed will change your relationship with others and the way you show up in the world."[45]

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[44] Substance Abuse and Mental Health Services Administration, 10.

[45] Papin, Andrea (@traumaawarecare). "We often think of being trauma informed in the context of being a practitioner or service provider, but the trauma informed lens is important no matter what." Instagram, May 27, 2019. https://www.instagram.com/p/Bx-CzbGANjw/.

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