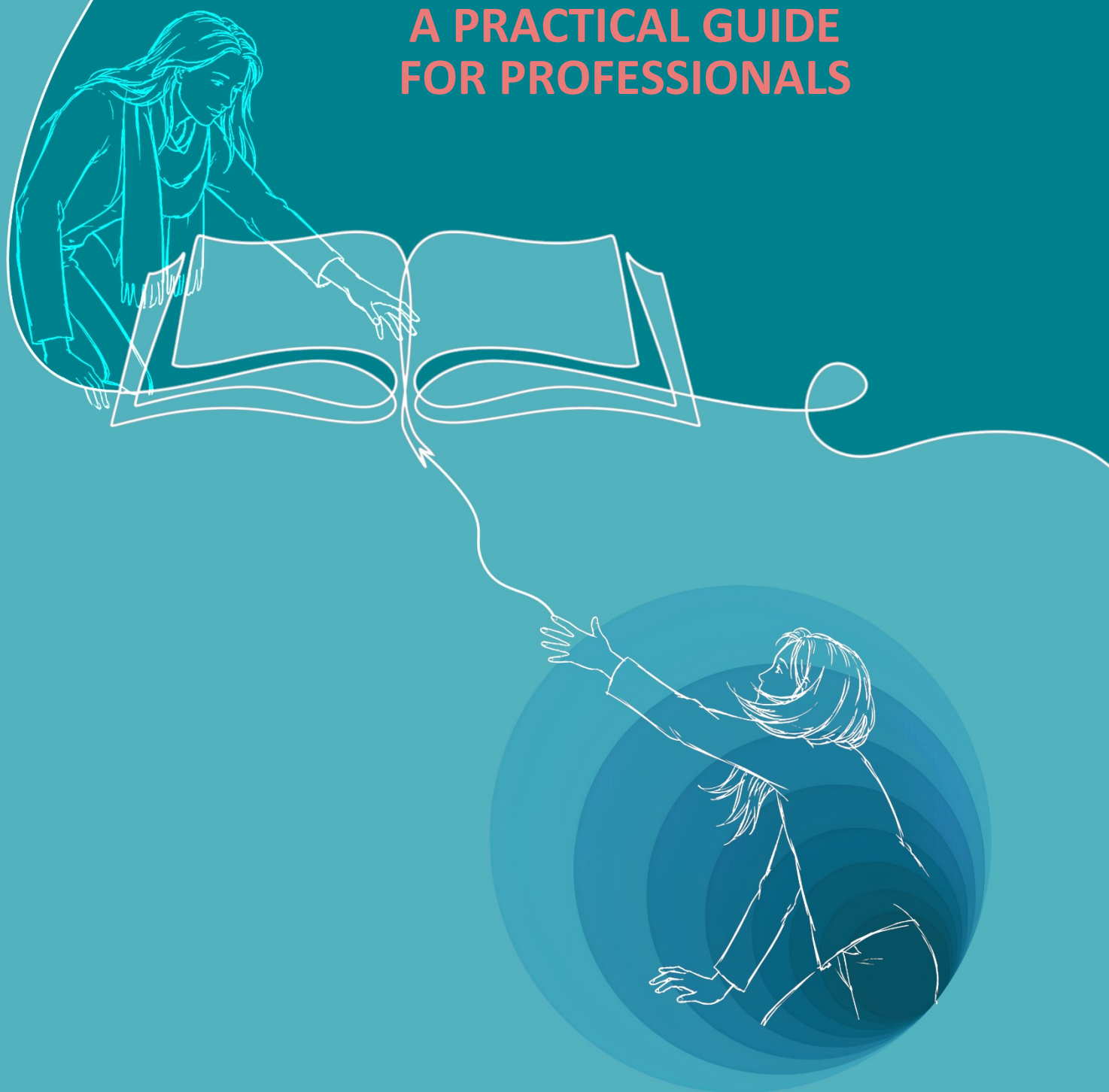


# TRAUMA-INFORMED APPROACHES IN SUPPORTING SURVIVORS OF DOMESTIC VIOLENCE

**A PRACTICAL GUIDE  
FOR PROFESSIONALS**





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## INTRODUCTION

Domestic violence is not merely a family disagreement or a one-time incident. It is a systemic form of power and control that affects a woman's safety, health, self-esteem, and ability to make decisions. The experience of violence often leaves long-term psychological and physiological effects, which must be taken into account in the support process.

A trauma-informed approach and support mean recognizing that the experience of violence is often linked to trauma and its long-term impact on a person's psycho-emotional well-being. This approach requires that the support process take into account the possible effects of violence on emotional reactions, the development of trust, the sense of safety, and decision-making. In situations of prolonged violence, the body may remain in a constant state of tension or defense, which affects emotional regulation, perception of danger, and memory.



This guide was developed by the Charity-Humanitarian Women Fund "Sukhumi" (CHWFS) within the framework of the project *"Empowering Women Survivors of Violence and Developing a Community-Based Support System in Georgia,"* implemented in partnership with Danner. The guide is based on Danner's training manual<sup>1</sup>, designed for professionals working in the field of prevention of violence against women and support for women who have experienced violence. The guide also draws on the specialized training on trauma-informed support delivered in February 2026 by a Danner expert for the staff of CHWFS, as well as on international practice and standards and the organization's many years of experience in supporting women affected by violence.

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<sup>1</sup> Danner. (2022). *Empowering Staff to Combat Violence Against Women: Training Manual* (4th ed.). Copenhagen: Danner, <https://danner.dk/wp-content/uploads/2024/07/Danner-training-manual.pdf>

## PURPOSE OF THE GUIDE

The purpose of this practical guide is to provide professionals working with women who have experienced violence with clear knowledge and practical tools for implementing trauma-informed support.

The guide helps professionals to:

- better understand the dynamics of domestic violence and mechanisms of control;
- correctly recognize the impact of trauma on a woman's behavior, emotional responses, and decisions;
- plan and deliver support in a way that protects the woman's safety, dignity, and autonomy of choice.

This guide is a practical professional resource for everyday work with women who have experienced violence.

## WHO IS THIS GUIDE INTENDED FOR?

This guide is intended for professionals working with women who have experienced violence, including:

- Staff of shelters and day centres;
- Social workers and case managers;
- Paraprofessionals in social work, that is, individuals who, under professional supervision, support women at the community level as part of the support process;
- Psychologists;
- Lawyers;
- Other professionals involved in the support process.

## HOW TO USE THIS GUIDE

This guide may be used for:

- Direct work with a woman who has experienced violence;
- Case planning and defining support steps;
- Understanding complex situations and selecting appropriate response strategies;
- Team discussions and professional reflection;
- Training of new staff.

The guide combines the theoretical foundations of a trauma-informed approach with practical recommendations. It does not replace specialized psychotherapeutic or medical intervention and is intended to strengthen the process of professional support.

Each chapter includes::

- Brief theoretical foundations;
- Practical explanations;
- Examples;
- Specific recommendations on "what to do" and "what to avoid."

Professionals may use either the full text or individual chapters according to specific needs.

## CHAPTER I.

# SOCIAL NORMS AND STEREOTYPES AS DRIVERS OF VIOLENCE

Ideas, expectations, and norms regarding the roles of women and men have a significant impact on relationship dynamics and often shape how particular behaviours are perceived as acceptable, permissible, or problematic.

Society holds different expectations for women and men. Women are expected to be patient, to sacrifice their own interests and needs for the benefit of others, and to take responsibility for the relationship and its preservation. They are often assigned the responsibility of maintaining emotional balance within the relationship, preventing conflict, and “keeping the family together.” As a result, responding to difficulties within the relationship is frequently viewed primarily as the woman’s responsibility.

In contrast, men’s behaviour is often met with greater tolerance and acceptance. Jealousy, controlling behaviour, or aggressive reactions may be perceived as “natural,” “normal,” or even “justified,” especially when interpreted as expressions of love or care.

**These norms create an environment in which early signs of violence are often not recognized as warning signs. In particular:**

- A man’s controlling behaviour may be perceived as attention or care;
- A woman’s endurance and silence may be viewed as appropriate and expected behaviour;
- Domestic violence may be regarded as a matter that “should remain within the family” and should not become a subject of public discussion.

Under such circumstances, a woman’s behaviour is not simply a matter of personal choice. It is shaped by the environment, social expectations, and pressures within which she lives.

Her responses develop through continuous interaction with social expectations that constrain her options and influence how she reacts.

Accordingly, understanding violence requires an analysis of these norms, as they create the context in which violence may become normalized and persist over time.

It is on the basis of these norms that gender stereotypes emerge, namely deeply rooted beliefs about what women and men are expected to be like. These stereotypes shape expectations regarding which behaviours are considered appropriate and acceptable within relationships.

**Gender stereotypes** are socially constructed beliefs about the roles, abilities, and expectations associated with women and men. These beliefs are shaped and reinforced through family traditions, cultural and religious norms, social rules, and widely shared societal attitudes, and are passed from one generation to the next. Within these beliefs, women are often associated with caring for the family, preserving relationships, patience, and obedience, while men are associated with authority, decision-making, and control<sup>2</sup>.

Gender stereotypes also influence how women perceive their own circumstances and what expectations they place on themselves. When

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<sup>2</sup> Merkviladze, I. *A Short Dictionary of Gender Terms*. Tbilisi: Caucasian House, 2003, p. 112

women are taught from childhood that a “good wife” should be patient, accommodating, and responsible for keeping the family together, they may, even in situations of violence, feel a strong internal obligation to endure, adapt to the situation, or preserve the relationship at any cost.

In this way, gender stereotypes create a social environment in which inequality between women and men becomes normalized, and violence becomes an extreme manifestation of that inequality. It is important for professionals to recognize this connection so that women’s behaviour is not interpreted as passivity, personal choice, or “acceptance,” but rather understood within the context of the social expectations that shape their experiences<sup>3</sup>.

### **Why Is It Important to Consider Social Norms and Expectations?**

A woman’s behaviour is not always the result of free choice. It is strongly influenced by the social environment, including:

- social expectations;
- pressure to preserve the family;
- a sense of maternal responsibility; and
- fear of judgment or condemnation by others.

Under these circumstances, behaviours that may appear from the outside as endurance, silence, or returning to the relationship often reflect not free choice, but adaptation to the environment and attempts to maintain safety.

Recognizing the influence of stereotypes enables professionals to understand women’s behaviour within the context of power imbalances and social pressures, avoid direct or indirect victim-blaming, and provide support in a manner that is both safe and professionally sensitive.

### **What Should Professionals Understand About the Impact of Gender Stereotypes?**

The statements and behaviours of women who have experienced violence often reflect socially embedded gender expectations that hold women responsible for maintaining relationships and justify men’s controlling behaviour. These expectations may affect women’s self-esteem, their perception of violence, their decisions to remain in or return to abusive relationships, and their readiness to seek help.

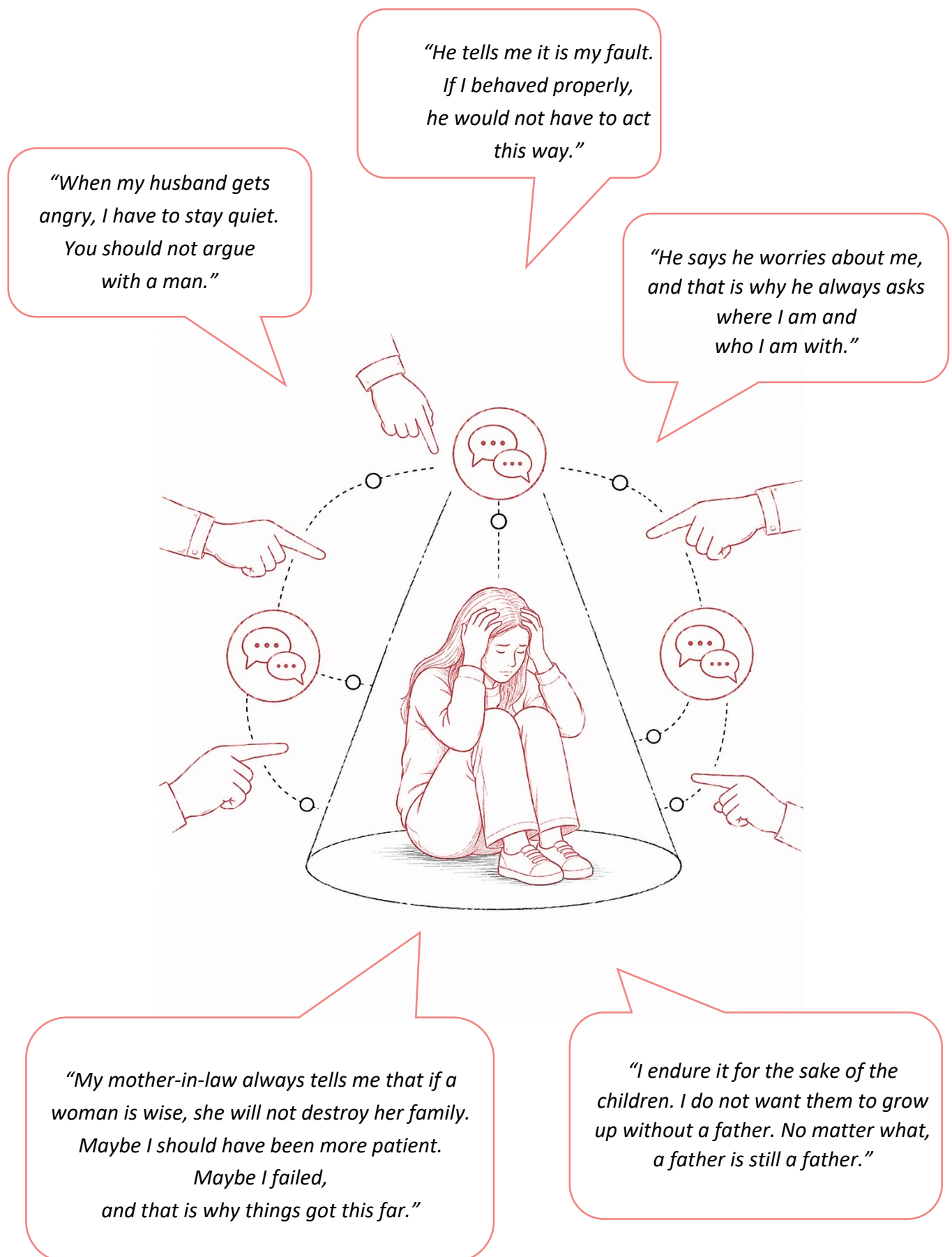
### **It is important for professionals to:**

- recognize that women’s endurance, accommodation, or justification of violence is often linked to social expectations that place on women the responsibility of “keeping the family together.” These behaviours are not signs of personal weakness, but reflect the influence of norms and expectations that define women’s roles;
- understand that attempts to preserve an abusive relationship are often driven by social pressure to maintain the family, a sense of maternal responsibility, and fear of social judgment;
- distinguish adaptive safety strategies (such as silence, compliance, and avoiding conflict) from passivity;
- understand control and violence within the broader context of power imbalance rather than as ordinary family “conflict”; and
- avoid directly or indirectly blaming women for remaining in abusive relationships.

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<sup>3</sup> Danner. (2022). *Empowering Staff to Combat Violence Against Women: Training Manual* (4th ed.). Copenhagen: Danner, p. 160. available at <https://danner.dk/wp-content/uploads/2024/07/Danner-training-manual.pdf>

## PRACTICAL EXAMPLES FROM WOMEN'S NARRATIVES



## CHAPTER II.

# FORMS OF DOMESTIC VIOLENCE AND PATTERNS OF POWER AND CONTROL IN RELATIONSHIPS

Domestic violence is not limited to isolated acts of aggression or occasional conflicts. It represents a pattern of behavior and relationship dynamics aimed at establishing power, control, and dominance over a partner. Different forms of violence reflect various ways in which this system manifests and are often interconnected.

According to Norwegian therapist **Per Isdal**,

***“Violence is any act directed against another person that hurts, frightens, or violates them and that causes that person to do something against their will or stop doing something they want to do.”<sup>4</sup>***

This definition highlights a central characteristic of violence: **coercion and control**.

Contemporary research views domestic violence not only as the use of physical force but

also as a system of control that restricts a woman’s freedom, choices, and everyday life. According to the concept developed by **Evan Stark**, abusive relationships may function as a form of **coercive control**, in which a woman’s autonomy, social connections, and ability to make independent decisions are gradually restricted.<sup>5</sup>

This system of power and control can manifest in different forms, including **physical, psychological, sexual, economic, and social violence**. In practice, it is important for professionals to recognize these forms of violence because they do not always manifest as obvious physical aggression and are often “normalized” within relationships and therefore not perceived as violence.

### 2.1. MAIN FORMS OF DOMESTIC VIOLENCE

Domestic violence can occur in different forms, which are often interconnected and may appear simultaneously. According to international standards, the main forms of domestic violence against women include **physical, psychological, sexual, and economic violence**.<sup>6</sup>

In practice, abusive relationships may also involve **social isolation, digital control, and reproductive coercion**, which function as mechanisms used to establish and maintain power and control.<sup>7</sup>



<sup>4</sup> Isdal, Per. *Meningen med volden* [The Meaning of Violence]. Oslo: Kommuneforlaget, 2000.

<sup>5</sup> Stark, Evan. *Coercive Control: How Men Entrap Women in Personal Life*. Oxford University Press, 2007.

<sup>6</sup> Council of Europe. *Convention on Preventing and Combating Violence against Women and Domestic Violence* (Istanbul Convention), 2011, Article 3, available at <https://rm.coe.int/168008482e>

<sup>7</sup> Stark, Evan. *Coercive Control: How Men Entrap Women in Personal Life*. Oxford University Press, 2007.

## Forms of Violence

### Physical violence

Physical violence refers to the use of force against the body that causes pain, injury, or a sense of physical danger.<sup>8</sup>

### Psychological violence

Psychological violence includes behaviors that cause fear, humiliation, emotional pain, or damage to dignity and are aimed at exercising control over a person.<sup>9</sup>

### Sexual violence

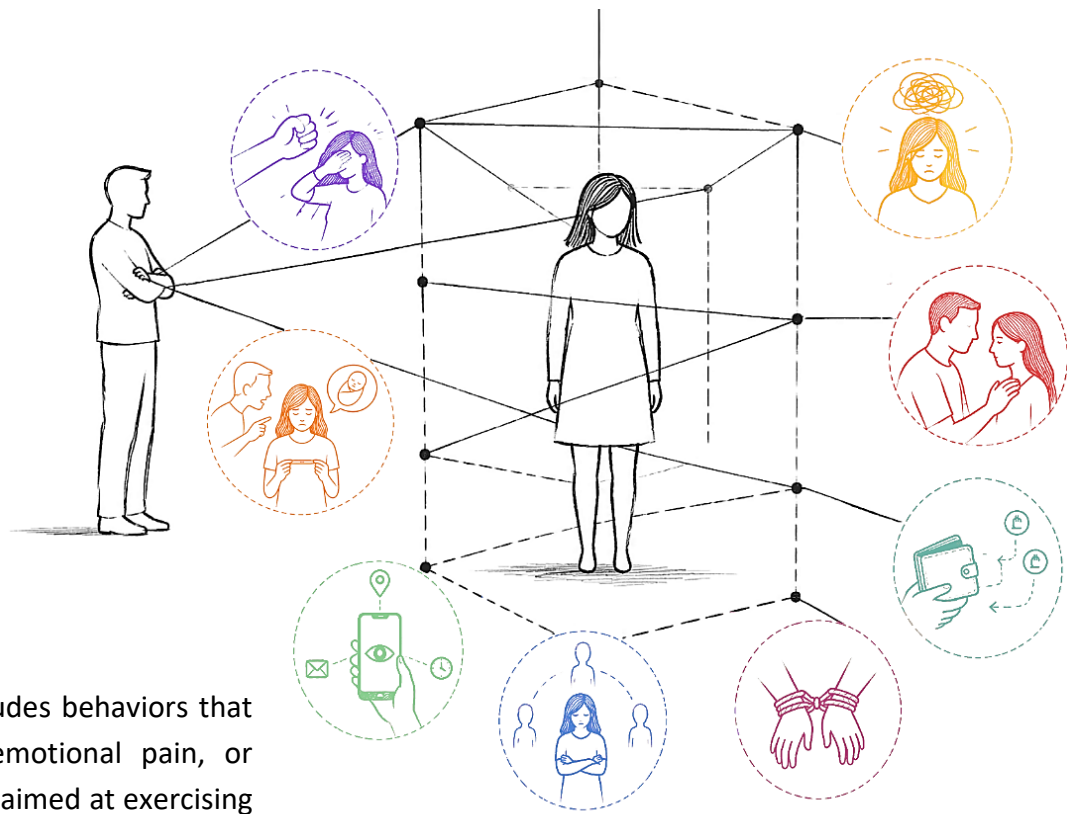
Sexual violence refers to any sexual act or demand that is carried out without a woman's free and voluntary consent.<sup>10</sup>

### Economic violence

Economic violence refers to control over financial resources, restriction of economic independence, or the creation of material dependence.<sup>11</sup>

### Coercion

The physical or psychological compulsion of a person to perform or not perform an action that they have the right to carry out or to refrain from, or to endure an impact against their will.<sup>12</sup>



### Social Isolation

Social isolation refers to restricting a woman's social contacts and support networks, which is an important mechanism for establishing control in an abusive relationship.<sup>13</sup>

### Digital Control

Digital control refers to the use of technology to monitor, track, or control a woman's communication, movement, or online activities.<sup>14</sup>

### Reproductive Coercion

Reproductive coercion refers to pressure or control over a woman's reproductive choices, including attempts to influence decisions related to pregnancy or contraception.<sup>15</sup>

<sup>8</sup> Law of Georgia on the Elimination of Violence against Women and/or Domestic Violence, and the Protection and Support of Victims of Violence, Article 4, available at <https://matsne.gov.ge/en/document/view/26422?publication=25>

<sup>9</sup> Ibid

<sup>10</sup> Ibid

<sup>11</sup> Ibid

<sup>12</sup> Ibid

<sup>13</sup> Stark, Evan. *Coercive Control: How Men Entrap Women in Personal Life*. Oxford University Press, 2007.

<sup>14</sup> Powell, A., & Henry, N. (2017). Sexual Violence in a Digital Age.

Available at <https://content.e-bookshelf.de/media/reading/L-10039733-a7a19e4210.pdf>

<sup>15</sup> Miller, Elizabeth, and Jay G. Silverman. *Reproductive Coercion and Partner Violence: Implications for Clinical Assessment of Unintended Pregnancy*. *Expert Review of Obstetrics & Gynecology* 5, no. 5 (2010): 511–515

10 Available <https://pmc.ncbi.nlm.nih.gov/articles/PMC3282154/pdf/nihms250246.pdf>

Table 1. **Examples of Forms of Violence Against Women**<sup>16</sup>

<p><b>An act of physical violence includes:</b></p>	<ul style="list-style-type: none"> <li>● Hitting, kicking, punching, scratching, choking, biting, grabbing, shaking, spitting, burning, twisting parts of the body, forcing the ingestion of unwanted substances;</li> <li>● Preventing a woman from obtaining medical or other assistance;</li> <li>● Using household objects to strike a woman or using weapons (knife, gun);</li> <li>● etc.</li> </ul>
<p><b>An act of sexual violence includes:</b></p>	<ul style="list-style-type: none"> <li>● Rape and other forms of sexual violence;</li> <li>● Sexual harassment (including demanding sexual relations in exchange for employment/promotion or higher grades and scores);</li> <li>● Trafficking for the purpose of sexual exploitation;</li> <li>● Forced involvement in pornography;</li> <li>● Forced pregnancy, forced sterilization, forced abortion;</li> <li>● Forced marriage, early marriage;</li> <li>● Female genital mutilation;</li> <li>● Virginity testing;</li> <li>● Incest;</li> <li>● etc.</li> </ul>
<p><b>An act of psychological violence includes:</b></p>	<ul style="list-style-type: none"> <li>● Threats of violence or harm toward a woman or her relatives through words or actions (e.g., stalking or displaying a weapon);</li> <li>● Harassment and stalking in the workplace;</li> <li>● Humiliation and insults; isolation and restriction of communication (e.g., locking a woman in the house, forcing her to leave her job, or forbidding visits to a doctor);</li> <li>● Using children to control a woman (e.g., attacking the child, forcing the child to witness violence against the mother, threatening to take the children away, abducting the child);</li> <li>● etc.</li> </ul>
<p><b>An act of economic violence includes:</b></p>	<ul style="list-style-type: none"> <li>● Prohibiting a woman from working;</li> <li>● Excluding a woman from financial decision-making in the household;</li> <li>● Full control over finances or misappropriation of money;</li> <li>● Refusing to pay expenses for the woman or children;</li> <li>● Destroying assets that belong to the woman individually or jointly;</li> <li>● etc.</li> </ul>

<sup>16</sup> UNFPA and WAVE, *Strengthening Health System Responses to Gender-Based Violence in Eastern Europe and Central Asia: A Resource Package*, 2014, p. 21, available at <https://eca.unfpa.org/sites/default/files/pub-pdf/WAVE-UNFPA-Report-EN.pdf>

## 2.2. A BROADER UNDERSTANDING OF VIOLENCE

When discussing violence, attention is often focused on its different forms.

Physical, psychological, economic, and other forms of violence are commonly distinguished. This knowledge is important and essential.

However, practice shows that knowledge of the forms of violence alone is not sufficient.

The forms of violence help us identify what is happening in a particular incident, but they do not explain the process itself.

Focusing only on the forms of violence does not answer important questions such as:

- ? How violence develops within a relationship;
- ? Why it continues over time; and
- ? Why it is so difficult to leave.

Understanding violence therefore requires a broader perspective that goes beyond individual acts and enables us to understand its underlying logic.

Within this approach, violence is viewed as a process through which power and control are established. It develops gradually and involves a range of mechanisms, including normalization, cyclical patterns, and different relationship dynamics.

Accordingly, violence should be understood not only as a series of isolated incidents, but as a dynamic and evolving process that develops and intensifies over time.

## 2.3. VIOLENCE AS POWER AND COERCIVE CONTROL

Domestic violence rarely manifests in only one form. It may represent a relationship dynamic whose purpose is to establish power and control over a partner, and maintain her subordination. In such cases, violence is not accidental or a one-time occurrence, but rather constitutes a system of repeated and consistent behaviors.

Contemporary definitions of domestic violence place particular emphasis on the concept of **coercive control**. According to Evan Stark, *coercive control is a purposeful and systematic pattern of behavior aimed at establishing domination over a partner and restricting her freedom.*<sup>17</sup>

In abusive relationships, control is often not limited to individual acts of violence. It may develop into a systematic pattern of influence

over everyday life that restricts a woman's choices, movement, contacts, and decisions.

Coercive control may be exercised in different ways and often includes a combination of behaviors which, when taken separately, may not appear violent, yet together create an environment of constant control and subordination.

In practice, coercive control may manifest through:

- Control over movement;
- Restriction of social contacts;
- Monitoring of communication;
- Financial control;
- Demanding constant accountability;
- Control justified by jealousy;
- Use of fear, threats, or pressure;

<sup>17</sup> Stark, Evan. *Coercive Control: How Men Entrap Women in Personal Life*. Oxford University Press, 2007.

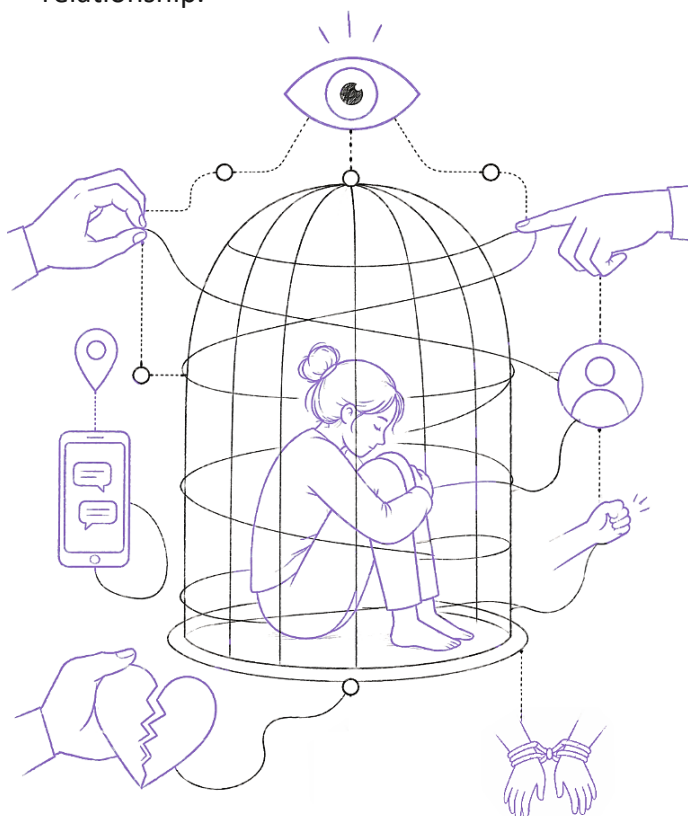
Therefore, when assessing domestic violence, it is important not only to identify individual incidents, but also to recognize the overall dynamics of control within the relationship. Violence may exist even when physical aggression is rare or not documented.

**For professionals**, it is important to understand that **coercive control is often not perceived by women as violence, because it may be presented as care, jealousy, responsibility, or a “normal” part of a relationship.** Such normalization reduces the likelihood of seeking help and reinforces the abusive dynamic.

## 2.4. JOHNSON’S TYPOLOGY OF DOMESTIC VIOLENCE

Violence in intimate partner relationships is not uniform and differs according to the dynamics of power, control, and interaction.

American researcher Michael P. Johnson identifies three main types of intimate partner violence depending on whether violence is connected to systematic control within the relationship.<sup>18</sup>



### 1. INTIMATE TERRORISM

**This is a type of violence associated with establishing and maintaining power over a partner. In this case, violence constitutes part of a system of control rather than merely the episodic result of conflict.**

#### How intimate terrorism manifests in practice

- Control of a partner’s movement
- Restriction of social contacts
- Constant checking and demands for accountability
- Fear and threats
- Isolation and subordination

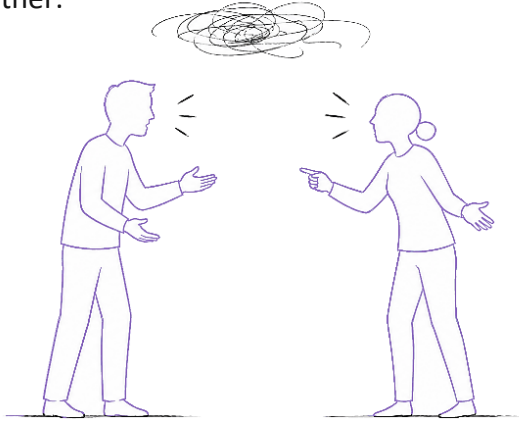
#### **Why this is important for professionals**

This type of violence carries a high level of risk because it is associated with coercive control and a high likelihood of escalation. In such cases, enhanced safety assessment and the planning of protective measures are necessary.

Johnson, Michael P. (2008). *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence*. Boston: Northeastern University Press;  
Danner. *Empowering Staff to Combat Violence Against Women: Training Manual* (2022), 83. 175.

## 2. SITUATIONAL COUPLE VIOLENCE

Situational violence is violence that arises during the escalation of conflict situations and is not associated with systematic control over a partner.



### How it manifests in practice

- Physical or verbal aggression during conflict
- Violence occurring in the context of emotional tension
- Absence of systematic signs of control
- Violence from both partners during conflict



#### Why this is important for professionals

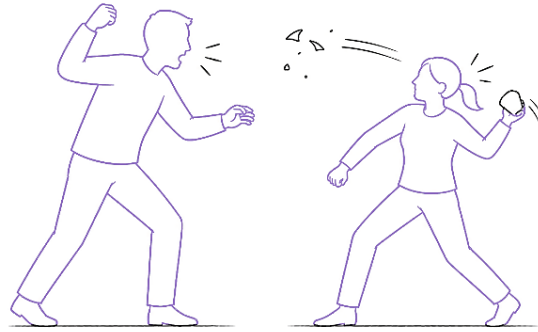
In this type of violence, the dynamics of control are less pronounced; therefore, risk assessment and support strategies differ. It is necessary to properly assess the context of violence and the likelihood of recurrence and to adapt support to the specific situation and needs.

## 2.5. THE CYCLE AND SPIRAL OF VIOLENCE

Domestic violence often develops within a recurring and progressive dynamic. The cycle of violence model was described by Lenore Walker and illustrates the recurring phases of violence, while the concept of the spiral of violence was used by Eva Lundgren to explain the process of the gradual escalation and normalization of violence within an abusive relationship.

## 3. VIOLENT RESISTANCE

Violent resistance refers to violent actions carried out by the victim in self-defense or in an attempt to stop the violence.



### How it manifests in practice

- Use of force by a woman in self-defense
- Attempt to stop the violence
- Violent response after prolonged violence
- Defensive aggression during conflict



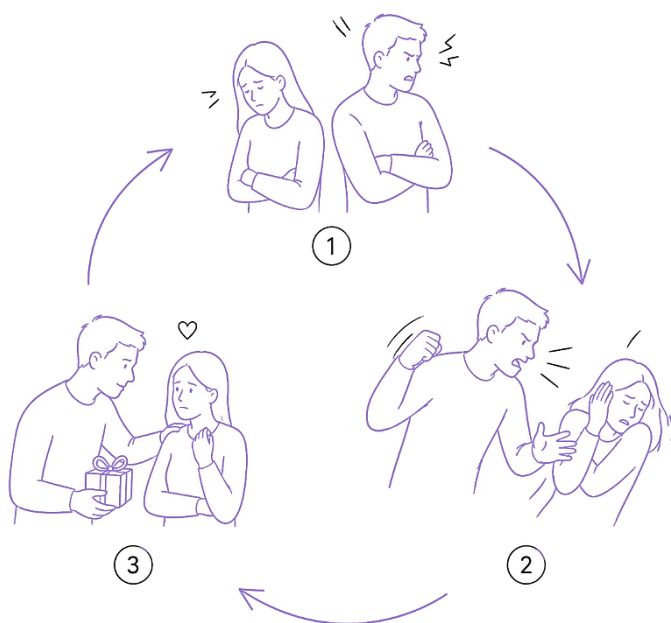
#### Why this is important for professionals

Violent resistance often represents a woman's attempt at self-defense or an effort to stop danger in situations of prolonged violence. If the dynamics of this type of violence are not properly assessed, there is a risk that the woman may be perceived as equally responsible for violence in the relationship or that responsibility may be partially shifted onto her. As a result, support and protection measures may fail to correspond to the real level of risk.

### 2.5.1. THE CYCLE OF VIOLENCE<sup>19</sup>

The cycle of violence describes the recurrence of violence in a relationship through three phases:

1. Tension-Building Phase
2. Acute Battering Incident
3. Reconciliation (“Honeymoon”) Phase



#### Tension-Building Phase

Emotional tension, criticism, dissatisfaction, and control increase in the relationship. The perpetrator blames the partner for minor reasons.

At this stage, the woman often tries to avoid conflict. She controls her own behavior and words, avoids arguments, anticipates her partner’s reactions in advance, and tries “not to provoke him” and to maintain calm.

For example: “I was constantly tense, afraid of making a mistake. I tried to do everything on time so that he wouldn’t get angry - cleaning the house, cooking. I knew that if he didn’t like something, he would start shouting at me again.”

#### Acute Battering Incident

This phase represents the acute manifestation of violence in physical, psychological, or sexual forms. This phase is the most dangerous and creates an intense feeling of fear and insecurity. This stage is brief, but it is the most dangerous and destructive for the woman, both physically and psychologically.

For example: “In the evening he started shouting at me again, accusing me of talking to someone. Then he grabbed my phone and smashed it against the wall. When I tried to pick it up, he pushed me and I fell.”

#### Reconciliation (“Honeymoon”) Phase

After the violent incident, the perpetrator shows remorse, promises to change, and expresses love and care. In this phase, the woman often believes that the situation will improve. Calm is temporarily restored; however, tension begins to build again and the cycle starts over.

Over time, this phase becomes less frequent or disappears entirely, which means that violence has already become established as the “norm” of the relationship.

For example: “Then he came, hugged me, and said he was very afraid of losing me. He asked me to give him another chance. For a few days he became very attentive and even brought me flowers. At that moment, I truly believed that he would change.”

The recurrence of the cycle of violence in a relationship creates an alternation between fear and hope. The reconciliation and calm phase following violence restores the woman’s belief that the perpetrator will change and that violence will not happen again. It is precisely this periodic “calm” that sustains hope for maintaining the relationship and makes it more difficult to leave an abusive relationship.

<sup>19</sup> Walker, L. E. (1979). *The Battered Woman*. New York: Harper & Row.

## 2.5.2. THE SPIRAL OF VIOLENCE <sup>20</sup>

The **spiral of violence** describes how violence develops gradually and how it becomes established as the **norm** within a relationship. According to Lundgren, violence begins with minor forms of control and psychological pressure and gradually progresses toward isolation and a state of complete subordination.

The concept of the spiral is based on **Eva Lundgren's theory of the normalization of violence**, according to which an abusive relationship develops as a gradual process in which violence becomes normalized.<sup>21</sup>

### When Violence Becomes the Norm

According to Lundgren, violence is an instrument for establishing power and control. The perpetrator consolidates this power through three interconnected strategies:

- The use of deliberate and controlled violence against the woman;
- The isolation of the woman from family members and friends;
- Alternating behavior between care and violence.

An abusive relationship, as a rule, develops gradually. Over time, the forms of violence increase both in frequency and severity and become part of the everyday life of the relationship. In this process, the woman begins to adapt her behavior in order to avoid violence. She tries to avoid conflict, explains the violence through the partner's condition or

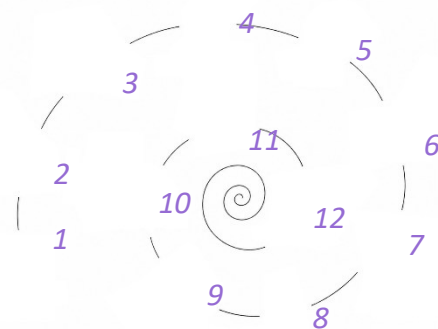
external factors, and assumes responsibility herself.

**During the normalization process**, the boundaries between acceptable and unacceptable behavior gradually become blurred. The woman's isolation increases, external support decreases, and emotional dependence on the perpetrator intensifies. As a result, violence is perceived not as a threat but as ordinary behavior within the relationship.

The normalization of violence leads to the psychological weakening of the woman and a decrease in her self-esteem. Gradually, she begins to perceive herself through the negative labels attributed by the perpetrator, such as "a bad mother," "unattractive," "hysterical," "demanding," or "irrational."

The woman gradually moves toward the center of the spiral, where leaving the relationship becomes increasingly difficult.

In the **Danner training manual**, the spiral of violence model presents **12 phases**<sup>22</sup>, illustrating the sequential process through which violence becomes normalized and control is strengthened.

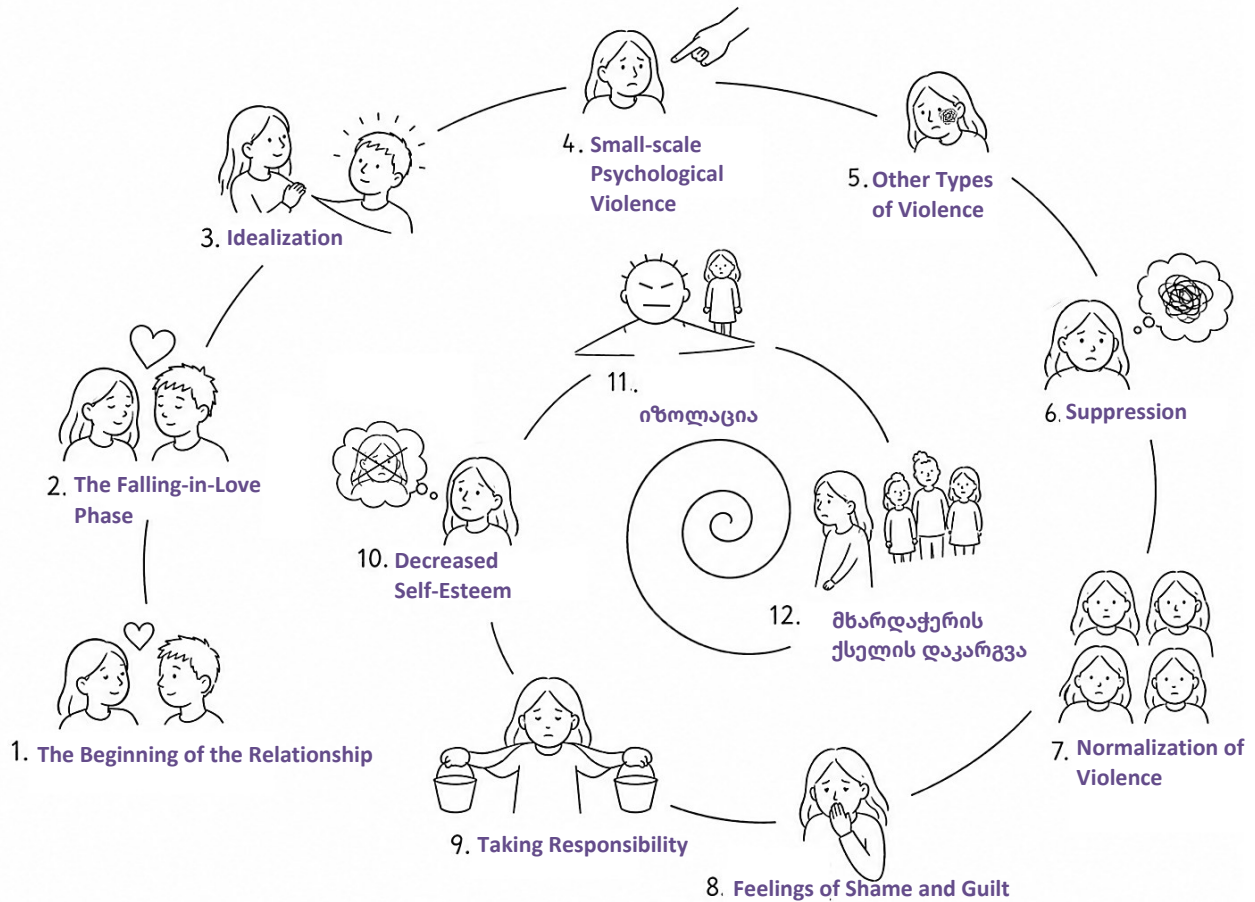


<sup>20</sup> Lundgren, Eva. *The Process of Normalising Violence*. Stockholm: Riksorganisationen för kvinnojourer och tjejjourer i Sverige (ROKS), 2004.

<sup>21</sup> Danner (2022). *Empowering Staff to Combat Violence Against Women: Training Manual*. p. 186, available at <https://danner.dk/wp-content/uploads/2024/07/Danner-training-manual.pdf>

<sup>22</sup> Danner. *Empowering Staff to Combat Violence Against Women: Training Manual* (2022), 83. 198

## PHASES OF THE SPIRAL OF VIOLENCE



\* The 12 Stages of the Spiral of Violence: Adapted from the Danner Training Manual.

### 1. THE BEGINNING OF THE RELATIONSHIP

The relationship begins with positive emotions and the development of trust. A close connection emerges between the partners. The relationship is perceived as meaningful and promising. At this stage, the partner often presents himself as attentive and caring, which creates a sense of safety and stability within the relationship.

### 2. THE FALLING-IN-LOVE PHASE

Strong emotional intensity and rapid closeness emerge in the relationship. The partner shows special attention and interest toward the woman, and the relationship is perceived as a strong and deep bond. At this stage, strong attachment develops, which increases the desire to maintain the relationship and reduces the ability to critically assess the partner's behavior.

### 3. IDEALIZATION

The partner is perceived as a special, unique, and irreplaceable person, leading to his idealization. This idealization creates an imbalance of power within the relationship. As a result, the woman becomes less likely to question his behaviour, often sets aside her own needs and wishes in order to preserve the relationship, begins to believe that her partner has a better understanding of what is right, and increasingly comes to view and evaluate herself through his eyes.

### 4. SMALL-SCALE PSYCHOLOGICAL VIOLENCE

Criticism, jealousy, and mild forms of control begin to appear in the relationship, which are often perceived as expressions of care or love. At this stage, violence is not yet regarded as a threat, and the woman explains it through the partner's character, emotional state, or the dynamics of the relationship.

## **5. OTHER TYPES OF VIOLENCE**

Control and restrictions gradually expand and become more systematic. The partner increasingly influences the woman's behavior, decisions, and social contacts. Violence is no longer merely episodic behavior; it becomes recurring and established within the relationship.

## **6. SUPPRESSION**

The woman begins to restrain her own wishes and opinions in order to avoid conflict. She adapts to the partner's demands and moods, reduces the expression of her own needs, and establishes self-restraint within the relationship. This behavior represents an attempt to protect herself from violence rather than passivity.

## **7. NORMALIZATION OF VIOLENCE**

Violent behavior gradually comes to be perceived as an ordinary occurrence within the relationship. The woman explains it through the partner's character, emotional state, or external circumstances. Violence is no longer perceived as unacceptable or dangerous behavior but becomes a "normal" part of the relationship.

## **8. FEELINGS OF SHAME AND GUILT**

The woman begins to search for the cause of the violence within herself and perceives herself as guilty. She starts to believe that she is the source of the problem and that her behavior provokes the partner's aggression. Feelings of shame and self-blame reinforce the normalization of violence and reduce the ability to recognize it.

## **9. TAKING RESPONSIBILITY**

The woman attempts to prevent violence by changing her own behavior. She tries to anticipate the partner's reactions, adapt to his demands, and avoid conflict. As a result, the responsibility for preventing violence appears to shift onto the woman, even though the perpetrator is responsible for the violence.

## **10. DECREASED SELF-ESTEEM**

As violence repeats and self-blame increases, the woman's self-esteem and sense of self-worth decline. She begins to perceive herself through the perpetrator's repeated criticism and humiliating evaluations, which form a negative self-image. She may begin to feel that she is not a good enough partner, mother, or person, that her opinions and needs are not important, or that her abilities are limited.

## **11. ISOLATION**

The woman's connection with family members, friends, and the wider social environment gradually weakens. Isolation may occur as a result of direct restrictions or through self-isolation shaped by the dynamics of the relationship. The reduction of social connections increases dependence on the perpetrator.

## **12. LOSS OF THE SUPPORT NETWORK**

At this stage, the woman practically loses the environment that could support her emotionally, socially, or practically. She remains alone with her situation and becomes dependent on the perpetrator in important aspects of everyday life. At this stage of the spiral, the woman is most trapped in the abusive relationship, where receiving help and leaving the relationship become the most difficult.



## Why Understanding the Cycle of Violence, the Spiral of Violence, and the Process of Normalization Is Important for Professionals

- **To assess the woman’s situation by taking into account the dynamics of the development of the abusive relationship** - to recognize that her current condition is the result of long-term control and violence rather than only the most recent incident. Knowledge of the **cycle of violence** helps the professional identify the recurring nature of abuse, while understanding the **spiral and normalization processes** explains how violence intensifies over time and gradually becomes perceived as a “normal” part of the relationship.
- **To correctly understand women’s reactions** - to recognize that justifying the perpetrator, taking responsibility upon oneself, returning to the relationship, or remaining in it are often reactions formed under conditions of coercive control, normalization of violence, and emotional attachment, rather than a woman’s free “choice” or “passivity.”
- **To plan support in a realistic and safe manner** - not to push the woman toward decisions for which she is not yet prepared, and to determine every step based on her actual safety situation. Knowledge of the **cycle of violence** helps the professional recognize possible stages of recurrence and escalation, while understanding the **spiral and normalization processes** helps in accurately assessing the woman’s isolation, her dependence on the perpetrator, and the difficulties she may face in seeking help, so that support does not unintentionally worsen her situation.

It should also be noted that the **spiral of violence model is used both by professionals to analyze the dynamics of abusive relationships and in direct work with women**<sup>23</sup>. Discussing this model helps women understand how violence developed within the relationship and how it gradually became normalized over time.

**In the process of working with women**, discussing the spiral of violence helps them understand how violence evolved in the relationship and realize that what happened is not the result of their “weakness” or “fault.”

This allows women to:

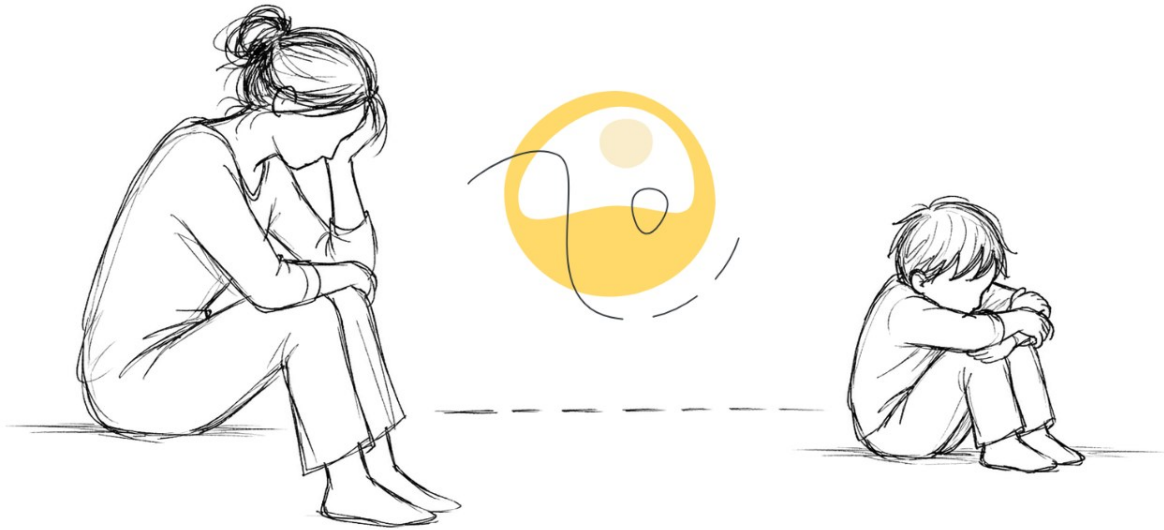
- Better understand what was happening in the relationship and how the violence developed;
- Reduce feelings of shame and self-blame;
- Recognize that their experience is not an exception, but rather a pattern commonly observed in abusive relationships.

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<sup>23</sup> Danner (2022). Empowering Staff to Combat Violence Against Women: Training Manual. p. 187

## CHAPTER III.

### THE IMPACT OF DOMESTIC VIOLENCE ON WOMEN AND CHILDREN



Domestic violence has a multifaceted impact on the psychological, physical, and social well-being of both women and children. Its consequences are often long-lasting and interconnected, as violence occurs within a continuous environment of control and threat. A guideline developed for the healthcare sector notes that experiences of intimate partner violence are associated with mental health difficulties among women, reduced functioning, and disruptions in social relationships.<sup>24</sup>

In addition to its impact on women, domestic violence also affects the psychological, physical, and social well-being of children in multiple ways. Research shows that children living in environments of violence experience

emotional, behavioural, and developmental difficulties, and their well-being is closely linked to the safety and condition of their mother.<sup>25</sup>

The **Danner training manual** states that the experience of domestic violence has severe and multifaceted consequences for children. This impact is twofold: on the one hand, children are harmed directly by the violence itself; on the other hand, they are affected because their primary caregivers are unable to protect them. The absence of such fundamental protection seriously affects children's well-being and development, as a sense of safety is essential for a child's growth and learning. In situations of violence, children may experience physical pain, fear, anxiety, shame, and constant tension.<sup>26</sup>

<sup>24</sup> World Health Organization (2014). Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook. World Health Organization, ხელმისაწვდომია: <https://iris.who.int/handle/10665/136101>

<sup>25</sup> Holt, S., Buckley, H., & Whelan, S. (2008). *The impact of exposure to domestic violence on children and young people: A review of the literature*. *Child Abuse & Neglect*, 32(8), 797–810. Available at [https://www.researchgate.net/publication/23219462\\_The\\_Impact\\_of\\_Exposure\\_to\\_Domestic\\_Violence\\_on\\_Children\\_and\\_Young\\_People\\_A\\_Review\\_of\\_the\\_Literature](https://www.researchgate.net/publication/23219462_The_Impact_of_Exposure_to_Domestic_Violence_on_Children_and_Young_People_A_Review_of_the_Literature);

Wathen, C. N., & MacMillan, H. L. (2013). *Children's exposure to intimate partner violence: Impacts and interventions*. *Paediatrics & Child Health*, 18(8), 419–422. Available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC3887080/>

<sup>26</sup> Danner (2022), *Empowering Staff to Combat Violence Against Women: Training Manual*. "The Mother-Child Relationship," p. 270.

In violent environments, children often assume the role of “little adults.” They take on excessive responsibility for their mother, try to protect her, fear for her life, and frequently take care of their siblings as well.

Danner also points out that when mothers arrive at shelters with their children, they are often not fully aware of the extent of the impact that violence has had on their children. Mothers try to protect their children and may themselves wish to believe that the violence has not affected them. However, this rarely corresponds to reality. In most cases, children know what has happened and often learn to conceal the violence or present it in a softened way because this is what they observed within the family.<sup>27</sup>

It is important to recognize that in an environment where the mother is subjected to violence, the child is never merely a “witness”; the child is also a victim. Children often assume responsibility for what is happening and attempt to protect their mother. When these efforts are unsuccessful, feelings of helplessness and guilt may intensify. This experience can have a profound impact on the child’s self-esteem, emotional development, and perception of the world. As a result, violence may come to be perceived as normal,

and relationships may be understood as spaces in which power and control predominate.

For this reason, in situations of domestic violence it is important to support both the mother and the child in understanding their shared experience and to facilitate the restoration of the mother-child relationship.

Understanding the impact of domestic violence is a fundamental basis for working with women and children, as experiences of violence often lead to traumatic reactions that affect emotional state, behaviour, and relationships. The following chapter focuses on trauma, its neurobiological foundations, and the principles of trauma-informed practice.

**The table below presents the main aspects of the impact of domestic violence on women and children:<sup>28</sup>**



<sup>27</sup> Danner (2022), *Empowering Staff to Combat Violence Against Women: Training Manual*. “The Mother-Child Relationship,” p. 270.

<sup>28</sup> World Health Organization (2014). *Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook*. World Health Organization. Available at <https://iris.who.int/handle/10665/136101>;

Holt, S., Buckley, H., and Whelan, S. (2008). *The impact of exposure to domestic violence on children and young people: A review of the literature*. *Child Abuse and Neglect*, 32(8), 797–810. Available at

[https://www.researchgate.net/publication/23219462\\_The\\_Impact\\_of\\_Exposure\\_to\\_Domestic\\_Violence\\_on\\_Children\\_and\\_Young\\_People\\_A\\_Review\\_of\\_the\\_Literature](https://www.researchgate.net/publication/23219462_The_Impact_of_Exposure_to_Domestic_Violence_on_Children_and_Young_People_A_Review_of_the_Literature) ;

Wathen, C. N., and MacMillan, H. L. (2013). *Children’s exposure to intimate partner violence: Impacts and interventions*. *Paediatrics & Child Health*, 18(8), 419-422. Available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC3887080/>;

Danner (2022), *Empowering Staff to Combat Violence Against Women: Training Manual*. “Consequence of Violence”, p. 173, “The Mother-Child Relationship,” p. 270

AREA OF IMPACT	IMPACT ON WOMEN	IMPACT ON CHILDREN
<b>PSYCHOLOGICAL</b>	Fear, constant tension, shame, reduced self-esteem, depression, symptoms of traumatic stress (e.g., a constant state of vigilance and expectation of danger, intrusive memories / involuntary recall of violent scenes, sleep disturbances).	Fear, anxiety, emotional insecurity, shame, feelings of guilt, symptoms of traumatic stress.
<b>BEHAVIOURAL AND EMOTIONAL REGULATION</b>	Difficulty making decisions; emotional exhaustion; irritability/ heightened reactivity; difficulty controlling emotional reactions; difficulty concentrating; difficulty planning and carrying out actions.	Difficulties in emotional regulation (difficulty calming and managing emotions, strong and rapid emotional reactions); irritability or explosive reactions (sudden anger, crying, emotional outbursts); anxious or fearful behaviour (increased fear, clinging to an adult, constant expectation of danger); difficulty concentrating (difficulty maintaining attention and focusing on learning); behavioural difficulties (breaking rules, aggressive or extremely compliant behaviour); age-inappropriate behaviour (regression, taking excessive responsibility, behaving “like an adult”).

**SOCIAL**

Social isolation (restricted contact with friends, family, and social life);  
weakening or loss of the support network (distancing from trusted people, reduced access to support resources);  
economic dependence (control over income, housing, or financial resources by the perpetrator);  
limitations in social functioning (difficulty participating in education, work, or community activities);  
fear of stigma and blame (expectation of judgment or lack of support from others);  
difficulty accessing or engaging with support services.

Difficulties in relationships with peers (difficulty establishing and maintaining friendships, conflict behaviour);  
reduced social skills (difficulty sharing, cooperating, and interacting in groups);  
social isolation or exclusion (distancing from peers or being excluded from groups);  
difficulties adapting at school (difficulty adjusting to the school environment, rules, and group activities).

**FUNCTIONAL /  
DAILY LIFE**

Difficulty performing daily activities (difficulties managing household tasks, childcare, and everyday responsibilities);  
sleep disturbances and chronic fatigue (insomnia, shallow sleep, lack of energy);  
difficulties in work functioning (difficulty performing work tasks, concentrating, and maintaining employment);

Difficulties in learning and school functioning (difficulty completing assignments, following rules, and engaging in the learning process);  
disruption of daily routines (unstable sleep, eating, and activity patterns);  
difficulties with self-care skills (difficulties with hygiene, dressing, or age-appropriate self-care);

	<p>difficulty implementing decisions (difficulty initiating and completing planned actions);</p> <p>reduced self-care (reduced care for personal health, nutrition, and rest).</p>	<p>reduced participation in activities (withdrawal from play, interests, and age-appropriate activities);</p> <p>taking excessive responsibility within the family (unequal burden of caring for the mother or siblings).</p>
<b>SENSE OF SAFETY</b>	Constant sense of danger.	Disruption of the sense of safety.
<b>FAMILY RELATIONSHIPS</b>	Loss of autonomy and decision-making power within the family.	Excessive sense of responsibility for the mother, attempts to protect her.
<b>MOTHER-CHILD RELATIONSHIP</b>	<p>Reduced emotional engagement with the child</p> <p>(reduced responsiveness to the child's fears or crying, difficulty calming and comforting the child).</p>	<p>Excessive sense of responsibility toward the mother</p> <p>(attempts to protect and care for her).</p>

## CHAPTER IV.

# TRAUMA AND WOMEN'S REACTIONS UNDER CONDITIONS OF VIOLENCE

### 4.1. TRAUMA: CONCEPT AND DEFINITIONS

The term **trauma** originates from the Greek word “τραῦμα”, meaning “**wound.**”<sup>29</sup> Initially, it was used to describe **physical injury**, but later it became established in psychology as a concept referring to **internal injury caused by psychological impact.**

The contemporary understanding of trauma has been developed through the works of leading scholars in the field of psychotrauma research.

Trauma researcher and psychiatrist **Judith Herman** describes traumatic events as events that “*overwhelm the ordinary human adaptations to life’s challenges.*”<sup>30</sup>

One of the leading authors in neurobiological trauma research, psychiatrist **Bessel van der Kolk**, notes that trauma “*is not only an event*

*that took place in the past, but also the imprint left by that experience on the mind, brain, and body.*”<sup>31</sup>

According to a widely used definition in international practice, *trauma is the result of an event, a series of events, or a set of circumstances that an individual experiences 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.*<sup>32</sup>

Thus, in contemporary approaches, trauma is understood **not only as an event that has occurred, but also as its long-term psychological and neurobiological impact on a person.**

### 4.2. WOMEN'S NERVOUS SYSTEM RESPONSES TO VIOLENCE-INDUCED TRAUMA

In the context of domestic violence, trauma represents a **psychological and neurobiological condition** that develops within an intimate or family relationship characterized by **prolonged danger, control, and fear.**

According to Judith Herman, in environments of prolonged violence and subordination, a per-

son lives in a situation where **danger is repetitive and unavoidable, while power is entirely held by the perpetrator.** Under such circumstances, the individual’s sense of **safety, self-control, and personal integrity becomes disrupted.**<sup>33</sup>

<sup>29</sup> Online Etymology Dictionary. „Trauma“. Available at <https://www.etymonline.com/word/trauma>

<sup>30</sup> Herman, J. L. (1992). *Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror*. Available at <https://ia803207.us.archive.org/14/items/radfem-books/Trauma%20and%20Recovery%20The%20Afterm%20-%20Judith%20L.%20Herman.pdf>

<sup>31</sup> Bessel Van der Kolk, MD (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Available at <https://ia601604.us.archive.org/35/items/the-body-keeps-the-score-pdf/The-Body-Keeps-the-Score-PDF.pdf>

<sup>32</sup> SAMHSA, Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. Available at <https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice>

<sup>33</sup> Herman, J. L. (1992). *Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror*. Available at <https://ia803207.us.archive.org/14/items/radfem-books/Trauma%20and%20Recovery%20The%20Afterm%20-%20Judith%20L.%20Herman.pdf>

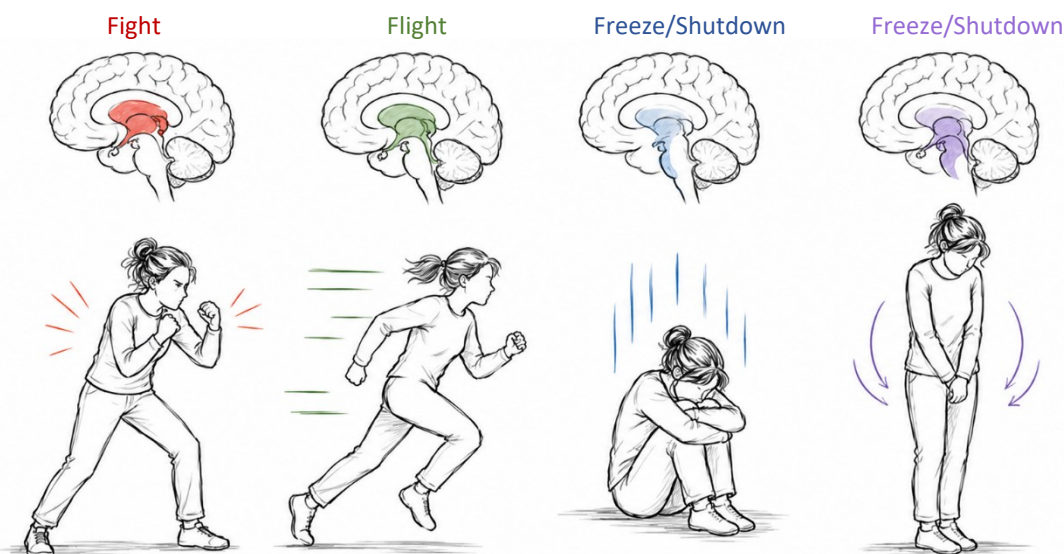
In the context of domestic violence, trauma refers to an experience in which:

- **Threat is repetitive and predictable;**
- **Control belongs to the perpetrator;**
- **The sense of safety is constantly disrupted;**
- **The woman is forced to adapt to conditions of danger.**

Under these circumstances, a woman's reactions **do not reflect her personal traits, character, or conscious choice**. Rather, they are **automatic defensive responses of the nervous system in conditions of prolonged threat**.

Neuroscientist **Stephen Porges** explains that when the nervous system detects threat, the autonomic nervous system automatically activates two main defensive modes: **mobilization (fight or flight) or immobilization (freeze or shutdown)**.<sup>34</sup> In situations of violence, these responses may manifest in different ways in a woman's behaviour and emotional state.

In a **mobilization state**, a woman may attempt to defend herself, verbally resist, escape, or leave the situation.



In an **immobilization state**, reactions may include freezing, silence, compliance, emotional shutdown, inability to respond to the situation, or what may appear as “doing nothing.”

Such reactions **should not be interpreted as aggression or passivity**. They are **involuntary defensive responses of the nervous system when a threat is perceived**.

In clinical trauma practice, another defensive reaction has also been described: **adaptation or submission in order to reduce danger (“fawning”)**. This term was introduced by trauma therapist **Pete Walker** when describing responses associated with complex trauma. It refers to behaviour in which a person attempts to reduce danger through **adaptation, agreement, or suppression of their own needs in order to avoid conflict or violence**.<sup>35</sup>

Accordingly, under conditions of violence, women's reactions may manifest in several main neurobiological forms:

- **Fight**
- **Flight**
- **Freeze / Shutdown**
- **Fawn / Submission**

<sup>34</sup> Porges, S. W. (2011). *The Polyvagal Theory*. Proactive Mindfulness Lecture Transcript. Available at <https://proactivemindfulness.com/zug/transcripts/Porges-2011-11.pdf>

<sup>26</sup> Walker, P. (2013). *Complex PTSD: From Surviving to Thriving*. Available at <https://notability.com/g/download/pdf/Q6bWJMpd4NPNACpEsRa3K/Complex%20PTSD:%20From%20Surviving%20to%20Thriving.pdf>

The table below presents typical manifestations of each reaction during meetings and communication with professionals.

<b>TRAUMA RESPONSE</b>	<b>WHAT IT MEANS</b>	<b>HOW IT MAY MANIFEST DURING A MEETING</b>	<b>HOW IT MAY BE MISINTERPRETED</b>	<b>ACTUAL EXPLANATION</b>
<b>FIGHT</b>	Active resistance to threat	Anger, protest, tension, sharp or raised tone	“Confrontational”, “aggressive”	The nervous system is attempting to repel the threat
<b>FLIGHT</b>	Distancing from the threat	Postponing meetings, changing the subject, avoiding communication, leaving the situation	“Not serious”, “not cooperative”	The nervous system is attempting to move away from the threat
<b>FREEZE</b>	Passive defensive response	Silence, confusion, becoming still, inability to answer questions	“Does not understand”, “not responding”	The nervous system shifts into an energy-conservation state
<b>FAWN / SUBMISSION</b>	Reducing danger through compliance	Agreeing with everything, self-blame, justifying the perpetrator, excessive cooperation	“She is defending the perpetrator”	The nervous system attempts to reduce danger by avoiding conflict

### 4.3. THE IMPORTANCE OF UNDERSTANDING NERVOUS SYSTEM RESPONSES FOR PROFESSIONALS

In conditions of trauma caused by violence, women's reactions are shaped by the defensive mechanisms of the nervous system. Understanding these responses is essential for professionals, because the behaviour of women who have experienced violence often

does not correspond to the expectations that service providers and institutional systems may have of them (such as the police, social services, healthcare, the justice system, and others).



#### Why Knowledge of These Responses Is Important for Professionals

Understanding the neurobiological nature of these responses allows professionals to avoid misinterpreting a woman's behaviour and helps them choose forms of interaction that are safe and do not lead to retraumatization. Such an approach also prevents the strengthening of feelings of danger, shame, vulnerability, and helplessness in women who have experienced violence.<sup>36</sup>

For example:

- Anger may represent a **fight** response rather than aggression.
- Avoidance of a meeting may represent a **flight** response rather than a lack of motivation.
- Silence may represent a **freeze** response rather than a refusal to speak.
- Justifying the perpetrator, not resisting, or adapting to the perpetrator's demands may reflect a **fawn** response rather than defending the perpetrator.



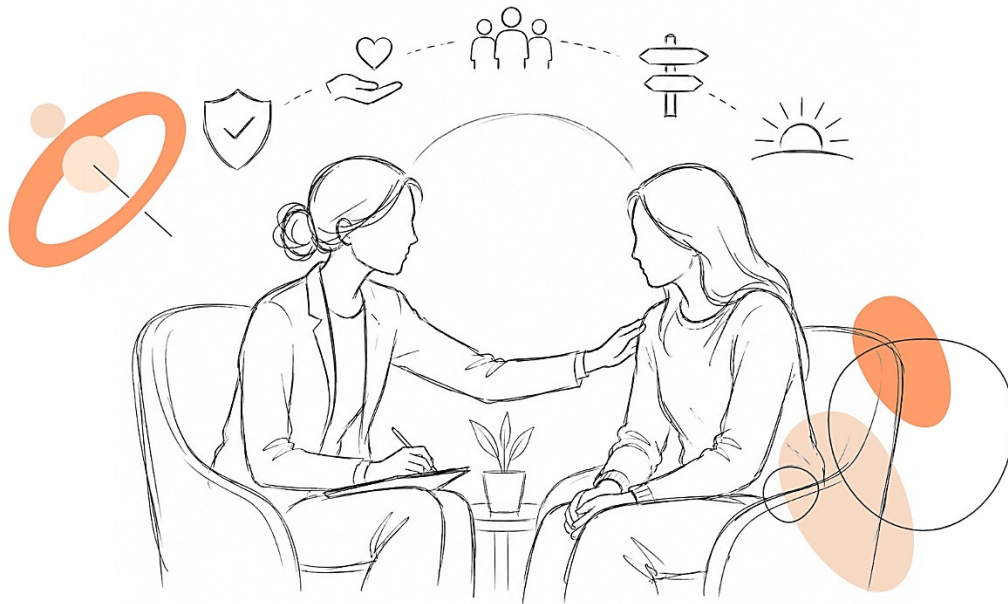
#### What This Knowledge Changes in Professional Practice

- **Resistance** is no longer interpreted as a refusal to cooperate.
- **Silence** is no longer interpreted as "not understanding" or "not responding."
- **Returning to a relationship** with the perpetrator is no longer interpreted as a "free choice."
- **Constant agreement**, submission, or justification of the perpetrator is no longer interpreted as "defending the perpetrator."
- **Denial of one's own needs** is no longer interpreted as passivity.

<sup>36</sup> Porges, S. W. (2011). *The Polyvagal Theory*. Proactive Mindfulness Lecture Transcript. Available at <https://proactivemindfulness.com/zug/transcripts/Porges-2011-11.pdf>;

Herman, J. L. (1992). *Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror*. Available at [https://ia803207.us.archive.org/14/items/radfem-books/Trauma%20and%20Recovery\\_%20The%20Afterm%20-%20Judith%20L.%20Herman.pdf](https://ia803207.us.archive.org/14/items/radfem-books/Trauma%20and%20Recovery_%20The%20Afterm%20-%20Judith%20L.%20Herman.pdf)

## CHAPTER V. TRAUMA-INFORMED INTERVENTION IN WORK WITH DOMESTIC VIOLENCE SURVIVORS



In practice, understanding trauma responses determines the forms of professional interaction and support when working with a woman.

**A trauma-informed approach** is based on understanding the impact of trauma, recognizing trauma responses, and organizing services in a way that avoids retraumatization and ensures a safe and supportive environment.<sup>37</sup> **Trauma research** emphasizes that experiences of violence disrupt the sense of safety, control, and power, while the foundation of recovery lies in the creation of safety and stabilization.<sup>38</sup> From a **neurobiological perspective**, safe interaction reduces the perception of threat within the nervous system and supports regulation and stabilization.<sup>39</sup> Accordingly, **trauma-informed**

**intervention aims to create a professional relationship and service environment that reduces the sense of threat, restores a sense of control and choice, and promotes stabilization.**

**The principles of trauma-informed practice are common** to all services working with women who have experienced violence, including shelters, crisis centres, social services, psychological and legal support services, and community-based support systems.

**Regardless of the type of service, the professional's task is to create a form of interaction that does not reinforce feelings of threat, shame, or helplessness and that supports the restoration of safety, trust, and a sense of control.**

<sup>37</sup> SAMHSA's concept of trauma and guidance for a trauma-informed approach. 2014. Available at [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/samhsa\\_trauma\\_concept\\_paper.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/samhsa_trauma_concept_paper.pdf)

<sup>38</sup> Herman, J. L. (1992). *Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror*. Available at [https://ia803207.us.archive.org/14/items/radfem-books/Trauma%20and%20Recovery\\_%20The%20Afterm%20-%20Judith%20L.%20Herman.pdf](https://ia803207.us.archive.org/14/items/radfem-books/Trauma%20and%20Recovery_%20The%20Afterm%20-%20Judith%20L.%20Herman.pdf)

<sup>39</sup> Porges, S. W. (2011). *The Polyvagal Theory*. Proactive Mindfulness Lecture Transcript. Available at <https://proactivemindfulness.com/zug/transcripts/Porges-2011-11.pdf>

## 5.1. PHASES OF TRAUMA-INFORMED SUPPORT (DANNER MODEL) <sup>40</sup>

Within trauma-informed practice, it is important for the professionals to recognize that a woman's situation during the support process is dynamic. **Crisis, stabilization, decision-making, and subsequent recovery require different approaches at different times.** Accordingly, the professional relationship should be flexible and responsive to the woman's current needs.

In the Danner training manual, the process of working with a woman is described in terms of phases of support. **Although these phases are presented in the context of shelters, they reflect the general professional process of working with women who have experienced violence and may be applied in different types of services, including crisis centres, social services, psychological and legal support, as well as situations of first contact at the community level.**

According to the Danner model, working with a woman who has experienced violence includes five phases:

- **First contact phase**
- **Stabilization phase**
- **Residency phase**
- **Exit phase**
- **Aftercare phase**

### **First Contact Phase**

This is the phase when a woman contacts a shelter or another support service and the initial conversation and consultation take place.

### **Stabilization Phase**

This is the phase when the woman is admitted to the shelter. She is often in a crisis situation, and her most urgent need is stabilization. This

may include rest, treatment of injuries, and the resolution of practical issues.

### **Residency Phase**

This is the phase when the woman lives in the shelter. Depending on time and available opportunities, more in-depth work to support her recovery may take place.

### **Exit Phase**

This is the phase when the woman prepares to leave the shelter and subsequently leaves it. This stage often creates a new crisis, characterized by uncertainty, anxiety, fear, and many practical challenges.

### **Aftercare Phase**

This is the phase when the woman has already left the shelter but maintains contact with the service. Continued support is important for sustaining the recovery process, enabling the woman to continue her life path and pursue her goals.

**In the Danner model, each phase of work with a woman corresponds to different communication goals and types of support.** As the phase changes, the professional's role, the task of the relationship, and the form of professional intervention also change. The manual describes the main types of conversations with women in different phases, reflecting changes in women's conditions and needs during the support process.

The table below presents the main phases of the trauma-informed support process when working with a woman, the woman's condition at each stage, and the corresponding professional communication and support tasks (*adapted from Danner, 2022*).

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<sup>40</sup> Danner. *Empowering Staff to Combat Violence Against Women: Training Manual* (2022), 83. 251.

## Phases of Trauma-Informed Support, Professional Tasks, and Types of Communication

(Table based on the Danner model and adapted for different service settings)

SUPPORT PHASE	WOMAN'S CONDITION	KEY TASK OF THE PROFESSIONAL	TYPES OF COMMUNICATION	EXPLANATION FOR THE GUIDE
FIRST CONTACT PHASE	<ul style="list-style-type: none"> <li>• Difficulty recognizing her experience as violence;</li> <li>• Signs of post-traumatic stress: anxiety, restlessness, difficulty organizing thoughts;</li> <li>• Feelings of shame and self-blame.</li> </ul>	Establishing safe contact and beginning the process of building trust	<ul style="list-style-type: none"> <li>• Initial in-person consultation;</li> <li>• Telephone or online consultation;</li> <li>• Informal supportive conversation.</li> </ul>	The woman is provided with a safe space for initial contact. The professional listens without judgment and begins an initial assessment of needs.
STABILIZATION PHASE	<ul style="list-style-type: none"> <li>• Chaotic and crisis state;</li> <li>• Need to talk about the experienced violence;</li> <li>• Sleep deprivation;</li> <li>• Restlessness, distrust, and fear;</li> <li>• Loss of sense of self-worth.</li> </ul>	Stabilization and strengthening safety	<ul style="list-style-type: none"> <li>• Communication focused on reinforcing safety, calmness, and stability;</li> <li>• Conversations about practical matters such as housing, documents, services, and other urgent needs.</li> </ul>	The focus shifts to safety, rest, and urgent needs. Information is provided briefly and clearly.

<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>INTENSIVE SUPPORT PHASE</b></p>	<ul style="list-style-type: none"> <li>• Better understanding of her past experience;</li> <li>• Reduced stress levels;</li> <li>• Reconnection with her body and sense of self;</li> <li>• Rediscovery of personal resources and strengths</li> </ul>	<p>Supporting the recovery process</p>	<ul style="list-style-type: none"> <li>• Conversations supporting the recovery process;</li> <li>• Meetings with family members and supportive persons;</li> <li>• Discussions about future steps and safety planning;</li> <li>• Group meetings</li> </ul>	<p>More in-depth support becomes possible. The woman's experience is acknowledged, and attention is given to resources and empowerment.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>EXIT PHASE</b></p>	<ul style="list-style-type: none"> <li>• Increased stress;</li> <li>• Self-doubt;</li> <li>• Hope for a better future;</li> <li>• Anxiety about the perpetrator's possible future behavior.</li> </ul>	<p>Supporting the transition process</p>	<ul style="list-style-type: none"> <li>• Conversations supporting planning for a new stage of life;</li> <li>• Discussions about future steps and safety planning</li> </ul>	<p>The woman prepares for change. Safety, available options, and practical steps are discussed.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>AFTERCARE PHASE</b></p>	<ul style="list-style-type: none"> <li>• Vulnerable</li> <li>• Feeling unprotected</li> <li>• Hopeful</li> </ul>	<p>Strengthening and continuing support</p>	<ul style="list-style-type: none"> <li>• Home visits;</li> <li>• Group meetings;</li> <li>• Supportive conversations focused on recovery and empowerment</li> </ul>	<p>Contact is maintained, and support focuses on sustaining independence and stability.</p>

## CHAPTER VI. TRAUMA-INFORMED COMMUNICATION WITH WOMEN AND CHILDREN



In work with women and children who have experienced violence, communication is one of the primary tools of professional support. The experience of trauma affects a person's sense of safety, trust, and relationships. Therefore, the form and language used by a professionals in conversation directly influence the helping process.

The Danner training manual describes the structure of conversations and practical techniques for speaking with women and children who have experienced violence. Based on this approach, this chapter presents the main principles and techniques of trauma-informed communication in work with women and children.<sup>41</sup>

### 6.1. INITIAL COMMUNICATION WITH WOMEN WHO HAVE EXPERIENCED VIOLENCE

#### Four Important Steps for Conducting the Conversation<sup>42</sup>

**1. Ensure a calm and safe environment for the conversation.** Choose a place where you can speak without interruption.

- Tell the woman who you are and how much time you have for the conversation;
- Explain that the conversation is confidential.

**2. Ask about the violence and listen to what she tells you.**

- ? What type of violence has she experienced?
- ? Are she or her children in immediate danger?
- ? What is most important for her right now when seeking help?

For example: *"I want a better life for my children."  
"If I stay, I will lose my freedom."  
"If I stay, I will lose my life."*

Danner. *Empowering Staff to Combat Violence Against Women: Training Manual* (2022), „The First Conversation. Structuring the Conversation - 4 Important Steps“, p.262.

### 3. Provide information about violence and common reactions to violence.

For example:

*"I have spoken with many women who said that at one time they blamed themselves. But violence is never justified, and in my experience, whatever a woman might have done to try to prevent it, it would still have happened."*



#### General Recommendations for Conversations with Women Who Have Experienced Violence

- **Show that you care.** Ensure a calm, comfortable, and safe environment (comfortable seating, tea or water, soft lighting, etc.).
- **Speak in a private setting and ask direct questions.** Do not wait for "permission" to ask about violence. Ask clearly and sensitively.
- **Be patient.** Give time and do not rush the conversation. Allow pauses and moments of silence. Repeat her words to show that you are listening and to support the continuation of the conversation.
- **Ask how she has been coping.** Ask what has helped her endure the situation and acknowledge that she has managed to survive and search for solutions even under difficult circumstances.
- **Express empathy.** Show concern for her situation and clearly state that what she experienced is violence.
- **Accept conflicting feelings.** Feeling both love and hatred toward a partner at the same time is completely natural.
- **Focus on the behavior, not the person.** For example, say: "Violence is never acceptable" or "The person who commits violence is responsible for it." Do not say: "He sounds like a terrible man" or "Your partner must be a bad person to do this to you."
- **Emphasize that many women experience violence and that help is available.**
- **Avoid judgment.** Do not judge the woman or her actions. Accept her as she is.
- **Always ask about children if she has them.**
- **Explain your professional experience regarding mothers.** Tell her that, in your experience, mothers always try to protect their children, but children almost always see or become aware of the violence. Seeking help shows that she is a responsible mother.
- **Provide information about the impact of violence on children when appropriate.**
- **If the woman refuses your help:** understand that the conversation may still have made her think. End the meeting respectfully and tell her that she can return or contact you again at any time.

## ACTIVE LISTENING

**Active listening** is a listening approach aimed at understanding the speaker's main message and the meaning that is important to them, so that the response is thoughtful and sensitive rather than limited to automatic comments or questions.

This technique helps calm the speaker's nervous system and strengthens their sense of safety.

### Instructions for the Interviewer

Pay attention to your verbal and non-verbal communication and use it to show support and attentiveness to the speaker.

Temporarily set aside your own interpretations. Focus on the key words used by the speaker and rely on them during the listening process.

### Purpose of Active Listening and Practical Guidance

Purpose	Practical Guidance
Maintaining attention on the speaker	Focus on the words used by the speaker and clarify what they mean: <i>"What does this mean for you?"</i> , <i>"What do you mean when you say...?"</i>
Follow the speaker's narrative as it is told, without seeking conclusions or solutions	Ask open and clarifying questions: <i>"Could you tell me more about...?"</i> , <i>"What do you mean when you say...?"</i> , <i>"How is this different from...?"</i>
Show that you are listening	Use eye contact, body language, pauses, and signs of acknowledgment (nodding, short verbal responses, repeating key points).
Maintain interest and curiosity	Listen to the experience as the speaker perceives and explains it.
Paying attention to the important words used by the speaker, without adding your own interpretations.	Pay attention to the key words used by the speaker, note them down and repeat them. Use these words when asking questions and clarify what they mean to the speaker.

## EXTERNALIZATION

**Externalization refers** to separating the person from the problem. This helps make the problem clearer and makes it easier to address. The method is particularly useful when discussing anxiety, violence, depression, and similar experiences. Its purpose is to understand both the problem itself and its impact, as well as to explore the meaning the person assigns to it and why: why the person experiences the problem the way they do, and how it affects their life.

### Questions Helpful for Externalization

- ? When did this become a problem or difficulty for you?
- ? When does it tend to appear?
- ? How does this problem manifest itself?
- ? How does this problem affect you?
- ? How strongly do you feel it, for example on a scale from 1 to 10?
- ? In what situations does this problem usually arise?
- ? What name could we give to this problem?

*(Finding a name for the problem may take time, as people rarely think about alternative names or descriptions beyond commonly used terms such as diagnoses. Children often find this easier and faster than adults.)*

- ? Could you draw it?
- ? How does it affect your life?
- ? To what extent is the influence of this problem acceptable in your life?
- ? Why is it acceptable or unacceptable?
- ? Does it affect your environment, such as your family, work, social relationships, or other areas?
- ? Which hopes or dreams does this problem prevent you from achieving?
- ? What is important to you? What are your values?
- ? Is there any step you could take now or later?

Externalization is equally important when speaking with both women and children.

## 6.2. TECHNIQUES FOR TALKING WITH CHILDREN<sup>43</sup>

Talking with children who have experienced domestic violence or witnessed it requires particular care and a sensitive approach. Such conversations should be based on strengthening the child's sense of safety, acknowledging their experience, and supporting emotional expression.

The techniques presented below are based on the Danner training manual and on a narrative, trauma-informed approach. Their aim is to

support the child in sharing their experience, facilitate understanding of their feelings, and strengthen their self-esteem.

### 6.2.1. WORKING WITH THE MOTHER AND THE CHILD

For a mother, becoming aware of how violence affects her child is often a painful process. However, practice shows that this is one of the most effective ways both to change forms of

<sup>43</sup> Danner (2022), *Empowering Staff to Combat Violence Against Women: Training Manual*, pp. 270-273

maternal care and to influence the direction of her life. A better understanding of the child's situation often helps the mother see a way out of violence and take necessary steps.

**When working jointly with the mother and the child, it is important to:**

- Facilitate communication between the mother and the child so that the silence surrounding domestic violence can be overcome and the mother and child can talk about their experience together;
- Focus attention on the child's developmental process, which may be affected both by the impact of violence and sometimes by the mother's overly protective behavior;
- Strengthen the mother's existing caring capacities and positive caregiving skills.

**In conversations, priority should be given to the child's perspective, while it is also important that the mother remains involved in the process.** The professional conducts the conversation in such a way that roles remain clear: the conversation mainly takes place between the professional and the child, while the mother joins at appropriate moments.

**In Danner's practice, the mother and the child have different contact professionals.** Although their joint work is important, it is necessary to recognize the child as an independent individual and to provide a space where the child can express themselves without fear of affecting the mother's feelings. This also helps the child understand that they are not responsible for taking care of their mother and that this responsibility lies with another adult.

### 6.2.2. TALKING WITH CHILDREN

For children who have experienced domestic violence, talking about violent experiences is an important form of support. However, children differ significantly from one another, therefore there is no single universal format for such conversations.

**When selecting the type of conversation, it is important to consider:**

- The child's age;
- The child's behavioural characteristics (for example: aggressive, quiet, suspicious, communicative, anxious, etc.);
- The stage of stay in the shelter;
- The form and severity of the violence;
- The future perspective (*for example, whether the child will return home, remain in the shelter, or move to another place of residence*);
- Other environmental conditions (*for example, living conditions, family situation, school environment, or the presence of supportive adults*).

The use of different methods of conversation with the child aims to:

- Help the child express their feelings and experiences;
- Help the child understand their feelings;
- Facilitate the process of talking about difficult experiences;
- Strengthen the child's self-esteem

The techniques described below are used in Danner's practice and are partly based on the narrative therapy approach, which views human experience in the context of stories.

### 6.2.3. CREATING TRUST AND A SAFE ENVIRONMENT

At this stage, the conversation does not address the topic of violence. The professional begins the conversation with the child's interests or everyday topics (for example, the weather) in order to create a calm and safe environment and to establish trust, which later makes it easier to talk about violence.

This may also include a simple and clear explanation for the child about the environment and service in which they are staying.

If the child is in a new environment and does not want to talk, a direct and reassuring formulation may be helpful: *“I know you may not want to talk right now, and that is completely normal. You can just listen if you prefer.”*

Later, this technique may also be used at the beginning of meetings with short, ordinary phrases that calm the environment, such as: *“It is very hot today. Before we start, would you like some water?”*

#### 6.2.4. GENERALIZATION

Children who have experienced violence often feel alone and isolated. To ease this feeling, examples from other children’s experiences may be used:

*“Once there was a girl here, almost your age. She told me that her father sometimes became very angry and hurt her mother. She thought it was her fault because she did not always clean her room. Many children have said the same thing, but I know that it is never the child’s fault.”*

#### 6.2.5. BREAKING THE SILENCE

Talking about violence is necessary for the child to understand what has happened. Violence is often accompanied by feelings of shame and guilt. Many women and children had never openly spoken about the violence before coming to the shelter.

Children try to understand and explain what has happened to them. If they do not receive support in this process, they often conclude that what happened is their fault.

Therefore, **the form and timing of conversations about violence should always be agreed with the mother.** The mother is the most important figure for the child, and her trust and involvement are necessary to support the child.

#### 6.2.6. INTRODUCING A “THIRD”, SUPPORTIVE ELEMENT IN THE CONVERSATION

Introducing a third object into the conversation with a child can serve both as a way of resting and as a means of communication. When speaking about difficult topics, children often need temporary shifts of attention.

For this purpose, the following may be used:

- Toys
- Pencils and paper
- Modelling clay
- Lego

Playing or drawing together helps the child express things that are difficult to say in words.

#### 6.2.7. LISTENING WITH TWO EARS (NARRATIVE APPROACH)

The narrative approach is based on the understanding that human life consists of stories.

The professional listens simultaneously on two levels:

- The story of violence and trauma;
- The alternative story of the child’s strengths, abilities, hopes, and values.

This form of listening helps the child see their own capacities rather than only their traumatic experience.

#### 6.2.8. EXTERNALIZATION<sup>44</sup> (NARRATIVE APPROACH)

This approach helps the child perceive fear, violence, or other difficulties not as part of themselves, but as something that affects their life.

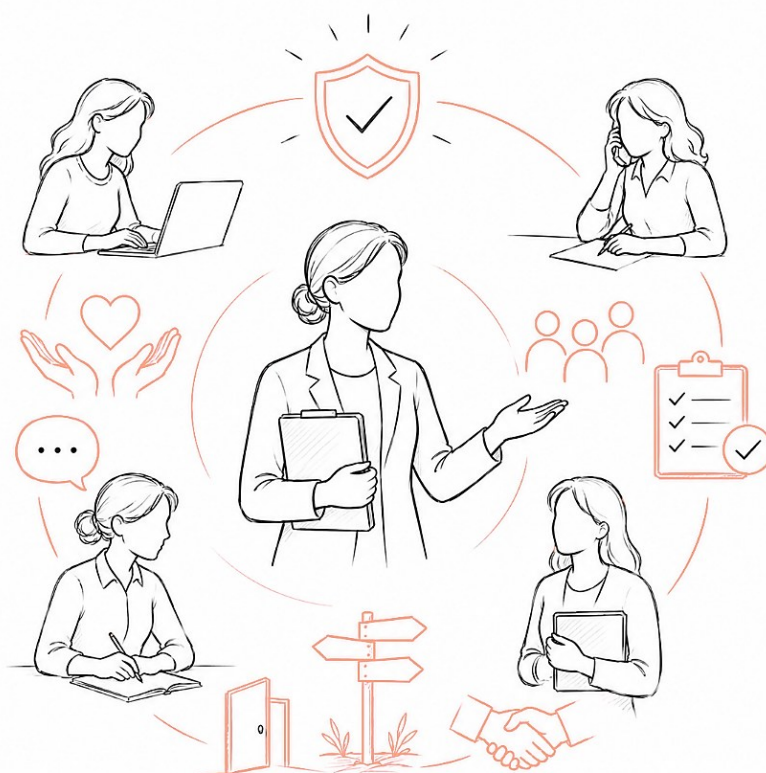
For example: *“I am always afraid”* becomes *“Fear controls my life.”*

This formulation helps the child understand that fear is not part of who they are, but something that affects their life and can be addressed.

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<sup>44</sup> Externalization means separating the problem from the person.

## CHAPTER VII. TRAUMA-INFORMED PRACTICAL RECOMMENDATIONS FOR SERVICE PROVIDERS



Working with women who have experienced violence requires coordinated and sensitive engagement from representatives of different professions. Lawyers, psychologists, social sector professionals, paraprofessionals, and community leaders are often the first points of contact who listen to women, provide information, and connect them with relevant services.

In this process, it is important that all professional actions are based on a trauma-

informed and woman-centered approach that recognizes the impact of the experience of violence on a woman's emotional state, decisions, and behavior.

The recommendations in this chapter are based on internationally recognized principles of trauma-informed care and survivor-centered approaches, as well as on the Psychological First Aid model and the practical frameworks presented in the Danner training manual.<sup>45</sup>

<sup>45</sup> World Health Organization. (2013). *Responding to intimate partner violence and sexual violence against women: Clinical and Policy Guidelines*. Available at <https://iris.who.int/server/api/core/bitstreams/7685869e-cd94-4a24-aaaa-4245f89482b7/content>;

World Health Organization. (2014). *Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence: A Clinical Handbook*. Available at <https://iris.who.int/server/api/core/bitstreams/3e906b26-c609-4a2f-9cf6-c1c42f186809/content>;

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SAMHSA. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Available at [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/samhsa\\_trauma\\_concept\\_paper.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/samhsa_trauma_concept_paper.pdf);

World Health Organization, War Trauma Foundation & World Vision (2011). *Psychological first aid: Guide for Field Workers*. 2011, available at <https://iris.who.int/server/api/core/bitstreams/e7e129fb-b306-496d-84a5-67bb70abc130/content>;

Danner (2022), *Empowering Staff to Combat Violence Against Women: Training Manual*. Available at <https://danner.dk/wp-content/uploads/2024/07/Danner-training-manual.pdf>;

## 7.1. PRACTICAL RECOMMENDATIONS FOR TRAUMA-INFORMED COMMUNICATION FOR STAFF OF SHELTER, REHABILITATION SERVICES OR CRISIS CENTER

When a woman stays in a shelter, crisis center, or rehabilitation service, she is often in a situation where she is seeking safety and experiencing stress and uncertainty. At this stage, daily interactions with service staff have a significant impact on the woman’s sense of safety, trust, and her overall experience of using the service.

Below are short and practical recommendations for trauma-informed communication that relate to the first contact with the woman, the period of her stay, and daily interaction within the service.



COMMUNICATION FOCUS	WHAT TO DO	WHAT TO AVOID
<b>Ensuring safety</b>	Create a sense of a calm and safe environment; tell her that she is safe here.	A loud, tense, or frightened tone of voice
<b>Maintaining confidentiality</b>	Explain that her information is protected and who may have access to it. For example: <i>“Without your permission, your story will not be shared with anyone.”</i>	Discussing her story with others or in open/public spaces
<b>Predictability and transparency</b>	Explain in advance what steps will follow and what will happen during the service process. For example: <i>“Today we will learn about your needs, and then together we will determine what support you may need.”</i>	Unexpected changes or decisions
<b>Respect for choice</b>	Offer choices regarding services and forms of contact. For example: <i>“Would you like to meet with a psychologist? Now or later?”</i>	Imposing decisions
<b>Respect for the woman’s readiness</b>	Respect her pace; give her time for conversation and decision-making. For example: <i>“If you do not want to talk about this now, we can return to it later.”</i>	Insistent questioning or rushing

<b>Non-judgmental and non-blaming attitude</b>	<p>Communicate in a way that does not make the woman feel blamed or judged. Emphasize that responsibility for the violence lies with the perpetrator. For example: <i>“The responsibility for violence always lies with the perpetrator.”</i></p>	<p>Questions that may be perceived as blaming the woman or shifting responsibility onto her (For example: <i>“Why didn’t you leave?”</i>; <i>“Why did you stay with him?”</i>; <i>“Why didn’t you ask anyone for help?”</i>).</p>
<b>Active listening</b>	<p>Listen without interruption and demonstrate through your behaviour that you are listening. For example: eye contact, nodding in agreement, briefly repeating the speaker’s words (<i>“So this was very difficult for you.”</i>).</p>	<p>Interrupting the conversation or engaging in parallel activities</p>
<b>Acknowledging the experience</b>	<p>Show that her feelings are understandable and natural given her experience. For example: <i>“It is understandable why this was so difficult for you.”</i> / <i>“Many people feel this way in such situations.”</i></p>	<p>Dismissing or denying feelings. For example: <i>“Forget it,”</i> <i>“You shouldn’t feel this way.”</i></p>
<b>Providing information clearly</b>	<p>Provide information in a simple and gradual way. For example: <i>“Here you can stay temporarily and receive support.”</i></p>	<p>Overloading with professional or technical terminology</p>
<b>Respecting personal boundaries</b>	<p>Ask whether she would like to talk or have contact; respect her personal space. For example: <i>“Would you like to talk now, or would you prefer later?”</i></p>	<p>Starting conversations about the woman’s experiences of violence or her personal relationships without considering her readiness, or asking persistent and pressuring questions.</p>

## 7.2. PRACTICAL RECOMMENDATIONS FOR PSYCHOLOGISTS WORKING WITH WOMEN WHO HAVE EXPERIENCED DOMESTIC VIOLENCE

The psychologist’s task is to create a safe space for the woman, support stabilization, normalize reactions caused by the experience of violence, strengthen personal resources, and, when

necessary, plan the gradual processing of trauma in a way that does not deepen the woman’s fear, shame, or re traumatization.<sup>46</sup>

FOCUS	WHAT TO DO	WHAT TO DO
<b>Initial agreement and therapeutic framework</b>	At the beginning of the session, briefly explain the purpose of the meeting, confidentiality, and the format of the work; confirm the woman’s consent.	An unclear therapeutic framework or abruptly shifting the conversation to unrelated topics.
<b>Safety assessment</b>	Carefully assess any current danger, risk of control or violence, and the woman’s safety situation. If necessary, discuss safety steps.	Focusing the entire session on the trauma history without assessing current risk
<b>Supporting the woman’s autonomy</b>	Continuously emphasize that the woman decides the depth and topics of the conversation. For example: <i>“You can decide what we will talk about.”</i>	A directive tone or making decisions on behalf of the woman
<b>Reducing blame and shame</b>	Clearly return responsibility to the perpetrator. For example: <i>“What happened to you is not your fault. Responsibility for the violence lies with the person who committed it.”</i>	Questions that shift blame and responsibility to the woman ( <i>“Why didn’t you leave earlier”;</i> <i>“Why did you stay?”</i> or <i>“Why didn’t you ask for help?”</i> ).
<b>Stabilization and emotional regulation</b>	When necessary, use calming techniques (breathing regulation, grounding attention in the surroundings); at the end of the session help the woman return to a “here-and-now” state.	Opening a heavy topic on violence or traumatic experiences at the end of the session without emotional stabilization

<sup>46</sup> Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence-from domestic abuse to political terror*; World Health Organization, War Trauma Foundation & World Vision International. (2011). *Psychological first aid: Guide for Field Workers*. Geneva: WHO.

<b>Pacing conversations about traumatic experiences</b>	Move to a detailed discussion of trauma only when the woman is ready and emotionally stable.	Premature or persistent questioning about details of the violence
<b>Working with the trauma narrative</b>	Carefully observe signs of emotional overload; if necessary, pause the description. For example: <i>“We can pause here if this is becoming too difficult.”</i>	Requesting detailed descriptions when the woman is emotionally overwhelmed
<b>Normalizing reactions</b>	Explain that fear, tension, insomnia, and heightened vigilance are natural reactions to trauma.	Interpreting normal trauma reactions as pathology or assigning diagnostic labels prematurely.
<b>Working carefully with the topic of motherhood</b>	When discussing children, maintain a supportive and non-judgmental tone; speak carefully and sensitively about the child’s situation and needs so that the woman does not feel blamed or judged. Focus on possibilities for supporting both the mother and the child.	Blaming the mother or using formulations that imply judgment or responsibility
<b>Confidentiality and documentation</b>	Record only necessary information in notes; explain the limits of confidentiality.	Recording unnecessary details or sharing the woman’s information without her consent.
<b>Coordination with services</b>	With the woman’s consent, refer her to other services when necessary (legal, social services, shelter/crisis center etc.).	Limiting support to psychological assistance when the woman also needs other types of services or support.
<b>Professional boundaries</b>	Maintain clear professional boundaries. Use supervision to discuss challenging situations and support your professional decision-making, and practice self-care to prevent burnout.	Excessive emotional involvement, taking personal responsibility for “rescuing” the woman, or crossing professional boundaries.

### 7.3. PRACTICAL TRAUMA-INFORMED COMMUNICATION RECOMMENDATIONS IN THE PROCESS OF LEGAL CONSULTATION

Seeking legal consultation is often a difficult step for a woman who has experienced violence. She may not have complete information about her rights and legal options and may fear the process, its possible outcomes, or potential risks to her safety. In such situations, the lawyer’s task is to provide legal information clearly and without pressure, in a way that allows the woman to understand her situation and make decisions according to her own wishes and interests.

Trauma-informed legal practice takes into account the possible impact of trauma on memory, concentration, decision-making, and emotional stability. The consultation process should therefore be organized in a way that minimizes the risk of additional stress and retraumatization.

Trauma-informed communication by lawyers is based on the principles of **woman-centered justice** and on international standards of trauma-informed professional practice.<sup>47</sup>

#### Trauma-sensitive recommendations according to the stages of the legal process

STAGE OF THE LEGAL PROCESS	HOW TO ACT (TRAUMA-INFORMED APPROACH)	WHAT TO AVOID
<b>Initiating contact</b>	Introduce yourself calmly, explain your role and the purpose of the meeting; clarify in advance what topics will be discussed.	A sharp, interrogative tone or immediately shifting the conversation to difficult details.
<b>Explaining confidentiality</b>	Clearly explain what information is confidential and in which situations it may need to be shared.	Vague or inaccurate promises about confidentiality.
<b>Listening to the account</b>	Allow the woman to describe what happened in her own words; ask only the questions necessary for legal assessment.	Persistent questioning about details, a harsh tone when verifying information, or expressing doubt during the conversation.

<sup>47</sup> World Health Organization. *Responding to intimate partner violence and sexual violence against women: Clinical and policy guidelines*. 2013.  
 UN Women et al. *Essential Services Package for Women and Girls Subject to Violence: Module 3 - Justice and Policing*. 2015.  
[https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2015/Essential-Services-Package-Module-3-en.pdf?utm\\_source=chatgpt.com](https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2015/Essential-Services-Package-Module-3-en.pdf?utm_source=chatgpt.com)  
 SAMHSA. *Concept of Trauma and Guidance for a Trauma-Informed Approach*. 2014.

<b>Considering trauma reactions</b>	Recognize that fragmented memory, emotional shutdown, or confusion may be effects of trauma.	Interpreting memory gaps as inconsistency or unreliability.
<b>Providing legal information</b>	Provide information step by step and in clear language; check whether the information has been understood correctly.	Providing a large amount of information all at once.
<b>Discussing legal options</b>	Present the possible legal options and explain the potential consequences of each.	Presenting one legal option as the only solution.
<b>Supporting decision-making</b>	Emphasize that the choice belongs to her and allow time for her to make a decision.	Rushing or pressuring the woman to make a quick decision.
<b>Evidence and documentation</b>	Explain what documents or evidence may be needed and why.	Requesting evidence without explanation.
<b>Considering safety</b>	When discussing legal steps, consider possible safety implications and risks.	Ignoring potential safety risks.
<b>Closing the meeting</b>	Summarize the agreed steps and check whether she has any additional questions.	Ending the meeting abruptly.

#### 7.4. TRAUMA-INFORMED PRACTICAL RECOMMENDATIONS FOR COMMUNITY-BASED SERVICE REPRESENTATIVES (PARAPROFESSIONALS AND COMMUNITY LEADERS)

Paraprofessionals in social work and community leaders often represent the first, and frequently the closest, point of contact for women who have experienced violence. Their role is to establish a safe and supportive relationship, recognize possible signs of violence, understand the woman’s needs, and connect her with appropriate services.<sup>48</sup>

A trauma-informed approach in this role involves maintaining a sensitive attitude toward the woman’s experiences, engaging in non-judgmental communication, prioritizing safety, and clearly maintaining professional boundaries.

<sup>48</sup> Women Fund Sukhumi. (2025). *Paraprofessional Social Work Guide for Community Leaders: Supporting Women at Risk of or Experiencing Domestic Violence*. Available in Georgian at: <https://fsokhumi.ge/images/2025/4/1/paraspecialitsis-socialurimushaoba-gzamkvlevi.pdf>

ASPECT OF WORK	HOW TO ACT	WHAT TO AVOID
<b>Starting the conversation</b>	Begin with a neutral, everyday topic. Ask whether she feels comfortable talking at the moment and create a calm environment.	Starting the conversation with questions about experiences of violence or very personal matters before a safe and trusting environment has been established.
<b>Recognizing possible signs of violence</b>	Create space for the woman to decide how much she wants to share. Use open and careful wording, such as: “Is there anything that makes you feel unsafe?” / “Sometimes people in difficult situations need support. If you ever feel at risk, you can talk to me.”	Questioning the details of violence at the beginning of the conversation or using a tone that suggests doubt or judgment.
<b>Emotional reactions</b>	Accept crying, silence, or confusion calmly.	Attempting to stop or suppress the woman’s emotional reactions (e.g., “Calm down” or “Don’t cry”).
<b>Protection of personal information / confidentiality</b>	At the beginning of the meeting, explain the rules and limits of confidentiality. For example: “Our conversation is confidential and will not be shared with others without your consent.”	Discussing the woman’s personal information with colleagues or members of the community when it is not necessary for the work.
<b>Providing information</b>	Briefly explain what services are available and ask whether she would like assistance.	Imposing decisions on the woman or making choices on her behalf.
<b>Respecting the woman’s readiness</b>	If she does not want to talk, respect her decision.	Persistent or pressuring questions that may make the woman feel uncomfortable or unsafe.
<b>Referral</b>	Make referrals only with her consent and explain what the next steps will be.	Sharing information about the woman without her prior knowledge and consent.
<b>Professional boundaries</b>	Clearly explain your role and the limits of your professional responsibilities.	Making psychological or legal assessments independently when this falls outside your role and professional competence.

**CHAPTER VIII.**  
**SUPPORTING PROFESSIONALS' WELL-BEING:**  
**SELF-CARE AND PREVENTION OF EMOTIONAL OVERLOAD**



Working with women and children who have experienced violence involves intensive emotional engagement and prolonged psycho-emotional strain. **Professionals who regularly encounter traumatic experiences, emotionally difficult stories, and high-risk cases are at risk of developing compassion fatigue, vicarious trauma, and professional burnout.**<sup>49</sup>

A trauma-informed working environment involves not only ensuring the physical and psychological safety of women who have experienced violence, but also the systematic protection of the emotional safety of the professionals who work with them. Research and practical experience show that the emotional resilience of service providers

involved in the helping process is directly related to the quality of services and professional effectiveness.

Self-care is not an individual choice, a matter of personal comfort, or a sign of weakness. It is an integral part of professional responsibility. Preventing emotional overload is necessary not only at the individual level but also at the organizational level, in order to prevent a decline in professional functioning and a reduction in service quality.

This chapter discusses the main risks associated with working in stressful and emotionally demanding professional environments and the strategies for preventing them at both the individual and institutional levels.

## 8.1. PSYCHO-EMOTIONAL RISKS ASSOCIATED WITH PROFESSIONAL WORK

Working with women who have experienced violence often requires a high level of emotional engagement. Professionals regularly encounter difficult stories, traumatic experiences, and severe life situations. Empathic engagement is often necessary in the process of providing professional support; however, prolonged emotional exposure may affect the professional's emotional state and lead to different types of psycho-emotional reactions.

As described in the Danner training manual and other trauma-informed practice resources several conditions that are frequently observed among professionals involved in helping processes.

These include:<sup>50</sup>

- ⇒ **Compassion fatigue**
- ⇒ **Vicarious trauma**
- ⇒ **Countertransference**
- ⇒ **Stress and burnout**

These conditions are related but do not represent the same process. Distinguishing between them is important, as each has different characteristics and different approaches to prevention.

This subchapter briefly reviews each psychological process that may arise when working with women who have experienced severe life situations. In order to help, professionals recognize these processes in their own professional practice.

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<sup>49</sup> Danner. (2022), *Empowering Staff to Combat Violence Against Women: Training Manual* "How to Take Care of Yourself", pp. 306-367.; SAMHSA. (2014); *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. U.S. Department of Health and Human Services. Available at [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/samhsa\\_trauma\\_concept\\_paper.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/samhsa_trauma_concept_paper.pdf)

<sup>50</sup> Danner (2022), *Empowering Staff to Combat Violence Against Women: Training Manual*, "How to Take Care of Yourself," pp. 314-315.

### 8.1.1. COMPASSION FATIGUE - WHEN EMPATHY BECOMES A BURDEN

**Compassion fatigue** is a general term describing a condition in which constant empathic engagement with other people's pain and difficult experiences gradually reduces a professional's emotional resources. In this process, what initially serves as a source of professional strength, compassion and empathy, may over time become an emotional burden. This condition often develops gradually and may affect both emotional well-being and professional functioning.

#### **Compassion fatigue may manifest as:**

- Constant sense of emotional exhaustion
- Reduced empathy or emotional engagement
- Irritability or reduced patience
- Decreased professional motivation
- Feeling that emotional resources are being depleted

### 8.1.2. VICARIOUS TRAUMATIZATION

**Vicarious traumatization** is one form of compassion fatigue and is associated with the impact that may arise from repeatedly listening to another person's traumatic experiences. Although the professional has not personally experienced the traumatic event, their nervous system may still respond to these stories, and over time their emotional responses and perception of the world may change.

This process is sometimes described as the "transfer of trauma," when the emotional impact of traumatic experiences partially affects the person who listens to them.



**Note:** When describing trauma-related processes, it is important to distinguish between several related terms. **In practice, vicarious traumatization is sometimes mistakenly referred to as secondary trauma;** however, these two concepts are different. To better understand vicarious trauma, it is useful to briefly distinguish several forms of traumatization.

**Primary traumatization** refers to the direct impact of a traumatic event on the person who personally experienced it. This category includes individuals who directly experienced violence, a severe incident, or another traumatic experience.

**Secondary traumatization** may affect people who witnessed a traumatic event or who are in a close relationship with the affected person and experience the impact of that trauma (for example, a family member, friend, or someone who witnessed the event). In such cases, the person is not the direct victim of the traumatic event but may still experience the effects of trauma due to proximity and emotional connection with the affected individual.

**Vicarious traumatization** differs from the forms described above in that it is connected with professional activity. In this case, the impact of trauma arises not from direct proximity to the traumatic event or from personal relationships, but from the process in which a professional regularly listens to traumatic stories and becomes empathically engaged in another person's experience. Over time, such emotional engagement may affect the professional's emotional state, sense of safety, and perception of the world.

### **Vicarious traumatization may manifest as:**

- Intrusive and repeated recollections of traumatic stories
- Reduced sense of safety
- Changes in perception of the world or other people (for example, perceiving the environment as more dangerous or experiencing reduced trust in others)
- Strong emotional reactions when hearing about severe cases
- Increased sensitivity to trauma-related topics

### **8.1.3. COUNTERTRANSFERENCE**

**Countertransference describes** a process in which a professional's emotional reactions within a professional relationship are partly connected to their own personal experiences, past events, or unresolved emotions. The helping relationship always involves two individuals, each with their own life experiences and personal histories. For this reason, the professional's reactions may sometimes reflect not only the current professional situation but also aspects of their own personal experience.

This may occur when a professional experiences particularly strong emotional reactions to a specific case, or when another person's story becomes associated with the professional's own life experiences. In such situations, it is important for professionals to recognize and reflect on their own reactions so that the professional relationship remains safe and supportive.

### **Countertransference may manifest as:**

- Strong emotional reactions to particular cases
- Associating another person's story with one's own personal experience
- Desire to "rescue" the person at any cost
- Irritation or attempts to emotionally distance oneself from specific cases
- Blurring personal and professional boundaries within the professional relationship

### **8.1.4. STRESS AND BURNOUT**

**Stress and professional burnout** are associated with prolonged workload and inadequate working conditions. In such cases, a person may experience constant fatigue, loss of motivation, and sometimes deterioration in health. Burnout is considered the most severe form of this process.

**The Danner training manual emphasizes that preventing stress and burnout is not solely the responsibility of the individual. The working environment and organizational conditions play a significant role in the professional well-being of professionals.**

### **Professional burnout often manifests as:**

- Persistent physical and emotional exhaustion
- Feelings of detachment, skepticism, or loss of interest in work
- Decreased motivation
- Reduced professional effectiveness
- Feeling that the work has lost its meaning

## 8.2. PREVENTION OF PROFESSIONAL EMOTIONAL OVERLOAD AND PRACTICAL SELF-CARE TOOLS<sup>51</sup>

This subchapter brings together practical approaches described in the Danner training manual that aim to reduce stress, restore emotional resources, and regulate the nervous system. The recommendations are presented at two levels:

1. Individual practices
2. Organizational support within the work environment

### 8.2.1. INDIVIDUAL SELF-CARE STRATEGIES

#### *Observing Bodily Signals and Recognizing Levels of Tension*

Danner emphasizes that self-care begins with the professional noticing their own reactions to difficult cases in a timely manner. Recognizing bodily signals helps a person take simple regulatory steps before exhaustion accumulates.

#### How to act

- Pay attention to early signs of stress, such as bodily tension, rapid breathing, heaviness in the chest, headaches, or irritability.
- Ask yourself: *What is happening in my body right now, and what do I need at this moment: water, movement, a short pause, or breathing regulation?*
- Use a brief reset: when you notice tension, take a short pause, stand up for 1-2 minutes, slowly lower your shoulders and relax your neck muscles, stretch your arms, and take several calm, deep breaths.

#### *Mindfulness Practice - A Simple Way to Calm the Nervous System*

**Mindfulness practice** involves consciously directing attention to the present moment, bodily sensations, breathing, or the surrounding environment, without judgment or self-criticism. In the Danner training manual, this practice is presented as one of the effective ways to reduce stress reactions and restore emotional balance.

When professionals work for a long time with trauma and difficult stories, their attention is often fully drawn to problems, danger, or difficult experiences. Mindfulness practice helps a person temporarily shift attention to sensations in their own body and to the present moment, which supports calming the nervous system.

The purpose of mindfulness practice is not to make thoughts or emotions disappear. Its purpose is to notice and accept them in a way that does not pull the person into an excessive emotional reaction. This kind of practice helps improve awareness of one's own condition and manage reactions more calmly.

#### Short practice

- For a few minutes, direct your attention to your breathing and observe the rhythm of inhalation and exhalation;
- If you notice that your thoughts are moving in another direction, gently return your attention to your breathing;
- Pay attention to bodily sensations, for example how your feet touch the floor,

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<sup>51</sup> Danner (2022), *Empowering Staff to Combat Violence Against Women: Training Manual*, "How to Take Care of Yourself," pp. 306-367

how your body rests against the chair, and how your chest moves as you breathe.

Such a short practice can be done during the workday, for example between meetings or after discussing a difficult case, and helps the professional regulate their emotional state relatively quickly.

### **Nature as a Self-Care Resource**

Nature is a powerful resource both for professionals and for women who have experienced violence. Most people intuitively feel calm in nature. Nature often evokes positive associations and is connected with early experiences and memories. Its calming effect is largely based on the sensory experiences and associations that arise through interaction with nature.

At the same time, the effect of interaction with nature is individual and may affect different people in different ways depending on their experiences and life history.

#### *Using Nature to Regulate the Nervous System*

The Danner training manual describes several practical ways in which natural environments can be used to reduce stress and regulate the nervous system.

### **Activation of soft fascination**

Research shows that people process information through two types of attention: directed attention and soft fascination.

In urban environments, we often use directed attention, which requires constant rapid reactions and the processing of many stimuli. This kind of attention consumes energy and is easily exhausted.

In natural environments, soft fascination is often activated. In this state, a person calmly observes the surroundings, and their attention

naturally focuses on different details in the environment. For example, a person may observe a lake, the movement of water, or the swaying of leaves for a period of time. In this state, the mind is relaxed and perceiving the environment requires less energy, which supports recovery of the nervous system.

### **Sensory experiences in nature**

When spending time in nature, it is useful to consciously activate different sensory experiences. Directing attention to environmental sounds, smells, and bodily sensations helps calm the nervous system and reduce tension.

For example:

- Listen to the sound of birds or the movement of wind in the trees.
- Feel the warmth of the sun or the coolness of the air on your body.
- Notice the smell of nature, such as flowers, grass, or trees.
- Observe small details in the environment.

In some cases, closing one's eyes may also help a person perceive sensory experiences more clearly.

Such sensory experiences may activate early memories and associations, which in some cases creates an additional calming effect.

### **Small doses of nature in everyday life**

If possible, it is useful to integrate short periods of contact with nature into the workday.

For example:

- Short walk during a break
- Being outside during lunch
- Spending a few minutes in nature, for example in a park or by a river or lake

Activities that do not require significant mental effort are also useful, such as gardening or watering plants. Such activities help shift attention away from constant thoughts toward bodily movement and the environment.

### A sense of broader meaning

Being in nature sometimes creates a sense of broader meaning. The order and repetitive processes found in nature may help a person view the difficulties of their life in a broader perspective.

Such an experience sometimes reduces the overload caused by daily challenges and helps a person feel that they are part of a larger world.

For example, cyclical processes are easily visible in nature: the change of seasons, the sowing of a seed and its slow growth, the appearance of a new shoot. Such processes show that change often happens slowly and gradually.

For some people, being in nature creates the feeling that they are part of a larger world. This perspective sometimes reduces the overload caused by daily challenges and helps a person look at their own difficulties more calmly and more simply.

### Nature metaphors

Nature often offers metaphors that may help describe and understand difficult experiences.

For example:

- The cyclical change of seasons
- Sowing a seed and watching it grow
- Strengthening roots
- the appearance of a new shoot
- Planning ahead for a “good harvest”
- Standing firmly like a tree
- Swaying in a storm but not breaking

Such metaphors may help a person look at their experience differently and see that growth and recovery are possible even in the process of difficulty and change, and that change often happens gradually - everything takes time.

### Using nature as a space for different activities

Nature is an easily accessible and free resource that creates a calm environment for rest and reflection. Nature can also be used as a space for various professional or educational activities.

When possible, it is beneficial to use natural settings as a space for a variety of activities, including:

- meditation or mindfulness practice;
- work in pairs or small groups;
- quiet individual reflection; and

### Simple Techniques for Redirecting Attention and Calming Down

In some cases, simple physical or sensory activities may help reduce stress by temporarily shifting attention away from intense thoughts toward the body and the environment.

Such small actions often help reduce tension and regulate emotional state relatively quickly.

For example:

- Drink water slowly.
- Drink warm tea or warm your hands in warm water.
- Do light movements or stretching.
- Walk for a few minutes.
- Perform a simple everyday activity, such as caring for a plant or tidying a space.

## 8.2.2. ORGANIZATIONAL RESPONSIBILITY AND SUPPORT IN THE WORK ENVIRONMENT

Support within the organization should not rely only on individual coping strategies. A supportive work environment, clear organizational practices, and opportunities for collegial support help professionals manage the emotional demands of their work and continue providing effective assistance to survivors.

In organizations working with survivors of violence, support for staff should be organized through several practical mechanisms. The following practices can help organizations create a supportive and sustainable work environment for staff.



**The organization should ensure:**<sup>52</sup>

- **Recognition of stress as part of work reality and open discussion of this issue within the organization** - the organization should acknowledge that working with difficult cases is emotionally demanding, and employees should have the opportunity to speak openly about this with management or within the team, without it being perceived as weakness or as a sign of professional inadequacy;
- **Recognition of stress reactions as normal reactions and a non-blaming attitude toward employees** - if an employee experiences exhaustion, emotional tension, or a temporary decrease in motivation, this should not be assessed as a “problem in the employee.” The organization should have an approach that views such reactions as a natural response to difficult working conditions;
- **Recognition of stress and burnout as an organizational responsibility** - stress management should not remain solely the individual’s personal responsibility. The organization itself should consider working conditions, support systems, and other factors that ensure employee well-being;
- **A clear internal approach to the prevention and reduction of stress** - the organization should have an agreed approach for how it responds to stress and professional burnout. For example, there may be rules regarding supervision, a format for discussing difficult cases, or mechanisms for supporting employees;
- **Recognition and support of employees’ work** - employees’ efforts and achievements should be acknowledged. This may include positive feedback, thanks for completed work, or public recognition at team meetings;

<sup>52</sup> Bell, H., Kulkarni, S., and Dalton, L. “Organizational Prevention of Vicarious Trauma.” *Families in Society: The Journal of Contemporary Social Services* 84, no. 4 (2003). Available at [https://www.ncwwi.org/files/Incentives\\_Work\\_Conditions/Organizational\\_Prevention\\_of\\_Vicarious\\_Trauma.pdf](https://www.ncwwi.org/files/Incentives_Work_Conditions/Organizational_Prevention_of_Vicarious_Trauma.pdf); SAMHSA. (2014). *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. U.S. Department of Health and Human Services. Available at [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/samhsa\\_trauma\\_concept\\_paper.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/samhsa_trauma_concept_paper.pdf);

STARTTS (NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors). *Managing Vicarious Trauma in Organisations Effectively*. Available at: <https://startts.org.au/managing-vicarious-trauma-in-organisations/>;

54Danner (2022), Empowering Staff to Combat Violence Against Women: Training Manual.

- **A physically and psychologically safe work environment** - the work environment should be one in which employees feel safe. This concerns both physical conditions and a communication culture in which humiliation, pressure, or hostile attitudes are not allowed;
- **Regular supervision and collegial space for peer support and discussion of difficult cases** - employees should have the opportunity to discuss difficult cases, emotional difficulties, and work-related challenges with a professional or with the team. This helps them share experience and receive professional support;
- **Management of workload and clear definition of roles** - employees should know what falls within their responsibilities and what does not. It is also important that the workload is realistic and does not exceed a person's capacity;
- **Regular training on trauma-informed work and emotional resilience** – organizations should provide training that helps employees understand vicarious trauma, compassion fatigue, and strategies for maintaining professional well-being while working with survivors of violence.
- **Real opportunities for breaks and rest during the workday** - during the workday, employees should have time for short pauses, rest, or shifting attention, which helps reduce tension and restore energy;
- **Access to professional psychological support when needed** - the organization should ensure that employees have access to confidential psychological consultation or counselling when work-related stress, emotional overload, or exposure to traumatic material requires additional professional support.
- **A clear internal policy on preventing stress and reducing professional burnout** - the organization should have agreed principles and rules that define how it cares for employee well-being and how it responds to the risks of stress and professional burnout.

## CHAPTER IX.

### KEY PRINCIPLES OF TRAUMA-INFORMED PRACTICE

Trauma-informed practice is based on several key principles that shape the professional's attitude, communication, and professional decisions in the process of working with women who have experienced violence.<sup>53</sup> These principles create a safe, respectful, and supportive environment.

#### Key Principles of Trauma-Informed Practice



##### SAFETY

The professional ensures a physically and emotionally safe environment in which the woman does not feel fear, pressure, or judgment.



##### TRUST

The professional acts transparently and explains the process clearly so that the woman knows what to expect during the helping process.



##### CHOICE

The woman has the right to determine her own decisions and to receive support in making informed choices.



##### COLLABORATION

The helping process is based on a partnership relationship in which decisions are made through collaboration.



##### EMPOWERMENT

The goal of the work is to support the restoration of the woman's resources, capacities, and strength.



##### CONSIDERATION OF CULTURAL AND SOCIAL CONTEXT

The woman's experience is understood in the context of her social environment, cultural reality, and gender inequality.

<sup>53</sup> UK Government. *Working definition of trauma-informed practice*. Office for Health Improvement and Disparities, 2022. Available at <https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice>

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# Trauma-Informed Approaches in Supporting Women Survivors of Violence: A Practical Guide for Professionals

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