



7th international EFJCA Conference



“Trauma-Informed Care and the Pitfall of Victim-Blaming”

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Bio:

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1.1 Trauma & Gender-Based (GBV)/ Domestic Violence (DV)

What do we need to **KNOW** about Trauma?

- Shared understanding
- Identification of trauma
- Awareness of prevalence

What do we need to **REMEMBER** about Trauma?

- **Underlying question**
= *"What happened to you?"*
- **Symptoms**
= *Adaptations to traumatic events*
- **Healing happens**
→ *In relationships*

"Trauma decontextualized in a person looks like personality.
Trauma decontextualized in a family looks like family traits.
Trauma decontextualized in people looks like culture."

— Resmaa Menahem



1.2 Definition of Trauma



✓ The field of mental health saw the emergence of the idea of traumatic stress at least four decades ago

✓ The American Psychiatric Association (APA) → significantly contributed to the definition of trauma:

DSM-V: Trauma-and-Stressor-Related Disorders across the life-span

✓ ***“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being”***

(Substance Abuse and Mental Health Services Administration-SAMHSA, 2014)

1.3 The Three Es in Trauma



Event(s)



Events/
circumstances
cause trauma.

Experience



An individual's
experience of the
event determines
whether it is
traumatic.

Effects



Effects of trauma
include adverse
physical, social,
emotional, or spiritual
consequences.

1.3 The Three Es in Trauma



- Events and circumstances may include the **actual or extreme threat of physical or psychological harm** (i.e. natural disasters, violence, etc.) or **severe, life-threatening neglect** for a child that imperils healthy development.

These events and circumstances occur as a single occurrence or repeatedly over time.

- **The individual's experience of these events or circumstances helps determine whether they are traumatic event.** How the individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will contribute to whether or not it is experienced as traumatic for one individual and not for another. How the event is experienced may be linked to a range of factors including the individual's cultural beliefs, availability of social supports, or to the developmental stage of the individual.

→ *Do not restrict yourselves & your clients in the diagnosis of PTSD!*

- The **long-lasting adverse effects** of the event are a critical component of trauma. These adverse effects may occur immediately or may have a delayed onset. The duration of the effects can be short to long term. In some situations, the individual may not recognize the connection between the traumatic events and the effects

(Substance Abuse and Mental Health Services Administration-SAMHSA, 2014)

1.4 Potential Traumatic Events

ABUSE

- *Emotional*
- *Sexual*
- *Physical*
- *Domestic &*
- *Institutional violence*
- *Witnessing violence*
- *Bullying*
- *Cyber-bullying*

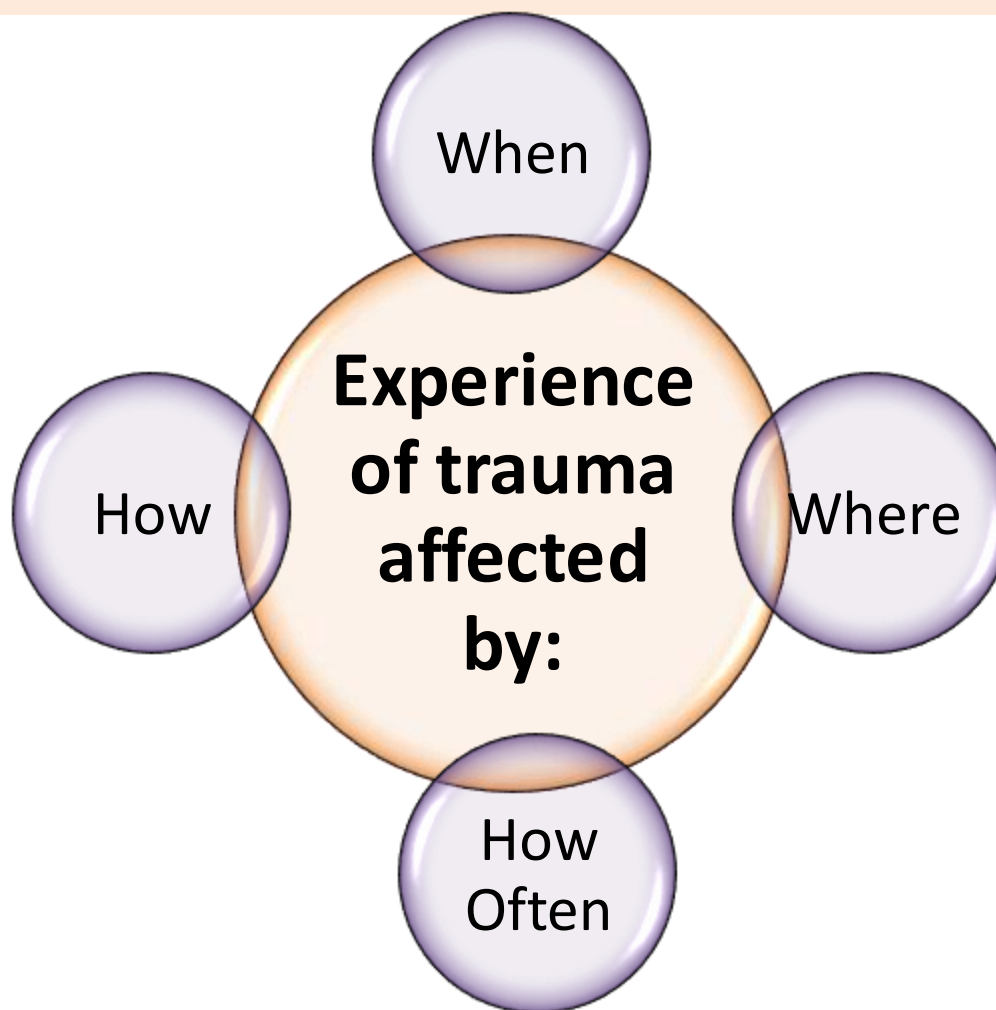
LOSS

- *Death*
- *Abandonment*
- *Neglect*
- *Separation*
- *Natural disaster*
- *Accidents*
- *Terrorism*
- *War*

CHRONIC STRESSORS

- *Poverty*
- *Racism*
- *Invasive medical procedure*
- *Community trauma*
- *Historical trauma*
- *Family member with substance use disorder*

1.5 Experience of Trauma



1.6 Effect of trauma



- **The effect of trauma on an individual can be conceptualized as a normal response to an abnormal situation.**
- Trauma can:
 - Cause short and long-term effects.
 - Affect coping responses, relationships, or developmental tasks.
 - Impact physiological responses, well-being, social relationships, and/or spiritual beliefs.
- Emerging research has documented the relationships among exposure to traumatic events, impaired neurodevelopmental and immune systems responses and subsequent health risk behaviors resulting in chronic physical or behavioral health disorders.
- Unaddressed trauma significantly increases the risk of mental and substance use disorders and chronic physical diseases .

Service settings:

- The pervasive and harmful impact of traumatic events on individuals, families and communities and the unintended but similarly widespread re-traumatizing of individuals within our public institutions and service systems, makes it necessary to rethink the current approaches.

1.7 Signs of Trauma Responses



BEHAVIORAL:

- Blowing up when being corrected
- Fighting when criticized or teased
- Resisting transitions or change
- Very protective of personal space
- Reckless or self-destructive behavior
- Frequently seeking attention
- Reverting to younger behaviors

EMOTIONAL/PHYSICAL:

- Nightmares or sleeping problems
- Sensitive to noise or to being touched
- Fear of being separated from family
- Difficulty trusting others
- Feeling very sad, angry, afraid; emotional swings
- Unexplained medical problems

PSYCHOLOGICAL:

- Confusing what is safe and what is dangerous
- Trouble focusing or concentrating
- Difficulty imagining the future

Additional Signs of Trauma

- Flashbacks or frequent nightmares
- Sensitivity to noise or to being touched
- Always expecting something bad to happen
- Not remembering periods of your life
- Feeling emotionally numb
- Lack of concentration; irritability
- Excessive watchfulness, anxiety, anger, shame, or sadness

"Trauma comes back
as a Reaction, not a
Memory."

-Bessel Van Der Kolk

1.8 Women's response to traumatic experiences



Alarm system

- Human beings (and animals) developed very early on an alarm system that assisted them to survive.
 - These basic physical responses to danger occur below consciousness and are controlled by an ancient part of the brain called the amygdala.
 - They enable the body to react to danger before you have even started to think about what is happening.
 - They can respond in as little as 1/100 of a second
-
- **Automatic 'survival reactions':** we react to dangerous or overwhelming situations can be understood as 'strategies' designed to help us survive.

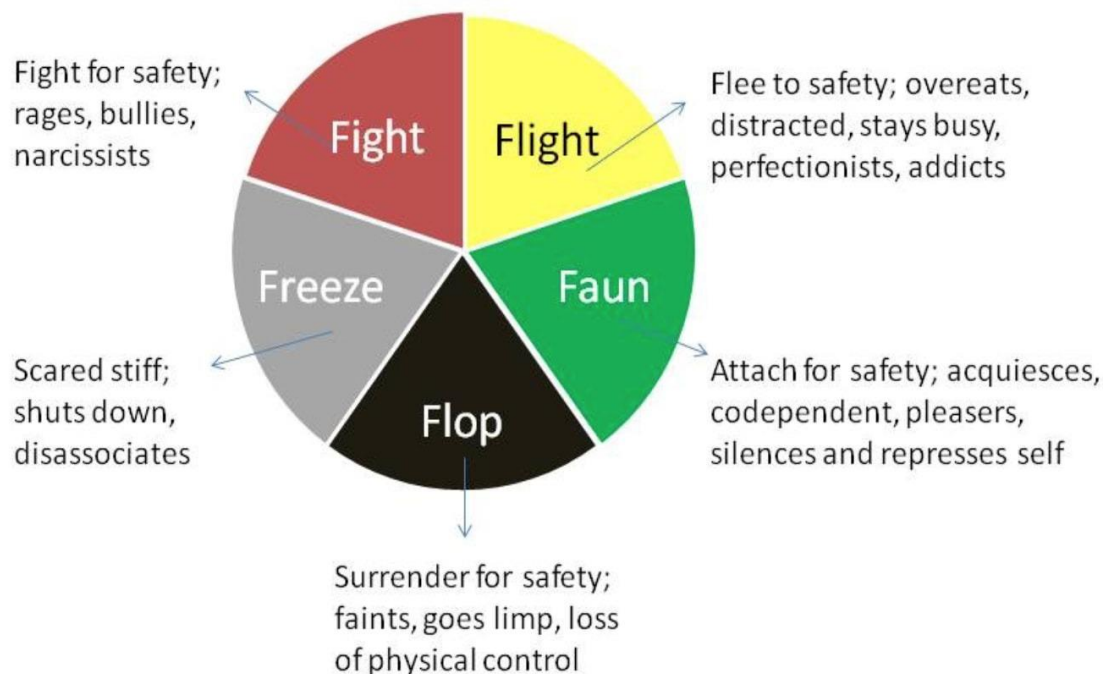
Our brains are wired for connection, but trauma rewires them for protection. That's why healthy relationships are difficult for wounded people.

Ryan North

1.8 Women's response to traumatic experiences

- The main reactions or survival 'strategies' that human beings display when faced with life-threatening events are:

5 TRAUMA RESPONSES





2. Trauma – Informed Care (TIC)

2.1 The Four Rs



A trauma-informed program, organization or system:

Realizes	<i>Realizes</i> widespread impact of trauma and understands potential paths for recovery
Recognizes	<i>Recognizes</i> signs and symptoms of trauma in clients, families, staff, and others involved with the system
Responds	<i>Responds</i> by fully integrating knowledge about trauma into policies, procedures, and practices
Resists	Seeks to actively <i>Resist</i> re-traumatization

2.2 SAMHSA's 6 Key Principles of a Trauma-Informed Approach



Safety

**Trustworthiness
and Transparency**

Peer Support

**Collaboration and
Mutuality**

**Empowerment,
Voice, and Choice**

**Cultural, Historical,
and Gender Issues**

Dear survivor,
I'm sorry you've been shut down,
disbelieved,
minimized,
gaslit,
invalidated,
told to forgive and forget.
I'm sorry we live in a world that isn't build to
hold and support you.

**Shame dies when
stories are told in
safe places.**

Ann Voskamp

2.3 GBV-TIC Principles

Create an atmosphere that is respectful of survivors' need for safety, respect, and acceptance to promote the safety, respect and acceptance, organizations may need to make arrangements and modifications to staff approaches, programs, procedures and the physical setting to promote safety and develop a welcoming and calming atmosphere.



Emphasize women's strengths, highlighting adaptations over symptoms and resilience over pathology in understanding this principle it is useful to make the shift from the question "what's wrong with you?" to "what's happened to you?" and "what's strong within you?". this offers a paradigm shift away from pathology and towards developing an understanding that trauma symptoms are an adaptive response to traumatic experiences that focuses on a woman's strength and resilience.



Minimize the possibilities of retraumatization within all interaction, services need to be conscious of any practices, procedures and interactions that have the potential to re-traumatize. this includes an awareness of the power dynamics; sensitively managing disclosures; avoiding the need for explicit detail that can lead to overwhelm; challenging victim blaming and myths that lead to shame.



Be culturally competent & understand each woman in the context of her life experiences & cultural background. Cultural competency includes having the knowledge & skills to work within her culture, understanding how her cultural background influences transactions with her. Agencies → develop knowledge on recognizing & effectively supporting women experiencing harmful practices as a manifestation of GBV

2.3 GBV-TIC Principles

Recognize the impact of violence and victimization on development and coping strategies for GBV survivors;

Understanding of the short and long-term impact of GBV is a validation of the difficulties faced in seeking support and the barriers faced.

Understanding of the pervasive nature of GBV: poly-victimization, impact on identity, relationships, expectations of self and others, ability to regulate emotions, and perceptions of the world



Identify recovery from trauma as a primary goal;

Services are able to directly address recovery from the experiences of trauma or to refer to other trauma specific services as a way of ensuring that recovery is the key outcome for women and girls



Empower to develop an equal and valued partnership between the woman seeking services and the helper; collaboratively and mutually agreed goals for the work; a gendered understanding of violence and abuse; opportunities for peer support;



Increased knowledge of self and others, increased self-worth, and increased competence and comfort in taking action on personal goals; women's resources and skills to be independent

2.3 GBV-TIC Principles



Maximize a woman's choices and control over her recovery through promoting choice and control, services re-address the powerlessness women have previously experienced through the experiences of gender-based violence.

Relational collaboration to provide a space for the healing of interpersonal trauma, if based on respect, information, connection, and hope further building safety and trust.

Avoid replication of power imbalances that mirror the perpetrator/victim dynamic and actively seek to challenge and readdress any situations where a woman may feel the pressure to conform or comply within any requests/support offered by the organization.

2. 4 SAMHSA's 10 Domains



**Governance and
leadership**

Policy

**Physical
environment**

**Engagement and
involvement**

**Cross-sector
collaboration**

**Screening,
assessment and
treatment**

**Training and
workforce
development**

**Progress
monitoring and
quality assurance**

Financing

Evaluation

2.5 Triggers

- Reminders of past traumatic experiences that automatically cause the body to react as if the traumatic event is happening again in that moment.
- Responses can appear confusing and out of place and be misunderstood by others.
- Triggers include seeing, feeling, or hearing something that remind us of past trauma. (Coercive energy)
- Triggers activate the alarm system. (Stress Response)
- When the alarm system is activated, but there is no danger, it is a false alarm.
- The response is as if there is current danger.



2.6 Training and Workforce Development

How does the agency address emotional stress that can arise when working with individuals who have had traumatic experiences?

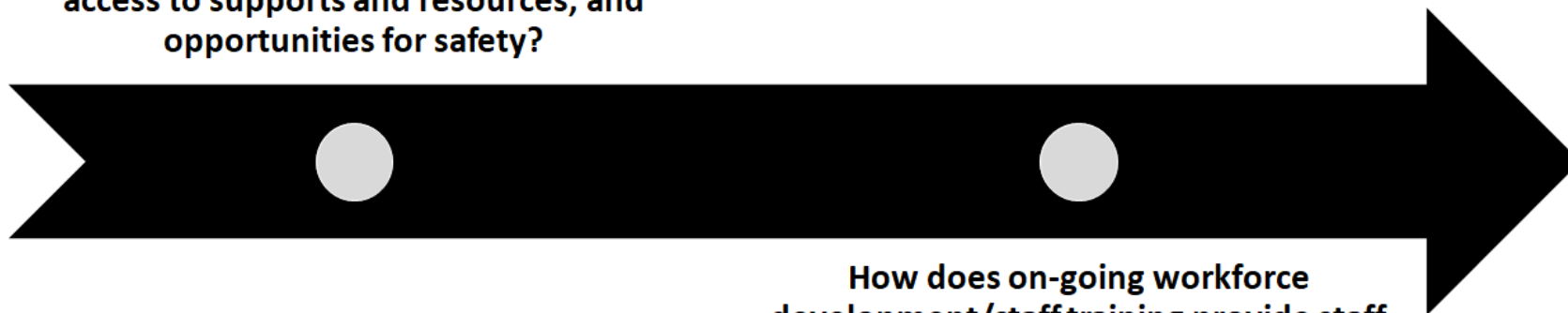
How does the agency ensure that all staff receive basic training on trauma, its impact, and strategies for trauma-informed approaches across the agency and across personnel functions?

How does the agency support training and workforce development for staff to understand and increase their trauma knowledge and interventions?

2.6 Training and Workforce Development



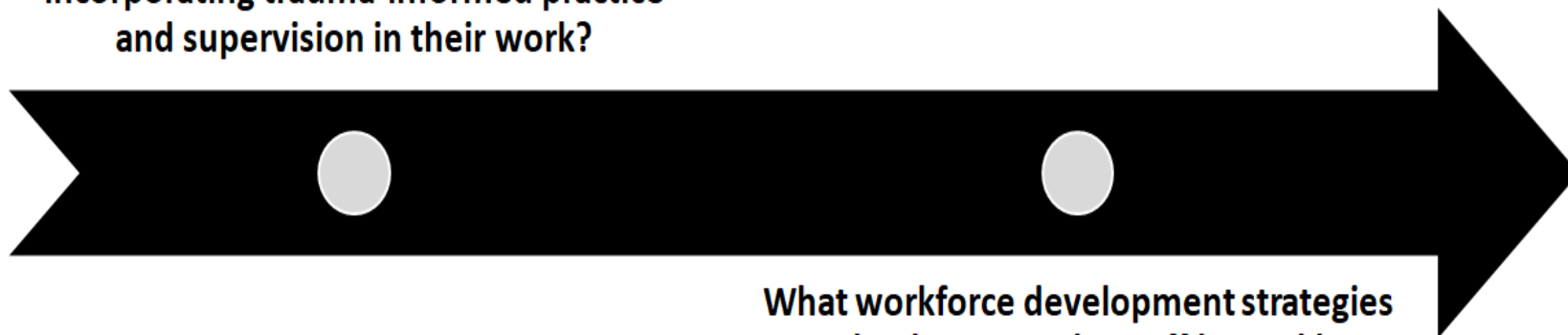
How does workforce development/staff training address the ways identity, culture, community, and oppression can affect a person's experience of trauma, access to supports and resources, and opportunities for safety?



How does on-going workforce development/staff training provide staff supports in developing the knowledge and skills to work sensitively and effectively with trauma survivors.

2.6 Training and Workforce Development

What types of training and resources are provided to staff and supervisors on incorporating trauma-informed practice and supervision in their work?

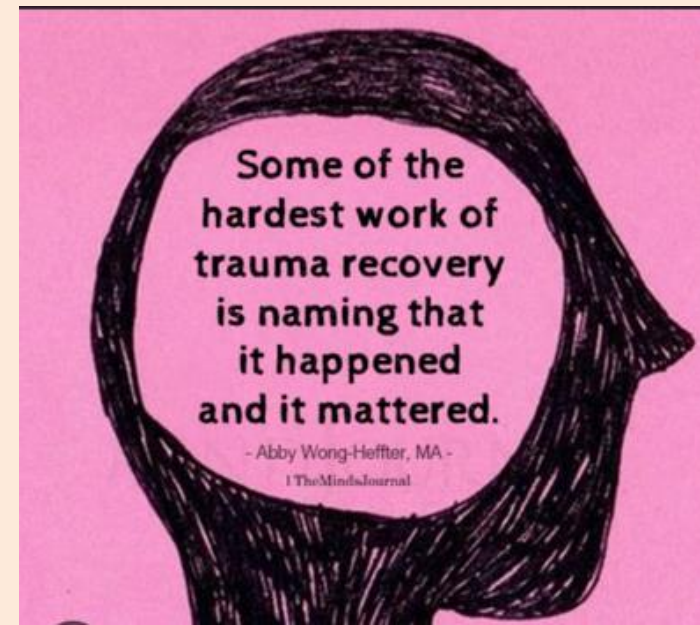
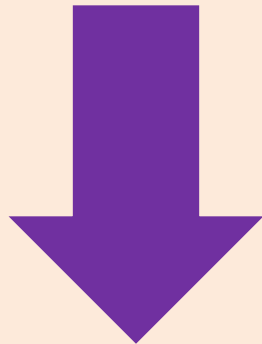


What workforce development strategies are in place to assist staff in working with peer supports and recognizing the value of peer support as integral to the organization's workforce?

2.7 Factors Increasing the Impact of Trauma



- Early occurrence
- Being silenced or not believed
- Perpetrator is trusted caregiver
- **Blaming or shaming**



3. Victim Blaming

3.1 What is 'victim blaming'?

«The transference of blame from the perpetrator of a crime to the victim-survivor, who is held entirely or partially to blame for the harm they suffered».

- *By professionals (Criminal Justice System, Social Services, Police), public, Media etc.*

"Trauma is personal. It does not disappear if it is not validated. When it is ignored or invalidated, the silent screams continue internally."

Danielle Bernock

3.2 Why does victim blaming occur?



- **Unconsciously:**

- *They may not realise that what they believe to be commonly held assumptions, might be prejudicial views about diverse groups and minoritised communities*
- *rooted in misogyny, sexism (how women should behave, or how men are entitled to behave), ableism (unfairly favouring non-disabled people), and racism*

- **In order to cope with hearing about their trauma:**

- *Distancing themselves from what the victim-survivor has been through, making them feel like they are restoring a sense of control and order in a chaotic and unpredictable situation*
- *Reassuring themselves that “because I would never do XYZ, the same thing could never happen to me”.*

3.3 Why does victim blaming matter?

- Victim blaming language, attitudes, and behaviours can shift the blame onto the victim-survivor, when it is the perpetrator who should be held accountable.
- When victim-survivors are blamed, and this goes unchallenged, it can reinforce predator-like attitudes and may lead perpetrators to believe they can ‘get away’ with committing GBV and evade accountability. It can also result in the victim-survivor feeling that they are responsible for what happened to them.
- This can further victimise them (sometimes referred to as ‘secondary victimisation’) and increase barriers to leaving an abuser, seeking help, and reporting violence against women and girls to the police or the IOPC, owing to a lack of trust and confidence in reports being taken seriously.
- Communicating in a way that does not directly or indirectly blame victim-survivors can improve their confidence in the process and can lead to other victim-survivors feeling safer to come forward and report their experience.

3.4 Victim blaming and Intersectionality



- Intersectionality describes how different aspects of a person's identity - such as their gender, race, disability, and sexuality - can affect their experiences of advantage and disadvantage in society.
- Intersectionality includes, but is not limited to, the nine protected characteristics:
 1. age
 2. disability
 3. gender reassignment
 4. marriage and civil partnership
 5. pregnancy and maternity
 6. race
 7. religion or belief
 8. sex
 9. sexual orientation
- Diverse groups and minoritised communities may face different kinds of discrimination and victim blaming based on the different aspects of their identity, which can overlap and interact in complex ways.

Due to unfair treatment, they may be less likely to report GBV

3.5 Challenging victim blaming



Challenging victim blaming in the context of GBV is a crucial step towards ending it. Practitioners can do this in a constructive and supportive way that encourages people who handle cases to think critically about the potential impact of their language, attitudes and behaviours. Practitioners should:

- Challenge harmful stereotypes, assumptions, or jokes that blame victim-survivors for abuse.
- Provide reassurance to victim-survivors that the perpetrator is to blame in their situation, rather than the victim-survivor.
- Hold perpetrators accountable for their actions. Perpetrators will make excuses for their behaviour, but that does not absolve them of what they did.
- In most circumstances, victim-survivors will know what is best for them - support their decision-making wherever possible.
- Recognise that victim blaming is often rooted in discriminatory attitudes or commonly held assumptions which have gone unchallenged.
- Ensure that any written communication and notes remain neutral and are written in a way that does not perpetuate victim blaming

3.5 Challenging victim blaming

Do...



Use **neutral language** when describing a victim-survivor's account of violence against women and girls.



Think about your **body language** and any gestures you make - do they make the victim-survivor feel safe?



Be aware of the impact that **trauma** may have on the presentation of victim-survivors.



Think particularly carefully about how you **structure questions**.



Establish **who holds the power and control**, and be mindful of how this can vary between different groups or communities.



Consider that a victim-survivor may rely on **survival strategies** to manage the perpetrator's behaviour.



Take all violence against women and girls reports **seriously**, regardless of the age of the perpetrator or victim-survivor.

Don't...



Don't **make assumptions** about a victim-survivor's **mental health**, or 'pathologise' their behaviour.



Don't blame a victim-survivor for what happened to them when they have taken **alcohol or ingested substances**.



Don't '**minimise**' abuse.



Don't '**mutualise**' abuse.



Don't make assumptions about the needs of victim-survivors of violence against women and girls who are also **police officers or staff**.

Remember...



Use '**active**' rather than '**passive**' voice when talking about victim-survivors of violence against women and girls.



Some victim-survivors **may blame themselves**, or minimise their experiences of violence against women and girls.



Make reasonable adjustments for victim-survivors, and ensure that information is accessible.



Any '**choices**' a victim-survivor makes are often made in **compromised circumstances**.

3.6 Key principles



1. Use neutral language when describing a victim-survivor's account of GBV/ DV
2. When meeting a victim-survivor of GBV/ DV, think about the way you have positioned your body and any gestures you make.
Is your body language making the victim-survivor feel safe to share their account?
3. Be aware of the impact that trauma may have on the presentation of victim-survivors
4. Think particularly carefully about how you structure questions when taking a victim-survivor's account
5. Establish who holds the power and control, and be mindful of how this can vary between different groups or communities
6. Remember that any 'choices' a victim-survivor makes are often not really choices at all, as they are made in compromised circumstances
7. Take into consideration that a victim-survivor may rely on survival strategies to manage the perpetrator's behaviour
8. Take all violence against women and girls reports seriously, regardless of the age of the perpetrator or the age of the victim-survivor

3.6 Key principles

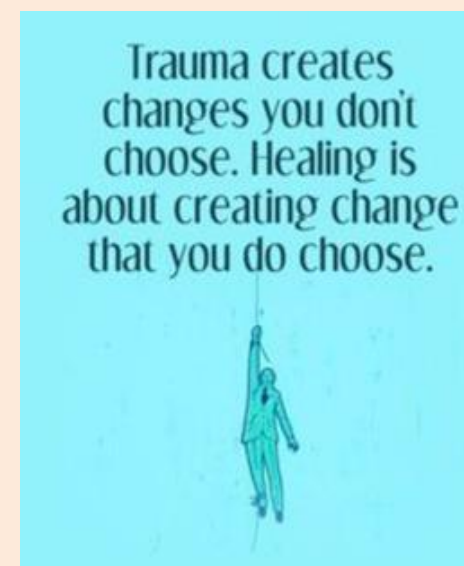


9. Do not make assumptions about a victim-survivor's mental health, or 'pathologise' their behaviour
10. Take care not to blame a victim-survivor for what happened to them when they have taken alcohol or ingested substances
11. Do not make assumptions about the needs of police victim-survivors of GBV/ DV
12. Use 'active' voice rather than 'passive' voice when talking about victim-survivors of GBV/ DV
13. Do not 'mutualise' abuse
14. Do not minimise abuse
15. Note that some victim-survivors may blame themselves, or minimise their experiences of GBV/ DV
16. Make reasonable adjustments for victim-survivors, and ensure information is accessible

Key Takeaways



- What is trauma & how it is related to GBV & DV
 - *Shared understanding*
 - *Identification of trauma*
 - *Awareness of prevalence*
- Women's Responses → Trauma
- Trauma- Informed Care (TIC) & Triggers
- TIC in Workspace Environment & Policies
- Tackle Secondary Traumatization through Avoiding/ Treating Victim-Blaming



Thank you for your Attention!

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