

A Comparison of how Trauma Survivors of Interpersonal Violence use Clinical and Community Support Services

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Introduction:

Trauma research shows that survivors of interpersonal violence, such as child abuse and domestic violence, develop cognitive, emotional, relational and identity-related difficulties and long-term impairments. Trauma- and cognitive-focused therapies tend to be the first line of treatment. These treatments place survivors as individuals at the core of understanding trauma and recovery, and this is important in order to address individuals' difficulties. However, this also makes it an intrapsychic problem focused on individuals' malfunctioning which needs repairing, rather than considering appropriately the role of context and social processes. Data presented here comes from research that sought to explore these individual and social recovery processes. The current study presents the data which investigated similarities and differences when female adult trauma survivors accessed clinical or community support.

Methods:

This qualitative study aimed to develop a model of trauma recovery grounded in the data and considering both individual and context. Fifteen female adult survivors in total were recruited from a statutory clinical service and a third-sector community project. Participants were interviewed individually and data analysed using grounded theory.

Results:

Overall, the constructed framework revealed a transition from self-guided to supported self-management. In the clinical and community setting, women survivors sought out relationships, were impacted by relationships, and these relationships changed the way survivors responded. Thus, they reconstructed abuse, trauma and identity through various supportive others and gradually managed day-to-day difficulties through relationships. Differences emerged when seeking clinical or community support, such as the quality of processing trauma, opportunities to explore relationships, and attributing blame.

Conclusion:

Future research, theories, practices and policies need to consider the multifaceted and relational nature of interpersonal trauma recovery. For example, practices could include community-focused strategies that provide a larger network of support to survivors and, thus, would offer multiple opportunities to experience positive interactions.