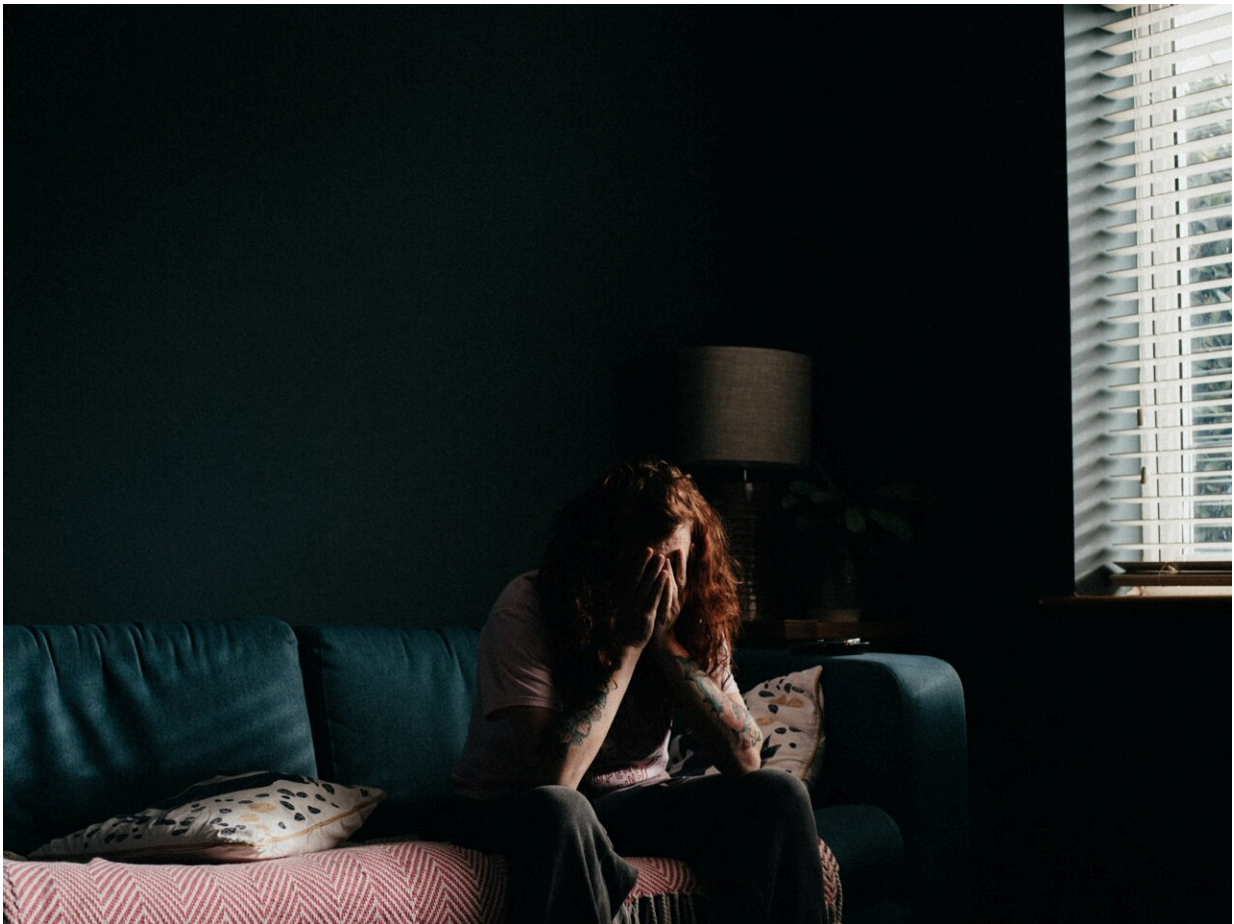


# Organizations need a clearer understanding of trauma in order to effectively address it, study says

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Organizations attempting to address trauma in order to care for those experiencing both intimate partner violence, substance use disorders or both need more support and clearer definitions of "trauma" in order to implement effective frameworks, according to a University of Maine study.

Intimate partner violence and substance use disorder frequently co-occur, but are rarely addressed together despite evidence indicating the benefits of doing so. Both are linked to trauma, whether that trauma is from [adverse childhood experiences](#), trauma in adulthood or historical trauma, and whether it results in [post-traumatic stress disorder](#) or another diagnosis.

Scholars have theorized addressing trauma through trauma-informed care—a holistic framework that reshapes [organizational culture](#), including administrative practices, policies and services to reflect core values of safety, trust, choice, collaboration and empowerment—may better facilitate attention to both intimate partner violence and [substance use disorders](#). However, whether this potential is achieved has not been studied empirically.

New research from the University of Maine looks at whether attention to trauma leads to greater attention to both intimate partner violence and substance use disorders. Elizabeth Armstrong, assistant professor at the School of Social Work and principal investigator of the study, used data from 281 organizations focused on intimate partner violence and substance use disorders in one midwestern city in the United States and semi-structured interviews with 27 policymakers, funders and practitioners.

The data suggested that addressing trauma is associated with services for both intimate partner violence and substance use disorder in the organizations studied. However, analysis of the qualitative interview data

shows that the relationship is more complex than it seems.

While interviewees largely agreed on trauma-informed care's potential, there are competing understandings of trauma; differing opinions as to when trauma occurs in relation to intimate partner violence and substance use disorders; liabilities associated with addressing that trauma and varied intervention approaches.

Because of this, organizations that address both intimate partner [violence](#) and substance use disorder are more likely to service trauma selectively—such as through individual or group counseling—rather than taking the [holistic approach](#) required by a framework like trauma-informed care.

"It is much easier for a substance use treatment organization to offer a specialized group for survivors of trauma than to reconsider penalizing participants for screening positive for substances or push back against the larger systems requiring this," says Armstrong. "Yet making those kinds of changes is what trauma-informed care requires."

The findings, published in the *Journal of Family Violence* in August 2022, show that there is a need for a greater consensus about what it means to address trauma at the intersection between [intimate partner violence](#) and substance use disorders. Organizations also require increased investments in practitioner education and training as well as additional support to incentivize the movement towards more meaningful implementation of trauma-informed care instead of the piecemeal approach currently in place.

"Supporting implementation of trauma-informed care will require additional research demonstrating its effectiveness over more selective approaches to [trauma](#) and recognition on the part of funder sources that positive participant outcomes may well depend on first changing

organizational cultures," Armstrong says.

**More information:** Elizabeth Marie Armstrong, Promise and pitfalls: trauma informed care, trauma services, and efforts to address both substance use disorders and intimate partner violence, *Journal of Family Violence* (2022). [DOI: 10.1007/s10896-022-00378-6](https://doi.org/10.1007/s10896-022-00378-6)

Provided by University of Maine

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