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The Integration of Trauma-Informed Care and Advocacy in Social Work: A Comprehensive Framework for Supporting Survivors of Abuse and Neglect

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Abstract

Background: Trauma-informed social services play a crucial role in supporting survivors of abuse and neglect. Advocacy in social work is essential for promoting social justice, yet the integration of trauma-informed practices with advocacy remains underexplored, particularly in addressing the needs of marginalized populations.

Methods: This review synthesizes existing literature on trauma-informed practices and advocacy models within social work. It utilizes a conceptual framework to analyze various advocacy approaches, including the Active Take-Up Advocacy (ATA) model and integrates trauma-informed principles to develop a revised model termed Trauma-Informed Active Take-Up Advocacy (TI-ATA).

Results: The analysis reveals a significant gap in the intersection of advocacy and trauma-informed care. Current models often neglect the profound impact of trauma on individuals' rights and access to services. By integrating trauma-informed principles such as safety, empowerment, and collaboration into the advocacy process, the TI-ATA model enhances social workers' capacity to support clients effectively.

Conclusion: The TI-ATA model offers a comprehensive framework for social work practice that acknowledges the interconnectedness of trauma, advocacy, and social justice. This integration addresses individual needs and facilitates systemic change, promoting the empowerment of marginalized groups. Future research should focus on refining this model and exploring its implementation in diverse social work settings.

Keywords: Trauma-informed care, social work advocacy, Active Take-Up Advocacy, marginalized populations, systemic change.

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1. Introduction

Advocacy in social work is an essential component of the profession, enabling social workers to champion social justice by defending the rights of people and communities to ensure their needs are addressed (1). Paradoxically, individuals often remain unaware of their rights, while qualifying for services and benefits (2). Consequently, advocacy is especially crucial when engaging with the most disadvantaged populations (3). Advocacy in social work manifests in two primary forms: case advocacy and cause advocacy. Case advocacy addresses particular requirements by aiding service users in obtaining benefits and services. Cause advocacy seeks systemic transformation by advancing policies that benefit certain people or communities (4,5). The two traditions are inherently connected, rendering this distinction unable to encapsulate their complexity (6).

Diverse kinds of social work advocacy aid social workers in the complex task of championing rights for service consumers. Nonetheless, these models often see advocacy instrumentally, regarding it as a tool rather than an integral component of a therapeutic process. Consequently, they often neglect to consider the significant impact trauma has on an individual's capacity, or inability, to get benefits and assistance. Concurrently, some social work advocacy models grounded on a trauma-informed approach emphasize the establishment of a secure environment for recovery for service users, although they neglect the advocacy of rights, including access to benefits, adequate housing, or health treatments. There is a deficiency in academic understanding and professional proficiency in the integration of advocacy and trauma-informed practice.

This essay seeks to conceptually integrate these two distinct collections of knowledge. It specifically analyzes the foundation of trauma-informed methodologies in practice and evaluates current models of social work advocacy to identify a shared framework. This is accomplished by integrating trauma-informed elements into the Active Take-Up Advocacy (ATA) paradigm of advocacy. We start by introducing several advocacy approaches and examining the tenets of the trauma-informed viewpoint. Subsequently, we examine the original ATA model (7), clarifying the components that correspond with trauma-informed principles and proposing trauma-informed recommendations for incorporation into a revised trauma-informed model (TI-ATA). Ultimately, we examine the ramifications of our results for social work practice.

2. Advocacy and Social Services

The promotion of rights has been characterized as a fundamental component of the social work profession from its origin (5). The International Federation of Social Workers (IFSW) global definition of social work and the National Association of Social Workers (NASW) code of ethics reinforce the profession's dedication to rights advocacy.

The complex nature of advocacy has resulted in the creation of several forms of advocacy practice, mostly within the framework of case advocacy. We offer four of them. Three models predominate in the current literature: the Differential Model of Advocacy in Social Work Practice, the Social Work Advocacy Model, and the Advocacy Practice and Policy Model. The fourth model, Active Take-Up Advocacy, integrates psychodynamic concepts with social work foundations to create a novel advocacy framework. We use this technique as the basis for a suggested trauma-informed advocacy paradigm. We succinctly delineate the major elements of Active Take-Up Advocacy here and expand upon them thereafter.

The Differential Model of Advocacy in Social Work Practice (DMASW) emphasizes the distinction of four advocacy kinds according to the entity that dictates and governs the activity. The first concept, "best interest advocacy," safeguards vulnerable individuals while the social worker has the resources and dictates the objectives. In the second kind, "consumer-controlled" advocacy, the customer dictates the objectives and governs the methods. The third, "enabling advocacy," permits the client to choose the objectives while the social worker manages the activities. In "client-centered" advocacy, social workers ascertain the needs while the client actively participates in the advocacy process. This paradigm represents a significant addition to social work advocacy by delineating styles of advocacy that emphasize control and involvement in the advocacy process. Its weaknesses include the failure to address dynamic transitions between kinds

throughout the advocacy process and the lack of elaboration on the relationships between case and cause advocacy.

The Social Work Advocacy Model (SWAM) comprises five principal components as delineated by Bliss (8): cause, about the advocacy focuses on individuals or groups, outcome, which concentrates on the tangible changes the advocacy seeks to achieve, target audience, referring to those whose perspectives and attitudes require influence, strategies and tactics, emphasizing the formulation of coordinated action plans and grassroots mobilization to effect change, and evaluation, which underscores the importance of assessing real-world impact and monitoring feedback. The five fundamental aspects are the foundation of SWAM's methodology for successful social work advocacy. Sanders and Scanlon (9) included a sixth element to the advocacy process: the establishment of a suitable framework for coordinating advocacy initiatives.

Bliss (8) developed and evaluated a systematic operational guide for advocacy based on the first five components, which has significant potential for social work education by providing a structured framework that increases competencies and incorporates an assessment procedure. However, while this approach is grounded in social work values and principles, it does not explicitly address fundamental social work and social justice concerns related to power, disempowerment, and advocate engagement.

The Advocacy Practice and Policy Model (APPM) promotes advocacy by using the theoretical foundations of four essential pillars of social work: systems theory, empowerment theory, the strengths perspective, and the ecological viewpoint (10). The model underscores fundamental principles of advocacy, such as economic and social fairness, a nurturing environment, human needs and rights, and political accessibility, and organizing advocacy initiatives accordingly (10, 11). This approach originates from generalist social work practice, emphasizes fundamental social work ideals, and delineates a dynamic cycle of advocacy and assessment. Nonetheless, it fails to explicitly consider the therapeutic ramifications of advocating for the two parties, namely, the social worker and the client.

The concept integrates psychodynamic principles related to validating individual experiences and offering acknowledgment via case and cause advocacy. The paradigm specifically integrates psychodynamic ideas, rights-based social work principles (3,12), and social justice precepts. The approach also encompasses fundamental social work concepts, including empowerment, engagement, and critical awareness of power dynamics, racism, and othering (7). Nevertheless, it lacks any explicit reference to trauma, resulting in a gap in its application.

3. Trauma and Marginalization

“Trauma is the consequence of an event, series of events, or circumstances perceived by an individual as physically or emotionally detrimental or life-threatening, resulting in enduring negative impacts on the individual's functioning and mental, physical, social, emotional, or spiritual well-being” (13). The World Mental Health Consortium's worldwide study indicated that over 70% of respondents had encountered a traumatic incident, with more than 30% having faced four or more such situations (14). Empirical data demonstrates a correlation among traumatic experiences, socioeconomic status, and race (15, 16). It is unsurprising that some people, disenfranchised due to poverty, racism, or the interplay of these and other variables, possess the least access to social, physical, educational, and economic possibilities. This circumstance undermines their capacity to reside in secure and stable situations (15).

Marginalization extends beyond socioeconomic status and ethnicity; however, the concept stays consistent. Individuals from disadvantaged groups endure several chronic life stressors, including violence, economic difficulties, familial discord, and discrimination (17-19). Children in poverty are more susceptible to adversities in their environments and familial contexts (20,21). These traumatic events aggregate, resulting in a burdensome impact that leads to adverse outcomes, including physical and mental diseases in adulthood and engagement in high-risk behaviors (15, 22). Studies on trauma have shown its harmful consequences. Complex trauma, characterized by multiple and prolonged interpersonal exposures to trauma from an early age, engenders a diverse range of challenges in learning, emotional regulation, and the capacity to derive comfort and protection from nurturing relationships (23-25).

4. The Trauma-Informed Approach

A trauma-informed viewpoint is a comprehensive framework used across many institutions and professions to comprehend, identify, and address the widespread impacts of trauma (13, 26,27). A conventional method for addressing trauma prioritizes diagnosis and expert understanding. A trauma-informed approach emphasizes the cultivation of safety and trust while empowering people via cooperation and highlighting their strengths (27). The trauma-informed viewpoint is regarded as the gold standard in the practices of social workers, educators, and health professionals (28-30).

A trauma-informed viewpoint has been established in legislation by many states and at the federal level in the United States. This law endorses initiatives like trauma screening, staff training, the evaluation of novel trauma-informed practices, and the advancement of trauma-informed service provision (31). A guide created by the Substance Abuse and Mental Health Services Administration (13) for organizations delivering trauma-informed services is often referenced and regarded as a substantial advancement in the domain of trauma-informed treatment.

The handbook highlights four primary assumptions and six essential principles of practice. Professionals are expected to possess a fundamental comprehension of trauma's consequences, identify its signs, use trauma-informed principles in client interactions, and endeavor to prevent the retraumatization of both clients and staff. The fundamental principles include emphasizing safety, reliability, transparency, peer support, mutual self-help, cooperation, and mutuality; fostering empowerment, voice, and choice; and recognizing and honoring cultural, historical, and gender considerations (13).

Alternative models provide comparable directives. Peck and Capyk (32) delineate fundamental principles of trauma-informed practice in their model: trauma competence, which involves comprehending the effects of trauma and striving to reduce retraumatization, client understanding through a strength's perspective and contextual significance, client empowerment, facilitated by enhancing choice, control, collaboration, and respect, and safety, which is essential for healing and fostering trust. Knight (33) delineates five fundamental elements of trauma-informed practice: safety, trust, empowerment, choice, and cooperation. Levenson (34) delineates ten trauma-informed principles for social work practice, encompassing the establishment of safe relationships and environments, employing a trauma-informed perspective, acknowledging that the act of seeking help may be traumatogenic, eschewing confrontational methods, instructing on de-escalation, self-regulation, and relational competencies, prioritizing inquiry over directive communication, reframing resistance, utilizing person-first language, and mitigating power struggles while promoting shared authority.

Recently, some have contended that a trauma-informed perspective emphasizes the individual, particularly regarding the experiences of survivors, their resultant effects, and necessary support while neglecting the socioeconomic factors that impact both the traumatic event and its treatment. Boylan (35) asserts that although the prevailing comprehension of childhood adversities and their effects may encourage practitioners to implement trauma-informed interventions, it may simultaneously, from a social justice standpoint, perpetuate a pathologizing perception of the client or misinterpret marginalization, discrimination, and oppression along with their underlying mechanisms.

Considering trauma via a social justice lens and recognizing it as a societal reality enhances critical trauma studies (36). Terms like collective trauma and insidious trauma (37,38) denote types of social and racial oppression that routinely and institutionally discriminate against minorities and marginalized groups. Although many trauma-informed concepts include power dynamics, political engagement, and collaboration with vulnerable populations, they inadequately integrate rights advocacy as an essential component of practice. Furthermore, social work advocacy models lack the integration of trauma-informed concepts and do not acknowledge the impact of trauma on the achievement or hindrance of rights fulfillment for disadvantaged groups.

In conclusion, social work advocacy and trauma-informed approaches have significant commonalities. Acknowledging the convergence of traumatic experiences, structural oppression, and social injustices

underscores the need for a comprehensive framework that incorporates both trauma and rights. To comprehend the impact of social structures and historical events on behavior (39). The focus of trauma-informed models on safety, empowerment, and cooperation (34) corresponds with the objective of social work advocacy to "assist clients in achieving independence and exercising influence and control over their own lives" (6). Both methods use collaborative casework with clients and acknowledge the difficulties in building trust with those who have had prior adversities (7,33). Furthermore, both enhance clients' feelings of autonomy and dignity.

The expanding comprehension of trauma's extensive repercussions highlights a notable deficiency in the incorporation of trauma-informed concepts throughout advocacy frameworks. Understanding the extensive effects of trauma on people and communities, social workers must use case and cause advocacy as interrelated instruments; for instance, using case advocacy to safeguard and empower individuals while utilizing cause advocacy to address the fundamental reasons for oppression.

The restricted incorporation of the trauma-informed approach and activism may be ascribed to many variables. Initially, professional social workers with a trauma-informed perspective may not consider active advocacy to be part of their therapeutic practice, while advocates can be reluctant to fully address the intricacies of trauma and its effects on their clients. Secondly, as research on the two viewpoints progressed, each notion developed its theoretical underpinnings, vocabulary, and intervention tactics, resulting in two intricate disciplines that are difficult to organize or implement, hence increasing the potential for misapplication or abuse. Ultimately, the complete application of these principles with clients necessitates a straightforward and comprehensive practice-oriented framework, 'connecting the dots,' and structuring the practice. We suggest the integration of a trauma-informed viewpoint with advocacy via the adaptation of the Active Take-Up Advocacy paradigm.

5. Incorporating Advocacy and Trauma-Informed Care

The Trauma-Informed Active Take-Up Advocacy Model (TI-ATA) posits that historical and contemporary traumatic experiences, together with sentiments of alienation and systemic distrust, profoundly affect disadvantaged people's capacity to assert their rights. Traumatic experiences from people's and families' histories are reflected in the daily occurrences of othering, micro-aggressions, contempt, and humiliation that define interactions with bureaucratic institutions throughout the pursuit of rights (7). Previous traumas resonate in the present via perceptions of invisibility, silence, or lack of acknowledgment. Consequently, they may adversely impact marginalized persons' beliefs of their likelihood of effectively asserting their rights and influence their actions when they seek to claim them (7).

The strategy has three stages: articulating issues in terms of rights, supporting clients throughout the process, and transitioning from case advocacy to cause advocacy. Despite the original ATA model being characterized as an integrative framework that addresses advocacy and psychological needs (7), it inadequately encompasses the specific strategies employed by social workers to mediate traumatic experiences or other elements of a trauma-informed approach. Consequently, we have endeavored to integrate elements of trauma-informed practice: establishing safety, trustworthiness, empowerment, choice, and collaboration within the worker-client relationship (33, 34) to enhance advocacy practice and formulate guidelines for a TI-ATA model.

6. Discourse and Prospective Trajectories

The Trauma-Informed Active Take-up Advocacy (TI-ATA) model presented in this article incorporates trauma-informed concepts in two fundamental aspects. Initially, it utilizes the four Rs: recognizing the effects of trauma, identifying its symptoms, addressing trauma, and preventing re-traumatization. This method guarantees that lobbying efforts are attuned to the possible effects of pre-existing trauma. Advocacy is a practice characterized by an unequal distribution of power between clients and advocates; therefore, the model integrates essential trauma-informed principles to promote safety, trustworthiness, empowerment, choice, and collaboration with clients (33, 34).

These principles correspond closely with the proposed model, reflecting its objectives and methodology. Safety may be enhanced by a collaborative partnership between the customer and the worker (7). Trustworthiness might be seen as a by-product of a robust helpful connection fostered by advocacy (40). By articulating the issue in terms of rights, the practitioner may establish links between historical traumas and contemporary occurrences in a non-stigmatizing manner (35). The concepts of 'standing by' and advocating challenge the notion of trustworthiness, and the resulting link may overcome prior trust-related difficulties.

Empowerment is another essential emphasis of the trauma-informed approach. In the TI-ATA paradigm, empowerment is first attained in the first step by identifying the situation in terms of rights and affirming clients' perceptions of injustice. Subsequently, empowerment is attained by the act of support, which mitigates emotions of alienation and loneliness while motivating clients to advocate for their interests. The trauma-informed idea of collaboration requires a relationship between the social worker and the client instead of a solely directive method. It establishes a commitment to "collaborating with" rather than "performing for," which matches seamlessly with the cooperative ethos of social work advocacy (41) and especially the TI-ATI model. Ultimately, acknowledging the convergence of traumatic experiences, structural oppression, and social injustices highlights the need to address these fundamental causes of adversity. Transitioning from case advocacy to cause advocacy provides a framework to confront greater injustices, so directly fostering self-determination and well-being for both people and communities.

The two case studies exemplify the three stages of the paradigm in application. By the first phase, both social workers used their understanding of trauma and rights to articulate the issue in terms of rights, specifically acknowledging Sarah's need to address her indebtedness and Emily's depression as linked to her apprehension about revealing her trauma. Reconceptualizing issues and requirements as rights serves as a therapeutic instrument that diverts from stigma and pathologization, allowing for the examination of problems within a sociopolitical framework (42,43).

The social workers facilitated their clients' preparation for the interaction by being present. The worker proactively interfered throughout the discussion to mitigate possible retraumatization and ensure the client's voice was acknowledged. The social worker's proactive involvement constituted a crucial trust-building measure in this treatment, as she collaborated with her clients as a cohesive unit and articulated their concerns to the clerk. This phase is particularly delicate as it necessitates the social worker to interact with other street-level officials from the client's perspective, hence requiring the management of conflicts and conflicting obligations. This stage requires an initial conversation with the customer about the responsibilities and limits of support. Such discourse occurred in both instances outlined below. Typically, it is advised that the social worker adopt a passive position (e.g., preparing the client for the interaction, participating in role-play, or unobtrusively observing them throughout the meeting) to reduce the client's disempowerment. Under specific situations, as shown by Sarah's situation, social workers need to actively participate by accompanying the client, advocating on their behalf, or completing documents to enhance dignity and provide a secure atmosphere. The choice between adopting a passive or active approach should be determined by a collaborative therapeutic assessment of the client's emotional requirements, history, support network, social environment, and need for immediate material aid. Integrating the trauma perspective into advocacy entails recognizing that some service users see the worker's active engagement as a kind of acknowledgment and support, rather than disempowerment. Consequently, the determination of the worker's particular position should rely on a thorough clinical assessment using a collaborative approach.

The model suggests that social work advocacy might have concluded at this point; instead, since social workers saw a shared social issue affecting several individuals, they chose to engage in policy practice. In many instances, the worker is not required to possess a comprehensive understanding of policy practice. In all instances outlined below, partnerships and teamwork served as the resolutions. At this juncture, social workers may choose to notify lawmakers about the issue via several methods, as Olivia ultimately accomplished with her op-ed piece. Amanda opted to immediately engage with the Execution System

manager, and together a colleague and Sarah, an expert by experience, successfully facilitated quick change. These two cases demonstrate the interconnection between activism and trauma in treatment, highlighting the TI-ATA model as an effective instrument for practitioners that promotes access to rights and policy reform, alongside therapeutic advantages.

The case studies underscore the model's efficacy as a potent instrument for practitioners, facilitating access to rights and policy change in many manners, with therapeutic gains. However, executing the model may provide considerable difficulties. Initially, social workers may participate only to a limited extent in fighting for rights and may not consistently uphold the profession's ideological commitment to social advocacy (44,45). Secondly, the substantial caseloads and fatigue encountered by social workers in the field (46,47) render advocacy sometimes seen as an insurmountable endeavor. Finally, a profound feeling of disempowerment in interactions with social workers, organizations, and programs may cause people or groups enduring prolonged systemic oppression and trauma to hesitate in taking action, resulting in passivity. Fostering trust and a feeling of agency, as highlighted in Standing By, is essential in this context but may be notably gradual and arduous.

The model was developed as a comprehensive framework tailored to the evolving circumstances in which professionals confront trauma-related issues. This adaptability makes the approach exceptionally translatable to other languages and situations. Furthermore, by emphasizing fundamental principles that directly influence practice, the model enables practitioners to use phases, components, or even the "essence" of the model as a foundational approach, particularly in clinical environments. Consequently, the model may enhance the practices of clinical social workers, who are less acquainted with rights advocacy as a mechanism for surmounting significant life obstacles and promoting new therapeutic objectives. It may also guide case managers, who use advocacy in their daily practice but lack familiarity with or engagement in trauma-informed methodologies.

The use of this approach in clinical settings prompts many inquiries. Clinical social workers seeking to transcend the confines of the therapeutic environment and support their clients in asserting their rights must participate in candid dialogue about the duties of both the client and the therapist in these circumstances. Decisions must be made with respect for clients' autonomy in the process and their active involvement in it. In the aforementioned example of Sarah, Amanda volunteered to accompany her to the Execution System office, a gesture she had seldom undertaken before. Her decision was motivated by her awareness that severing the electrical supply adversely affected Sarah's emotional well-being and her acknowledgment that Sarah was incapable of addressing the issue independently. Amanda and Sarah jointly determined that their collaborative connection was sufficiently robust to warrant the unusual measure of driving together to the Execution System office to address the issue in a practical context.

7. Conclusions

The principal contribution of the modified TI-ATA model is its objective to foster advocacy that guarantees safety, honors service users and their life experiences, and enhances voice, autonomy, and trust to cultivate a therapeutic relationship conducive to healing and improving individuals' lives through the actualization of rights (43). This integration of rights-based and trauma-informed paradigms in advocacy practice is exclusive to social work. This essay is the first endeavor to 'trauma-inform' fundamental social work responsibilities and practices, while also redefining the parameters of advocacy as a therapeutic instrument for individuals with trauma histories. Subsequent research should advance the theoretical framework around the intersection of social work advocacy and trauma-informed views to foster a comprehensive strategy that acknowledges social work's distinct capacity to provide practical assistance in conjunction with emotional healing and empowerment.

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الملخص

الخلفية :تلعب الخدمات الاجتماعية الحساسة للصدمات دورًا حيويًا في دعم الناجين من الإساءة والإهمال. وتعتبر الدعوة في العمل الاجتماعي ضرورية لتعزيز العدالة الاجتماعية، ومع ذلك فإن دمج الممارسات الحساسة للصدمات مع الدعوة لا يزال غير مستكشف بشكل كافٍ، خاصة في معالجة احتياجات الفئات المهمشة.

الطرق :يستعرض هذا البحث الأدبيات الحالية حول الممارسات الحساسة للصدمات ونماذج الدعوة في العمل الاجتماعي. ويستخدم إطارًا مفاهيميًا لتحليل أساليب الدعوة المختلفة، بما في ذلك نموذج الدعوة الفاعلة(Active Take-Up Advocacy - ATA) ، ويدمج مبادئ الرعاية الحساسة للصدمات لتطوير نموذج مُنقح يسمى نموذج الدعوة الفاعلة الحساسة للصدمات(Trauma-Informed Active Take-Up Advocacy - TI-ATA).

النتائج :يكشف التحليل عن فجوة كبيرة في تقاطع الدعوة والرعاية الحساسة للصدمات، حيث غالبًا ما تهمل النماذج الحالية التأثير العميق للصدمات على حقوق الأفراد وإمكانية وصولهم إلى الخدمات. ومن خلال دمج مبادئ الرعاية الحساسة للصدمات مثل الأمان والتمكين والتعاون في عملية الدعوة، يعزز نموذج TI-ATA قدرة الأخصائيين الاجتماعيين على دعم العملاء بفعالية.

الاستنتاج :يقدم نموذج TI-ATA إطارًا شاملاً لممارسة العمل الاجتماعي يعترف بالترابط بين الصدمات والدعوة والعدالة الاجتماعية. لا يعالج هذا الدمج الاحتياجات الفردية فحسب، بل يساهم أيضًا في التغيير النظامي، مما يعزز تمكين الفئات المهمشة. ينبغي أن تركز الأبحاث المستقبلية على تحسين هذا النموذج واستكشاف تنفيذه في بيئات عمل اجتماعي متنوعة.

الكلمات المفتاحية :الرعاية الحساسة للصدمات، الدعوة في العمل الاجتماعي، الدعوة الفاعلة، الفئات المهمشة، التغيير النظامي.