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# BEST PRACTICES IN TRAUMA-INFORMED COUNSELLING: A CASE STUDY OF SURVIVORS OF DOMESTIC VIOLENCE

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## ABSTRACT

Domestic violence remains a serious social and public health concern, with consequences that extend beyond physical injury to affect survivors' psychological well-being, relationships, sense of safety, and ability to make independent decisions. Survivors may experience anxiety, depression, post-traumatic stress symptoms, low self-esteem, emotional distress, and difficulties rebuilding trust. Trauma-informed counselling (TIC) provides a framework for responding to these experiences without blaming or further harming the survivor. This paper examines key practices in trauma-informed counselling for survivors of domestic violence, using a composite case study to illustrate how these principles can be applied in practice. Particular attention is given to safety, trust, emotional regulation, empowerment, cultural sensitivity, ethical practice, and multidisciplinary support. The case demonstrates that effective counselling should proceed at a pace determined by the survivor and should recognize individual strengths as well as the effects of trauma. The paper argues that trauma-informed counselling is most effective when it moves beyond the counselling room and is supported by appropriate social, legal, health, and community services. The paper concludes that practitioners and institutions need sustained training, supervision, survivor-centred procedures, and coordinated support systems to improve outcomes for survivors of domestic violence.

**KEYWORDS:** Trauma-Informed Counselling, Domestic Violence, Survivors, Empowerment, Trauma, Counselling Practice, Resilience.

## 1. INTRODUCTION

Domestic violence is a persistent social problem affecting individuals and families across different societies and socioeconomic groups. It may involve physical, sexual, psychological, emotional, or economic abuse and may occur repeatedly over an extended period. The consequences can be profound, particularly when the person experiencing violence is exposed to threats, intimidation, isolation, and controlling behaviour over time.

The effects of domestic violence are not limited to the period during which the abuse occurs. Survivors may continue to experience fear, anxiety, depression, sleep difficulties, intrusive memories, low self-worth, and difficulties establishing trusting relationships after leaving an abusive situation. Herman (2015) observes that prolonged exposure to interpersonal violence can have lasting effects on an individual's sense of safety, identity, relationships, and capacity for emotional regulation.

These realities have important implications for counselling practice. A survivor may enter counselling while still dealing with an abusive partner, legal proceedings, financial insecurity, childcare responsibilities, or social stigma. Consequently, counselling that concentrates only on psychological symptoms may overlook the circumstances that continue to affect the survivor's safety and recovery.

Trauma-informed counselling provides a useful framework for addressing these challenges. Rather than viewing the survivor primarily through the symptoms presented, trauma-informed practice considers the experiences that may have produced those responses. It emphasizes safety, trust, collaboration, choice, empowerment, and sensitivity to cultural and social circumstances (SAMHSA, 2014).

This paper examines best practices in trauma-informed counselling for survivors of domestic violence. It uses a composite case study to demonstrate how trauma-informed principles can guide counselling from initial engagement through stabilization, empowerment, and reconnection. The paper also considers ethical responsibilities and the importance of multidisciplinary collaboration.

## 2. Understanding Trauma-Informed Counselling

### 2.1 Concept and Principles

Trauma-informed care is based on an understanding of the widespread effects of trauma and the ways in which trauma can influence behaviour, relationships, emotional regulation, and engagement with services. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) identifies six central principles of trauma-informed care: safety;

trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and attention to cultural, historical, and gender issues.

These principles are particularly relevant when working with survivors of domestic violence. Abuse often involves the deliberate removal of personal control. Survivors may have been threatened, isolated, monitored, humiliated, or prevented from making ordinary decisions. Counselling should therefore avoid reproducing relationships in which the professional assumes excessive control over the client.

A trauma-informed counsellor does not assume that every survivor will respond to counselling in the same way. Instead, the practitioner seeks to understand the individual's experiences, strengths, needs, risks, and preferences. The approach recognizes that behaviours that may appear unhelpful or unusual can sometimes represent attempts to cope with prolonged danger.

### 2.2 Domestic Violence and Trauma

Domestic violence can produce both immediate and long-term psychological consequences. Repeated exposure to threats and abuse may keep survivors in a state of heightened alertness. Some may experience difficulty sleeping, irritability, concentration problems, emotional numbness, fear, or persistent feelings of guilt and shame.

Herman (2015) explains that recovery from prolonged interpersonal trauma involves more than eliminating symptoms. It also involves rebuilding safety, restoring connections, and developing a renewed sense of control over one's life. This is particularly important for survivors of domestic violence because the abusive relationship may have affected their identity, social relationships, financial independence, and confidence in their own judgement.

Counsellors therefore need to distinguish between supporting recovery and pressuring survivors to disclose or process traumatic experiences before they are ready. The counselling process should be paced according to the survivor's circumstances and level of stability.

## 3. Case Study: Supporting Maria

The following case is a composite case developed for educational purposes. It does not represent a specific individual.

### 3.1 Background

Maria is a 32-year-old woman who sought counselling after leaving a ten-year abusive relationship. During the relationship, she experienced repeated emotional and physical abuse. At the time she commenced counselling, she reported persistent anxiety, disturbed sleep,

feelings of guilt, and a sense of helplessness. She had limited social support and was also dealing with custody arrangements concerning her two children.

Although Maria had physically left the relationship, she continued to experience fear about her former partner. Financial difficulties and uncertainty about the future further contributed to her distress.

The counsellor adopted a trauma-informed approach over a six-month period. The work was organized around safety, stabilization, emotional regulation, empowerment, and reconnection rather than immediate intensive processing of traumatic experiences.

**3.2 Establishing Safety and Trust**

The first priority was to establish a counselling environment in which Maria felt respected and secure. The counsellor explained confidentiality, its limits, the structure of the sessions, and Maria's right to ask questions or decline to discuss particular issues.

The counsellor also avoided pressuring Maria to provide detailed accounts of the abuse during the initial sessions. Instead, attention was given to her immediate concerns and the circumstances affecting her sense of safety.

This approach is consistent with trauma-informed practice, which recognizes that survivors may require stabilization before they are ready to engage in deeper trauma processing (Courtois & Ford, 2016).

**3.3 Emotional Regulation and Psychoeducation**

Once a basic therapeutic relationship had been established, the counsellor introduced information about common responses to trauma. Maria was helped to understand that anxiety, heightened alertness, sleep difficulties, and emotional reactions could be associated with her experiences rather than evidence that she was weak or incapable.

Simple coping strategies, including controlled breathing, grounding exercises, journaling, and attention to daily routines, were introduced. These interventions were selected according to Maria's comfort and ability to use them outside the counselling sessions.

Psychoeducation helped reduce some of Maria's self-blame. Understanding the relationship between traumatic experiences and emotional responses also gave her a greater sense of control over her reactions.

**3.4 Empowerment and Reconnection**

As Maria became more stable, the counselling process increasingly focused on personal goals and future plans. She identified financial independence, strengthening supportive relationships, and continuing her education as important priorities.

The counsellor did not make these decisions on Maria's behalf. Instead, the role was to support her in considering available choices and assessing the consequences of each option. This reinforced the principle that survivors should remain active participants in decisions affecting their lives.

Narrative approaches were also used to help Maria reconsider the way she understood herself. Rather than defining herself solely by the abuse she had experienced, she began to recognize her capacity to survive, make decisions, care for her children, and plan for the future.

## 4. Best Practices in Trauma-Informed Counselling

### 4.1 Creating a Safe and Predictable Environment

Safety is the foundation of trauma-informed counselling. Counsellors should provide a private and respectful environment and explain clearly how counselling sessions will operate. Predictability is particularly important for survivors whose previous experiences may have involved uncertainty, threats, or loss of control.

Safety planning should also be considered where there is a continuing risk from an abusive partner. Counselling should not be separated from practical concerns such as housing, childcare, financial security, or access to emergency support.

### 4.2 Building Trust Through Transparency

Trust may take time to develop. Survivors of domestic violence may have experienced manipulation, broken promises, threats, or betrayal. Counsellors should therefore avoid making promises they cannot keep and should explain professional procedures clearly.

Transparency concerning confidentiality, record keeping, referrals, professional boundaries, and the limits of counselling can reduce uncertainty and strengthen the therapeutic relationship.

### 4.3 Supporting Choice and Empowerment

One of the central features of trauma-informed counselling is the restoration of personal agency. Survivors should be encouraged to participate in decisions about their counselling goals and interventions.

Counsellors should avoid telling survivors what they must do unless there is a clear professional or legal requirement to act. Instead, practitioners should provide information, discuss available options, and allow survivors to make informed choices wherever possible.

Empowerment does not mean leaving the survivor to manage everything alone. It means providing appropriate support while respecting the individual's capacity to participate in decisions about their life.

### 4.4 Culturally Sensitive Practice

Domestic violence and responses to it are influenced by culture, family expectations, gender roles, religion, community relationships, and economic circumstances. Gillum (2019) emphasizes the importance of understanding intimate partner violence within its cultural context.

Counsellors should therefore avoid assuming that all survivors interpret violence, marriage, family responsibility, or separation in the same way. Cultural sensitivity requires listening carefully to the survivor and understanding the social circumstances that may support or restrict available choices.

### 4.5 Avoiding Re-traumatization

Counselling can become harmful when survivors are pressured to disclose traumatic experiences before adequate trust and stability have been established. Practitioners should pay attention to signs of distress and allow clients to determine the pace of disclosure within appropriate professional boundaries.

The counsellor should also avoid judgmental questions or language that could reinforce feelings of guilt. Questions such as why the survivor remained in the relationship may unintentionally place responsibility on the survivor rather than on the perpetrator.

### 4.6 Counsellor Supervision and Self-Care

Counsellors working with domestic violence survivors are exposed to difficult and emotionally demanding material. Without appropriate support, practitioners may experience compassion fatigue, emotional exhaustion, or vicarious trauma.

Regular professional supervision provides an opportunity to reflect on difficult cases, examine personal reactions, and maintain professional standards. Self-care should therefore be considered part of professional responsibility rather than an optional activity.

### 4.7 Multidisciplinary Collaboration

Domestic violence frequently creates needs that cannot be addressed through counselling alone. Survivors may require medical care, legal assistance, housing, financial support, child protection services, or other forms of practical assistance.

Counsellors should, with appropriate consent and within relevant legal and professional requirements, work with other service providers to promote continuity of care. Effective collaboration can prevent fragmented services and reduce the burden placed on survivors to repeatedly explain their circumstances to different agencies.

## 5. Ethical Considerations

Ethical practice is central to trauma-informed counselling. Practitioners should obtain informed consent and ensure that survivors understand the nature and purpose of counselling. Confidentiality and its limitations should be explained at the beginning of the therapeutic relationship and revisited when necessary.

Professional boundaries must also be maintained. Although empathy and understanding are important, the counsellor should not become personally involved in ways that compromise professional judgement or the survivor's autonomy.

The principle of non-maleficence requires practitioners to avoid interventions that may cause unnecessary harm. Counsellors should work within the limits of their competence and seek appropriate supervision or referral when a case exceeds their professional expertise.

Competence also requires continuing professional development. Practitioners working with survivors of domestic violence should have adequate knowledge of trauma, abuse dynamics, risk assessment, safeguarding, referral systems, and culturally responsive practice.

## 6. DISCUSSION

The case of Maria demonstrates how trauma-informed counselling can provide a structured but flexible approach to recovery following domestic violence. The counselling process did not begin with an attempt to analyse every traumatic experience. Instead, it began with safety, trust, stabilization, and an understanding of Maria's immediate circumstances.

This progression is significant because leaving an abusive relationship does not automatically remove the effects of trauma. Survivors may continue to face fear, financial insecurity, legal challenges, social isolation, and concerns about their children. Counselling must therefore consider the wider environment in which recovery takes place.

The case also demonstrates the importance of empowerment. Maria's recovery was not defined by the counsellor's decisions but by her increasing ability to make decisions for herself. This reflects the broader understanding of trauma-informed practice as a way of working rather than a single counselling technique.

However, trauma-informed counselling should not be viewed as a substitute for broader social and institutional responses to domestic violence. Counselling may help survivors develop coping strategies and rebuild confidence, but persistent poverty, unsafe housing, inadequate legal protection, and limited access to services can undermine recovery.

Consequently, organizations providing services to survivors should incorporate trauma-informed principles into their policies, staff training, referral systems, physical environments,

and methods of service delivery. The responsibility for trauma-informed practice should not rest solely with individual counsellors.

## 7. CONCLUSION

Trauma-informed counselling offers an important framework for supporting survivors of domestic violence. Its emphasis on safety, trust, collaboration, choice, empowerment, and cultural sensitivity is particularly relevant to individuals whose experiences of abuse have undermined their sense of control and security.

The case study presented in this paper shows that effective counselling should proceed at a pace that respects the survivor's circumstances and readiness. Establishing safety and trust, providing appropriate psychoeducation, strengthening emotional regulation, promoting empowerment, and reconnecting survivors with supportive relationships can contribute to recovery.

Nevertheless, effective trauma-informed practice requires more than individual counselling skills. Counsellors need appropriate supervision and training, while organizations need systems that support confidentiality, safeguarding, referral, and multidisciplinary cooperation. Ultimately, survivors of domestic violence should not be defined by what happened to them. A trauma-informed approach recognizes their experiences while also recognizing their strengths, choices, dignity, and capacity to rebuild their lives.

## REFERENCES

1. Courtois, C. A., & Ford, J. D. (2016). *Treatment of complex trauma: A sequenced, relationship-based approach*. Guilford Press.
2. Gillum, T. L. (2019). The intersection of intimate partner violence and culture: Expanding our understanding. *Violence Against Women, 25*(1), 3–17.
3. Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books.
4. Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. U.S. Department of Health and Human Services.
5. Walker, L. E. (2017). *The battered woman syndrome*. Springer Publishing Company.