



APTII

**ANTI-PATHOLOGISING
TRAUMA-INFORMED
SERVICES**

CHALLENGE | CHANGE | INFLUENCE



VictimFocus

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Who we are

VictimFocus is a leading research, training, and consultancy organisation working internationally to challenge, change, and influence tens of thousands of professionals, and millions of members of the public to rethink their understanding of victim blaming, selfblame, victim stereotyping, misogyny, racism, classism, interpersonal violence, psychological trauma, pathologisation, victim care, and victim's rights.

VictimFocus operates for social good. Profits are reinvested into free research, resources, campaigns, toolkits and approaches that support government, services, professionals and the public to change the way they think, feel and behave when responding to violence, abuse and trauma in society.

Contact us at admin@victimfocus.org.uk

A photograph of two women in an office. The woman in the foreground is smiling broadly, looking towards the camera. She has short, wavy brown hair and is wearing a blue blazer over a yellow top. The woman in the background is also smiling, looking towards the right. She has dark hair pulled back and is wearing a light-colored top. They appear to be working at a desk with a computer monitor visible in the background.

A Guide for Practitioners

APTI is a conceptual approach to all forms of human support services ranging from health services to community charities. Much can be gained from adopting an anti-pathologising, trauma-informed approach to supporting humans in distress.

Pathologisation is common, even within services which claim to be trauma-informed. APTI is best considered an approach to culture change that would require systemic redesign, consistent and confident leadership, an increase in education, and a change in service delivery.

ANTI-PATHOLOGISATION TRAUMA-INFORMED

APTI Core Values

- 1.** Trauma and distress are universal experiences. At one time or another, every human will experience, or be subjected to, some kind of experience that significantly distresses or traumatises them. These experiences will manifest differently in each person, with many common overlaps within and between people, and traumas.
- 2.** Humans live in a global society which frequently causes them ongoing indirect and direct harm through large systems of power and control such as colonialism, capitalism, socialisation, tradition, culture, religious beliefs, racism, misogyny, homophobia, classism, poverty, deprivation, segregation, war, drought, instability, and inequality.
- 3.** Trauma responses, coping mechanisms, and related changes in thoughts, beliefs, feelings, and behaviours are highly likely to be natural, common, understandable, and explainable.
- 4.** The professional who is providing the service or support is likely to also have significant experiences of trauma and distress themselves, in addition to vicarious trauma from repeated exposure to distressing disclosures and work environments. It is important that the professional acknowledges and understands their own trauma and coping mechanisms, and does not seek to deny, or minimise them in order to appear authoritative.
- 5.** People deserve access to support services which validate, support, explore, listen, mentor, and guide them without seeking to diagnose them as mentally disordered, or in need of psychiatric medication.
- 6.** The relationship is often the 'intervention'. In many cases, the action of a human supporting, listening, providing a safe space and validating the feelings and experiences of another human is the most impactful.
- 7.** The client should never be under pressure or expectation to disclose or discuss trauma or distress in a trauma-informed service. Much useful support can be provided without disclosure and detail. Similarly, there should never be an expectation that the client needs to 'deep dive' back into years of traumatic memories and experiences in order to move forwards.
- 8.** Professionals must accept that therapeutic input is not always needed or desired, and that people require different approaches at different times of their lives. There is no one-size-fits-all. Some people benefit greatly from one-to-one talking therapy, but for some, this can be deeply traumatic and unnerving. However, there are many other alternative approaches, and we must ensure we do not support the 'medication or therapy' myth.
- 9.** Support of the client avoids individualising the distress into the mind of the person, and instead explores external stressors and traumas that are having an impact on the life of the person.
- 10.** Professionals should be advocates for their clients, and be willing to support them to remove or correct inaccurate, misleading, harmful and biased information or diagnoses from their medical and support records. This may include accompanying or supporting the client to advocate for themselves in asking for their medical files, case records, care records, or documentation in order to challenge malpractice or misdiagnosis.

VALIDATE

What is VALIDATE?

To support professionals in causing change, we have created the **VALIDATE** acronym.

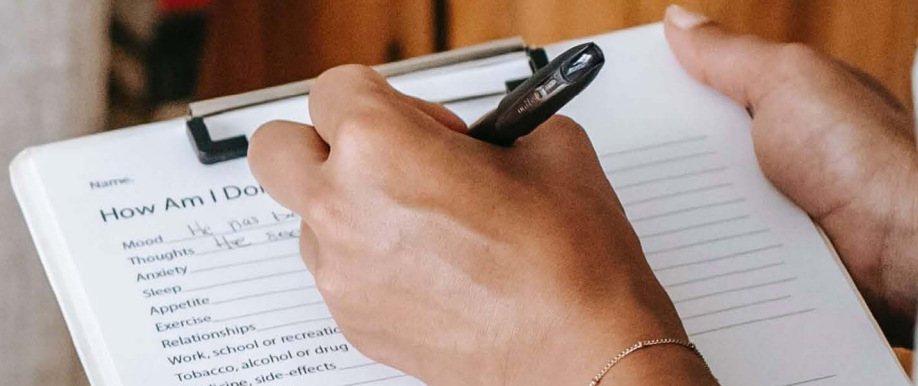
The **APT** service should aim to **VALIDATE** the client, their experiences, and their needs:

- V** **Victim focussed:** The service is focussed on the rights, wellbeing, journey, experiences, and needs of anyone who is a victim of harm. They should advocate for and protect victims of any form of harm.
- A** **Anti-pathology:** The service rejects the pathologisation of their clients, and does not support the pathologisation of responses to human trauma. The service does not seek to, or support the psychiatric diagnoses, medication, restraint, or forced treatment of humans who have been traumatised and distressed by experiences.
- L** **Logical:** The service provides logical and rational approaches to traumatised people, which demonstrably consider what is in the best interests of their clients. Similarly, the service believes that trauma responses to distressing experiences are logical, rational, and explainable.
- I** **Informed:** The service is well-informed, well-educated and provides an evidence-based approach to trauma, distress, abuse, harm, and oppression. The service is committed to teaching their clients and/or wider community about trauma, harm, distress, and oppression.
- D** **Dynamic:** The service is dynamic and flexible in the way it responds to people in need. The service understands that everyone needs something unique and tailored to their trauma.
- A** **Anti-oppressive:** The service is committed to anti-oppressive practice and theory, and rejects any theory, resource, practice or policy that oppresses, stereotypes, harms, silences or ignores marginalised groups of people.
- T** **Trauma informed:** The service is trauma-informed and understands the impact trauma and distress has on humans.
- E** **Ethical:** The service strives to 'do no harm', and to abide by ethical guidelines in all of their work to avoid abuse, harm, exploitation, bullying, discrimination and violence. One of the most powerful impacts of APTI approaches is to validate and depathologise normal, natural responses to human distress.

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OPPRESSION



Understanding and addressing the role of oppression

An anti-pathologising, trauma-informed approach must include a thorough and demonstrable understanding of the role of oppression and institutional discrimination in human distress and trauma (both historically and currently). Rather than seeing the client as an individual who is experiencing 'symptoms' and 'signs' of an illness or disorder of the mind, a trauma-informed approach must consider that millions of people will be subjected to daily, chronic, ongoing distress and trauma due to being exposed to oppression and oppressive systems, institutions, beliefs, narratives, and social norms.

This means moving away from individualising and internalising the suffering into the human, and avoiding the location of 'issues' within the brain. Instead, the practitioner should step back, and take stock of the often numerous, and overwhelming, pressures, traumas, distress, fears, and difficulties a person may be facing.

During this process, examining intersectionality of trauma and oppression should be considered a basic starting point, as no matter what the person has been through in their life, inequality, oppression and protected characteristics will play a role in those events, experiences, and the response they received from support networks, professionals and wider society.

Techniques

Dynamic approaches and techniques

Becoming APTI as a service or as a professional does not necessarily mean adopting a new modality, technique, approach or discipline. For some people, it is simply a different way of thinking about the conceptualisation of trauma, distress, pathologisation and validation.

Secondly, due to how unique all humans, all traumas and all trauma responses are, it is useful to have multiple approaches, resources, perspectives and techniques that can be used, mixed, or considered for each client as they work through their own journey of processing and understanding their trauma. It is worth reflecting on whether you use any resources, techniques or approaches that are incompatible with APTI core values, though. For example, if your service uses resources which tend to shock and retraumatise the client into behaving or thinking differently, this would not be a technique that could be supported by APTI approaches. Similarly, if it is your practice or within your service to assess and then diagnose people with mental disorders and recommend medication or other invasive treatments for their 'disorder', this would not be compatible with APTI approaches, as they would be theoretically opposing approaches to human distress.

Your Work

Implementing APTI approaches in your work

Implementing APTI approaches to the work you do as a professional may range from simply adopting and changing your own practice as an independent practitioner (if you can do this), to very large systemic processes of consultation and change (if you belong to a large organisation or institution). It is likely that this process will take time, and it is therefore important to consider examining the following:

1. Policies which relate to trauma, vicarious trauma, wellbeing, mental health, distress, risk assessment, and referrals
2. Relationships and referral pathways to partner organisations, and whether they also uphold APTI core values. If they do not, how to work with them in a way that does not pathologise your client further
3. Training and education of staff, management, and volunteers
4. The use of interventions, resources, techniques, and approaches (and whether they are APTI)
5. Referral forms, questionnaires, psychometric measures
6. Service design and delivery models (and whether they are APTI)
7. Monitoring and reporting of service performance, client progress, or data collection of clients and their experiences
8. Whether the service or approach could meet the VALIDATE acronym.

For further information on what we do or for bespoke training please contact:

admin@victimfocus.org.uk

www.victimfocus.com

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