

Working with violence and trauma: a response-based practice critique

Response-based practice (RBP) offers a revised approach to working with violence and trauma. RBP critiques the many established taken for granted concepts about mental health and trauma-informed practices that inadvertently misrepresent the victim of violence/violation. From our own combined experience of over 25 years of practice with people who have suffered from violence, violation, or other forms of adversity, we are confident that with this misrepresentation addressed, clinicians will be able to provide greater assistance to those seeking help.

Most importantly, we find that there is a **basic assumption** missing from the ideology of trauma-informed practice and indeed the mental health field in general. That is, the understanding that **people are constantly responding to and resisting violence**. These responses are not *passive*, rather they are **intelligently active** responses to the situational and contextual setting in which violence is occurring. We have found that these responses are deeply meaningful to the person when placed in context, and although mostly hidden from view, the meaning and connection to these responses are accessible when explored.

Without this basic starting assumption, we have seen that these responses are either not given the importance they deserve or are not presumed to exist and therefore not enquired about. Unfortunately, instead these responses are often reframed as symptoms of illness/trauma. Notably, in the absence of this basic assumption, we have seen a proliferation of formulated theories about the victim which misdirect the attention towards “the trauma” and not the meaningful responses to violence in the situation and context in which violence is occurring.

We believe once this misrepresentation has been addressed, and considered alongside a violence-informed practice, the entire field of mental health and trauma informed practices can benefit greatly.

What is resistance and why is it meaningful?

Firstly, we need to disabuse ourselves of the notion that resistance prevents, reduces, or stops violence. The use of violence commonly operates strategically to ensure that victims have limited options or access to resources. While resistance is ever-present, it is also largely overlooked or disregarded by mental health professionals. Direct or overt responses to violence are the least used forms of resistance because this would inevitably be met with further and increased violence. People are well aware of this and the fact that people know this says two things,

1. That people are already monitoring their safety in and around violence, and
2. That perpetrators understand that people don't appreciate being abused, and work in ways to undermine the victim's ability to respond.

This positions perpetrators ahead of mental health professionals who don't account for people **constantly responding to and resisting violence** and this tends to work in the perpetrators favour. This is because the outcome tends to be that victims become pathologised/blamed for their responses (for perceived inaction) and therefore the intentionality and deliberation of how the violence has been used is concealed along with the victims' responses and resistance. Concerningly, this inadvertently ends up supporting the perpetrator. Additionally, while people's responses to violation continue to be framed as problematic it impedes the genuine healing and grieving process needed to find peace.

Responses can be many things, not just overt actions. For example, feeling bad is a response and a form of resistance because feeling bad about being mistreated, also points to the fact we would prefer to be treated fairly and with respect. Therefore, any form of disagreement, in mind, body or speech, about being mistreated, is a response *and* a form of resistance.

So, what are some non-direct or less visible forms of resistance?

Mental resistance

When a person is absolutely unable to show any outward resistance to the violence or oppression being faced, then the only place it may be safe to respond/resist is in the mind. Mental forms of responses and resistance demonstrate that a person's experience of violence is pervasive in their minds, where they are actively considering and responding to their situation. This challenges the notion of the passive accepting victim (e.g., learned helplessness). Actually, we have not found one person who accepts unfairness or abuse at a feeling level, so why would they at any other level, including in their minds?

We recommend clinicians spend some time exploring all of the ways people mentally disagree with the actions taken against them. Especially, the ways in which they tend **not to speak out loud** or have ever spoken about. Breathe life into these mental actions, thoughts, dreams, fantasies, and longings. Explore their meaningfulness as it mirrors the pain of the circumstances surrounding the requirement of needing them. Then you will have rich ground to explore the active position of the victim and when linked together, a picture can emerge of the meaningful and ongoing determination that lives in opposition to the wrongness of the actions and violence taken against them. Remembering here, that resistance, in this sense, is not about the success of stopping, reducing, or evading violence or oppression.

Why James C Scott's work on resistance is so important for violence informed practice.

Significantly, James C Scott brought to light the politics of resistance in power relations. The social politics in power relations can work in ways that proffer some as beneficent, while dominating, and others as compliant while being dominated. In both positions Scott (1985, 1990) highlights that there are misrepresentations in action. While one justifies its domination, the other protects itself from the consequences of dissent. It is from these observations that Scott evolved an understanding from which **everyday resistance** can be better understood and contribute to a more accurate analysis of violence and responding to violence.

Scott points out that there is a difference between the way the oppressor can behave in comparison to the surveillance under which oppressed people must operate. Under surveillance oppressed people must take care in how they respond to the oppressors lest they evoke punishing retaliation for their disobedience. This is not to say that small but significant ways aren't found to undermine the totalitarian regime, just that these ways are intelligent, hard to pick, and discreet enough to evade potential retaliation. Similarly, responses to violence are also careful, considered, low-key ways of responding, taking care to not evoke retaliation. Many of these are unseen and sometimes occur in opportunistic ways, such as exploiting small opportunities or helping others. There is a more inclusive way in which responses and resistance are being described throughout this paper, but Scott's (et al, appendix 1) are the origins of such thinking.

The embedded colonial code in professional practice

While oppressed people may respond and resist in more hidden ways, oppressors operate in more overt ways that often position themselves as beneficent while concealing their more self-directed motivations. This is more of a theatre of politics where justifications are given for the *necessary treatment* of certain individuals.

Todd and Wade (2003) identified a three-part colonial code embedded in the grand colonial narrative of "civilisation and progress" (p. 37). Simply outlined as such,

1. I am proficient/civilized,
2. You are deficient/native,
3. Therefore, I have the right and responsibility to act upon you (civilize you) - for your own good.

This embedded colonial code is evident in many power relations such as professional power, which might look something like,

1. I am educated/qualified,
2. You are sick/distressed/disordered,
3. I have the right and responsibility to diagnose and treat you accordingly – for your wellbeing.

Whether colonial, professional, or other situations of power relations where violence may be present, the operations of power are remarkably similarly justified. However, also similar are the ways in which oppressed people respond; in necessary low-key ways, as to not alert attention to their dissent, disagreement, or aversion to the treatment received.

Misrepresenting Violence and Resistance

Linda Coates and Allan Wade (2007) draw the conclusion that "the problem of violence is inextricably linked to the problem of representation" (p.1),in that the operations of language can misrepresent or clarify or obscure responses and resistance to violence.

Symptomizing responses is one way that language is not merely a casual or passive act of description. Rather, it is constitutive and constructive in reframing people's responses and resistance in a way that obscures and misrepresents them. This misrepresentation, in part, also scaffolds towards victim blaming. When the victims' responses and resistance are reframed as symptoms of mental health, the focus becomes their internal functionality rather than their contextual functioning where the meaning and purpose of responses exist. With this context surgically removed, the only thing left visible is the decontextualised response. These responses are then given alternative names and explanations by the mental health professional, e.g., about brain functioning, trauma, anxiety, depression... and so on. This leaves the persons responses and their context disconnected. From here it is easier to "appear" as though the person is being "effected by", rather than, "responding to" their situation and context. It is this situating that creates a passive position which contributes to the notion of the passive, inactive, effected, impacted victim.

The opportunity response-based practice offers is the capacity to be incredibly nuanced. It provides an opportunity to demonstrate a life in which responses and resistance, to and against violence and oppression, are acknowledged. It provides an opportunity to explore the rich context in which these responses and resistances are situated and in doing so connect meaning that contextualises them.

How to know that violence is deliberate.

The use of violence or violation intrinsically requires knowing that people will need to be kept "in line" to the regime being administered. The effort required to do this is significant, one must be mindful of the danger of being exposed. Therefore, there is a need to maintain control of the narrative, along with the person. While aspects of this maintenance are assisted through certain social norms, e.g., sexism and racism, it can also be understood that in many instances this "knowing" lives in the felt experience of the perpetrator as stressfulness, watchfulness, jealousy, fear, and a sense of righteous entitlement.

Situational logic plays a part in the determination to use violence. Factors such as, where they are, what the situation is, who is present... and so on, all contribute to the perpetrators in-the-moment deliberations. For example, some people may restrain themselves from using violence at work but not out in public or other places (or vice versa). While there are many instances of one-off uses of violence, even these require the same amount of consideration and deliberation. Therefore, exceptions to the deliberateness of violence could be expected to be considerably minimal in comparison to the expected norm. Some exceptions may be found in cases of brain injury, severe mental unwellness, dementia, or some instances of intellectual disability where a severe diminished capacity of cognitive processing and ability to communicate is factually present.

However, even in these instances a level of cognisance may be found, again perhaps with few exceptions to the contrary. Due to these factors, it becomes very difficult to support the notion that violence is an *in-the-moment* loss of control, blackout rage, or without a level of deliberation. The good news is that because violence requires deliberation, and is deliberate, then the deliberation to not use violence is also equally possible. In using the term

deliberation here, I am not referring to long drawn-out thinking processes, rather I am suggesting these are fast intuitive deliberations and demonstrate more social intelligence and skill than descriptions of “blind rage”. Or other such narratives that generally discredit the perpetrator of intelligence and responsibility.

People are responding to violence and the systems that minimise their experience and reformulate their responses and resistance as symptoms of disease.

A current and powerful narrative in the mental health field are the ideas relating to trauma-informed practice. I witness practitioners speak about trauma-informed practice with a level of compassion regarding the so-called effected person as “having trauma”. While there is a compassionate stance that trauma-informed practice can promise, it also comes with some very serious implications when not understood alongside a violence informed practice.

That is to say, with no knowledge of how violence and context operate in the real world and to which the person is responding and resisting, whether in the past, presently, or anticipating in the future. As mentioned earlier, when this information is removed, it removes vital context and any opportunity to situate a person’s responses alongside the meaning making required to connect them. Without this context, indeed it does leave a person appearing to be effected by trauma.

In part this misrepresentation occurs because it is not standard practice in the mental health fields to understand that people are actively responding to and resisting violence. Rather, the opposite is true. Many mental health professionals instead argue that people are effected by trauma. Also, the language of trauma positions people as object/affected, not as active/responding. This occurs, as stated earlier, through descriptions of symptomology which are reframed responses and are instead considered as effects of trauma. This oddly positions a person as responding to their trauma, not the violence or violation, and therefore a decontextualised description.

However, this misrepresentation can be reconciled through the contextual and micro analysis response-based practice offers.

I was once told by a person, in consultation, when they were recounting their experiences of violence, and the social and systemic responses they received, that, “...it’s hard to get out of the mud when your responses are considered the problem... suddenly the mud isn’t the problem... that in itself, becomes very undermining, and makes it more difficult to get out of the mud, also, now, I’m the problem, not the mud...!!”.

Inconclusion

People who use violence have a better handle on victim resistance than mental health professionals. This is evidenced in the way perpetrators of violence anticipate and work to undermine and overcome the victim’s resistance. However, while overt resistance may be overpowered by the perpetrator the victim still continues to ongoingly respond and resist. These ways of responding have been so largely overlooked that they are not considered to exist or simply lack importance to the mental health professional. However, it is these very

responses that provide vital context to the hidden life of the victim. Also, without this context people can appear passive/inactive or effected by trauma. When these responses are given the opportunity to be explored, we have found it positions the person as active in their distress and greatly assists in the healing journey of the victim of violence.

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Appendix 1: Ubiquity of resistance

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