

SOCIAL MECHANISMS OF TRAUMA-INFORMED PSYCHOLOGICAL ASSISTANCE FOR WOMEN IN CRISIS SITUATIONS

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Abstract: This study examines the social mechanisms of trauma-informed psychological care (TIC) provided to women in crisis situations. The article analyses contemporary models of crisis intervention, the socio-psychological consequences of trauma, and the potential for post-traumatic growth among women. The integration of digital technologies and artificial intelligence into psychological support systems, the advantages and limitations of online therapy, and the therapeutic potential of social networks are discussed in depth. Based on the research findings, innovative recommendations for developing the crisis psychological services system in Uzbekistan have been formulated.

Keywords: Crisis Intervention, Trauma-Informed Care, Post-Traumatic Growth, Digital Psychology, Online Therapy, Social Mechanisms, Women, Psychological Services

Introduction

Women's Psychology in the Context of Crisis and Trauma

Globally, women are significantly more likely to encounter crisis situations than men. Among the primary causes are domestic violence, financial dependency, reproductive stress, and the cumulative effects of social discrimination. According to WHO data (2023), women constitute 85% of domestic violence victims worldwide, and 40% of them develop post-traumatic stress disorder (PTSD)[1].

In recent years, Uzbekistan has implemented important legislative reforms to combat violence against women. The Law on Protection of Women from Harassment and Violence, adopted in 2019, legally consolidated the crisis psychological support system. However, in practice, the quality and availability of crisis psychological assistance remain insufficient[2].

This article is devoted to analysing the social mechanisms of Trauma-Informed Care (TIC) in the context of women in Uzbekistan. The trauma-informed approach implies a shift from the traditional question 'What is wrong with her?' to 'What happened to her?', taking into account the person's entire socio-psychological history[3].

The Socio-Psychological Model of Trauma: Theoretical Foundations

In the psychology of trauma, Judith Herman's (1992) theory of 'Complex Trauma' occupies a central place. Herman demonstrates that women are often subjected not only to 'primary trauma' (violence, disaster) but also to 'secondary traumatisation' arising from others' refusal to acknowledge the problem, a negative response from the support system, or victim-blaming by society[4].

The socio-ecological model of trauma (Kirmayer et al., 2014) emphasises that trauma is not an individual psychological event but a process formed within the context of social relations. This model is particularly relevant in collectivist societies such as Uzbekistan, where trauma manifests not only as a personal experience but also as a familial and communal one[5].

Polyvagal Theory (Porges, 2011) provides an important neurophysiological basis for trauma-informed care. According to this theory, a person who has suffered trauma first feels the need to restore a sense of safety. Accordingly, trauma-informed psychological assistance must begin by creating a safe social environment, and only then proceed to developing a trauma profile[6].

The concept of Post-Traumatic Growth (PTG) — introduced by Tedeschi and Calhoun (1996) — demonstrates that the outcome of trauma need not be crisis alone; positive transformation is also

possible. Research has found that PTG is observed more frequently in women than in men, which is associated with women's skills in strengthening social bonds and seeking meaning[7].

Methodology

Contemporary Models of Crisis Intervention and Their Social Dimensions

Crisis intervention refers to intensive psychological assistance provided promptly to a person in a crisis state, with the aims of restoring functional capacity, reducing risk, and directing the individual towards long-term support. Roberts' model (ACT model, 2005) classifies crisis intervention into 7 stages: establishing rapport, identifying the problem, acknowledging feelings, exploring alternatives, forming a plan, taking action, and follow-up.

Psychological First Aid (PFA), recommended by the WHO, is an approach applicable in both emergency situations and domestic crises. The core principles of PFA are: ensuring safety, active listening, providing information, and directing towards long-term support. A key advantage of this approach is that it can be applied not only by psychologists but also by specially trained community workers, nurses, and volunteers.

In our study, the causes of crisis were analysed through clinical-psychological interviews conducted with 85 women in crisis situations aged 18 to 55. Domestic violence accounted for 47%, financial hardship for 23%, social isolation for 15%, loss and bereavement for 10%, and other causes for 5%. This data confirms that the primary focus of crisis psychological services in Uzbekistan should be situations related to domestic violence.

Comparative Analysis of Crisis Intervention Approaches

Table 1. Comparative analysis of crisis intervention approaches in the context of Uzbekistan

Approach	Core Principle	Effectiveness	Suitability for Uzbekistan
Trauma-Informed Care (TIC)	Safety, trust, empowerment	High (evidence-based)	Cultural adaptation required
Psychological First Aid (PFA)	Rapid stabilisation	Moderate-high	Can be widely disseminated
Cognitive Behavioural Therapy (CBT)	Changing thoughts, feelings and behaviour	High (for PTSD)	Requires a specialised psychologist
EMDR Therapy	Trauma reprocessing via eye movement	Very high (for PTSD)	Insufficient number of specialists
Mindfulness-Based Therapy	Present-moment awareness and acceptance	Moderate	Compatible with religious values

Digital Technologies and New Opportunities in Psychological Services

Digital psychology (e-mental health) is opening new horizons for providing psychological support to women. The COVID-19 pandemic (2020–2022) gave a powerful impetus to the development of digital psychological services, and a number of studies confirmed that online psychotherapy is almost as effective as face-to-face therapy (Andersson et al., 2019).

Digital psychological support offers a number of distinctive advantages for women. It eliminates geographical barriers, enabling women in rural areas to access professional assistance. It reduces social stigma by allowing help to be sought safely from the home environment. It offers scheduling flexibility, enabling women with children or busy work schedules to choose convenient session times. Anonymity

is also a significant factor during early stages when the level of trust is low. However, digital psychological services also have limitations. In cases of crisis and elevated risk of suicide, the online format is insufficient. Limited internet access (still affecting part of the population) may exacerbate geographical inequality. The absence of physical therapeutic contact reduces effectiveness for some clients. Data privacy and security also remain pressing concerns.

Since 2022, online psychological counselling services have been developing in Uzbekistan through platforms such as 'psixologik.uz' and 'ziyonet.uz'. However, specialised services targeting women on these platforms are not yet sufficiently developed. In the future, 'chatbot-psychologist' systems based on artificial intelligence hold considerable potential as tools for initial screening and referral.

Therapeutic Potential and Risks of Social Networks

Social networks (Instagram, Telegram, Facebook) are increasingly becoming an important source of social support for modern women. Research shows (Frost & Rickwood, 2017) that membership in mental health communities on social networks increases help-seeking behaviour among women in crisis situations.

Psychological support groups on Uzbekistani Telegram channels are also gaining wide popularity. According to 2023 data, channels such as 'Psixologik yordam' and 'Ayollar kengashi' and similar channels have more than 250,000 active users in total. Although these groups are often not moderated by professional psychologists, they serve a peer support function.

However, the risks of social networks are also considerable. The spread of false or harmful psychological advice, fraudulent activities by 'pseudo-psychologists', breaches of confidentiality through public disclosure of personal information, and the 'echo chamber' effect (being surrounded only by like-minded views) are all negative aspects of psychological support via social networks. For this reason, social networks should be regarded not as a replacement for professional psychological services but as a supplement to them and a means of directing individuals towards such services.

Cultural Adaptation of Trauma-Informed Care: The Uzbekistan Model

Adapting trauma-informed psychological care to the cultural context of Uzbekistan requires attention to several key aspects. Firstly, the presence of the cultural concepts of 'uyat' (shame) and 'or' (honour) creates barriers to seeking psychological help. The TIC principle of creating a stigma-free and safe environment is therefore especially important in Uzbekistan.

Secondly, religious faith is a significant psychological resource for many women. The Islamic concepts of patience (sabr), trust in God (tavakkul), and gratitude (shukr) can become sources of spiritual support in the process of recovery from trauma. A number of studies (Rew & Wong, 2006) indicate that integrating religion with psychotherapy enhances therapeutic effectiveness in certain cultural groups.

Thirdly, for women living within an extended family system, providing individual psychological support without engaging the family system is challenging. In this context, involving family members (with the husband's consent) in the support process, or activating family resources, may be more effective. Short courses developing 'love languages' and family communication skills can serve as useful instruments in this area.

Fourthly, the widespread phenomenon of 'somatisation' among Uzbekistani women — that is, the expression of psychological problems through physical symptoms — is an important diagnostic signal for clinical psychologists. Headaches, fatigue, insomnia, and digestive problems can often be physical manifestations of underlying stress or trauma.

Results

The study was conducted in 2022–2023 at three crisis centres in Tashkent city and Tashkent region. Research design: mixed methods — quantitative survey and qualitative interviews[8]. Participants: 96 women aged 18–55 who sought crisis psychological assistance (control group: 48 women who did not

seek assistance, with similar demographic characteristics)[9].

Methods employed: PCL-5 (PTSD Checklist, adapted into Uzbek) for assessing post-traumatic stress disorder; MOS-SSS for assessing social support; PTGI (Post-Traumatic Growth Inventory) for measuring post-traumatic growth; and semi-structured clinical interviews[10].

Key findings: after a 12-week TIC programme, PCL-5 scores among women who sought crisis assistance decreased by an average of 38%; PTGI indicators increased by 44% (post-traumatic growth); the social support rating improved by 29%; 78% of participants reported being able to accept online format sessions; the level of engagement with religious resources increased by 31% during the therapeutic process[11].

Analysis of qualitative interviews revealed three main themes: (1) the therapeutic importance of feeling 'heard' all participants used the phrase 'someone truly listened to me'; (2) fear of social stigma remains the primary barrier; (3) group therapy is regarded as particularly valuable in addition to individual therapy, as the sense of 'I encountered someone like me' produces a powerful therapeutic effect[12].

Discussion

Based on the research findings, the following key recommendations have been developed for improving the crisis psychological services system in Uzbekistan.

At the systemic level: mandatory introduction of trauma-informed care principles into the operations of all psychological support institutions; provision of crisis psychological assistance around the clock via telephone and online channels; establishment of a specialised certification system for psychologists in EMDR and TIC[13].

At the level of cultural integration: development and piloting of integrative methods that synthesise trauma-informed care with Islamic psychology and local values; exploration of the therapeutic use of national archetypes and narratives such as 'Onaxon' (the mother figure) as psychotherapeutic resources[14].

At the digital level: creation of a specialised online psychological support platform tailored to women; development of an AI-based initial screening tool; introduction of a professional online supervision system for psychologists[15].

Conclusion

Providing trauma-informed psychological support to women in crisis is a complex, multi-layered, and context-dependent process. Its effectiveness depends not only on the psychologist's competence but also on the coherence of the social environment, cultural relevance, digital capacity, and institutional support system. The optimal model for Uzbekistan is an integrative system that synthesises globally evidence-based approaches with the local socio-cultural context, and which is accessible and convenient for all women, regardless of geographical location or social status.

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