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The author combines her many years of practical experience with scientific approaches, providing an in-depth analysis of the specifics of working with vulnerable groups, risk factors, and intervention mechanisms.



**“Optimal Rehabilitation Models” Social-Psychological  
Rehabilitation Models Based on the Values of the Turkic Peoples**

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**CONCEPTUAL FOUNDATIONS**

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**Socio-Psychological Rehabilitation Models Based on the Values of Turkic**

**Peoples**

**CONCEPTUAL FOUNDATIONS**

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**Conceptual Foundations – “Optimal Rehabilitation Models.”**

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This manual is intended for specialists working with individuals exposed to violence—especially women, children, and other vulnerable groups—and presents an approach to socio-psychological rehabilitation from the perspective of cultural values.

The main idea is that although violence is a universal phenomenon, its mechanisms, forms of concealment, social consequences, and recovery pathways are closely tied to each society’s value system, family model, and social structure. In this regard, the historical, cultural, and ethical heritage of Turkic peoples holds special scientific significance for understanding violence and designing rehabilitation.

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## FOREWORD

In the modern era, international standards, human rights approaches, and evidence-based intervention models in the field of combating violence are widely promoted and applied. However, practice shows that when these models are implemented without taking into account the local cultural context, family relationships, and social norms, the rehabilitation process either remains incomplete or does not yield long-term and sustainable results.

It is precisely from this perspective that the presented manual aims to fill the mentioned gaps. Without rejecting universal scientific approaches, it is extremely difficult to achieve this without presenting them in a way harmonized with the moral and cultural value system of Turkic peoples.

The manual provides a theoretical framework for scholars and researchers from the standpoint of cultural-psychological analysis of violence and the integration of classical Turkic and Eastern intellectual heritage with modern trauma theories. For social workers, the manual serves as a practical guide for risk assessment, working with families and communities, and adopting a sensitive approach in cultural and ethical decision-making processes. For psychologists and psychotherapists, it establishes conceptual and methodological foundations showing how trauma-oriented interventions can be harmonized with cultural codes. At the same time, it is intended as a useful resource for law enforcement officers, educators, healthcare professionals, and policy-making institutions in understanding the hidden social mechanisms of violence.

This methodological manual does not claim to be a universal “recipe book.” The approaches presented here do not simplify the complexity of violence; on the contrary, they aim to understand its multi-layered nature—within the framework of individual trauma, family relationships, social stigma, economic dependency, and cultural norms. The goal is not to subject the specialist to rigid schemes, but to provide them with scientific and ethical tools to think, evaluate, and make decisions appropriate to the situation.

In the manual, concepts such as tradition, justice, compassion, dignity, and responsibility—reflecting the classical intellectual heritage of Turkic peoples—are interconnected with modern human rights, gender equality, and trauma theory within a unified approach, functioning as a mutually complementary conceptual system. The main principle here is that cultural values should not serve as mechanisms that conceal violence, but should transform into protective and restorative



resources against it. The unity of the family is demonstrated not through the silencing of the individual, but through ensuring their safety and dignity.

Since the manual is intended both for academic discussion and practical application, along with theoretical analysis, the ethical foundations, risks, and limitations of rehabilitation approaches are openly presented. The reader is not given ready-made answers, but rather responsible questions. Questions such as where courtesy ends and legal intervention begins when working with a victim of violence are clarified. When working with the family is protective and when it becomes dangerous, and in which cases silence is a choice or a continuation of violence—these issues are explored.

The manual does not limit pathways out of violence only to the recovery of the individual. The main objective here is to contribute to restoring psychological resilience at the levels of the individual, family, community, and society.

The cultural and moral values of Turkic peoples are presented in this process not as a return to the past, but as an ethical and cultural point of reference for looking responsibly toward the future.

The main approach emphasized in the foreword of the manual—viewing violence within cultural, social, and psychological contexts—is intended not merely to inform the reader, but to encourage them to think, reassess existing approaches, and view their professional responsibility within a broader framework. Because working with violence is not only a technical activity limited to facts, statistics, and legal procedures, but also an engagement with values, social norms, and human dignity. Any scientific or methodological approach to violence must begin with understanding where and under what conditions it occurs. This understanding should not be limited to individual behavior, but must also include family relationships, the sensitivity level of communities, silent modesty, and mechanisms of social justification.

For this reason, violence in the manual is not considered as an “isolated event,” but as a process formed within a system of social relations and often shaped and maintained by that very system.

# INTRODUCTION

## Modern Transformation of Socio-Psychological Rehabilitation

In the 21st century, the concept of socio-psychological rehabilitation has entered a phase of fundamental transformation. Whereas previously interventions were mainly focused on eliminating post-traumatic symptoms within the framework of clinical psychology and psychiatry, in the modern era rehabilitation is analyzed more broadly—at social, cultural, and structural levels.

Trauma is now evaluated not only as the internal emotional reflection of an individual, but as a complex phenomenon shaped within systems of social relations, collective memory, and cultural norms<sup>1</sup>.

As a result of globalization, migration, urbanization, socio-economic instability, and digital transformation, risks such as identity crises, communication deficiencies despite the abundance of communication tools, social fragmentation, and psychosocial instability have increased. Under these conditions, the effectiveness of applying universal rehabilitation models is called into question, since the same intervention model may produce different outcomes depending on the cultural and social context in which it is applied<sup>2</sup>.

Thus, the need arises to reconceptualize the theoretical framework of socio-psychological rehabilitation. The proposed theoretical framework requires trauma to be considered not only within a clinical dimension, but also within social and cultural contexts.

Trauma theory initially developed as a field explaining this phenomenon primarily within the framework of individual psychological approaches. However, recent research shows that traumatic experiences are interpreted through social structures and collective memory.

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<sup>1</sup> Alexander, J. C., Eyerman, R., Giesen, B., Smelser, N. J., & Sztompka, P. (2004). *Cultural Trauma and Collective Identity*. University of California Press.

<sup>2</sup> Bernal, G., & Sáez-Santiago, E. (2006). Culturally centered psychosocial interventions. *Journal of Community Psychology*, 34(2), 121–132.

The concept of collective trauma is associated with events in the history of social groups being transmitted from generation to generation and leaving traces in collective identity.

In communities, an individual's self-perception is often determined not by an independent "self," but by their social role and position within the family<sup>3</sup>. This feature changes the mechanism through which trauma is understood. In such contexts, an individual may evaluate trauma not only as a personal loss, but also within the framework of the family's and community's reputation.

For this reason, limiting socio-psychological rehabilitation models solely to individual emotional stabilization is insufficient. Alongside individual recovery, the model must adopt a comprehensive approach that takes into account social relations and cultural context. Social reintegration and the restoration of collective relationships are considered essential components.

The term "optimal" in scientific literature is used in the sense of balance, compatibility, and maximum efficiency. In economic theory, optimal choice is associated with the most rational allocation of resources<sup>4</sup>. In psychology, however, the concept of optimal functioning is measured not only by the absence of pathology, but also by achieving well-being and social adaptation<sup>5</sup>.

In the context of rehabilitation, the concept of optimality can be defined in three main dimensions:

- **Clinical optimality** – reduction of symptoms and emotional stability
- **Social optimality** – restoration of social roles and relationships
- **Cultural optimality** – preservation of harmony with identity and values

U. Bronfenbrenner's ecological systems theory explains human development as a multi-level system<sup>6</sup>. According to this approach, optimal rehabilitation must ensure balance between:

- Micro level (individual)
- Meso level (family)

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<sup>3</sup> Markus, H. R., & Kitayama, S. (1991). Culture and the self. *Psychological Review*, 98(2), 224–253.

<sup>4</sup> Sen, A. (1999). *Development as Freedom*. Oxford University Press.

<sup>5</sup> Seligman, M. E. P. (2011). *Flourish: A Visionary New Understanding of Happiness and Well-being*. Free Press.

<sup>6</sup> Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Harvard University Press.

- Macro level (socio-cultural environment)

Thus, optimal rehabilitation is not merely a therapeutic intervention, but a process of achieving social harmony and cultural compatibility.

The historical development model of Turkic peoples has been built on collective responsibility, family-centered structures, and moral values. The strength of the family institution contributes to the formation of social capital. However, at the same time, mechanisms of social control and reputation may lead to the concealment of individual trauma.

The phenomenon of social stigmatization makes it difficult for individuals to openly express traumatic experiences<sup>7</sup>. Concepts such as shame and honor play an important role in regulating social relations. These mechanisms can function both as protective factors and as risk-producing elements in the rehabilitation process.

According to A. Kleinman, culture plays a decisive role in the interpretation of trauma and in the selection of healing strategies<sup>8</sup>.

In this sense, the cultural factor is not merely a supplementary element of rehabilitation models, but a structural component.

Turkic values can play a protective role through social support and collective solidarity. However, as previously noted, fear of social reputation and the mechanism of shame may lead to trauma remaining hidden and to delayed intervention. An optimal model must take this dual structure into account and, by strengthening protective resources, weaken risk factors. This approach activates not only the problem-generating aspects of culture but also its resource-generating side.

In the modern era, concepts such as reputation and honor are also formed within digital platforms. Online stigmatization, loss of reputation, and social isolation create a stronger psychological impact in collectivist societies. Digital transformation generates new forms of cultural trauma and

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<sup>7</sup> Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. Prentice-Hall.

<sup>8</sup> Kleinman, A. (1988). *Rethinking Psychiatry: From Cultural Category to Personal Experience*. Free Press.



requires the updating of rehabilitation strategies. In this case, the optimal model must also integrate digital security and social protection mechanisms.

The manual has been prepared with the aim of addressing the following scientific and practical gaps:

- The absence of a culturally appropriate rehabilitation model;
- The lack of integration between clinical and social indicators;
- The absence of a systematic framework based on the values of Turkic peoples;
- The lack of a methodological structure for practical implementation;
- The necessity of a model applicable at both state and community levels.

The manual presents rehabilitation not only as a post-trauma intervention, but as a process of restoring social and cultural harmony.

The novelty of the research includes:

- Redefining the concept of “optimality” across clinical, social, and cultural dimensions;
- systematization of cultural risk and protective factors;
- Construction of a three-level model at the individual–family–community level;
- Inclusion of the element of cultural awareness in the rehabilitation structure;
- Integration of digital transformation into the model.

The research is based on a multidisciplinary approach. A systems approach is applied within the frameworks of psychology, social work, anthropology, and social theory. The model is constructed on the principle of multi-level intervention and is measured through sustainability indicators.

Here, the “Optimal Rehabilitation Model” functions as a complex system that ensures a balance between clinical stabilization and social and cultural reintegration. This approach, built on the values of Turkic peoples, eliminates the limitations of universal models and presents alternatives adapted to regional and cultural contexts.

The Introduction section establishes the conceptual, theoretical, and methodological foundation of the manual and determines the theoretical and practical direction of the subsequent chapters.

**PART I**

**CONCEPTUAL AND THEORETICAL FOUNDATIONS**

**CHAPTER I**

**SCIENTIFIC FRAMEWORK OF THE CONCEPT OF  
CULTURAL CONTEXT**

**1.1. Culture and Social Structure: Anthropological Approaches**

**The Theoretical Genesis of the Concept of Culture**

The concept of culture is one of the fundamental categories of anthropology. One of its earliest systematic definitions was provided by Edward Burnett Tylor. Tylor defined culture as a complex whole that includes knowledge, belief, art, morality, law, and other abilities and habits acquired by humans as members of society<sup>9</sup>. This approach presents culture as a normative and learned system.

In the 20th century, Franz Boas advanced an analysis of culture based on the principle of cultural relativism, attempting to demonstrate that universal hierarchies lack a scientific foundation<sup>10</sup>. His approach showed that social behavior can only be understood within its own cultural context. This principle can be regarded as a fundamental theoretical basis for modern social work and rehabilitation models.

Clifford Geertz described culture as a “web of meanings” that humans themselves have woven<sup>11</sup>.

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<sup>9</sup> Tylor, E. (1871). *Primitive Culture*.

<sup>10</sup> Boas, F. (1911). *The Mind of Primitive Man*.

<sup>11</sup> Geertz, C. (1973). *The Interpretation of Cultures*.

In this approach, culture is considered not so much as a structure, but as a system of symbolic meanings, and the explanation of social behaviors is carried out within the framework of symbolic interpretation.

### **The Concept of Social Structure and Its Formation**

In classical sociology, the concept of “social structure” was explained by Émile Durkheim within the framework of collective consciousness and social facts<sup>12</sup>. According to Durkheim, social factors exist independently of the individual and possess a coercive character.

Radcliffe-Brown defined social structure as a network of social relations and developed a function-based approach on this basis<sup>13</sup>. According to him, structure is a system of relationships that ensures stability and continuity, and this system serves to maintain social order through each element fulfilling its function.

Talcott Parsons, within the framework of structural functionalism, presented society as a system composed of interdependent subsystems<sup>14</sup>. According to this model, social institutions create normative stability.

### **The Interaction Between Structure and Culture**

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<sup>12</sup> Durkheim, E. (1895). *The Rules of Sociological Method*.

<sup>13</sup> Radcliffe-Brown, A. (1952). *Structure and Function in Primitive Society*.

<sup>14</sup> Parsons, T. (1951). *The Social System*.

Pierre Bourdieu explained the interaction between culture and structure through the concept of \*\*\*“habitus” \*\*\*<sup>15</sup>. In this context, habitus refers to the internalization of social structure within individuals’ behavior.

In this approach, the individual is not a passive object of structure, but rather its reproducer (an active reinforcer and transmitter).

Anthony Giddens, in his theory of structuration, emphasized the dialectical relationship between structure and agency<sup>16</sup>. Structure both constrains and enables.

Within this framework, culture and social structure function as components that mutually shape one another.

### **Kinship and Family Structures**

In anthropology, kinship systems are considered a fundamental element of social structure.

Claude Lévi-Strauss analyzed kinship relations as systems of exchange and symbolic structures<sup>17</sup>. He argued that the family system is not only biological but also a structural symbol.

In collectivist societies, the central role of family structure was extensively explained by Triandis<sup>18</sup>. In such societies, social identity is not individual but collective in nature.

### **Gender and Social Structure**

Sherry Ortner noted that associating women with “nature” and men with “culture” creates symbolic meaning within social structure<sup>19</sup>. This symbolic content legitimizes gender hierarchy.

Judith Butler analyzed gender as a social construct<sup>20</sup>. According to her, gender has a performative character and is continuously reproduced by social structure. Connell, through his concept of hegemonic masculinity, analyzed the power relations within gender structures<sup>21</sup>.

### **Power and Social Hierarchy**

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<sup>15</sup> Bourdieu, P. (1977). *Outline of a Theory of Practice*.

<sup>16</sup> Giddens, A. (1984). *The Constitution of Society*.

<sup>17</sup> Lévi-Strauss, C. (1969). *The Elementary Structures of Kinship*.

<sup>18</sup> Triandis, H. (1995). *Individualism and Collectivism*.

<sup>19</sup> Ortner, S. (1974). *Is Female to Male as Nature is to Culture?*

<sup>20</sup> Butler, J. (1990). *Gender Trouble*.

<sup>21</sup> Connell, R. (1995). *Masculinities*.



Michel Foucault explained power not only as a repressive force, but as a discursive and productive phenomenon<sup>22</sup>. Power produces social structure and norms.

Antonio Gramsci, through his concept of hegemony, demonstrated the influence of cultural dominance on social structure<sup>23</sup>.

These approaches show once again that social structure is reinforced not only through economic mechanisms, but also through discursive (comprehensive) processes.

### **Culture, Honor, and Collective Identity**

Pitt-Rivers analyzed the concept of honor as a central element of social structure in Mediterranean societies<sup>24</sup>. According to him, the honor system functions as a mechanism of social control.

Ruth Benedict, in her theory of cultural types, compared honor-based and shame-based societies<sup>25</sup>. This approach plays an important role in social reintegration and rehabilitation models.

### **Social Capital and Community Structure**

Putnam demonstrated that social capital plays a key role in community stability<sup>26</sup>. Bourdieu analyzed social capital as a structural resource of power. When social capital weakens, social isolation and structural gaps emerge.

### **Culture and Trauma**

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<sup>22</sup> Foucault, M. (1977). *Discipline and Punish*.

<sup>23</sup> Gramsci, A. (1971). *Selections from the Prison Notebooks*.

<sup>24</sup> Pitt-Rivers, J. (1966). *Honor and Social Status*.

<sup>25</sup> Benedict, R. (1934). *Patterns of Culture*.

<sup>26</sup> Putnam, R. (2000). *Bowling Alone*.

Kleinman showed that the expression of trauma is shaped by culture <sup>27</sup>. Van der Kolk analyzed the biological memory of trauma<sup>28</sup>.

He presents trauma, within the cultural dimension, as a factor influencing both its expression and its mechanisms of healing.

## **Anthropological Framework in the Context of Azerbaijan**

According to scientific considerations, the collective family structure, the system of honor, and the influence of religious and moral institutions form the structural basis of social behavior.

Within this framework, social intervention is not based on universal models but is constructed in a culturally adapted manner.

In the context of Azerbaijan, three main components of structure can be identified:

- Family and kinship networks
- Community and religious institutions
- State and legal mechanisms

At present, this three-part structure operates within a system of mutual interaction.

## **1.2. Collective Identity and Social Memory**

### **Theoretical Foundations of the Concept of Collective Identity**

In social theory, the concept of collective identity is understood as a structure that transcends individual identity and is built upon shared historical consciousness, symbolic systems, and a sense of belonging.

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<sup>27</sup> Kleinman, A. (1980). *Patients and Healers in the Context of Culture*.

<sup>28</sup> Van der Kolk, B. (2014). *The Body Keeps the Score*.

Émile Durkheim presented the concept of collective consciousness as the normative foundation of society and emphasized its existence independent of individual consciousness<sup>29</sup>. According to him, collective consciousness is a moral mechanism that ensures social unity.

Maurice Halbwachs developed the concept of collective memory, showing that memory is constructed within social frameworks and that individual recollection depends on the interpretative structures of social groups<sup>30</sup>. This approach presents collective identity as a historically constructed phenomenon.

Benedict Anderson characterized the nation as an “imagined community,” arguing that collective identity is formed not through direct interaction, but through symbolic and communicative mechanisms<sup>31</sup>.

Anthony D. Smith, within his theory of ethno-symbolism, emphasized that national identity is built upon myths, shared heroic models, and historical memory<sup>32</sup>.

### **Social Memory and Culture in Western Theories**

Jan Assmann distinguished the concept of cultural memory, differentiating it into communicative memory and institutional memory<sup>33</sup>. He demonstrated that cultural memory is transmitted through ritual and symbolic mechanisms. Pierre Nora, through the concept of “sites of memory,” emphasized that collective memory manifests in concrete symbolic objects<sup>34</sup>. Jeffrey Alexander argued that collective trauma is a social construction formed through mechanisms of meaning-making<sup>35</sup>. Kai Erikson showed that collective trauma disrupts community structure and weakens social bonds<sup>36</sup>.

### **Collectivity and Memory in Eastern and Turkic Thought**

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<sup>29</sup> Durkheim, E. (1893/1984). *The Division of Labor in Society*, pp. 38–45.

<sup>30</sup> Halbwachs, M. (1950/1992). *On Collective Memory*, pp. 37–53.

<sup>31</sup> Anderson, B. (1983). *Imagined Communities*, pp. 6–9.

<sup>32</sup> Smith, A. (1991). *National Identity*, pp. 14–25.

<sup>33</sup> Assmann, J. (2011). *Cultural Memory and Early Civilization*, pp. 36–55.

<sup>34</sup> Nora, P. (1989). *Between Memory and History*, pp. 7–24.

<sup>35</sup> Alexander, J. (2004). *Cultural Trauma and Collective Identity*, pp. 1–30.

<sup>36</sup> Erikson, K. (1976). *Everything in Its Path*, pp. 153–170.

Ibn Khaldun, one of the earliest sociologists of the Eastern world, introduced the concept of “asabiyyah” in his work *Muqaddimah*, presenting it as the main mechanism of collective solidarity and social cohesion<sup>37</sup>. According to him, the rise and decline of societies depend on the level of collective solidarity. Ziya Gökalp explained national identity as a system of cultural unity and shared values<sup>38</sup>. He considered “national culture” to be the main foundation of social structure.

Ahmad Ağaoğlu, by comparing Eastern and Western civilizations, demonstrated that national identity transforms through modernization<sup>39</sup>. Niyazi Berkes analyzed the secular transformation of collective identity in the process of modernization<sup>40</sup>. Turkish sociologist Şerif Mardin explained the relationship between collective identity and political structure through the center–periphery model<sup>41</sup>.

### **Collective Identity and Honor Culture**

In this subsection, Pitt-Rivers explained the concept of honor as a fundamental element of social structure in Mediterranean societies<sup>42</sup>.

Ruth Benedict, by comparing shame-based and guilt-based cultures, analyzed how collective identity is shaped within different cultural frameworks<sup>43</sup>.

In Eastern societies, the concept of honor is closely linked to family reputation and collective memory.

### **Power, Hegemony, and the Politics of Memory**

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<sup>37</sup> Ibn Khaldun (1377/2004). *Muqaddimah*, pp. 98–105.

<sup>38</sup> Gökalp, Z. (1918/1976). *The Principles of Turkism*, pp. 23–35.

<sup>39</sup> Ağaoğlu, A. (1924/1991), pp. 41–52.

<sup>40</sup> Berkes, N. (1964). *The Development of Secularism in Turkey*, pp. 112–128.

<sup>41</sup> Mardin, Ş. (1973). *Center–Periphery Relations in the Ottoman Empire*, pp. 169–190.

<sup>42</sup> Pitt-Rivers, J. (1966). *Honor and Social Status*, pp. 21–40.

<sup>43</sup> Benedict, R. (1946). *The Chrysanthemum and the Sword*, pp. 222–240.



Michel Foucault demonstrated that discourse shapes memory and that power creates regimes of truth<sup>44</sup>. Antonio Gramsci, through the concept of hegemony, noted that dominant groups direct collective memory<sup>45</sup>.

In this context, Turkish scholar Nilüfer Göle analyzed the mutual transformation between modernity and Islamic identity<sup>46</sup>.

### **Identity in the Context of Postmodernism and Globalization**

Stuart Hall presented identity not as a fixed essence, but as a discursive process<sup>47</sup>. Zygmunt Bauman noted that in liquid modernity, collective bonds weaken<sup>48</sup>. Arjun Appadurai, in his theory of global flows, demonstrated the mediated transformation of collective identity<sup>49</sup>.

### **Collective Memory in the Context of Azerbaijan and the Turkic World**

In the Azerbaijani context, collective identity is constructed on the following components:

- Historical memory and national representation frameworks
- Family and kinship networks
- Religious and spiritual system
- Mechanisms of honor and reputation

Within this framework, parallels can be observed between Ibn Khaldun's concept of *asabiyyah* and modern social capital theory<sup>50</sup>.

### **Trauma and the Transformation of Collective Identity**

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<sup>44</sup> Foucault, M. (1977). *Discipline and Punish*, pp. 27–35.

<sup>45</sup> Gramsci, A. (1971). *Prison Notebooks*, pp. 12–23.

<sup>46</sup> Göle, N. (1996). *The Forbidden Modern*, pp. 55–78.

<sup>47</sup> Hall, S. (1996). *Questions of Cultural Identity*, pp. 4–10.

<sup>48</sup> Bauman, Z. (2000). *Liquid Modernity*, pp. 82–95.

<sup>49</sup> Appadurai, A. (1996). *Modernity at Large*, pp. 33–36.

<sup>50</sup> Bourdieu, P. (1986). *The Forms of Capital*, pp. 248–252.

Dominick LaCapra distinguishes between the processing of trauma and its repeated reproduction<sup>51</sup>.

Jeffrey Alexander conceptualizes trauma as a socially constructed process in which collective identity is shaped and transformed through mechanisms of interpretation, meaning-making, and narrative formation<sup>52</sup>.

In Eastern societies, trauma is often concealed within discussions related to family reputation.

Collective identity is continuously constructed and transformed through social memory. Western theoretical approaches primarily interpret collective identity through discourse, symbolic systems, and the construction of social memory, whereas Eastern and Turkic traditions place greater emphasis on communal continuity, moral cohesion, and the preservation of collective belonging. In modern rehabilitation and social intervention models, if collective identity is not taken into account, social reintegration becomes unsustainable.

### **1.3. Cultural Trauma and the Theory of Collective Healing**

The concept of cultural trauma, unlike individual psychological injury, refers to disruption occurring at the level of collective identity. Jeffrey C. Alexander defines cultural trauma as “a social process through which a group comes to feel that its collective identity has been threatened and transforms this event into a collective narrative.”

This approach presents trauma not as an objective event, but as a discursive construction.

Kai Erikson explains collective trauma as a phenomenon that weakens social bonds and disrupts the continuity of community structure. In this perspective, trauma is understood not only as symbolic harm, but also as a process that damages concrete social relationships and collective cohesion<sup>53</sup>. This perspective highlights the structural dimension of cultural trauma.

Dominick LaCapra distinguishes two forms of trauma:

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<sup>51</sup> LaCapra, D. (2001). *Writing History, Writing Trauma*, pp. 70–85.

<sup>52</sup> Alexander, J. (2004). *Cultural Trauma and Collective Identity*, pp. 1–30.

<sup>53</sup> Erikson, K. (1976). *Everything in Its Path*, pp. 153–180.

- **“Acting out”** – the repetitive reproduction of trauma
- **“Working through”** – the reflective processing of trauma<sup>54</sup>

The concept of cultural trauma is characterized not simply by individual psychological damage, but by the disruption of social identity and mechanisms of collective self-understanding.

In this context, trauma is determined not only by the intensity of the event, but also by how it is encoded within social memory.

Jeffrey C. Alexander explains cultural trauma not as objective harm, but as a process of social meaning-making, arguing that each collective constructs trauma through discursive struggle as a “threat to collective identity”<sup>55</sup>.

The main strength of this approach lies in linking trauma to the internal dynamics of social structure. However, this model may downplay the real material consequences of events.

Erikson’s community-level analysis, in contrast, emphasizes that trauma functions as a factor that disrupts social bonds emphasizing this, attention is directed toward the structural elements of collective life<sup>56</sup>. Here, trauma is not only symbolic, but also emerges as a result of the weakening of concrete social relations.

Halbwachs’s theory of social memory provides an important framework for explaining the long-term mechanisms of trauma. He argues that memory is recalled within the frameworks of past social groups and that individual recollection depends on collective interpretation<sup>57</sup>. This makes it possible to understand the problem of intergenerational transmission of trauma.

Jan Assmann systematizes this process through the concept of cultural memory, showing that trauma becomes stabilized through ritual and symbolic codes<sup>58</sup>. The key issue here is the transformation of trauma into “frozen memory” and its role in shaping norms of social behavior.

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<sup>54</sup> LaCapra, D. (2001). *Writing History, Writing Trauma*, pp. 70–85.

<sup>55</sup> Alexander, J. (2004). *Cultural Trauma and Collective Identity*, pp. 1–25

<sup>56</sup> Erikson, K. (1976). *Everything in Its Path*, pp. 153–180.

<sup>57</sup> Halbwachs, M. (1950/1992). *On Collective Memory*, pp. 37–53.

<sup>58</sup> Assmann, J. (2011). *Cultural Memory and Early Civilization*, pp. 36–55.

If trauma is preserved in cultural memory only as a narrative of harm and threat, collective identity is constructed on mechanisms of defense and fear.

## **Western and Eastern Approaches to Cultural Trauma**

In the Western context, cultural trauma is often analyzed through experiences such as the Holocaust, wars, and genocide. In Alexander's approach, the healing of collective trauma requires the construction of new narratives.

Paul Ricoeur considers the establishment of an ethical balance between memory and forgiveness as a key condition for collective healing<sup>59</sup>. In this view, healing is not forgetting, but remembering justly and creating a narrative grounded in responsibility. Thus, the Western model is based more on reflexive and discursive transformation.

## **Eastern Perspective**

In Eastern thought, trauma is more often explained within the context of social solidarity and collective bonds. Ibn Khaldun's concept of *asabiyyah* presents the weakening of collective unity as the main cause of social decline<sup>60</sup>.

From this perspective, trauma is прежде всего (primarily) the weakening of collective bonds, and recovery is possible through the restoration of solidarity. Here, the priority is not individual psychological analysis, but the strengthening of social structure. This approach parallels modern social capital theory<sup>61</sup>.

## **Turkic Thought and Modernization**

In Turkic thought, collective identity and trauma manifest within the context of modernization. Şerif Mardin, in his center–periphery model, shows that social transformation leads to a crisis of collective identity<sup>62</sup>.

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<sup>59</sup> Ricoeur, P. (2004). *Memory, History, Forgetting*, pp. 78–92.

<sup>60</sup> Ibn Khaldun (1377/2004). *Muqaddimah*, pp. 98–115.

<sup>61</sup> Bourdieu, P. (1986). *The Forms of Capital*, pp. 248–252.

<sup>62</sup> Mardin, Ş. (1973). *Center–Periphery Relations*, pp. 169–190.

Nilüfer Göle notes that the tension between modernity and religious identity creates conflict within collective memory<sup>63</sup>. This analysis once again demonstrates that cultural trauma is often associated with modernization and normative transformation.

Mechanisms of honor and shame play an important role in the social coding of cultural trauma. Ruth Benedict shows that in shame-based societies, individual behavior is closely linked to collective reputation<sup>64</sup>. Pitt-Rivers emphasizes that the honor system functions as a mechanism of social control.

These mechanisms may limit open discussion of trauma and lead the process of healing to transform into collective silence. In such cases, trauma becomes “unspoken memory” and is transmitted from generation to generation.

Foucault’s discourse analysis demonstrates how trauma is regulated through categories of the “normal” and the “abnormal”<sup>65</sup>. This approach shows that trauma is not only harm, but also a category produced by power structures.

Gramsci, in turn, notes that hegemony allows dominant groups to direct collective memory<sup>66</sup>. From this perspective, collective healing requires not only psychological, but also political and discursive transformation.

## **Mechanisms of Collective Healing**

One of the key mechanisms of collective healing is narrative reconstruction. LaCapra shows that in the stage of “working through” trauma (reflective processing), reflexive consciousness is formed.

When applied at the collective level, trauma transforms from a defensive mechanism into a learned experience.

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<sup>63</sup> Göle, N. (1996). *The Forbidden Modern*, pp. 55–78.

<sup>64</sup> Benedict, R. (1946). *The Chrysanthemum and the Sword*, pp. 222–240.

<sup>65</sup> Foucault, M. (1977). *Discipline and Punish*, pp. 27–35.

<sup>66</sup> Gramsci, A. (1971). *Prison Notebooks*, pp. 12–23.

Herman's safety–reconstruction–reintegration model, although developed at the individual level, can be interpreted in the collective context as involving social safety, public dialogue, and structural reintegration<sup>67</sup>.

### **Comparative Perspective**

Comparative analysis shows that:

- The Western model links trauma to discourse and narrative transformation
- The Eastern model associates healing with the restoration of social solidarity
- Analyses within the Turkic world interpret trauma in the context of structural transition and identity transformation

The integration of these three approaches creates a more complex model of collective healing, encompassing the restoration of social bonds, the ethical transformation of narratives, and the reconstruction of structural legitimacy.

Thus, when cultural trauma becomes fixed in social memory, it generates a normative mechanism of fear. Healing, however, is not limited to individual therapy, but involves the reinterpretation of collective memory and the restoration of social capital. If collective memory is constructed solely around loss and threat, stigma persists. If it is reconstructed on the basis of responsibility, justice, and solidarity, collective healing becomes possible.

In Ibn Khaldun's concept of *asabiyyah*, the breakdown of collective solidarity leads to social decline. Trauma can be associated with the weakening of *asabiyyah*. Ali Shariati noted that

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<sup>67</sup>Herman, J. (1992). *Trauma and Recovery*, pp. 155–213.

collective consciousness is shaped by narratives of historical oppression and injustice<sup>68</sup>. This approach demonstrates the ideological and cultural coding of trauma.

Turkish sociologist Şerif Mardin analyzed the crisis of collective identity in the process of modernization. Ziya Gökalp emphasized that national unity is built upon cultural consensus. Ruth Benedict, by comparing shame-based and guilt-based cultures, showed that in shame-based societies trauma is more closely linked to collective reputation. Pitt-Rivers demonstrated that the honor system functions as a mechanism of social control, emphasizing that it may limit open discussion of trauma and slow down the healing process.

Western theory explains cultural trauma through processes of narrative reconstruction and social meaning-making. Western approaches to cultural trauma primarily focus on narrative reconstruction, discursive meaning-making, and reflective processing of traumatic experience, whereas Eastern and Turkic traditions emphasize the restoration of moral order, communal trust, and socially shared responsibility as central mechanisms of healing.

### **Mechanisms of Collective Healing**

Three main mechanisms of collective healing are identified:

- Narrative reconstruction
- Restoration of social capital
- Transformation of solidarity and collective identity

### **1.4. Limitations of Western-Centered Rehabilitation Models**

Western-centered rehabilitation models are structured intervention systems that emerged primarily in the second half of the 20th century, based on clinical psychology, psychiatry, and social work theories.

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<sup>68</sup> Shariati, A. (1971/1980). *On the Sociology of Islam*, pp. 45–58.

These models are built on:

- Modern individualistic anthropology
- The concept of the rational subject
- Standardized therapeutic methodologies

For clarity, the most commonly applied models include:

- Prolonged Exposure Therapy (PE)
- Cognitive Processing Therapy (CPT)
- Eye Movement Desensitization and Reprocessing (EMDR)

Trauma-focused cognitive behavioral therapy (TF-CBT), dialectical behavior therapy (DBT), as well as system-level approaches such as Trauma-Informed Care (within the SAMHSA framework) can be identified as key intervention packages<sup>69</sup>.

Western-centered rehabilitation models should not be understood simply as “talking with a psychologist.” Rather, they represent structured systems consisting of:

- Protocol-based intervention packages
- Standardized assessment tools
- Structured session formats
- Homework assignments
- Risk management procedures
- Outcome evaluation mechanisms

The reason these models are considered “Western-centered” lies in their emphasis on:

- Individual agency (the individual’s capacity to make independent decisions)
- Open expression of personal narratives
- Clear personal boundaries and confidentiality

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<sup>69</sup> SAMHSA (2014). *Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP 57)*, pp. 9–32.



- Clinical diagnosis and measurable symptom outcomes

The strength of these models is illustrated, for example, in clinical guidelines developed jointly by the U.S. Department of Veterans Affairs and the Department of Defense, where psychotherapy is emphasized as providing more significant and longer-lasting improvement than pharmacological treatment for PTSD.

Among trauma-focused psychotherapies, three approaches are particularly recommended:

- Prolonged Exposure (PE)
- Cognitive Processing Therapy (CPT)
- Eye Movement Desensitization and Reprocessing (EMDR)

This list clearly demonstrates which methods are most prioritized within Western-oriented rehabilitation systems.

### **Prolonged Exposure Therapy**

Prolonged Exposure Therapy is most closely associated with the work of Edna Foa and is based on two main technical components:

1. In vivo exposure – gradual re-engagement with real-life situations that the individual avoids or fears
2. Imaginal exposure – repeated recounting of traumatic memories in a safe therapeutic environment, encouraging emotional processing

### **Typical Implementation Structure**

The standard application of this model includes:

- Initial psychoeducation and breathing/self-regulation techniques
- Development of a “fear hierarchy”
- Gradual, planned exposure tasks conducted weekly
- Processing of traumatic memories during sessions

The goal of this model is not to erase the memory, but to break the cycle of avoidance and to recalibrate the memory’s threat signal.

This approach is based on randomized controlled studies and meta-analyses and is therefore considered a “first-line” intervention. However, an “effective technique” does not always mean “effective rehabilitation”; rather, it reveals certain limitations.

For exposure therapy to be effective, a key condition is **real-life safety**. If, within a person’s social environment (family, neighborhood, workplace, community), openly expressing trauma leads to loss of reputation, stigma, pressure, persecution, risk of divorce, loss of child custody, or increased violence, then the technical mechanisms of the protocol come into contact with a “social punishment mechanism.”

This leads to two practical outcomes:

- Either the individual discontinues therapy
- Or conceals essential information (weakening the therapeutic alliance)

Meta-analytical findings show that dropout rates in PTSD interventions are significant; for example, one meta-analysis estimates an average dropout rate of approximately 25.6%, varying by intervention type. This figure does not mean that the model is ineffective, but highlights the importance of tolerability and contextual adaptation in real-life settings.

### **Cognitive Processing Therapy (CPT)**

Cognitive Processing Therapy focuses on restructuring “damaged beliefs” formed after trauma (e.g., “I am guilty,” “no one can be trusted,” “the world is entirely dangerous”).

Typical components include:

- Written impact statements (how trauma affects self and worldview)
- Identification of “stuck points” (rigid beliefs)
- Cognitive questioning
- Evidence vs. counter-evidence analysis
- Thought records and homework

The strength of the Western model lies in its ability to systematically address the thought–emotion–behavior connection and measure change.

However, its limitation lies in invisible cultural barriers. In collectivist environments, beliefs are not purely individual but embedded within:

- Social memory
- Family reputation
- Religious and moral norms
- Shame-based mechanisms

As Maurice Halbwachs emphasized, memory is socially constructed—people do not remember alone, but within group frameworks. Therefore, if CPT-driven individual cognitive change is not supported by the social environment, its sustainability weakens.

## **EMDR Therapy**

Eye Movement Desensitization and Reprocessing (EMDR), developed by Francine Shapiro, consists of an 8-phase protocol:

- History taking
- Preparation
- Assessment
- Desensitization
- Installation
- Body scan
- Closure
- Reevaluation

In practice, EMDR involves:

- Targeting traumatic memories
- Identifying negative and desired beliefs
- Monitoring bodily sensations

- Using bilateral stimulation
- Reprocessing the memory

Research shows strong effectiveness in systematic reviews and meta-analyses, and it is widely recommended in clinical guidelines.

Its advantage is that it can work without requiring detailed verbal disclosure, which may be beneficial in high-stigma environments.

However, limitations remain:

EMDR focuses on neuropsychological recovery, but does not inherently address:

- Social reintegration
- Reputation risks
- Family-child safety
- Structural social factors

These must be addressed externally by therapists or systems.

### **TF-CBT (for Children and Adolescents)**

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a structured intervention package including:

- Psychoeducation
- Self-regulation skills
- Emotional recognition
- Cognitive coping
- Trauma narrative development
- Real-life safety skills
- Safety planning
- Parent/family involvement

Its strength lies in its structured and phased approach.

However, family involvement can be both:

- A protective factor
- A risk factor

In collectivist contexts, families may also be carriers of stigma. Trauma disclosure may be perceived not as protection, but as exposure, increasing resistance and reducing intervention effectiveness.

### **Dialectical Behavior Therapy (DBT)**

DBT and its trauma-related adaptations focus on:

- Emotional regulation
- Impulse control
- Distress tolerance
- Interpersonal effectiveness

Practical components include:

- Skills training modules
- Individual therapy sessions
- Crisis planning
- Telephone coaching
- Behavioral chain analysis
- Real-life application of skills

These approaches may be particularly useful in cases of complex trauma and co-occurring psychological conditions (such as depression, dissociation, and risk of self-harm). However, DBT primarily focuses on individual skills, while social mechanisms such as collective memory, stigma, and reputation are not standardized as direct targets of intervention.

### **Trauma-Informed Systems Approach**

Rehabilitation is not limited to therapy alone. Western system approaches emphasize this through Trauma-Informed Care.

Within the SAMHSA framework, this includes:

### **The “Four Rs”**

- Realizing trauma
- Recognizing its signs
- Responding appropriately
- Preventing re-traumatization

### **Six Core Principles**

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration
- Empowerment and choice
- Cultural, historical, and gender sensitivity

This approach shifts the focus from “what intervention is applied?” to how systems operate, including:

- Institutional intake procedures
- Communication style
- Informed consent processes
- Confidentiality policies
- Staff competence in trauma
- Complaint mechanisms
- Safety planning
- Anti–re-traumatization standards

This is highly valuable. However, if cultural codes are not integrated, even trauma-informed institutions cannot fully protect clients in real-life contexts.

There may be:

- Internal safety (within the institution)
- But lack of external safety (family pressure, community stigma, reputation risks, violence, gossip)

This gap undermines rehabilitation sustainability.

## **Key Limitations of Western-Centered Models**

### **1. Outcome Measurement Gap**

Western clinical research often measures success through symptom reduction. While important, in collectivist societies critical indicators may include:

- Physical safety
- Child protection
- Family conflict reduction
- Reputation management
- Employment opportunities
- Social reintegration
- Reduction of stigma

Even if symptoms improve, failure in these areas may lead to relapse.

### **2. Individualistic Anthropology**

Western models center the question: “*What do you want?*”

In collectivist contexts, individuals ask:

- “What will my family say?”
- “What will happen to my child?”

- “How will the community react?”

Example:

A woman setting personal boundaries may be psychologically correct, but may lead to increased violence or family pressure.

### **3. Structural Nature of Stigma**

Stigma is not just belief—it is a system, including:

- Gossip circulation
- Reputation damage
- Marriage barriers
- Employment loss
- Social exclusion

Without addressing this system, individual acceptance is insufficient.

### **4. Paradox of Confidentiality**

Western ethics prioritize confidentiality. However, in collectivist contexts:

- Total secrecy may create suspicion
- Lack of social explanation may increase risk

Thus, safety planning must include **social narrative strategies**, not just privacy.

### **5. Risk of Pathologizing**

Following ideas similar to Michel Foucault, what is considered “normal” or “abnormal” may reflect power structures.

Cultural expressions (e.g., grief, shame) may be misinterpreted as clinical symptoms, leading to inappropriate interventions.



## **6. Continuity and Dropout**

Therapy discontinuation is often influenced by:

- Family prohibition
- Financial barriers
- Legal risks
- Religious beliefs
- Stigma

In this context, dropout may reflect social risk, not lack of motivation.

## **7. Lack of Cultural Adaptation**

Meta-analyses show that culturally adapted interventions are more effective (e.g., effect size ~0.52 higher).

This confirms that integrating cultural factors improves outcomes.

## **Illustrative Case Examples**

### **Case 1: Early Marriage Survivor**

A girl receives TF-CBT:

- Symptoms improve
- Anxiety decreases

But:

- Family/community label her as “dishonored”
- Reintegration fails
- Future prospects decline

Clinical success, but social failure.

## Case 2: Human Trafficking Survivor

A woman undergoes EMDR:

- Emotional distress decreases

But:

- Social stigma persists
- Employment blocked
- Family rejection occurs

Relapse risk driven by **loss of social capital**, not clinical failure.

## Final Analytical Conclusion

Western-centered rehabilitation models are strongest in:

- Evidence-based practice
- Structured protocols
- Measurable outcomes

However, in collectivist environments where:

- Honor–shame systems dominate
- Stigma is structural
- Social memory shapes norms

Clinical mechanisms often collide with social mechanisms, reducing effectiveness.

This results in:

- Dropout rates (20–25% or higher)
- Short-term improvement without long-term sustainability
- Partial or non-response

Meta-analytic evidence confirms that cultural adaptation significantly improves outcomes, proving that this “gap” is real and measurable.

## **1.5. The Necessity of a Culturally Contextual Approach**

In contemporary social work, trauma care, and psychological rehabilitation, the “culturally contextual approach” is no longer considered an alternative methodological option, but is accepted as a scientific and ethical necessity. Human behavior, emotional responses, and psychological disorders cannot be explained solely by biological and individual factors; they are shaped within social structures, family relations, collective memory, religious and moral values, and systems of cultural norms. Engel’s biopsychosocial model demonstrates the explanation of illness and health through multi-level determinants<sup>70</sup>. However, subsequent scientific developments have shown that a cultural dimension must be added to this model with particular emphasis, because “psychological response” itself is interpreted within a cultural framework.

Culture is not only tradition and folklore; it is a system of norms that defines the boundaries of legitimacy of behavior. While explaining the relationship between power and knowledge, Foucault showed that the concepts of “normal” and “abnormal” are constructed through social discourses and reinforced by institutions<sup>71</sup>. From this perspective, societal narratives about trauma, violence, early marriage, and gender roles directly affect the effectiveness of psychological interventions. If an intervention does not take this narrative system into account, then the clinical protocol may encounter social resistance.

The scientific foundations of the culturally contextual approach have been formed in cultural psychology and social anthropology. Shweder presented cultural psychology as “the study of human nature within cultural conditions” and demonstrated that emotions, values, and systems of meaning are determined not only by universal mechanisms but also by cultural constructions<sup>72</sup>.

This approach is particularly relevant in the field of trauma, because the psychological impact of a traumatic event depends more on its subjective interpretation than on its objective severity. For

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<sup>70</sup> Engel, G. L. (1977). *The need for a new medical model*.

<sup>71</sup> Foucault, M. (1975). *Discipline and Punish*.

<sup>72</sup> Shweder, R. (1990). *Cultural Psychology: What Is It?*

example, in societies with strong collective values linked to honor and social reputation, a woman who is a victim of violence may experience trauma not only due to the loss of personal safety, but also due to the fear of social stigma.

Reznikow and colleagues classified cultural adaptation into two levels: surface structure and deep structure adaptation<sup>73</sup>. Surface adaptation includes changes in language, symbols, and forms of presentation. Deep adaptation, however, requires integrating the content of the intervention into the value system, family structures, and social meaning models of the given culture. It is precisely this deep adaptation that leads to increased effectiveness. Bernal and Domenech Rodríguez, by presenting a structured model of cultural adaptation, emphasized the preservation of the core mechanisms of intervention while taking contextual factors into account<sup>74</sup>.

Numerous studies conducted in the field of trauma have shown that culturally adapted interventions are more effective in terms of outcomes<sup>75</sup>. Work carried out with refugees and communities exposed to war trauma has demonstrated that when Western-oriented protocols are applied directly, although symptoms may decrease, sustainability and levels of participation remain low. This, in turn, leads to an increase in secondary (contextual) effects. Cultural adaptation, on the other hand, strengthens the environment of trust and reinforces the therapeutic alliance.

In Turkish and, more broadly, Eastern societies, the necessity of a culturally contextual approach is closely related to the structure of the family model. Çiğdem Kağıtçıbaşı, by presenting the model of family change and the “autonomous-related self,” showed that despite modernization processes, individualism and collective connectedness coexist in many Turkish societies<sup>76</sup>. This model has important implications for trauma rehabilitation, emphasizing that strengthening individual agency should not be equated with separation from the family. On the contrary, mobilizing family resources within safe boundaries may be a more effective strategy.

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<sup>73</sup> Resnicow, K. et al. (1999). *Public health sahəsində mədəni həssaslıq*.

<sup>74</sup> Bernal, G., & Domenech Rodríguez, M. (2012). *Mədəni uyğunlaşdırmalar*.

<sup>75</sup> Hinton, D., & Jalal, B. (2014). *Mədəni baxımdan həssas KBT-nin tətbiqi üzrə təlimatlar*.

<sup>76</sup> Kağıtçıbaşı, Ç. (2007). *Mədəniyyətlərarası ailə, özlük və insan inkişafı*.

Ibn Khaldun's concept of "asabiyyah" demonstrates that social solidarity and group cohesion play a fundamental role in the sustainability of society. In the context of modern social work, this concept can be interpreted as social connectedness being both a protective factor and a source of risk. In cases of early marriage and domestic violence, the family system can function both as a source of safety and as a mechanism of pressure. This dual reality shows that a culturally contextual approach requires strategic planning.

Feminist theory also strongly emphasizes the issue of cultural context. Judith Herman, in her works on trauma and violence, noted that trauma is not only an individual phenomenon, but also a social and political one<sup>77</sup>.

Violence against women is linked to patriarchal systems of norms, and the rehabilitation process must take these structural factors into account. If an intervention does not consider structural inequalities and risks to social safety, and focuses only on reducing symptoms, then the sustainability of the achieved outcomes may be short-term.

Bronfenbrenner's ecological systems theory shows that human development is shaped through interactions at the micro, meso, exo, and macro levels<sup>78</sup>. This model forms the systemic basis of the culturally contextual approach. For example, when working with a woman living in a shelter, not only individual therapy but also the legal system, social protection mechanisms, and community relations must be considered.

The culturally contextual approach is also an ethical principle. The principle of "Do no harm" should include not only clinical safety but also social outcomes. Developing a safety plan without informing the woman's family, ensuring confidentiality in documentation, and reducing the risk of stigma all depend on the cultural context. The "Four R's" principles of trauma-informed care also emphasize this: understanding trauma, recognizing the signs, responding appropriately, and preventing re-traumatization.

In the Azerbaijani and broader Turkish-Muslim context, failure to consider cultural factors may create serious gaps in the social rehabilitation process. In environments where honor and dignity

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<sup>77</sup> Herman, J. (1992). *Travma və bərpa*.

<sup>78</sup> Bronfenbrenner, U. (1979). İnsan inkişafının ekolojiyası.

codes are strong, it is not sufficient to evaluate a woman's decision-making process only from a legal perspective. Risks to social reputation, family relations, and community pressure are as real as psychological safety factors. For this reason, a culturally contextual approach requires the social worker to act not only as a therapist but also as a social mediator and risk analyst.

Scientific meta-analyses show that culturally adapted interventions increase effectiveness and improve retention rates<sup>79</sup>. This is particularly important when working with vulnerable groups of women, as in environments with high levels of social stigma and low trust, the application of standard protocols is not sufficient.

In conclusion, the culturally contextual approach in social work and trauma rehabilitation fulfills three main functions: it increases effectiveness, ensures ethical safety, and strengthens social sustainability. When the approaches of Turkish and Eastern scholars regarding family models, social connectedness, and collective identity are integrated with Western-oriented individualistic models, a more optimal and practical rehabilitation model can be developed. Cultural context is not merely an additional factor; it is a structural element of the intervention.

## CONCLUSION

In this chapter, the primary contribution has been to reconceptualize rehabilitation not as a universal, static model applicable across all contexts, but as a culturally embedded and contextually adaptive system. While acknowledging the effectiveness of evidence-based Western therapeutic approaches, this study affirms their clinical robustness. Techniques such as cognitive restructuring, emotional regulation, coping strategies, and trauma processing are grounded in empirically validated frameworks and operate upon broadly shared mechanisms of the human psyche. However, this analysis underscores a critical distinction: although these mechanisms may be universal, their application is inherently context-dependent. Human beings are not solely

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<sup>79</sup>Griner, D., & Smith, T. (2006). Mədəni uyğunlaşdırılmış psixi sağlamlıq müdaxilələri.

biological and psychological entities; they are also constituted through cultural, social, and collective memory systems.

A central argument advanced in this chapter is that rehabilitation should be understood not merely as the reduction of symptoms, but as a multidimensional process of social and cultural reintegration. Trauma extends beyond intrapsychic experience, influencing family dynamics, social reputation, collective identity, and value systems. Consequently, interventions confined to the individual level risk limited sustainability if broader social conditions remain unchanged. The findings therefore suggest that integrating clinical mechanisms with the social and cultural context enhances both the efficacy and durability of rehabilitation outcomes.

The analysis demonstrates that neither universal clinical models nor purely traditional frameworks alone are sufficient for sustainable rehabilitation. More effective outcomes emerge through the integration of evidence-based therapeutic mechanisms with culturally contextual systems of social support, collective identity, and ethical values. In this perspective, rehabilitation is understood not only as symptom reduction, but as a multidimensional process of social, cultural, and psychological reintegration. Such an approach strengthens the sustainability of recovery by connecting individual therapeutic change with broader structures of social belonging, legitimacy, and community support.

Furthermore, trauma is conceptualized not only as an individual psychological response but also as a phenomenon constructed within collective memory and social discourse. In sociocultural settings characterized by strong family cohesion, social solidarity, reputational norms, and shame-based regulatory mechanisms, rehabilitation cannot be reduced to individual-level interventions alone. It must also address dimensions of safety, legitimacy, and social sustainability. Accordingly, an optimized rehabilitation framework should adopt a dual-structured approach: the first layer comprising evidence-based clinical interventions, and the second encompassing culturally informed systems that support social integration and long-term resilience.

In conclusion, the central finding of this chapter challenges the notion of universalizing rehabilitation practices, advocating instead for a model grounded in contextual adaptability. While Western therapeutic approaches elucidate the functional mechanisms of the human psyche,

cultural factors ensure that these mechanisms yield stable and meaningful outcomes within real-world social environments. Such an approach renders rehabilitation more contextually relevant, ethically grounded, and sustainable. Ultimately, this study advances the proposition that rehabilitation should be conceptualized not merely as a clinical procedure, but as a culturally informed model of social restoration.

## **CHAPTER II**

### **FAMILY MODEL AND VALUE SYSTEM OF TURKIC PEOPLES IN THE CONTEXT OF A SOCIAL PSYCHOLOGICAL FRAMEWORK**

The family model and value system of Turkic peoples constitute one of the central structures that play a fundamental role in the formation of social relations, the regulation of individual behavior, and the maintenance of psychological resilience. In this context, the family is not merely understood as a biological and legal unit, but also functions as a fundamental institution through which cultural memory, social norms, and ethical frameworks are transmitted.

From a social psychological perspective, the family model represents the primary environment in which individual identity is formed, emotional security needs are met, and social roles are internalized<sup>80</sup>. Among Turkic peoples, this environment has historically been structured around the principles of collective responsibility, intergenerational hierarchy, and mutual interdependence.

Within the tradition of Turkic thought, the concept of family has not been perceived as an autonomous unit separate from society, but rather as an integral part of the broader social whole. Classical Turkic sources often conceptualize the family as a “small society,” and society as a “large family.” This perspective has led to the interpretation of individual actions not merely as personal choices, but as acts with broader social consequences. For this reason, events occurring within the

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<sup>80</sup> The Ecology of Human Development. Harvard University Press.



family—including instances of violence—have historically been regarded as “internal matters” and have often remained outside the scope of public intervention<sup>81</sup>.

One of the defining characteristics of the family model among Turkic peoples is the strength of intergenerational hierarchy. Respect for elders, the normative authority of parental guidance, and the concept of family leadership have functioned as mechanisms for maintaining social order. While this hierarchical structure has contributed to stability, division of responsibilities, and social control within the family, it has also increased the risk of legitimizing psychological and physical violence in cases where power imbalances emerge. Social psychological research indicates that in family models based on rigid hierarchies, violations of individual boundaries are more readily normalized<sup>82</sup>.

The concept of *töre* plays a particularly significant role in regulating family relations among Turkic peoples.

*Töre* functions as a normative framework that defines accepted and unacceptable boundaries of behavior. In classical Turkic sources, *töre* is presented not as a mechanism of oppression, but as a system that safeguards justice. In the 11th century, Yusuf Has Hacib, in his work *Kutadgu Bilig*, establishes a parallel between family order and state governance, emphasizing that justice and responsibility constitute the foundation of social life. This perspective suggests that intra-family relations should be regulated by ethical principles. However, in contemporary contexts, the concept of *töre* is sometimes misinterpreted and instrumentalized to legitimize obedience and silence, thereby increasing the risk of violence.

Within the Turkic family model, the role of women is both central and paradoxical in nature. While women are highly valued as the emotional foundation of the family, primary caregivers, and custodians of social relations, the rigid division of gender roles may simultaneously constrain their social and psychological autonomy. Ziya Gökalp regarded the position of women in Turkic society as an indicator of cultural development and emphasized their critical role in the modernization of

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<sup>81</sup>Bargaining with Patriarchy. *Gender & Society*.

<sup>82</sup> What Works to Prevent Partner Violence. *The Lancet*.

the family<sup>83</sup>. However, in practice, the persistence of patriarchal structures has weakened women's protective mechanisms against violence<sup>84</sup>.

From a social psychological perspective, the family model plays a decisive role in shaping individuals' abilities to cope with stress, regulate emotions, and establish interpersonal relationships. A healthy family environment strengthens psychological resilience and functions as a protective factor against traumatic experiences. Conversely, children raised in environments where violence is normalized exhibit higher levels of anxiety, depression, aggressive behavior, and relational difficulties<sup>85</sup>. In Turkic societies, the family-centered social structure further increases the risk that such patterns are transmitted intergenerationally.

Classical Eastern and Turkic-Islamic ethical traditions have conceptualized the family as the practical domain of morality. The 10th-century philosopher Al-Farabi described the family as the foundation of a virtuous society, asserting that justice and mutual respect within the family are essential conditions for social order. Ibn Sina regarded family relations as the starting point of an individual's moral development and emphasized that violence within the family contradicts human nature<sup>86</sup>. In Nasir al-Din Tusi's work *Akhlaq-i Nasiri*, family ethics are directly associated with individual self-governance, and injustice within the family is identified as the starting point of broader social disorder<sup>87</sup>. These classical approaches demonstrate that, within the value system of Turkic peoples, violence is inherently regarded as unacceptable. However, in social reality, the selective application of values, economic dependency, and social stigma have led to the practical erosion of these ethical principles. At this juncture, socio-psychological rehabilitation should be understood not merely as a process of individual recovery, but as a process of reinterpreting values and reconstructing family relations on ethical foundations.

In the contemporary period, the family model of Turkic peoples is undergoing significant transformation under the influence of globalization, urbanization, and migration processes. The

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<sup>83</sup> Türkçülüğün Esasları. İstanbul.

<sup>84</sup> Bargaining with Patriarchy. *Gender & Society*.

<sup>85</sup> Trauma and Recovery. Basic Books.

<sup>86</sup> Ibn Sina and the Theory of Household Management.

<sup>87</sup> Nasir al-Din Tusi's Ethics. Institute of Ismaili Studies. *Akhlaq-i Nasiri*.

transition from the traditional extended family model to the nuclear family model has weakened mechanisms of social control, while simultaneously creating new opportunities for individual autonomy. During this transitional phase, the tension between traditional family values and modern lifestyles emerges as a psychosocial factor that increases the risk of violence<sup>88</sup>.

In conclusion, the family model and value system of Turkic peoples function, from a social psychological perspective, both as a powerful protective resource and as a potential source of risk. Rehabilitation approaches that fail to account for this dual nature either encounter cultural resistance or fail to produce long-term effects. Therefore, socio-psychological rehabilitation must reinterpret family values within scientific, ethical, and legal frameworks—without idealizing them, yet without rejecting them entirely. Only under these conditions can the family model evolve from an environment in which violence persists into a foundational support system for overcoming it.

## **2.1. Historical and Social Functions of the Family Institution among Turkic Peoples**

Historically, the family institution among Turkic peoples has not been limited to a biological or legal union, but has functioned as a fundamental pillar of social order, cultural memory, and psychological continuity. In early Turkic societies, the family served not only as the primary mechanism connecting the individual to society, but also as the central domain of economic activity, social protection, and normative behavior. In this respect, the family institution fulfilled an intermediary role between the state, the community, and the individual within the social structure of Turkic peoples. Socio-anthropological research indicates that this central position of the family is directly linked to the collective nature of social relations in Turkic societies<sup>89</sup>.

Historical sources present the concept of the family in early Turkic state traditions as a micro-model of political and social order. Within the context of nomadic and semi-nomadic lifestyles, the family functioned both as a unit of production and as a system of defense. The protection of property, continuity of lineage, division of labor, and determination of social status were all organized within the family framework. In this model, the family extended beyond parent–child

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<sup>88</sup> UN Women.

<sup>89</sup> An Introduction to the History of the Turkic Peoples.

relations; the traditional extended family, lineage, and tribal structures were closely interconnected. Thus, the family constituted the primary environment in which individual social identity was formed<sup>90</sup>.

The historical development of the family institution among Turkic peoples is characterized by the sequence “clan–tribe–people” (*boy–oba–el*). The family functioned as the smallest yet most essential unit within this structure. Clan and tribal formations emerged through the aggregation of families, and social order evolved as an expanded form of family relations. This structure imposed not only personal but also social responsibility on the family. Individual behavior was evaluated not merely as a personal attribute, but as a reflection of the reputation of the family and lineage.

This social mechanism strengthened intra-family control while simultaneously fostering a sense of collective responsibility<sup>91</sup>.

One of the primary historical functions of the family institution has been socialization. The upbringing of children, the transmission of behavioral norms, the internalization of gender roles, and the transfer of social values have all been carried out through the family. In this sense, the family functioned as a foundational social institution preceding—and often surpassing—the formal education system in its influence. From a social psychological perspective, this process plays a decisive role in shaping emotional regulation capacities, as well as strategies of compliance or resistance<sup>92</sup>. Among Turkic peoples, this process of socialization has been predominantly aligned with collective behavioral models.

Another important historical function of the family institution has been social control and normative regulation. In periods when state structures were weak or distant, the family acted as the primary guarantor of legal and ethical behavior. Norms such as *töre* and customary practices were enforced within the family, while systems of reward and punishment were administered at the family and community levels. Although this mechanism contributed to the maintenance of social order, it also enabled the long-term normalization of intra-family violence, often justified

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<sup>90</sup> Nomads and the Outside World.

<sup>91</sup> Findley, C. V. (2005). *The Turks in World History*.

<sup>92</sup> Bronfenbrenner, U. (1979). *The Ecology of Human Development*.

under the guise of “discipline” or “upbringing.” Although this mechanism contributed to the maintenance of social order, it also created conditions for the long-term normalization of intra-family violence under the labels of “discipline” or “upbringing”<sup>93</sup>.

In ancient Turkic written sources, particular emphasis is placed on the ethical regulation of family relations. In *Kutadgu Bilig*, authored by Yusuf Has Hacib, family relations are associated with the principles of justice, moderation, and responsibility. The role of the head of the family is not presented as one who exercises coercive power, but rather as an individual who preserves justice and ensures order. This perspective indicates that intra-family violence was not considered a normative model within classical Turkic thought <sup>94</sup>. The period of Islamization introduced new legal and ethical frameworks into the family institution of Turkic peoples. Islamic law recognized the family as a legal entity and established normative regulations concerning marriage, divorce, parental responsibility, and the protection of children. However, these rules were applied in a synthetic manner, adapted to local customs and traditions. As a result, the Turkic-Islamic family model emerged as a complex structure integrating both religious and cultural elements <sup>95</sup>.

Al-Farabi conceptualized the family as the foundation of a virtuous society, emphasizing that the ethical order within the family constitutes a fundamental condition for social harmony. According to his view, the presence of violence and injustice within the family reflects the absence of a virtuous society<sup>96</sup>. This perspective highlights that the family institution carries not only social but also moral functions.

Ibn Sina regarded family relations as the initial stage of an individual’s psychological and moral development. He argued that when an environment of safety and respect is not established within the family, the individual’s emotional stability is disrupted, which may later lead to destructive patterns in social relationships<sup>97</sup>. This perspective resonates with contemporary trauma theories and provides an important theoretical basis for understanding the long-term psychological consequences of domestic violence.

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<sup>93</sup> Kandiyoti, D. (1988). Bargaining with Patriarchy

<sup>94</sup> Uçar, E. (2017). *Kutadgu Bilig’de Aile ve Adalet Anlayışı*.

<sup>95</sup> Lapidus, I. M. (2002). *A History of Islamic Societies*.

<sup>96</sup> Kurmangaliyeva, A. G., et al. (2016). *Al-Farabi’s Virtuous City*.

<sup>97</sup> Zakaria, I. (2012). *Ibn Sina and Household Ethics*.

One of the key social functions of the family institution among Turkic peoples has also been economic security. Within traditional economic systems, the family functioned as both a unit of production and consumption, ensuring the social welfare of its members. Although the economic dependence of women and children was historically perceived as a protective mechanism within the family, in contemporary contexts this dependency may also increase vulnerability and limit access to independent support systems. Although the economic dependence of women and children was historically perceived as a protective mechanism within the family, in contemporary contexts this dependency has become one of the primary factors increasing the risk of violence<sup>98</sup>.

The Soviet period and subsequent processes of modernization have led to significant transformations in the family institution among Turkic peoples. Formal legal equality, women's participation in the labor market, and urbanization have substantially altered the structure of intra-family relations. However, when these changes are not fully aligned with cultural values, intra-family conflicts and psychological tensions may persist. Social psychological research indicates that during such transitional periods, the risk of domestic violence tends to increase<sup>99</sup>.

In the contemporary era, the family institution among Turkic peoples embodies both transformation and continuity. On the one hand, the shift toward the nuclear family model has weakened extended family structures; on the other hand, it has contributed positively to the development of the family's emotional and social support functions. This dual condition transforms the family into a social environment that can function both as a protective factor and as a source of risk. Socio-psychological rehabilitation must take this reality into account, neither idealizing the family nor dismissing it entirely.

In conclusion, the family institution among Turkic peoples has historically evolved as a multifunctional structure. It has fulfilled roles related to socialization, social control, economic security, cultural transmission, and psychological resilience. However, each of these functions may, under certain conditions, become a risk factor contributing to the persistence of violence. Therefore, contemporary socio-psychological rehabilitation approaches should not present the family institution as either an immutable value or solely a source of problems, but rather evaluate

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<sup>98</sup> UN Women. (2020). Gender Equality and Women's Empowerment.

<sup>99</sup> WHO. (2013). Global Estimates of Violence against Women.

it as a complex system shaped by historical, cultural, and psychological contexts. Only under such an approach can the family become not a source of violence, but a fundamental support system for overcoming it.

## **2.2. The Psychological Role of the Concepts of *Töre*, Custom (*Örf*), Etiquette (*Ədəb*), and Responsibility**

In the formation of the social and psychological structure of Turkic peoples, the concepts of *töre*, custom (*örf*), etiquette (*ədab*), and responsibility function not merely as cultural terms, but as core normative mechanisms that regulate behavior, define psychological boundaries, and govern social relations. These concepts play a decisive role in shaping an individual's self-perception, patterns of interpersonal interaction, and adaptation to social expectations.

From a socio-psychological perspective, these normative systems have contributed not only to external mechanisms of control that regulate individual behavior, but also to the formation of internal control systems and conscience mechanisms<sup>100</sup>.

*Töre* has historically functioned as the primary standard of social behavior among Turkic peoples. The concept of *töre* emerged as a normative system predating written law, yet possessing legal functions. In early Turkic societies, *töre* did not serve to legitimize power, but rather to limit it. From a psychological perspective, *töre* regulates individual behavioral choices not through fear alone, but through the need for social acceptance and belonging. In social psychology, this mechanism is interpreted as internal normative control, leading individuals to align their behavior with the expectations of the community<sup>101</sup>.

In classical Turkic sources, *töre* is directly associated with the concept of justice. In *Kutadgu Bilig* by Yusuf Has Hacib, *töre* is presented as the practical embodiment of justice, and acts such as violence, oppression, and excess are evaluated as violations of *töre*. This perspective demonstrates that violence was not regarded as a normative behavioral model in classical Turkic thought.

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<sup>100</sup> Durkheim, E. (1951). *Suicide: A Study in Sociology*.

<sup>101</sup> Bandura, A. (1986). *Social Foundations of Thought and Action*.

However, in social reality, the selective application of *töre*, particularly its interpretation in accordance with the interests of dominant actors, has increased the risk of legitimizing violence.

Unlike *töre*, the concept of *örf* possesses a more flexible and context-dependent character. *Örf* operates as the unwritten rules of everyday life, encompassing behavioral customs and forms of social interaction. Psychologically, *örf* strengthens the individual's mechanisms of social adaptation by fulfilling the need for acceptance within the community. According to social identity theory, when individuals perceive themselves as members of a particular group, they internalize and stabilize that group's behavioral norms<sup>102</sup>. Among Turkic peoples, *örf* has functioned as one of the primary instruments of such stabilization.

The psychological impact of *örf* is particularly evident in the formation of gender roles. The roles of men and women within the family and society have often been defined through *örf*, and deviations from these roles have been met with social sanctions. While this mechanism contributes to social stability, it simultaneously restricts individual development and psychological autonomy.

The tendency of women subjected to violence to remain silent, and the regulation of their behavior through expressions such as “shame” or “what will people say,” reflects the operation of *örf* as a mechanism of psychological pressure<sup>103</sup>.

The concept of *adab* in the ethical worldview of Turkic peoples expresses the aesthetic and moral dimension of behavior. *Adab* is a psychological framework that determines not only what should be done, but also how it should be done. This concept plays an important role in the formation of an individual's emotional regulation skills. Through *adab*, the individual learns to control impulses and to manage relationships without turning them into conflict. From a psychological perspective, this mechanism corresponds to the social components of emotional intelligence<sup>104</sup>.

In classical Eastern and Turkic-Islamic ethical traditions, *adab* is presented as an indicator of a person's inner perfection. In *Ahlâk-ı Alâî* by Kınalızade Ali Efendi, *adab* is shown as the main

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<sup>102</sup> Tajfel, H., & Turner, J. (1979). *An Integrative Theory of Intergroup Conflict*.

<sup>103</sup> Kandiyoti, D. (1988). *Bargaining with Patriarchy*.

<sup>104</sup> Goleman, D. (1995). *Emotional Intelligence*.



regulator of family relations, and intra-family violence is evaluated as a moral violation<sup>105</sup>. This approach shows that the ethical system was designed not to normalize violence, but rather to limit it.

The concept of responsibility in the social psychology of Turkic peoples has a collective character. An individual's behavior has been evaluated not only as a personal outcome, but as the responsibility of the family, lineage, and community. This collective responsibility model, on the one hand, has strengthened social solidarity and mutual support, and on the other hand has led to the weakening of individual boundaries. From a psychological perspective, this situation means that the individual is exposed to high external pressure in the decision-making process<sup>106</sup>.

Within the family context, the concept of responsibility has enabled parents to establish extensive control mechanisms over children. A child's behavior has been evaluated as the "honor" or "disgrace" of the family, which has led to the formation of high levels of anxiety and fear mechanisms in the child's psychological development. Modern developmental psychology shows that such control environments are associated with anxiety and self-confidence problems<sup>107</sup>.

The common psychological function of the concepts of *töre*, *örf*, *adab*, and responsibility is to ensure the process of internalizing social behavior. Through this normative system, the individual refrains from or prefers certain behaviors not only out of fear of punishment, but also to feel valued and accepted. When this mechanism functions in a healthy way, it creates social stability and psychological safety. However, when the balance of power is disrupted and the normative system is applied in accordance with the interests of the dominant group, a legitimate ground for violence is formed<sup>108</sup>.

In the modern period, these concepts are undergoing a process of transformation. Although globalization, urbanization, and the strengthening of legal norms weaken the social regulatory role of *töre* and *örf*, their psychological influence remains strong. In many cases, individuals refrain from using legal protection mechanisms because entrenched cultural norms limit their behavioral

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<sup>105</sup> Budak, Y., & Gündoğdu, B. (2023). *Kınalızade'de Aile Ahlakı*.

<sup>106</sup> Durkheim, E. (1951). *Suicide: A Study in Sociology*

<sup>107</sup> Herman, J. L. (1992). *Trauma and Recovery*

<sup>108</sup> Heise, L. (2011). *What Works to Prevent Partner Violence*.

choices. This situation creates a dual pressure, especially for victims of violence. It increases both the experience of actual violence and the feeling of internal guilt<sup>109</sup>.

Socio-psychological rehabilitation should neither completely reject these concepts nor accept them as immutable truths. Effective rehabilitation should reinterpret the concepts of *töre*, *örf*, *adab*, and responsibility and transform them into protective mechanisms against violence. When *töre* is presented as justice, *örf* as dignity, *adab* as mutual respect, and responsibility as a guarantor of safety, cultural resistance decreases and the psychological recovery process of the parties is strengthened.

As a result, the concepts of *töre*, *örf*, *adab*, and responsibility are deeply rooted normative mechanisms in the social-psychological structure of Turkic peoples. Although these concepts have historically served to maintain social order, in the modern context, when applied incorrectly and selectively, they may create conditions for the persistence of violence. Therefore, socio-psychological rehabilitation should not prioritize these manifestations, but should adapt them to ethical, legal, and trauma-oriented approaches while taking into account their psychological strength. Only in this case can cultural values become not a shield behind which violence is hidden, but a social foundation for overcoming violence.

### **2.3. Family–Community Relations and Social Control Mechanisms**

In the social structure of Turkic peoples, family and community relations have been formed not as separate institutions, but as interconnected and mutually reinforcing social mechanisms. The family has functioned as the individual's primary social environment, while the community has acted as an extended sphere of control and legitimation of this environment. From a socio-psychological perspective, this interaction has led individuals to perceive their behavior not only as a personal choice, but as a social responsibility. While this model ensures security and a sense of belonging, it also creates conditions for social pressure and silencing mechanisms<sup>110</sup>.

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<sup>109</sup> UNICEF. (2014). *Hidden in Plain Sight*.

<sup>110</sup> Bronfenbrenner, U. (1979). *The Ecology of Human Development*.

One of the main characteristics of family–community relations is that social control is carried out more through informal rather than formal institutional mechanisms. Kinship ties, neighborhood relations, and institutions such as elders (*ağsaqqal*) and respected women (*ağbirçək*) have served as the main platforms where behavior is observed, evaluated, and regulated. These control mechanisms operate not through direct coercion, but through opinion, speech, gaze, and social labeling, thereby defining behavioral boundaries. In social psychology, such mechanisms are explained as normative social influence, where individuals adjust their behavior due to fear of exclusion from the group<sup>111</sup>.

In the context of Turkic societies, the social control function of the community is mainly expressed through collective evaluative formulas such as “what will people say,” “it would be shameful,” and “honor will be lost.” Psychologically, these expressions activate feelings of shame and guilt, playing a strong role in regulating behavior. Shame-based control mechanisms, because they target the individual’s inner world, can be more effective than direct coercion. Research shows that such systems create particularly high psychological pressure for women and children and contribute to silence in cases of violence<sup>112</sup>.

This mutual control mechanism between family and community acts as one of the main factors preventing the “social exposure” of violence. When a victim brings a family issue into the community, they understand that they will confront not only the perpetrator but the entire social network. This creates not only real safety risks but also fear of social isolation and stigmatization. Socio-psychological studies show that in environments with strong community pressure, violence is reported less frequently, but has more severe and long-term consequences<sup>113</sup>.

Another key factor is the sacralization of the idea of “family unity.” In Turkic societies, the breakdown of the family is not seen as an individual issue, but as a threat to the reputation of the

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<sup>111</sup> Cialdini, R. B., & Goldstein, N. J. (2004). *Social Influence: Compliance and Conformity*.

<sup>112</sup> Herman, J. L. (1992). *Trauma and Recovery*.

<sup>113</sup> WHO. (2013). *Global and Regional Estimates of Violence against Women*.

community. Therefore, in cases of violence, the primary concern is often not the safety of the victim, but the preservation of family “integrity.”

Women’s position within family–community relations further intensify these mechanisms. A woman’s behavior is often perceived as a reflection of the honor of the family and lineage. This places women victims of violence under double pressure: on the one hand, physical or psychological violence, and on the other, the responsibility not to “shame” the family or community. This significantly limits their ability to seek legal and psychological support<sup>114</sup>.

Another important element of social control is the institution of mediation and elder authority. While these mechanisms sometimes provide non-violent conflict resolution, they also contribute to concealing violence as a “family matter.” In such processes, priority is often given to reconciliation rather than the victim’s psychological condition and safety, leaving structural causes of violence unaddressed<sup>115</sup>.

The psychological impact of these mechanisms is especially strong on children. Children who witness or experience violence internalize messages such as “stay silent,” “be patient,” and “do not interfere with elders.” These messages weaken emotional expression, contribute to trauma internalization, and normalize violence in future relationships. Trauma psychology explains this as a mechanism of intergenerational transmission<sup>116</sup>.

In the modern period, although legal institutions appear to weaken family–community control mechanisms, their psychological influence remains strong. Even when individuals have legal rights, they often refrain from using them due to fear of community reaction. This reflects the tension between legal systems and cultural norms in practice.

From the perspective of socio-psychological rehabilitation, working with family–community relations require particular sensitivity. Completely excluding the family and community may weaken the victim’s social support system, but including these relationships in the rehabilitation

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<sup>114</sup> Brownmiller, S. (1975). *Against Our Will*.

<sup>115</sup> Merry, S. E. (2006). *Human Rights and Gender Violence*.

<sup>116</sup> van der Kolk, B. (2014). *The Body Keeps the Score*.

process without critical evaluation creates additional risks for the victim. Therefore, modern approaches propose evaluating the family and community simultaneously as both potential risks and potential resources<sup>117</sup>.

In conclusion, family–community relations and social control mechanisms among Turkic peoples play a key role in understanding why violence is silenced. Although these mechanisms aim to maintain social stability, when the balance of power is disrupted, they contribute to the invisibility, normalization, and intergenerational transmission of violence. Socio-psychological rehabilitation, taking this reality into account, should evaluate silence not as a virtue but as a risk indicator, and should orient family–community relations toward an ethical framework that assumes responsibility for preventing violence. Only in this case can social control mechanisms transform from tools of silencing into protective and restorative resources.

## **2.4. Utilizing the Positive Potential of Kinship Relations and the Phased Organization of Inter-Institutional Cooperation in the Rehabilitation Process**

In Turkic and other collectivist societies, family and kinship relations constitute one of the main structural elements of social life. In such societies, the individual is not perceived solely as an independent social subject, but as an inseparable part of family and community relations. An individual's social identity is often defined not by personal characteristics, but by the family and kinship system to which they belong. For this reason, the rehabilitation of a person exposed to violence should be evaluated not only as an individual psychological process, but also as a transformation of the system of social relations.

Kinship relations can have both positive and negative effects on the rehabilitation process. On the one hand, family and kinship ties may serve as sources of emotional support, social protection, and practical assistance for victims of violence. Support from family members can play an important role in restoring the psychological stability of the victim and facilitating their

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<sup>117</sup>Bronfenbrenner, U. (1979). *The Ecology of Human Development*.

reintegration into social life. On the other hand, in some cases, kinship relations may hinder the victim's access to protection mechanisms, particularly within traditional community structures.

In some family and community environments, violence may be perceived as a “private family matter,” and a woman's attempt to seek legal protection may be interpreted as a disruption of social relations. This situation may lead to the victim being blamed within their social environment, their behavior being criticized, or violence being indirectly legitimized. Such social stereotypes can make it difficult for victims to initiate or continue the rehabilitation process.

Another negative effect of kinship relations is the restriction of victims' participation in decision-making processes. In some cases, important decisions regarding a woman's life are made by family or kinship networks, weakening her personal autonomy. This, in turn, may hinder the development of personal empowerment and decision-making skills, which are key objectives of rehabilitation.

To address these challenges, rehabilitation programs should not be limited to individual psychological interventions, but should also include strategies aimed at engaging with the social environment. These strategies can be implemented through inter-institutional cooperation mechanisms, which ensure coordinated support for victims of violence across multiple services.

This approach involves cooperation between several key institutions. Law enforcement bodies play an important role in legally assessing cases of violence, ensuring victim safety, and holding perpetrators accountable or involving them in rehabilitation programs. Social service institutions assess the victim's social situation and ensure access to shelters, social assistance, and reintegration services.

Psychological services are essential for assessing trauma-related conditions, restoring emotional stability, and supporting psychological empowerment. Research indicates that trauma-informed and comprehensive support programs are critical for the psychological recovery of victims.

Educational and awareness institutions should work toward transforming stereotypes within the community and reducing tolerance toward violence. Public awareness campaigns, community dialogues, and educational programs play an important role in this process.

At the same time, in certain cases, it is possible to utilize the positive potential of kinship relations. In social work practice, family mediation and community-based intervention models are applied. Within these models, dialogue is established between family members and social service representatives, and family relations are transformed with the victim's safety as the priority. In some countries, this approach is implemented through mediation mechanisms known as "family conferences."

The issue of safe return for victims is one of the most sensitive stages of the rehabilitation process. The primary principle at this stage is ensuring the victim's full safety. Safe return is considered possible only after risk assessments have been conducted, measures have been taken to change the perpetrator's behavior, and social control mechanisms have been established.

This process requires coordination among social workers, psychologists, legal professionals, and community representatives. Ensuring the victim's participation in decision-making about their own life is a fundamental principle, as it contributes to psychological empowerment and the restoration of social identity.

Thus, kinship relations within the Turkic family model can function both as important resources and as potential risk factors in the rehabilitation of victims of violence. Therefore, rehabilitation programs should consider not only individual psychological interventions, but also the broader system of social relations. Inter-institutional cooperation, community-based awareness, and family mediation approaches can produce more effective and sustainable outcomes for the safety and reintegration of victims.

### **Utilizing the Positive Potential of Kinship Relations and the Phased Organization of Inter-Institutional Activity in the Rehabilitation Process**

The rehabilitation of individuals exposed to violence should not be viewed merely as a process limited to addressing individual trauma within the system of social work and psychological intervention. Especially in societies with collectivist social structures, such as Turkish and similar contexts, family and kinship relations are among the key components of an individual's social belonging and psychological stability. Therefore, when designing rehabilitation programs, kinship relations should be considered not only as a risk factor but also as a social resource.

On the one hand, kinship relations may act as a source of social pressure that can hinder the victim's access to protection mechanisms. On the other hand, when properly managed, they can function as an important social support system in the rehabilitation process. To utilize this potential effectively, rehabilitation programs should rely not only on individual interventions but also on inter-institutional coordination and community-based engagement strategies.

### **Inter-institutional Cooperation Mechanism**

Inter-institutional cooperation mechanisms involve coordinated action among various state and non-state actors to ensure the protection of victims of violence. The purpose of this mechanism is to ensure the safety of the affected individual, support their social and psychological recovery, and at the same time make use of positive resources within the system of social relations.

This process usually consists of several stages, each requiring coordinated efforts from different institutions:

#### **Stage 1: Safety and Initial Stabilization**

The first stage of working with a victim entering a shelter is ensuring safety and creating stability. At this stage, the main responsibility lies with social services and shelter staff. The social worker conducts an initial assessment to determine the individual's safety, psychological condition, and social needs.

Law enforcement agencies also play a crucial role at this stage. The risk posed by the perpetrator is assessed, and, if necessary, legal protection mechanisms are activated. These may include protection orders, police supervision, and other legal measures, as well as rehabilitation measures for the perpetrator.

Psychologists assess post-traumatic reactions and provide initial interventions aimed at ensuring emotional stability. The main goal at this stage is to help the victim develop a sense of safety and voluntarily engage in the rehabilitation process.

#### **Stage 2: Assessment of Social Environment and Kinship Relations**



The victim's social environment and kinship relations are key components of the rehabilitation process. At this stage, the social worker and psychologist jointly analyze the structure of the family and kinship system. This analysis helps identify potential risks and available support resources.

In some cases, kinship relations may contribute to continued violence through social pressure. In other cases, family members may serve as a significant source of protection and psychological support.

Social workers aim to identify trustworthy and supportive individuals within the kinship network who can contribute to the rehabilitation process as a social support resource.

### **Stage 3: Managing Stereotypes and Social Risks**

In traditional community structures, victims of violence may face social stereotypes. These may include blaming the victim or prioritizing the preservation of family unity over addressing violence.

Therefore, awareness-raising and social dialogue activities at the community level are essential during the rehabilitation process. These activities can be carried out by social service institutions, NGOs, and community leaders.

The aim is to challenge stereotypes that legitimize violence and to ensure recognition of victims' rights at the societal level.

### **Stage 4: Family Mediation and Social Dialogue**

In some cases, the positive potential of kinship relations can be utilized through family mediation mechanisms. This process should only be implemented after a full assessment of safety risks and with the victim's consent.

Family mediation is conducted with the involvement of social workers and psychologists and aims to create constructive dialogue within the family while ensuring the victim's safety. During this process, family members are informed about the social and psychological consequences of violence, and the victim's rights are explained.

In some cases, family mediation can help transform kinship relations and restore the victim's support network.

### **Stage 5: Development of a Safe Reintegration Plan**

One of the final stages of the rehabilitation process is planning the victim's reintegration into social life. At this stage, coordination between social services, law enforcement, and other institutions is essential.

When developing a reintegration plan, several key principles must be considered, including:

- Ensuring the victim's safety
- Supporting long-term psychological recovery
- Strengthening social support systems
- their social and economic independence
- the existence of social support networks
- ensuring the individual's participation in the decision-making process

Within the framework of this plan, the living conditions, employment opportunities, and social support mechanisms of the victim are determined.

### **Stage 6: Ensuring the Victim's Participation in the Decision-Making Process**

One of the key principles of the rehabilitation process is to ensure the active participation of the victim in decisions concerning their own life. This approach enables the psychological empowerment of the victim and the restoration of their social identity. At this stage, social workers and psychologists support the development of the victim's decision-making skills and assist them in establishing an independent position within their social environment.

In the Turkish family model, kinship relations can play both a risk and a resource role in the rehabilitation of victims of violence. Therefore, when designing rehabilitation programs, it is important to evaluate the kinship system not only as a source of problems but also as a potential social support mechanism.

Approaches such as inter-institutional coordination, community-level awareness-raising, and family mediation make it possible to utilize the positive potential of kinship relations and create conditions for the safe and sustainable reintegration of victims of violence.

## **2.5 Concepts of Family, Justice, and Dignity in Classical Turkish and Eastern Thought**

In classical Turkish and Eastern thought, the concepts of family, justice, and dignity occupy a central place in the ethical system and define the moral framework of the relationship between the individual and society. In this tradition, the family is understood not merely as a social institution but as the primary environment where the individual's moral world is formed; justice is the principle of measure and balance in relationships; and dignity is regarded as the expression of the individual's ontological value. These three qualities are not treated separately but are considered interdependent and complementary, serving as guarantees of social order and psychological well-being. For this reason, in classical sources (Farabi, Ibn Sina, Tusi), oppression and violence within the family are viewed not only as individual behavioral deviations but also as a breakdown of moral order.

In the Turkish intellectual tradition, an analogy is drawn between the family and the state, as well as between the individual and society. In early Turkish political-philosophical texts, the family is presented as a micro-model of the state. If there is no justice and balance within the family, justice cannot exist in society or the state either. Yusuf Has Hajib's work "Qutadgu Bilig" is a fundamental source in this regard. In this work, family relations are discussed together with the concepts of justice, reason, fortune (happiness), and responsibility, and the legitimacy of the head of the family is justified not by the use of force but by just governance. This model builds family relations not on a hierarchy of power but on ethical responsibility.

The concept of justice in classical Turkish and Eastern thought has a broader meaning than normative law. Justice is associated with the balance of the universe, the inner harmony of the individual, and the health of social relations. In Al-Farabi's concept of the "Virtuous City," justice is not only a political principle but also an ethical measure that regulates behavior within the family. Al-Farabi considers oppression and injustice within the family as a loss of virtue and

emphasizes that individuals raised in such an environment cannot be psychologically or morally healthy.

In the Eastern philosophical tradition, the family is regarded as the first stage of upbringing and moral development. Ibn Sina presents the family as the primary environment where emotional security, self-respect, and relational skills are formed. In his views on “household management,” the family functions as a laboratory where ethical principles are applied in everyday life. Ibn Sina considers violence within the family as a distortion of reason and human nature and notes that it causes long-term damage to the human psyche<sup>118</sup>. This approach closely aligns with modern trauma theories.

The concept of dignity in classical Turkish and Eastern ethical systems is a fundamental category expressing the inherent value of the human being. Dignity is not dependent on social status, gender, or family role. In Nasir al-Din Tusi’s work “Akhlâq-i Nasiri,” dignity is presented as the main criterion guiding a person’s behavior toward themselves and others. Tusi evaluates oppression within the family as a denial of dignity and describes it not only as an individual wrongdoing but as a social catastrophe<sup>119</sup>. This perspective demonstrates that violence is clearly rejected from an ethical standpoint.

In Ali Efendi Kınalızade’s work “Ahlâk-ı Alâî,” family ethics is discussed separately and in detail. The main principles for regulating family relations are identified as propriety, justice, and compassion.

The head of the family is presented not as an absolute authority figure, but as a bearer of moral responsibility. Kınalızade explains violence as a result of lack of upbringing and submission to base desires, and considers disproportionate behavior within the family as a violation of ethics<sup>120</sup>.

In the history of Turkish thought, the position of women within the family has also been associated with the concept of dignity. Ziya Gökalp evaluates the status of women in the Turkish family model as an indicator of cultural development and emphasizes that social progress is impossible in a society where women’s dignity is not protected. This approach demonstrates that

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<sup>118</sup> Zakaria, I. (2012). Ibn Sina and Household Ethics.

<sup>119</sup> Madelung, W. (2011). *Nasir al-Din Tusi’s Ethics*.

<sup>120</sup> Budak, Y., & Gündoğdu, B. (2023). *Kınalızade Ali Efendi’de Aile Ahlâkı*.

in classical ethical sources, violence against women within the family was not normalized but, on the contrary, considered ethically problematic.

At the same time, there are significant differences between classical texts and historical practice. Socio-economic conditions, patriarchal structures, and power relations have led to the selective application of ethical principles. As a result, the concepts of family, justice, and dignity have sometimes functioned not as mechanisms limiting violence but as tools that conceal it. This contradiction can be explained not by the classical heritage itself, but by its distorted application in social practice.

From the perspective of modern socio-psychological rehabilitation, this ethical framework of classical Turkish and Eastern thought is of particular importance. Researchers in contemporary trauma studies, such as Herman and van der Kolk, demonstrate that one of the primary needs of victims of violence, alongside safety, is the recognition of dignity. Violence disrupts an individual's perception of self-worth, and rehabilitation should aim at restoring this value. Classical ethical texts provide a strong cultural resource for grounding this restoration.

Reinterpreting the concept of justice within the family context can play a crucial role in the rehabilitation process. If justice is associated not with the “preservation of family unity” but with the safety and dignity of family members, cultural resistance decreases and a clear stance against violence is formed. This approach allows for the alignment of classical ethical heritage with modern principles of human rights and gender equality<sup>121</sup>.

In conclusion, in classical Turkish and Eastern thought, the qualities of family, justice, and dignity are conceived as normative and ethical barriers against violence. These qualities present

the family not as a legitimate space for violence, but as an environment where responsibility, compassion, and mutual respect are cultivated. Modern socio-psychological rehabilitation, taking into account this philosophical-ethical foundation, should transform cultural values from a shield that conceals violence into a moral and psychological support against it. Unless this transformation occurs, efforts to combat violence will remain limited to the legal level and will not produce deep

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<sup>121</sup> Berry, J. W. (2006). *Stress Perspectives on Acculturation*.

socio-psychological impact. Unless this transformation occurs, efforts to combat violence will remain limited to the legal level and will not produce deep socio-psychological impact.

## **2.6. The Dual Function of Values as Protective and Risk-Generating Factors**

The dual function of values as both protective and risk-generating factors represents the most critical logical point linking socio-psychological rehabilitation to “practical risk analysis” in the context of Turkic societies. This is because violence often arises not from the absence of values, but from their distorted application, selective interpretation, and subordination to power relations. In this regard, the concept of “value” cannot be automatically regarded as either a positive resource or a source of risk. Depending on the context, it may serve both protective and harmful functions. In socio-psychological sciences, this approach aligns with the logic of the ecological model and normative influence. The factors shaping individual behavior are not limited to the individual level but gain continuity through norms operating at the family, community, and societal levels. Therefore, rehabilitation should not only aim to reduce the symptoms of trauma but also address the socio-normative mechanisms that sustain it.

In the context of Turkic societies, one of the strongest values is the idea of “family unity.” When it performs a protective function, it provides emotional support, economic assistance, stability for children, collective coping with difficulties, and social protection. However, when it becomes a risk-generating factor, “family unity” turns into a mechanism that preserves the “family’s reputation” at the expense of the victim’s safety. In such cases, violence is concealed under the justification of “keeping the family together,” the victim is forced to endure, and seeking help or filing complaints is stigmatized as “bringing shame to the family.” This reflects a classic mechanism of normative social influence: group members conform to norms to be accepted, while fear of exclusion reinforces silence<sup>122</sup>.

In practical risk analysis, indicators that “family unity” has turned into a risk factor typically include:

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<sup>122</sup> Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In *The Social Psychology of Intergroup Relations*.

- refusal to allow discussion of a safety plan,
- internalized language of guilt such as “it’s my fault,”
- statements like “I must endure for the children,”
- pressure from elders to reconcile,
- minimizing violence through terms such as “discipline,” “jealousy,” or “patience,”
- systematic resistance to legal procedures,
- and panic-level fear of information leaking into the community.

When these risks are present, the key principle for professionals should not be “saving the family,” but “saving the individual.” This principle is consistent both with modern trauma-informed approaches and with the dignity-centered spirit of classical ethical texts.

The second powerful value is the code of “honor.” When functioning protectively, it can strengthen ethical boundaries that reject violence, promote respect for personal integrity, and encourage communities to respond to violence as injustice. However, when it becomes a risk factor, honor turns into a mechanism of control over the victim’s body and behavior. In cases of sexual violence, exploitation, and digital blackmail, it becomes a primary tool for silencing victims.

The most destructive aspect here is “secondary victimization”: after experiencing violence, the victim is subjected to further questioning, blame, and pressure with questions such as “Why did you go?” or “Why did you speak out?” This mechanism is explained by the role of shame as a social regulator. Shame is directed inward, causing the individual to perceive themselves—not the external source of violence—as the problem<sup>123</sup>.

Practical indicators for risk analysis include: expressions of fear such as “our name is ruined” leading to severe psychological distress (noted as general risk signals without detail), threatening language from family members such as “if you go to the police, they will kill you,” exposure to blackmail through social media content, legitimization of violence in the name of “honor,” and the isolation of the victim from public life. In such cases, intervention should be structured along two parallel lines: trauma-informed psychological support and strategies to combat stigma.

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<sup>123</sup> Scheff, T. J. (2003). Shame in self and society. *Symbolic Interaction*.

At the same time, it is important to reinterpret the value itself: honor should be reframed not as “silencing the victim,” but as “choosing justice against oppression.” This aligns with the principles of justice and balance in classical Turkish-Eastern ethical thought (as seen in Yusuf Has Hajib and Farabi).

**The third key** value is “respect for elders” and hierarchy. In its protective function, this value enables intergenerational transmission of knowledge, care and guardianship within the family, non-violent conflict management, and the creation of a stable framework for children. In its risk-generating function, however, hierarchy turns into a psychological control mechanism demanding “absolute obedience,” domestic violence becomes normalized through interpretations such as “it is the elder’s right,” and the boundaries of women and children are violated.

The most typical form of this risk is triangulation: when elders intervene in conflicts, the goal becomes not safety but restoring order; and this “order” is often restored at the expense of the victim’s silence. For practical risk analysis, the guiding questions may include:

- “Whose safety does the elder prioritize in this process?”

“Does the proposal of reconciliation create a mechanism to stop the violence, or does it merely improve appearances?”

- “Is the victim’s consent free, or is it shaped by social pressure?”

These questions lie at the core of ethical decision-making, as the balance between cultural respect and human rights and safety must be reassessed each time.

**The fourth value** is hospitality and social solidarity. In its protective function, community networks create real resources for the victim: shelter, food, accompaniment, childcare, support in legal processes, and social connection that strengthens psychological regulation. In its risk-generating function, however, “solidarity” serves to protect the group’s reputation, suppresses the victim’s voice, and reinforces denial such as “this does not happen in our community.”

Denial is one of the most dangerous social mechanisms sustaining violence: it delays intervention, undermines the victim’s trust in their own experience, and reduces help-seeking behavior. Practical



risk analysis requires assessing the real function of community networks: do they protect the victim, or do they “calm them down and send them back”? This highlights the criterion of “safe social support” in rehabilitation: support is protective not merely by existing, but by being safe and strengthening the victim’s agency.

**The fifth value** includes behavioral norms such as patience, modesty, and a sense of shame/propriety. In its protective function, patience contributes to emotional regulation, impulse control, and resilience in facing difficulties. In its risk-generating function, however, patience justifies prolonged exposure to traumatic conditions, frames violence as a “test,” and blocks exit strategies.

This resembles the mechanism of learned helplessness: when repeated attempts to escape fail, the individual becomes passive and perceives themselves as incapable of change. Practical risk analysis must distinguish whether this value functions as emotional strength or as social conditioning. If endurance is linked to a safety plan and exit strategy, it is protective; if it carries the message “do not complain, do not speak,” it becomes a risk.

This distinction should be translated into concrete criteria within the rehabilitation plan: “patience = safety + rights + social support + psychological recovery.”

**The sixth value** is the institution of mediation, reconciliation, and elder authority (community elders). In its protective function, mediation can help manage conflict without escalation into violence, reduce threats, and mobilize resources. In its risk-generating function, however, mediation creates superficial “peace” without addressing structural causes of violence, returns the victim without ensuring safety, and fosters impunity for the perpetrator.

This increases the risk of repeated violence, as impunity is one of the strongest factors sustaining it<sup>124</sup>. Practical risk analysis requires specific questions:

- “Has the violence stopped?”
- “Has the threat been eliminated?”
- “Has the risk of recurrence been assessed?”

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<sup>124</sup> WHO. (2013). Global and Regional Estimates of Violence against Women.

- “Is the victim’s safe living condition ensured?”
- “Does mediation replace or complement legal mechanisms?”

If mediation replaces legal and social protection, risk increases; if it complements them, it may conditionally serve as a protective factor<sup>125</sup>.

**The seventh value** is religion and spirituality. In its protective function, spirituality provides meaning-making after trauma, hope, social connection, and restoration of self-worth. Trauma theory highlights meaning-making as a key mechanism of recovery. In its risk-generating function, however, religion may be misinterpreted into fatalism, presenting violence as “destiny” and labeling intervention as “sin.”

In such cases, the specialist should not oppose the value itself, but should reframe it toward justice, compassion, and dignity. Since classical Eastern ethical thought emphasizes the unacceptability of oppression, this approach can reduce cultural resistance (Farabi; Tusi; Kınalızade analyses). As a practical tool, “value reframing” can be used: “spirituality ≠ enduring oppression,” but “spirituality = responsibility to stop oppression.”

To translate this dual function into practical risk analysis, values must be positioned along a “protective–risk spectrum.” The key methodological step is to evaluate not the value itself, but its mode of application. This evaluation can be carried out through four main criteria:

- **Safety criterion:** “Does this value increase or decrease the victim’s physical and psychological safety?”
- **Agency criterion:** “Does this value strengthen or weaken the victim’s decision-making and autonomy?”
- **Transparency criterion:** “Does this value open access to information and help, or does it enforce silence?”
- **Accountability criterion:** “Does this value increase or conceal the perpetrator’s responsibility?”

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<sup>125</sup> Heise, L. (2011). What works to prevent partner violence? The Lancet (ecological approach)

These criteria operationalize the ecological approach and allow values to be measured not merely as social norms but as risk factors<sup>126</sup>.

In practical risk analysis, values must be mapped both as risk factors and as intervention resources. For example, when “family unity” becomes a risk factor, the rehabilitation plan should not immediately center family engagement but should first ensure safety planning and individual recovery stages. Only after safety is secured can family work be considered, under the following conditions:

- evidence that violence has ceased,
- reduction of threat levels and activation of legal mechanisms,
- the victim’s consent being freely given.

The same logic applies to mediation:

- mediation is not the first step of intervention,
- it may only function as an additional mechanism under specific conditions.

This reflects the application of the “do no harm” principle in a cultural context<sup>127</sup>.

The question of “why violence is silenced” finds one of its most systematic answers in the dual function of values: silencing often emerges at the moment when a value shifts into its risk function. At the individual level, silencing is a reaction of fear and trauma; at the family level, it functions as a mechanism of reputation and dependency; at the community level, it is driven by fear of stigma and exclusion; and at the societal level, it is sometimes reinforced by legal illiteracy and distrust<sup>128</sup>. Across all these levels, values act as a form of “language”: silencing is justified through the language of “shame,” “honor,” “family,” “patience,” and “respect.” Therefore, rehabilitation is also about transforming language: the language of values must be shifted from one that conceals oppression to one that resists it<sup>129</sup>.

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<sup>126</sup> Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Harvard University Press.

<sup>127</sup> Merry, S. E. (2006). *Human Rights and Gender Violence*. University of Chicago Press.

<sup>128</sup> UNICEF. (2014). *Hidden in Plain Sight: A Statistical Analysis of Violence against Children*.

<sup>129</sup> Gökalp, Z. (1923). *Türkçülüğün Esasları*. İstanbul.

The practical implication of this section is that professionals should not treat values merely as background information, but should turn them into a subject of systematic assessment. For this purpose, three types of questions can be integrated into the intervention process: “value questions,” “risk questions,” and “resource questions.” Value questions aim to identify which values the victim and the family prioritize: “What is most important for you in this situation?”, “What do you fear most: the violence itself or people’s reactions?”, “What does ‘justice’ mean in your family?”

Risk questions assess whether values have shifted into their risk function: “Does this value provide you with safety?”, “Who and how encourages you to remain silent?”, “Does the proposal of reconciliation guarantee the cessation of violence?”

Resource questions activate the protective function of values: “Who supports your safety?”, “Which family member stands for justice?”, “Which community resource can support you without stigmatization?” Such questions, in line with a trauma-informed approach, strengthen the victim’s agency and help construct a realistic rehabilitation plan<sup>130</sup>.

In the modern era, the dual function of values becomes even more acute in the context of digital risks. When “honor” and “reputation” codes intersect with digital blackmail, the threat shifts from “physical harm” to “social destruction”: the fear of having images disseminated may compel the victim to abandon legal protection. In such cases, safety planning must include digital security components such as account protection, preservation of evidence, assessment of online harassment risks, and management of psychological panic. Technology-facilitated violence extends the victim’s trauma and creates a sense of constant (24/7) surveillance<sup>131</sup>. Thus, the risk function of values now operates not only in physical communities but also in digital spaces, requiring rehabilitation approaches to adapt accordingly.

Classical Turkish and Eastern ethical texts offer principles such as “measure,” “justice,” “compassion,” and “dignity” to theoretically balance this dual function. Statements such as Yusuf Has Hajib’s “excess destroys order,” Tusi’s “oppression is the denial of dignity,” Kınalızade’s “family order must be preserved not by force but by morality,” and Farabi’s “virtue is incompatible

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<sup>130</sup> Herman, J. L. (1992). *Trauma and Recovery*. Basic Books.

<sup>131</sup> Henry, N., & Powell, A. (2018). *Technology-facilitated sexual violence (Technology-facilitated sexual violence)*.

with coercive power” confirm this<sup>132</sup>. In modern practice, the role of these principles is one of “cultural grounding”: when presenting protective measures, professionals can justify them not only in the language of law but also in the language of values. This can reduce cultural resistance and strengthen ethical positioning within the family and community<sup>133</sup>.

In conclusion, the dual function of values as both protective and risk-generating factors is a key concept in addressing violence within the context of Turkic societies. When properly framed, values provide powerful resources for social connection and psychological recovery; when distorted, they become mechanisms of silencing, stigmatization, and the perpetuation of violence. Practical risk analysis does not judge values but measures their function according to criteria of safety, agency, transparency, and accountability, and structures intervention accordingly. This approach allows rehabilitation to be understood not only as individual recovery but also as the ethical reconstruction of family and community systems. In this way, rehabilitation reduces both the effects of trauma and the likelihood of its social reproduction.

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<sup>132</sup> Yusuf Has Hacib. (XI əsr). Kutadgu Bilig (classical source)

<sup>133</sup>Berry, J. W. (2006). Stress perspectives on acculturation. In *The Cambridge Handbook of Acculturation Psychology*. Cambridge University Press.

## CONCLUSION

### **Family Model and Value System among Turkic Peoples: A Comparative Analysis**

Historically, the family model among Turkic peoples has functioned as a “micro-constitution” of social order. It has developed not only as a biological unit ensuring generational continuity but also as a primary institution where cultural memory is transmitted, social roles are “taught,” and behavior is framed within normative boundaries. The strength of this institution lies precisely in its dual nature: the family is both a space of emotional security and social support, and a system through which social control, hierarchy, and “collective reputation” are maintained.

In contemporary socio-psychological and anthropological approaches, this dual reality is explained as the simultaneous operation of “protective factors” and “risk factors” within the same ecosystem. In the context of Turkic societies, this duality is more pronounced because the family does not function as an isolated institution; rather, it is embedded within a multilayered normative system that includes community, lineage, kinship networks, customary law (töre-örf), honor-shame codes, mediation institutions, and religious-ethical texts.

The main objective of this study is not merely to describe the “traditional family,” but to construct a comparative map of the family model and value system among Turkic peoples, and to demonstrate—through a scientific framework—how this system can function both as a “resource” and as a “barrier” in the face of risks such as violence (especially domestic violence, sexual abuse, early marriage, and digital blackmail). The comparison is conducted along two dimensions:

1. historical-social structure (nomadic/semi-nomadic, settled/urban, Soviet modernization, globalization), and
2. normative regulation (customary norms, legal frameworks, human rights, and trauma-informed approaches).

#### **1) Historical Model: The Boy-Oba-El Line and the Transformation of the Family into a Center of Social Responsibility**

In the organization of early Turkic communities, the sequence of clan–tribe–people (boy–oba–el) strengthened the family not merely as a “private space,” but as a functional unit of the community. In nomadic and semi-nomadic lifestyles, the family simultaneously operated as:

- a unit of production (division of labor, pastoralism/economy),
- a unit of protection (physical security),
- a mechanism of social welfare (care and support),
- and a unit of normative control (reward and punishment).

The psychological outcome of this structure is that individual behavior is coded less as “my choice” and more as an indicator of “our reputation.” While this strengthens collective identity, it also creates the risk of weakening individual boundaries.

From a comparative perspective (for example, between nomadic-origin societies such as Kazakh, Kyrgyz, Altai, Yakut, and more settled, urbanized groups such as Anatolian Turks), a distinction emerges: in nomadic memory, family unity is primarily a coalition of labor and security, whereas in settled urban environments, it becomes a normative space structured around property, status, and honor. In both models, the family is “protective,” but the source of risk differs: in one, hierarchy and collective discipline dominate; in the other, reputation and mechanisms of social stigma are more prominent.

In relation to violence, as the strength of the family-community mechanism increases, violence becomes less likely to be treated as a subject of public intervention, because the family becomes sacralized as a “small society.” In anthropology, this is explained as the culturally constructed boundary between the “private” and the “public.” In some cultural systems, processes within the family are considered “internal order.” As a result, violence is softened through language such as “discipline,” “education,” or “family conflict.” The core issue is not merely the existence of violence, but the way it is linguistically and culturally framed.

## **2) The Töre–Örf–Ədab Triad: Psychological Mechanisms of the Normative System and the Paradox of Selective Application**

The normative framework of Turkic societies operates through three main layers:

1. **Töre** (norms claiming justice and balance),
2. **Örf** (unwritten rules of everyday life),
3. **Ədəb** (the moral-aesthetic dimension of behavior).

From a psychological perspective, this triad functions as a mechanism that transforms “external control” into “internal control.” It regulates behavior not through fear of punishment, but through the desire to be accepted, to belong, and to avoid shame. In social psychology, this is explained through normative influence and social identity mechanisms: individuals align their behavior with group norms to maintain group membership.

However, the critical issue here is **selective application**. While *töre* is presented in classical sources as a means of ensuring justice, in social practice it is often interpreted in ways that serve the interests of those in power. This becomes the key mechanism through which the normative system shifts from a protective to a risk-generating function. When norms serve to legitimize power rather than limit it, they create a cultural basis for violence.

Comparatively, this paradox manifests differently across Turkic societies. In some contexts, the institution of elders can function as a mechanism for restoring justice; in others, it becomes a pressure mechanism that returns the victim under the guise of “reconciliation.”

The concept of **ədəb (propriety/ethics)** can strengthen emotional regulation, impulse control, and relational culture. However, when interpreted narrowly as “silence,” “endurance,” or “women should not speak,” it limits the agency of victims. In the context of trauma, this leads to **secondary victimization**: the victim suffers not only from violence but also from enforced silence. Thus, a value can simultaneously produce psychological resilience (self-regulation) and psychological harm (silencing).

### **3) Family–Community Relations: Shame, Stigma, and the Invisible Technology of Social Control**

In the context of Turkic peoples, family and community are inseparable; the community functions as an “extended control system” of the family. Kinship networks, neighborhood relations, elder authority, and mediation mechanisms can act as social regulators that are faster and more



influential than formal law. The main “energy” behind these mechanisms is the fear of shame and stigmatization — “What will people say?”, “It would be shameful”, “The family reputation will be ruined.” In social psychology, the power of shame lies in its inward direction: unlike guilt, which concerns “what I did,” shame touches on “who I am.” Therefore, shame-centered systems of control create a heavier psychological burden for women and children and weaken help-seeking behavior in situations of violence.

In urban environments, community control increasingly shifts from neighborhood oversight to “digital reputation,” while in rural-community settings stigmatization operates through direct social relations. However, the result is similar: cases of violence remain invisible because the victim understands that they will face not only the perpetrator but also the broader social network. Thus, the family-community system can function both as a resource (support, accompaniment, shelter) and as a risk factor (silencing, legitimizing forced reconciliation) in combating violence.

The most critical issue here is the sacralization of “family unity.” When family unity is protective, it creates stability for children, social support for women, and care for the elderly. When it becomes a risk factor, safety is pushed into the background, and the idea that “the family must not break apart” becomes more important than the victim’s life. This is the central source of cultural resistance in rehabilitation work; intervention may be stigmatized as “destroying the family.” Therefore, rehabilitation is not only a clinical issue but also a problem of cultural language: safety must be framed not as “betrayal of the family,” but as “justice and dignity.”

#### **4) The Classical Turkic and Eastern Ethical Pillar: The Line of Justice–Balance–Dignity and Modern Trauma Science**

In classical Turkic-Eastern thought, the family is presented as the primary space for ethical formation. Justice represents the principle of balance and proportion in relationships, while dignity is the unchanging value of the human being. An important scientific conclusion here is that violence, in the spirit of classical ethical texts, is not considered a “natural norm,” but rather a moral violation. In other words, violence has no legitimacy within the values themselves. Legitimacy emerges more from later social practices, patriarchal power relations, and selective interpretations.

This distinction is a strategic resource for rehabilitation: specialists can justify interventions not only in legal language but also in the language of “justice and dignity.” This approach reduces cultural resistance and strengthens the ethical position within the community.

Modern trauma science, including scholars such as Judith Herman and Bessel van der Kolk, demonstrates that recovery from violence is not only about reducing symptoms, but also about restoring safety, connection, a sense of control, and dignity. From this perspective, it is possible to build a bridge between the classical ethical pillar and trauma-informed approaches. Violence destroys dignity, while rehabilitation restores it. If this restoration is justified within a cultural framework, it may be accepted not as a “foreign idea” but as a “restoration of one’s own values.”

### **5) The Dual Function of Values: Not a “Lack of Values,” but the Transformation of Values into Risk Functions**

The main conceptual thesis of this chapter is that violence often arises not from the absence of values, but from the transformation of values into risk functions. This transformation occurs through three main mechanisms:

1. imbalance of power (patriarchal-hierarchical dominance),
2. social stigma and fear of reputational damage,
3. economic dependence and lack of alternative resources.

The same value (for example, “family unity”) can, under these mechanisms, shift from being a protective framework into a system that silences the victim.

Comparative analysis shows this duality particularly clearly in seven value blocks:

#### **1. Family unity**

Protective: social support, stability for children, psychological support.

Risk: preserving “family honor” at the expense of safety, returning victims to abusive environments, stigmatizing complaints.

#### **2. Honor–shame codes**

Protective: can function as an ethical boundary for personal inviolability.

Risk: control over women's bodies, silencing in cases of sexual violence and blackmail, secondary traumatization.

3. **Respect for elders–hierarchy**

Protective: care, order, conflict management.

Risk: absolute obedience, violation of boundaries, transformation of control over women and children into violence.

4. **Patience and modesty**

Protective: emotional regulation, coping with stress.

Risk: learned helplessness, blocked escape routes, the language of “I must endure.”

5. **Mediation and elder authority**

Protective: nonviolent conflict management, mobilization of resources.

Risk: impunity, forced reconciliation without ensuring safety.

6. **Religion and spirituality**

Protective: restoration of meaning, hope, social connectedness.

Risk: fatalism, normalization of violence through the language of “fate.”

7. **Solidarity**

Protective: a real support network.

Risk: denial (“this does not happen among us”), social erasure of the victim.

The scientific strength of this duality lies in the fact that it moves rehabilitation beyond “individual therapy” and connects it to socio-normative diagnostics. In other words, the target of intervention is not only the victim's symptoms, but also the normative mechanisms that sustain violence (the language of silencing, stigma risks, structures that force reconciliation).

## **6) Operational Model: Four Criteria for Measuring Values and Their Practical Application in Rehabilitation**

The most effective way to transform the dual function of values into an academic rehabilitation model is not to judge a value as “good” or “bad,” but to measure it according to four criteria:

- **Safety criterion:** Does the value increase or decrease the victim's physical and psychological safety?

- **Agency criterion:** Does the value strengthen the victim's ability to make choices and decisions, or does it create passivity?
- **Transparency criterion:** Does the value make pathways to assistance visible, or does it conceal information?
- **Responsibility criterion:** Does the value increase the accountability of the perpetrator, or does it hide or soften responsibility?

Using these criteria, the same value of “family unity” can produce two different outcomes. If family unity increases safety, supports the victim's agency, encourages openness of information, and places responsibility on the perpetrator, then it can be evaluated as a resource. If the opposite is true, then it becomes a risk factor. The scientific strength here lies not in the subjective evaluation of the intervention, but in its observable functional outcomes.

## **7) Transformation and the Modern Era: Re-hardening of Values in Urbanization, Migration, and the Digital Environment**

As globalization and urbanization weaken the extended family structure, a paradox emerges: social control may decrease, but violence may not decrease; instead, its form changes. In cities, victims may have greater opportunities for escape (employment, services, legal recourse), but the risks of social isolation and loneliness increase. Migration (both internal and external) fragments family support systems and increases economic dependence, which in turn can intensify the risks of violence.

The digital environment combines “honor-reputation” codes with new technologies: blackmail, fear of the distribution of images, and online harassment keep the victim under constant 24/7 surveillance and trauma. At this point, “traditional values” acquire a risk function more rapidly, because reputation is no longer just village gossip, but the fear of social destruction that can go viral on digital platforms. Therefore, safety planning must also include digital security (protection of evidence, account security, assessment of stalking risks, anxiety management, etc.). Here too, reframing values is essential: protecting one's “honor” should be presented not as remaining silent, but as ensuring safety and choosing justice.

## **8) Final Scientific Conclusion: The Family Model Is Not a “Fixed Value” but a Dynamic Risk–Resource System**

The comparative analysis can be summarized as follows: the family model and value system of Turkic peoples constitute a dynamic socio-psychological system. Against the background of historical structures, mechanisms of social control, economic dependence, and modern transformations, it simultaneously performs both protective and risk-producing functions.

Rehabilitation models that ignore this reality either become trapped in cultural resistance (because they target values themselves), or remain unsustainable (because they fail to diagnose the risk functions of values).

The strongest thesis expressed in this chapter from the author’s perspective can be formulated as follows: rehabilitation must reinterpret the family within an ethical and scientific framework “without idealizing it, but also without rejecting it.” The family can be redesigned not as a legitimate space for violence, but as a social support system rebuilt along the lines of justice, dignity, and safety.

This is possible not only through legal measures, but also through changing the language of values, transforming community control from “silence” into “protective responsibility,” and implementing trauma-informed interventions that strengthen the victim’s agency.

### **Innovation**

The innovation lies in the analysis of values as having both protective functions and risk-producing functions simultaneously.

# CHAPTER III

## THE INTERACTION BETWEEN TRAUMA AND CULTURE

Although the concept of trauma was for a long time explained within the framework of individual psychopathology, modern trauma science demonstrates that it is inseparably connected with social and cultural structures. Judith Herman characterizes trauma as an event arising from an imbalance of power and destroying a person's sense of safety, connection, and control<sup>134</sup> However, Herman also emphasizes that trauma is not merely an individual event; both its formation and recovery occur within systems of social relationships. This theoretical framework is particularly significant in the context of Turkic peoples, because here the family and community function as the primary structural units of social relations.

Among Turkic peoples, social organization has historically been built upon collective identity. The tribe-clan-community system shaped the family not merely as a biological unit, but as a micro-model of social order. Bronfenbrenner's ecological development model demonstrates that an individual is formed through the interaction of micro (family), meso (community), and macro (culture) systems<sup>135</sup>. This model is especially suitable as an explanatory framework for Turkic peoples because the family is not only a micro-system, but is also closely connected to meso- and macro-structures. For this reason, even though traumatic events occur within the individual psyche, their impact either weakens or deepens within the family and community environment.

Bessel van der Kolk, analyzing the neurobiological effects of trauma, shows that traumatic experiences are encoded in the body's memory and that recovery is impossible without a sense of safety<sup>136</sup>. In the context of Turkic peoples, the concept of "safety" carries not an individual but a collective character. A person must feel safe not only physically, but also socially. If there is a risk

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<sup>134</sup> Herman, *Trauma and Recovery*, 1992, pp. 33–38.

<sup>135</sup> Bronfenbrenner, *The Ecology of Human Development*, 1979, s. 21–27

<sup>136</sup> Van der Kolk, *The Body Keeps the Score*, 2014, pp. 72–79.

of stigmatization by the community, psychological recovery may be delayed even when the individual is physically safe. This situation is particularly observed among victims of domestic violence and sexual assault.

Arthur Kleinman emphasizes that the forms through which traumatic suffering are expressed are culturally conditioned<sup>137</sup>. Among Turkic peoples, emotional pain is often expressed indirectly and through symbolic language.

Expressions such as “My heart feels tight,” “I have sorrow,” and “It was fate” represent forms of trauma structured through cultural codes. This cultural language may complicate the clinical diagnosis of trauma because symptoms are expressed not through explicit psychological terminology, but through social and moral concepts.

Pierre Bourdieu, through the concept of “habitus” (a system of internalized social dispositions), explains how cultural structures become internalized within an individual’s thinking and behavioral system<sup>138</sup>. In the Turkic family model, this habitus is formed from an early age: values such as respect for elders, patience, family unity, and honor become core components of self-perception. A traumatic event signifies the collapse of this habitus. For example, if the family has been learned as a place of safety, domestic violence fundamentally shatters the individual’s perception of the world and creates a double trauma.

Jeffrey C. Alexander explains collective trauma as damage to cultural identity<sup>139</sup>. In the history of Turkic peoples, wars, deportations, repression, and social transformations have created a collective traumatic memory. During the Soviet period, repression and the culture of fear weakened social trust and normalized silence. This model of silence could continue within the family and create the basis for “not speaking out” in situations of violence.

Jan Assmann, analyzing the intergenerational transmission of cultural memory, demonstrates that collective traumas are preserved through family and ritual institutions<sup>140</sup>. Among Turkic

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<sup>137</sup> Kleinman, *The Illness Narratives*, 1988, pp. 3–15.

<sup>138</sup> Bourdieu, *Outline of a Theory of Practice*, 1977, pp. 72–95.

<sup>139</sup> Alexander, *Cultural Trauma and Collective Identity*, 2004, pp. 10–18.

<sup>140</sup> Assmann, *Cultural Memory and Early Civilization*, 2011, pp. 36–44.

peoples, the family is the main transmitter of cultural memory. If traumatic experiences are not openly discussed, they are transmitted in the form of emotional patterns. This leads to the formation of intergenerational trauma.

Erving Goffman, in his theory of stigma, demonstrates that social stigma changes an individual's perception of self and may socially isolate them<sup>141</sup>. In the context of Turkic peoples, mechanisms such as “shame” and “What will people say?” are the main instruments of social control. Due to fear of stigmatization, victims of violence may delay or completely avoid seeking help. This contributes to the chronicization of trauma.

Within the Turkic social structure, family and community function as mutually dependent mechanisms.

Tajfel and Turner, in social identity theory, demonstrate that individuals fulfill their need for social acceptance by adapting themselves to the normative expectations of the group<sup>142</sup>. In the Turkic community system, this mechanism is particularly strong. If the group norm dictates that “family matters should not be made public,” the victim is compelled to behave in accordance with this norm.

Danieli, in the model of intergenerational trauma, demonstrates that unprocessed trauma is transmitted through emotional and behavioral patterns<sup>143</sup>. In the Turkic family model, the restriction of emotional expression and the high value placed on patience may prevent trauma from manifesting openly.

At the same time, culture is not only a risk factor, but also a powerful protective resource. Among Turkic peoples, solidarity, hospitality, and collective support mechanisms create important potential for post-traumatic recovery. Herman emphasizes the central role of social connection and safety in the healing process. The normative system of the Turkic community can provide this support if it prioritizes the victim's safety.

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<sup>141</sup>Goffman, *Stigma*, 1963, pp. 3–12.

<sup>142</sup>Tajfel & Turner, 1979/1986, pp. 16–21.

<sup>143</sup>Danieli, *International Handbook of Multigenerational Legacies of Trauma*, 1998, p. 17.



Thus, the interaction between trauma and culture in the context of Turkic peoples manifests itself on three main levels:

**First**, at the level of meaning-making. Traumatic events are interpreted through cultural values, and this interpretation may either strengthen healing or normalize silence.

**Second**, at the level of social response. The community and family may respond to trauma either with support or with stigmatization.

**Third**, at the level of intergenerational transmission. Unprocessed trauma passes to future generations through emotional patterns and behavioral codes.

As a result, in the context of Turkic peoples, trauma is not merely an individual psychological event; rather, it is a socio-psychological process formed within the system of interactions between family, community, and culture, and within that same system it either heals or deepens.

Effective work with trauma is possible not only through clinical intervention, but also through the application of cultural codes analyzed within ethical and safety-oriented frameworks. Otherwise, culture itself may contribute to trauma remaining invisible and becoming chronic.

### **3.1. The Individual and Collective Manifestation of Trauma**

Trauma is the sudden disruption of a person's sense of safety, control, and belonging. Trauma is a psychological and social process that arises as a result of the sudden or long-term disruption of a person's sense of safety, control, and belonging. However, explaining trauma solely as a pathological reaction occurring at the level of the individual nervous system is no longer considered scientifically sufficient. Modern trauma theory demonstrates that trauma is also an event formed within systems of social relations, interpreted within cultural structures, and often transmitted through collective memory. Judith Herman explains trauma as the breakdown of power balance and the destruction of a person's fundamental sense of safety, emphasizing that traumatic experience occurs both on the personal and social levels, and that recovery requires the restoration of social relationships. Herman's approach shows that trauma consists not only of individual symptoms, but is also connected with the disruption of social bonds and trust.

Among Turkic peoples, social organization has historically developed on the principle of collective identity. The tribe–clan–community system strengthened the family not merely as a biological unit, but as a micro-model of social order. Bronfenbrenner’s ecological model explains human development through the interaction of micro-, meso-, and macro-systems. The Turkic family model is a concrete example of this framework: although the family is a micro-system, it is closely connected with meso-systems (kinship networks, community) and macro-systems (culture, religious-ethical norms). For this reason, traumatic events resonate not only within the individual psyche, but also throughout the family-community network.

Bessel van der Kolk, examining the neurobiological foundations of trauma, demonstrates that traumatic experiences create lasting changes in the brain and body; chronic activation of stress hormones, fragmentation of memory, and disruption of emotional regulation are individual manifestations of trauma. However, van der Kolk also emphasizes that recovery is not possible solely through internal resources of the individual; a safe social environment and trustworthy relationships are essential conditions for healing. This approach demonstrates the inseparability of the individual and collective dimensions of trauma.

On the individual level, trauma manifests symptomatically through anxiety, depression, dissociation, sleep disorders, and hypervigilance. Yet trauma is not merely a collection of symptoms; it also shakes a person’s fundamental system of trust in themselves and the world. Herman describes three main stages of trauma recovery: restoration of safety, processing traumatic memory, and rebuilding social connections, emphasizing that healing cannot occur outside a social context. This model demonstrates that individual recovery takes place within systems of collective relationships.

The collective manifestation of trauma, however, concerns not the individual alone, but events that affect the identity of an entire social group. Jeffrey C. Alexander characterizes collective trauma as a “cultural construction,” arguing that trauma is determined not only by the event itself, but also by how society interprets and gives meaning to it<sup>144</sup>. In his view, collective trauma transforms the

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<sup>144</sup> Alexander, *Cultural Trauma and Collective Identity*, 2004, pp. 10–18.

group's self-understanding and creates new identity narratives. In this process, leaders, intellectuals, and the media play significant roles.

Among Turkic peoples, the collective manifestation of trauma is especially connected with historical events. Wars, deportations, repressions, and social transformations created a culture of fear and distrust within collective memory. Jeffrey C. Alexander explains collective trauma as damage to cultural identity and emphasizes that trauma is determined less by the event itself than by its public interpretation. Among Turkic peoples, political repression and violent modernization weakened social trust and normalized silence. This silence could also be reproduced in cases of domestic violence.

Kai Erikson describes collective trauma as the breakdown of social relationships, distinguishing it from individual trauma. He writes that collective trauma is not merely the wounding of individuals, but “a blow to the basic tissues of social life<sup>145</sup>.” Erikson's studies demonstrate how natural disasters and violent events weaken trust and mutual connectedness within communities, allowing trauma to persist at the level of social structure.

The concept of intergenerational trauma explains the point where individual and collective dimensions intersect. Yael Danieli demonstrates that unprocessed traumatic experiences are transmitted to future generations through emotional patterns and family behavioral codes<sup>146</sup>. This transmission occurs less through explicit memory than through emotional and behavioral patterns. This transmission occurs less through explicit memory and more at the emotional and behavioral levels. Even if children have not personally experienced the traumatic event, they may internalize the patterns of fear and hypervigilance displayed by their parents.

Jan Assmann, in his theory of cultural memory, demonstrates that collective traumas are preserved through ritual and symbolic mechanisms and become part of public identity<sup>147</sup>. From this perspective, trauma is not merely a past event; rather, it is an element of social structure that is repeatedly reactivated within cultural memory.

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<sup>145</sup> Erikson, *Everything in Its Path*, 1976, pp. 153–154.

<sup>146</sup> Danieli, *International Handbook of Multigenerational Legacies of Trauma*, 1998, pp. 17–29.

<sup>147</sup> Assmann, *Cultural Memory and Early Civilization*, 2011, pp. 36–44.

Pierre Bourdieu, through the concept of *habitus*, explains how social structures are transformed into an individual's internal system of thought and behavior<sup>148</sup>.

A habitus formed within a traumatic environment normalizes expectations of danger and fear reactions in the future as well. This situation demonstrates the merging of the individual and collective dimensions of trauma.

Erving Goffman, in his theory of stigma, explains how social reactions deepen trauma<sup>149</sup>. The stigmatization of victims of violence or sexual assault combines individual trauma with mechanisms of collective silence. Social reaction creates the second stage of trauma.

According to social identity theory, individuals preserve their sense of belonging by adapting themselves to group norms<sup>150</sup>. If the group norm denies or silences a traumatic event, the individual is compelled to behave according to that same norm. This mechanism causes individual trauma to persist at the collective level.

Kemal Sayar, one of the leading representatives of modern Turkish psychiatry, emphasizes that trauma is not merely an individual clinical condition, but also a product of cultural meaning-making processes. He notes that in Eastern societies, an individual's psychological suffering is evaluated within the family context and cannot be considered separately from systems of social relations<sup>151</sup>. This approach demonstrates the importance of taking family and community mechanisms into account in trauma recovery.

Azerbaijani psychologist Fuad Alakbarov, linking the concept of social trauma with post-Soviet transformation processes, notes that collective fear and distrust create emotional distancing and silence within family relationships<sup>152</sup>. This silence makes it more difficult to process trauma on the individual level.

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<sup>148</sup> Bourdieu, *Outline of a Theory of Practice*, 1977, pp. 72–95.

<sup>149</sup> Goffman, *Stigma*, 1963, pp. 3–12.

<sup>150</sup> Tajfel & Turner, 1979/1986, pp. 16–21.

<sup>151</sup> Sayar, *Ruhun Dirilişi*, 2015, pp. 88–94.

<sup>152</sup> Ələkbərov, *Sosial Psixologiya və Transformasiya*, 2018, pp. 112–118.

Turkish sociologist Nilüfer Göle demonstrates that the tension between modernization and tradition leads to crises of individual identity<sup>153</sup>. In this context, trauma may emerge not only as a result of violence, but also as a consequence of conflicts of identity and values.

Iranian social psychologist Mostafa Malekian explains moral-psychological injury as the disruption of an individual's internal ethical system and emphasizes that the distorted application of family values may create moral trauma<sup>154</sup>.

Historical events such as war, deportation, and repression are typical examples of collective trauma. These events damage not only individuals, but entire communities, creating a culture of fear and distrust within social memory. Alexander notes that as a result of collective trauma, a group rewrites its past and changes its future behavioral patterns.

The relationship between individual and collective trauma is cyclical in nature. When individual traumas remain unprocessed, they become incorporated into collective narratives and are transmitted to future generations. Collective trauma, in turn, creates a structural environment for individual psychological vulnerability. From this perspective, trauma must be analyzed on both the micro and macro levels.

The restoration of social relationships and safety is a fundamental condition for healing from trauma. Herman notes that recovery from trauma requires the restoration of connection and dignity. This necessitates not only individual therapy, but also the strengthening of trust and social justice at the collective level.

Thus, the individual and collective manifestations of trauma are inseparable from one another. Although trauma occurs within the psyche of the individual, its roots and consequences are located within systems of social relationships. Collective trauma is formed through the social construction and intergenerational transmission of individual traumas. Without taking this interaction into account, neither clinical intervention nor social rehabilitation can be effective.

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<sup>153</sup> Göle, *Modern Mahrem*, 1991, pp. 45–52.

<sup>154</sup> Malekian, *Rationality and Spirituality*, 2010, pp. 134–141.

As a result, analysis demonstrates that trauma is simultaneously a biological, psychological, and social phenomenon. On the individual level, it is the breakdown of the sense of safety and control; on the collective level, it is the disruption of trust and social identity. Modern trauma science shows that the healing process requires not only the individual's internal resources, but also the reconstruction of collective memory and social relationships. An approach that considers both the individual and collective dimensions of trauma together can create a more sustainable and ethically grounded rehabilitation model. The Trauma–Family–Community model demonstrates that trauma is not merely an individual psychological process, but one that either weakens or deepens through interaction with family and community mechanisms. In Turkic and Eastern societies, collective identity and systems of normative control intensify this interaction even further. Effective intervention requires parallel assessment of trauma on the micro (individual), meso (family), and macro (community-culture) levels.

### **3.2. The Syndrome of Shame and Social Stigmatization**

The syndrome of shame and social stigmatization is not merely an individual emotional reaction, but a complex psychosocial mechanism shaped by social structures and cultural codes. Modern social psychology associates shame with a person's feeling that their social value is under threat. Helen Lewis describes shame as the “negative evaluation of the self as a whole,” distinguishing it from guilt. While guilt is directed toward a specific action, shame takes the form of a global self-assessment: “I am bad<sup>155</sup>.” This distinction explains the clinical basis of the social stigma syndrome, because stigma problematizes not a person's behavior, but their identity itself.

Erving Goffman interprets social stigma as a “spoiled identity” and demonstrates how an individual is reduced, in the eyes of society, from the status of a “fully accepted person <sup>156</sup>.” In his view, stigmatization is not only a public reaction, but also a transformation of self-perception. Under the power of social judgment, the individual chooses strategies of concealment or withdrawal. This process is particularly intense in societies built upon collective identity.

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<sup>155</sup> Lewis, *Shame and Guilt in Neurosis*, 1971, pp. 30–36.

<sup>156</sup> Goffman, *Stigma: Notes on the Management of Spoiled Identity*, 1963, pp. 3–12.

Thomas Scheff presents shame as the emotional mechanism of social control and notes that societies often preserve normative stability through shame<sup>157</sup>. However, the structural application of shame may itself become a source of both individual and collective trauma. Judith Herman emphasizes that victims of violence frequently experience shame and self-blame, and that social reactions intensify these emotions. From this perspective, shame is one of the core emotional components of trauma.

In the Turkic and Eastern context, shame is not merely an individual emotional condition, but also part of the normative system. Kemal Sayar notes that in Eastern societies social connectedness is valued above individual identity and interprets shame as “the emotional signal of a threat to belonging<sup>158</sup>.” According to him, when individuals fear rejection within family and community relationships, shame intensifies and psychological injury deepens.

Turkish sociologist Nilüfer Göle, analyzing modernization and concepts of privacy, demonstrates that public visibility and reputation function as powerful instruments of social control in Eastern societies. This mechanism of social control not only shapes social behavior, but may also silence victims of violence. Fear of reputational damage is a central element of the syndrome of social stigmatization.

Azerbaijani psychologist Fuad Alakbarov notes that within the environment of social distrust and the culture of fear in post-Soviet societies, the mechanism of shame becomes intensified. According to him, the experience of collective repression has normalized silence and transformed the fear of stigma into a structured social reflex.

Within the Eastern philosophical tradition, the concepts of shame and dignity also occupy an important place. Iranian philosopher Mostafa Malekian explains moral trauma as damage to a person’s internal ethical system and emphasizes that shame has both constructive and destructive forms<sup>159</sup>. In his view, when shame serves to preserve a sense of dignity, it creates social harmony;

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<sup>157</sup> Scheff, *Bloody Revenge: Emotions, Nationalism and War*, 1994, s. 5–12)

<sup>158</sup> Sayar, *Yavaşla*, 2012, pp. 117–124.

<sup>159</sup> *Rationality and Spirituality*, 2010, s. 134–141

however, when it becomes an instrument of power relations, it produces psychologically destructive effects.

Pierre Bourdieu views *habitus* as the transformation of social norms and values into an individual's internal structure. In the Turkic family model, concepts such as “shame,” “honor,” and “What will people say?” are internalized from an early age and become integrated into the individual's system of self-perception. In this situation, stigma becomes not only an external reaction, but also an internal mechanism of control. The individual carries society's gaze within themselves.

Brené Brown describes shame as the feeling of being disconnected from human connection and notes that when shame is not shared and social support is absent, it results in chronic withdrawal into oneself <sup>160</sup>. This idea is particularly relevant in the Turkic and Eastern context, where fear of social stigma weakens help-seeking behavior.

Jeffrey C. Alexander, in his theory of collective trauma, interprets stigmatization as a mechanism used to preserve group identity. If a group silences an individual victim in order to protect the group's reputation, social stigmatization becomes a collective mechanism. In this case, shame can be understood not merely as an individual emotional condition, but as a structured form of social pressure.

In the Turkic family model, the mechanism of stigma is often associated with family reputation. Kemal Sayar notes that when the principle of “not bringing shame” within the family is prioritized above the individual's need for safety, psychological injury deepens. In this context, shame becomes a factor that prolongs trauma.

The syndrome of shame and social stigmatization may lead, on the individual level, to depression, social withdrawal, and aggression. On the collective level, it contributes to the decline of social trust and the weakening of relationships.

Jan Assmann, explaining the role of cultural memory in shaping social identity, demonstrates that when traumatic experiences are not openly discussed, they continue to be preserved on a

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<sup>160</sup> *Daring Greatly*, 2012, s. 68–75



symbolic level<sup>161</sup>. From this perspective, stigma creates the conditions for the intergenerational transmission of trauma.

In the Turkic family model, the mechanisms of honor and reputation (“what will people say?”) are, from a psychodynamic perspective, not merely a “tradition,” but a deep psychological mechanism functioning within the family system for managing shame, legitimizing control, establishing boundaries, and maintaining power relations. This mechanism operates simultaneously within the individual’s inner world (selfhood, conscience, fear, desire) and within the family system (hierarchy, loyalty, secrecy, stigma).

Psychodynamic theory often associates honor-reputation codes with the superego (conscience, internal prohibitions) and the ideal self (the family’s image of being “respectable”). Within the family, “honor” is not simply a rule related to sexual behavior; in a broader sense, it is an internal law that protects the family’s ideal image as “pure, respectable, and under control.” When this ideal is violated, not only does a social risk emerge, but family members also experience deep shame, guilt, and the feeling that “I have lost my worth.” Thus, the honor mechanism becomes transformed into an “internal control system” within the individual psyche: a person regulates their behavior not only out of fear of punishment, but also out of the fantasy of “bringing shame,” that is, the nightmare of losing value both personally and as a family.

An important psychodynamic function of this system is the collectivization of shame. Normally, shame is an emotion directed inward at the individual. In the Turkic family model, however, shame often extends beyond the individual framework and becomes “the family’s shame.” This transformation produces two consequences: first, individual actions are accepted as collective responsibility (which in many cases may create protective solidarity); second, in situations of conflict or violence, the issue becomes framed not in terms of “safety,” but in terms of “saving reputation.”

From a psychodynamic perspective, defense mechanisms become activated here: the family may deny reality by saying “such things do not happen in our family,” minimize the event as an exaggeration, shift blame onto the victim in order to reduce feelings of guilt, or rationalize the

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<sup>161</sup> *Cultural Memory and Early Civilization*, 2011, s. 36–44

situation with explanations such as “they caused it themselves.” These defenses function to reduce the family’s internal burden of shame, but they also block the processing of trauma.

The honor-reputation mechanism within the family system often serves a boundary-protection function. The rule that “family secrets must not leave the house” is, psychodynamically, an attempt to protect the family’s “self.” The family strengthens its internal boundaries in order to protect itself from perceived danger. However, in cases of violence, abuse, or blackmail, this boundary protection can turn into pathological secrecy.

Pathological secrecy may develop into a system in which, under the pretext of “protecting itself,” the family blocks the victim’s path to seeking help. At this point, the honor mechanism effectively creates a contradiction between “social safety” and “physical-psychological safety,” tending to prioritize the former.

From a psychodynamic perspective, honor codes within the family operate in a gendered manner. The woman’s body and behavior become a “symbolic boundary” for the family’s honor. This is also connected with the family’s search for a “controllable object”: while it is impossible to fully control the social world, controlling women’s behavior creates the illusion of “control over the family.” Here, the illusion of control (“we can manage everything”) operates alongside catastrophic fantasies (“if this becomes known, we will be ruined”). Such fantasies may result, especially among adolescents, in rigid prohibitions, isolation, and punitive behaviors. Consequently, alongside love and care, obedience rooted in fear and shame also becomes strengthened within the family system.

Another psychodynamic manifestation of the honor-reputation mechanism is triangulation — the attempt to resolve a problem between two people by involving a third party. In situations of domestic tension and violence, a third party (an elder, relative, or community leader) often enters as a “mediator.” Triangulation may sometimes reduce danger, but when its primary aim becomes preserving the “appearance of family unity,” it weakens the victim’s agency. In this case, mediation serves not the victim’s safety, but the management of the family’s reputational risk. In psychodynamic language, this is the family distributing its burden of shame across the “system”:

the message “we resolved it” restores the family’s image of being “under control” in the eyes of society.

In contexts of violence, the honor mechanism may merge with identification and a rigid superego. On the victim’s side, thoughts such as “I am guilty” and the internal command “I must remain silent” emerge. This strengthens the self-blame and shame dynamics commonly seen in trauma. On the perpetrator’s side, the language of honor is sometimes used to legitimize abusive behavior: “I disciplined them,” “I set boundaries,” “I protected the family.” The psychodynamic mechanism here is that the exercise of power is concealed under the name of a “higher value” such as honor, thereby reducing internal feelings of guilt.

Thus, the syndrome of shame and social stigmatization in the Turkic and Eastern context possesses both individual and collective dimensions. When functioning as a mechanism of social control, it may create normative stability; however, in situations where the balance of power is disrupted, it transforms into a structured mechanism that perpetuates trauma. Effective intervention therefore requires the reinterpretation of shame within ethical and safety-oriented frameworks and the replacement of mechanisms of social stigmatization with principles of dignity and justice. Otherwise, stigma will continue to conceal trauma and remain a structure transmitted across generations.

### **3.3. The Culture of Silence and Hidden Violence**

The culture of silence is not the absence of violence, but the process through which violence is rendered invisible by normative, cultural, and psychological mechanisms. This phenomenon cannot be explained merely through individual fear or personal weakness. It is closely connected with social structure, family models, systems of shame, honor mechanisms, and concepts of collective identity. Especially in Turkic and, more broadly, Eastern societies, family- and community-centered social structures create the conditions for the institutionalization of silence.

According to social construction theory, reality is formed through social interaction. Peter L. Berger and Thomas Luckmann systematically demonstrated in *The Social Construction of Reality* that social norms gradually come to be accepted as objective reality. Framing violence as a “private

family matter” is precisely such a constructive mechanism. Through repeated social reproduction, violence is excluded from open discussion, while silence acquires the status of a legitimate norm.

The culture of silence becomes strongest in societies structured around shame-based systems of control. Shame is an emotion directed at the self, but in collectivist cultures it is transferred from the individual level to the level of the family and community. Expressions such as “What will people say?”, “reputation,” and “honor” are not merely linguistic forms, but internal mechanisms of social control. Erving Goffman, in *Stigma*, explains stigmatization as the damage of social identity. Fear of stigma weakens the individual’s willingness to speak openly and may create a fear of “social death” stronger than even physical danger.

Trauma theory demonstrates that social denial plays a decisive role in the persistence of violence. Judith Herman notes in *Trauma and Recovery* that social recognition of traumatic events is essential for healing. When trauma is not acknowledged, it acquires a chronic character, and the victim feels isolated and unsafe. In the Turkic family model, however, recognition is often subordinated to the risk of reputational damage, which blocks trauma at the social level.

When examining the psychodynamic foundations of the culture of silence, defense mechanisms occupy a central role. These mechanisms were first systematically explained by Sigmund Freud and later developed further by Anna Freud. Within the family system, when violence occurs, mechanisms such as denial, rationalization, and third-party intervention become activated. These mechanisms reduce the family’s internal burden of shame, but at the same time deepen the victim’s trauma.

Turkish psychiatrist Kemal Sayar emphasizes that in Eastern societies the fear of losing moral reputation functions as a behavioral regulator. He notes that when social harmony becomes the priority, individual suffering is pushed into the background. This strengthens the psychological basis of the culture of silence. The value placed on social harmony frames the public acknowledgment of violence as a dangerous act.

Another important component of the culture of silence is hidden violence. Hidden violence includes psychological, emotional, and structural forms of pressure that continue without overt physical assault. These forms may be concealed under legitimate terms such as “discipline,”

“protection,” or “education” within the family system. Psychological violence is often more enduring and damaging than open physical violence. Bessel van der Kolk, in *The Body Keeps the Score*, demonstrates that when trauma is not acknowledged, it becomes fixed within both body and psyche. Hidden violence operates through the same mechanism: social denial deepens trauma.

In Turkic and Eastern societies, collective identity is prioritized above individual identity, and therefore the culture of silence is reinforced by the social structure itself. The family is not merely an emotional environment, but also the carrier of honor and reputation. Events occurring within the family are perceived as affecting the symbolic capital of both the lineage and the community. This perspective places the victim’s safety in direct conflict with the family’s reputational risk.

The culture of silence often merges with patriarchal structures. Rigid gender roles present women’s and children’s behavior as symbolic boundaries of family honor. In this framework, the female body becomes a carrier of honor. In cases of violence, the victim faces double pressure: physical or psychological trauma on the one hand, and fear of stigmatization on the other.

Within Eastern ethical traditions, oppression has been openly condemned. Classical thinkers such as Al-Farabi and Nasir al-Din Tusi viewed the violation of justice within the family as the collapse of moral order. However, historical practice created a gap between ethical ideals and social reality. Through the selective application of values, violence sometimes became normalized. This selectivity is one of the main factors strengthening the culture of silence.

Collective trauma theory provides an important framework for understanding the social consequences of silence. Kai Erikson describes collective trauma as the destruction of social bonds. In the context of Turkic peoples, long-term political and social transformations created an atmosphere of collective distrust and fear. In such an environment, speaking openly may be perceived as dangerous behavior.

In the digital era, the culture of silence has acquired new forms. Fear of online stigmatization and the rapid spread of reputational risks through social media may discourage victims from seeking legal protection. Digital blackmail, threats of distributing intimate images, and virtual harassment make hidden violence even more complex. In such cases, silence is preserved not only within the family, but also in virtual spaces.

The psychological consequences of the culture of silence are severe. Long-term silence may result in dissociation, self-blame, learned helplessness, and chronic anxiety. When victims cannot openly speak about traumatic experiences, trauma repeats itself internally, and the healing process becomes blocked.

From the perspective of rehabilitation, confronting the culture of silence is possible not through rejecting cultural values, but through reframing them. When honor is presented as the protection of dignity, family unity is associated with safety, and responsibility is interpreted as taking a stand against violence, cultural resistance decreases. This is the fundamental principle of a culturally grounded trauma-informed intervention model.

Shame is one of the deepest and most painful emotional experiences in the human psyche. While guilt is directed toward a specific behavior, shame targets the self directly: the person feels not “I did something bad,” but “I am bad.” For this reason, shame threatens the integrity of the self, and the psyche activates defense mechanisms in order to bear it. Sigmund Freud, the founder of psychodynamic theory, described defense mechanisms as tools of ego protection, and Anna Freud later systematized them, emphasizing that when confronted with intolerable affects, individuals tend to exclude them from consciousness or transform them psychologically. Shame is precisely such an affect.

The unbearable nature of shame directly connects it with the mechanism of projection. Projection is the attribution of feelings or impulses that a person cannot accept in themselves onto someone else. Through this mechanism, internal tension is displaced outward, allowing the individual to partially preserve the integrity of the self. From a psychodynamic perspective, this is a temporary solution that protects the ego from fragmentation. However, while projecting shame outward may create temporary relief on the individual level, it also produces serious distortions within systems of relationships.

The connection between shame and projection becomes especially systematic in collectivist cultures. In the Turkic family model, concepts of honor and reputation are among the core components of social identity. Within this framework, individual behavior is evaluated as a factor affecting the collective reputation of the family. When reputational risk emerges, collective shame

may become activated within the family. However, because acknowledging collective shame is experienced as a threat to the integrity of the family system, defense mechanisms are triggered. At this stage, projection transforms into a social mechanism: the bearer of shame is shifted, and responsibility is redirected toward the victim.

For example, when domestic violence or another reputation-threatening event occurs, the family may feel weak and exposed in the eyes of society. Directly accepting this shame is psychologically difficult. As a psychodynamic defense, the family begins to perceive the “problem” in the victim’s behavior. Statements such as “It was their own fault” or “They brought shame upon the family” are forms of collective shame projection. Here, the internal emotional burden is displaced onto an external object, allowing the system to temporarily stabilize itself.

However, this process often progresses to a deeper stage: projective identification. This concept was developed in psychoanalytic theory by Melanie Klein. Unlike simple projection, projective identification involves not only attributing unwanted feelings to another person, but also “placing” those feelings into them through emotional pressure. The subject transfers affects they cannot tolerate within themselves onto another person and establishes a relationship that compels the other to live out that assigned role.

Within the Turkic family system, this mechanism may function in the following way: instead of acknowledging the shame arising from reputational risk, the family blames the victim and subjects them to long-term psychological pressure. Through repeated accusations and stigmatization, the victim gradually begins to genuinely feel guilty and worthless. Thus, the original projection eventually becomes realized within the victim’s psyche. This is projective identification: the feeling is not merely attributed, but internalized through the relational process itself.

The role of this mechanism in the context of trauma is particularly dangerous. Judith Herman emphasizes the role of social denial and victim-blaming in the persistence of trauma, demonstrating that when the victim’s experience is not legitimized, the healing process becomes blocked. Redirecting shame toward the victim through projection and projective identification deepens trauma on two levels: both through the original violence and through social stigmatization.

From a psychodynamic perspective, this process represents an attempt to preserve the balance of the family system. The family experiences reputational risk as a threat to the system and uses defense mechanisms to reduce internal tension. However, this “balance” is achieved at the cost of the victim’s psychological integrity. The collectivization of shame and its subsequent transfer onto the victim through projection constitute the system’s instinct for self-preservation. Yet this instinct may itself become a mechanism that sustains violence.

In projective identification, the target person may eventually internalize the characteristics assigned to them. Under conditions of prolonged blame and devaluation, individuals may begin to perceive themselves as truly weak, incapable, and guilty. This can lead to learned helplessness and chronic shame syndrome. In this way, what initially functioned as a defense mechanism becomes transformed into a socio-psychological trauma mechanism.

Within the Turkic family model, honor and reputation codes may intensify these dynamics because honor is understood not merely as an individual value, but as collective capital. The fantasy of damage to this collective capital creates catastrophic scenarios, pushing the family into a defensive mode. In this defensive state, empathy decreases, responsibility becomes diffused, and the bearer of shame is displaced.

Thus, shame, projection, and projective identification form a three-stage interconnected dynamic. Shame creates an internal threat; projection displaces this threat outward; and projective identification stabilizes the threat within relationships. In the Turkic family context, the mechanism of reputation institutionalizes this dynamic and may contribute to the concealment of violence.

From the perspective of rehabilitation, the key issue is not eliminating shame, but recognizing it and reframing it ethically. When concepts of honor and reputation are associated not with concealment, but with justice and safety, the mechanism of projection weakens. Once the victim’s



experience is legitimized, the chain of projective identification is broken, and psychological recovery may begin.

It should also be emphasized that the culture of silence is itself a mechanism through which violence becomes invisible. In the Turkic and Eastern context, this mechanism is strengthened by shame-based systems of control, fear of reputational damage, and structures of collective identity. As long as hidden violence is not recognized by the social system, it deepens and the risk of intergenerational transmission increases. Effective intervention must therefore extend beyond individual therapy and aim at transforming social discourse and ethically reconstructing family-community relations.

### **3.4. The Healing Role of Religious and Spiritual Resources**

Trauma is a complex phenomenon that disrupts not only the psychological dimensions of human experience, but also its ontological and spiritual dimensions. Modern trauma theory demonstrates that traumatic events not only destroy an individual's sense of safety, trust, and control, but also damage the internal system through which they construct meaning in life. From this perspective, the healing process is not merely the reduction of symptoms, but the reconstruction of meaning. Judith Herman shows that trauma shakes the fundamental structures of trust and that recovery becomes possible through safe relationships and social recognition. However, safety is not only physical; spiritual safety is equally important. When a person loses their inner belief that life is just and meaningful, the impact of trauma deepens.

At this point, religious and spiritual resources may function as one of the main pillars of recovery. Viktor Frankl, within the framework of logotherapy, demonstrated that when individuals lose meaning, they collapse psychologically, but when they reconstruct meaning, they can find the strength to live even under the harshest conditions<sup>162</sup>. As an example, in some countries, victims of human trafficking were controlled through the use of voodoo rituals, with traffickers convincing them that disobedience would result in death. The involvement of priests in the rehabilitation process led to the liberation of victims. Frankl's approach is especially relevant in the Turkic and

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<sup>162</sup> Frankl, V. E. (1959). *Man's Search for Meaning*. Beacon Press.

Eastern context because here the meaning of life is often constructed within religious and metaphysical frameworks. A traumatic event may be interpreted not as “random chaos,” but as a “test,” “trial,” or “stage of spiritual transformation.” Such an interpretation does not deny trauma, but gives it structure and direction.

Kenneth Pargament, who systematically developed the theory of religious coping, demonstrates that when people turn to religious resources during trauma, two forms of coping are possible: positive and negative religious coping<sup>163</sup>. Positive religious coping functions through a trusting relationship with God, spiritual support, forgiveness, and mechanisms of hope, thereby increasing psychological stability. Negative religious coping, however, is characterized by individuals perceiving themselves as punished, abandoned, or targeted by divine wrath, which may intensify trauma. This distinction demonstrates that the healing role of religious resources depends on their interpretation.

Turkish psychiatrist Kemal Sayar emphasizes that in Eastern societies the spiritual world plays a regulating role within the human psyche. According to him, spiritual values create inner stability, patience, and hope in the face of suffering.

Within the Eastern philosophical tradition, spiritual integrity is closely connected with social justice. Al-Farabi and Nasir al-Din Tusi associated human perfection not only with the individual, but also with social harmony. This tradition demonstrates that religious-spiritual systems are not merely calls for patience, but also require an ethical stance against oppression. If religious discourse becomes limited only to the message of “endure,” it may transform from a healing mechanism into a silencing one. From this perspective, the ethical interpretation of religious resources is essential.

In the Turkic family model, religious values are associated with the preservation of family unity and social reputation. This may function both as a protective and as a risky mechanism. When religious concepts are interpreted as the protection of dignity and safety, they create an ethical position against violence. However, expressions such as “patience” and “it is one’s duty to preserve the family” may push the safety of the traumatized person into the background. Mostafa

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<sup>163</sup> Pargament, K. I. (1997). *The Psychology of Religion and Coping*. Guilford Press.

Malekian emphasizes the importance of a rational interpretation of the spiritual system, arguing that religious discourse must serve to protect human dignity.

Post-traumatic spiritual reconstruction is the process through which individuals rewrite their personal narrative within a new framework. In this process, religious symbols and narratives play an important role. Although symbolic systems do not eliminate pain, they give it meaning. Viktor Frankl noted that meaningless suffering is destructive, whereas suffering that is given meaning possesses transformative potential. In the Turkic and Eastern context, this transformation may occur through religious-spiritual narratives.

The healing role of religious resources also manifests itself on the social level. Community support reduces post-traumatic isolation and restores a sense of safety. However, if this support is conditioned upon silencing the victim, it produces destructive outcomes. Therefore, the application of religious resources must be grounded within trauma-informed and safety-oriented frameworks.

Thus, religious-spiritual resources may play an important role in the ontological, psychological, and social dimensions of post-traumatic healing. They restore meaning, create hope, and strengthen social connectedness. However, their healing effect depends upon ethical and safety-oriented interpretation. In the Turkic and Eastern context, a culturally grounded rehabilitation model becomes effective when it integrates religious resources with the principles of dignity, justice, and human rights.

### **3.5. Identity Crisis and Mechanisms of Cultural Restoration**

An identity crisis is a disruption occurring within the system of self-understanding, and this disruption possesses not only psychological, but also cultural and social characteristics. Identity is the system of ongoing answers a person gives to the questions “Who am I?”, “Where do I belong?”, and “What are my values?” When this system is disrupted, the individual experiences inner fragmentation, social alienation, and a sense of spiritual emptiness. In modern psychology, the concept of identity crisis was first systematically developed by Erik Erikson, who explained the stages of identity development within the context of social interaction. According to Erikson, identity crisis emerges at stages where the individual cannot adapt to the social environment, and when adequate support is absent, this crisis may lead to long-term disorientation.

However, in Turkic and Eastern societies, the concept of identity is not merely an individual developmental stage, but is closely connected with collective identity. Here, identity is built not around the “I,” but often around the “we.” Collective identity is formed through family, community, religious values, and cultural codes. For this reason, identity crises are experienced not only at the individual level, but also more sharply against the background of transformations within social structures. Peter L. Berger and Thomas Luckmann, in the theory of the social construction of reality, demonstrate that self-perception depends on the stability of social institutions. If social institutions change or experience a crisis of legitimacy, individual identity is also shaken<sup>164</sup>.

In the Turkic world, modernization, urbanization, and globalization processes have transformed traditional frameworks of identity. Nilüfer Göle, analyzing the transformation of religious and cultural identities in Eastern societies during modernization, demonstrates that the tension between tradition and modernity creates individual identity crises. This tension is especially intense among youth and women. On one side stand collective cultural expectations, and on the other stand ideals of individual freedom.

This tension is observed particularly intensely among young people and women. On one side stand collective cultural expectations, and on the other stand the need for individual freedom and self-realization. This contradiction may lead to the fragmentation of identity.

Kemal Sayar, linking the identity crisis in Turkish society with spiritual emptiness, notes that the weakening of traditional spiritual bonds reduces a person’s inner stability. According to him, identity is not merely a social role, but also a spiritual orientation. When spiritual orientation is lost, individuals experience themselves within a “vacuum of meaning.” This condition resembles the existential vacuum described by Viktor Frankl <sup>165</sup>. Frankl regarded the feeling of meaninglessness as one of the main causes of identity crisis.

Within the Eastern philosophical tradition, the concept of identity has been associated with spiritual perfection. Al-Farabi connected human perfection with social and spiritual harmony,

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<sup>164</sup> Berger, P. L., & Luckmann, T. (1966). *The Social Construction of Reality*. Anchor Books.

<sup>165</sup> Frankl, V. E. (1959). *Man’s Search for Meaning*. Beacon Press.

while Nasir al-Din Tusi presented self-governance as a condition for moral development. These approaches demonstrate that identity is not merely an individual psychological construction, but a social existence formed within an ethical system. Identity crisis emerges as a result of weakening ties with this ethical framework.

The mechanism of cultural restoration is a social and psychological process that forms as a response to identity crisis. This mechanism may operate in two principal directions: regressive and transformative. In the regressive restoration mechanism, the individual or society responds to perceived danger by returning to a more rigid and closed model of identity. Within this model, differences are perceived as threats, and normative boundaries become stricter. In the transformative restoration mechanism, however, cultural values are reinterpreted and adapted to changing social contexts.

In the Turkic and Eastern context, the transformative mechanism of cultural restoration may be implemented through religious and spiritual resources. However, selective and dogmatic interpretations of these resources may deepen the identity crisis even further. Mostafa Malekian emphasizes the importance of rational interpretation of the spiritual system, noting that when religious values become detached from ethical foundations, they transform into manipulative instruments. In such cases, identity is not protected; instead, it becomes rigid and fear-based.

Collective trauma is also one of the major causes of identity crisis. Erik Erikson explains collective trauma as damage to social bonds. The historical transformations experienced by Turkic peoples — the collapse of empires, the Soviet period, and the post-Soviet transition — created profound changes within collective identity. These transformations activated mechanisms of cultural restoration. Sometimes this restoration mechanism manifests through the revival of cultural memory and the strengthening of national symbols and religious identity.

Identity crisis may result, on the individual psychological level, in anxiety, depression, and social alienation. However, when the mechanism of cultural restoration is directed appropriately, it may create social connectedness and collective resilience. Bessel van der Kolk emphasizes the role of safe relationships in trauma recovery. Cultural identity may also create a space of safe connection, provided that it is built upon inclusive and ethical foundations.

In the Turkic family model, identity is formed through socialization within the family. Family values constitute the primary framework of identity. However, when the family system fails to adapt to changing social contexts, identity fragmentation may emerge among younger generations. In such situations, the mechanism of cultural restoration requires the reinterpretation of values within both the family and the community.

As a result, identity crisis in the Turkic and Eastern context is not merely an individual psychological problem; it is connected with the transformation of social, cultural, and spiritual systems. The mechanism of cultural restoration may manifest either in the form of regressive protection or transformative reconstruction. A healing and sustainable model is possible through the ethical and inclusive interpretation of cultural values.

### **3.6. Methodological Foundations for Considering Regional Characteristics and Social Stereotypes in Work with the Relatives of Victims of Violence**

The rehabilitation of victims of violence is not a process limited only to individual psychological intervention and legal protection measures. This process is also a complex social transformation carried out in interaction with the victim's social environment, family relationships, and community structures. Especially in societies characterized by collectivist social structures, work conducted with the relatives of victims is considered one of the most important components of the rehabilitation process.

In Turkic and Eastern family models, family and kinship relations constitute one of the main organizational structures of social life. In these societies, an individual's social belonging and behavioral norms are often determined by the family and community relationships to which they belong. For this reason, social work conducted with the relatives of victims of violence should be understood not merely as the regulation of individual relationships, but also as an activity directed toward the transformation of systems of social and cultural relations.

For this process to be implemented effectively, it is necessary to take into account the social characteristics of the region, existing stereotypes, and the structure of community relations. Each region may differ in its social structure, family relationships, and behavioral norms. In some

regions, kinship relations may be tighter and collective decision-making mechanisms stronger. In other regions, social relationships may be more individualistic in character. Therefore, when designing social work programs, preliminary analysis of the region's social characteristics is considered essential.

The analysis of regional characteristics is evaluated as one of the methodological stages of social work. During this process, social workers and specialists gather information about the structure of family relationships existing within the community, the role of kinship networks, the influence of community leaders, and prevailing norms of social behavior. This information allows rehabilitation programs to be designed in a way that is more realistic and adapted to the social environment.

Social stereotypes are among the important factors influencing the rehabilitation of victims of violence. In some community environments, incidents of violence may be perceived as "internal family matters," which may make it difficult for victims to seek legal protection. In other cases, the victim's behavior may be judged according to stereotypes, and social pressure may be directed against them.

Taking these stereotypes into account requires a special methodological approach in the process of social work. Rather than employing direct confrontation strategies, social workers should rely more on awareness-raising and social dialogue strategies. This approach creates opportunities for change within the community to occur in a more sustainable and socially accepted manner.

The primary aim of organizing work with the relatives of victims of violence is not only to ensure the victim's safety, but also to preserve or reconstruct their social support network. In this process, social workers may conduct both individual and group meetings with family members. During these meetings, the psychological and social consequences of violence are explained, and the importance of ensuring the victim's safety is emphasized.

In some cases, the participation of community leaders and influential individuals may help facilitate more effective social dialogue. Especially within traditional community structures, the positions of influential figures may play a major role in shaping social behavioral norms.

Therefore, awareness-raising among community leaders and strengthening their stance against violence are considered important elements of social work programs.

Several key measures are recommended in organizing work with the relatives of victims of violence:

1. **Initial assessment of the social environment and kinship relations.** At this stage, the social worker identifies the victim's family and kinship relationships, potential sources of support, and possible risk factors.
2. **Analysis of stereotypes and social attitudes.** Social workers should analyze attitudes toward violence within the community and identify stereotypes that shape the social status of victims.
3. **Implementation of awareness-raising activities.** These activities may include meetings, training sessions, and public discussions with family members, relatives, and community representatives.
4. **Application of social mediation mechanisms.** These mechanisms are directed toward creating constructive dialogue within family relationships while maintaining the victim's safety.
5. **Strengthening interinstitutional cooperation.** Coordination among law-enforcement agencies, social service institutions, psychological services, and non-governmental organizations is essential for the protection and rehabilitation of victims of violence.

The systematic implementation of these measures enables work conducted with the relatives of victims of violence to become more effective and sustainable. Thus, taking regional characteristics and social stereotypes into account in organizing work with relatives constitutes one of the methodological foundations of social work. Alongside ensuring the victim's safety, this approach also creates conditions for sustainable reintegration into systems of social relationships. Considering the social and cultural environment when designing rehabilitation programs may produce more effective and sustainable outcomes for the protection and recovery of victims of violence.



### **3.7. Mechanisms for Protecting Human Rights Principles in Data Collection**

The rehabilitation of individuals subjected to violence is not limited only to psychological and social support measures. The process must also be organized on the basis of the protection of human rights principles. One of the main principles of rehabilitation programs is the protection of the victim's confidentiality, the secure management of their personal data, and the creation of a safe dialogue environment within systems of social relationships. In international human rights approaches, this principle is regarded as one of the fundamental conditions for protecting the dignity and personal inviolability of the victim.

Within social service systems working in the field of protection of victims of violence, the collection and use of information must be carried out according to specific ethical and legal rules. In the rehabilitation process, collecting information about the victim's family members and social environment is considered necessary for assessing risks and preparing a safe reintegration plan. However, on the other hand, the collection and use of such information must not lead to violations of confidentiality or create additional risks to the victim's safety. For this reason, information management within the rehabilitation process must be implemented through mechanisms built upon human rights and ethical principles.

The principle of confidentiality is one of the essential conditions for ensuring that the victim participates in the rehabilitation process with trust. Victims of violence may often hesitate to disclose their experiences because of stereotypes existing within the social environment, kinship relations, and fear of public condemnation. Therefore, when working with victims, social service specialists must clearly explain that personal information will only be used in necessary situations and within limited frameworks. This explanation should ensure that the victim's consent to the collection and use of information is given voluntarily and in an informed manner.

The fundamental methodological principle in the process of data collection is the principle of "necessary information." According to this principle, social workers and other specialists should collect only the information necessary for rehabilitation and safety purposes. Information related to family members must also be collected within this framework. For example, information about family members' attitudes toward violence, potential risk factors, and the existence of the victim's

social support connections may be important for preparing a rehabilitation plan. However, such information must be collected while taking into account the victim's safety and psychological condition.

The establishment of safe dialogue mechanisms within the rehabilitation process is also of great importance. Safe dialogue is not intended merely to create communication between parties. Its main purpose is to protect the victim's safety while creating opportunities for constructive communication within systems of social relationships.

In this process, the social worker performs the role of mediator and ensures that the exchange of information between the parties is carried out within an ethical and safe framework.

Several methodological stages should be taken into consideration in establishing safe dialogue mechanisms:

**The first stage is risk assessment.** At this stage, the social worker and other specialists evaluate how communication with family members may affect the safety of the affected person. If family members pose a risk of continuing violence or there is a high probability that they may exert social pressure on the victim, direct dialogue should be avoided and alternative intervention strategies should be used instead.

**The second stage is informed consent.** The collection of information related to the victim's family members and the organization of the dialogue process must be carried out only with the victim's consent. This consent must not be forced; it should be voluntary and informed. The social worker must clearly explain to the victim the purpose of the dialogue process, as well as its possible outcomes and risks.

**The third stage is the structuring of the dialogue environment.** A safe dialogue process must be conducted within a controlled and professional environment. This process is generally carried out with the participation of a social worker or psychologist. During the dialogue, parties must not be allowed to exert pressure on one another or legitimize violence. In this process, the social worker acts as a facilitator, ensuring that communication remains constructive and respectful.

**The fourth stage concerns mechanisms for the protection and sharing of information.**

Information collected during the rehabilitation process should be shared only among authorized specialists. Such information may be transferred to other persons only when there are legal grounds and the consent of the affected individual. This approach serves to protect the confidentiality of the affected person and ensure their safety within the social environment.

**The fifth stage is continuous monitoring and evaluation.** Changes occurring within family dialogue and the system of social relationships during the rehabilitation process must be regularly assessed. This evaluation is aimed at ensuring the protection of the affected person's safety and psychological condition.

Thus, within the rehabilitation process for victims of violence, the principles of confidentiality and safe dialogue mechanisms must be regarded as inseparable parts of a human-rights-based protection system. The ethical and secure management of information, ensuring the informed consent of the affected person, and the implementation of dialogue processes under professional supervision are important factors that increase the effectiveness of rehabilitation programs. This approach serves to protect the dignity of the affected individual, ensure their safe reintegration into systems of social relationships, and create sustainable outcomes within the rehabilitation process.

## **CONCLUSION**

The logical framework developed throughout this chapter is based on understanding trauma not merely at the level of clinical symptoms, but as a phenomenon formed through the interaction of systems of social relations, cultural norms, and collective memory. The final analysis demonstrates that in the context of Turkic peoples, the “individual” and “collective” dimensions of trauma are not two separate levels; rather, they are different manifestations (micro–meso–macro) of the same phenomenon. Rehabilitation remains incomplete when it fails to address these levels simultaneously. Judith Herman's definition of trauma as the disruption of power balance and the destruction of fundamental feelings of safety serves here as the point of departure. Within the Turkic family-community system, however, power imbalance exists not only between individuals, but also through norms, reputation, the mechanism of “What will people say?”, and sacralized frameworks such as “family unity.” Therefore, violence and trauma are not merely relationships

between the “perpetrator” and the “victim,” but also chains of social mechanisms that silence, normalize, and legitimize them. Without recognizing this chain, placing trauma solely within the therapy room remains scientifically and practically incomplete.

One of the principal conclusions emerging from this chapter is that the historical social organization of Turkic peoples (tribe–clan–community) not only structured the family as a microsystem, but also organically integrated it with meso- and macro-systems. When Bronfenbrenner’s ecological model is applied to the Turkic family model, an important point becomes evident: even when the family attempts to preserve events occurring within it as “private matters,” these events are immediately interpreted and evaluated by the mesosystem (kinship networks, neighborhood, elder authority) and the macrosystem (culture, religion, customs, traditions). For this reason, the resonance of trauma occurs not only within the individual psyche, but also throughout the family-community network.

The chapter further demonstrates that the direction of trauma’s resonance develops along one of two possibilities: it is transformed either into protective resources (support, safety, justice) or into mechanisms that generate risk (shame, stigma, silencing, victim-blaming). This dual possibility forms the “central pillar” connecting all the subthemes developed throughout the chapter.

Bessel van der Kolk’s neurobiological framework, which shows that trauma leaves traces in the body and nervous system, is integrated in this chapter with the social dimension. Trauma that creates hypervigilance, fragmented memory, and disturbances in emotional regulation at the bodily level becomes “chronic” when it is neither socially recognized nor legitimized. In other words, the chronicization of trauma is not only a neurobiological “freezing,” but also a “freezing” within systems of social relationships. Judith Herman’s three-stage model of recovery (safety → processing memory → restoration of relationships) becomes even more complex in the Turkic context:

- the stage of safety involves not only physical protection, but also the management of reputational threats and stigma risks;
- the processing of memory involves not only recounting traumatic episodes, but also transforming the “language of shame” into the “language of dignity”;

- the restoration of relationships involves not only the victim's social reintegration, but also the redistribution of ethical responsibility within the family-community system.

This expansion demonstrates that the classical stages of trauma-informed approaches acquire new parameters within cultural contexts.

The chapter's explanation of collective trauma as a "cultural construction" gains particular significance in the context of Turkic peoples. The collectivization of trauma occurs not only through major historical events (war, deportation, repression), but also through the silencing of "small traumas" over many years. At this point, Kai Erikson's definition of collective trauma as the "destruction of the fabric of community" becomes decisive. When domestic violence and abuse remain unrecognized, not only the individual's inner world, but also the community's structure of trust becomes damaged. As trust deteriorates, silence begins to be presented as a "virtue," and trauma becomes integrated into the system itself in the name of preserving social order. This explains the paradox of why violence in Turkic and Eastern societies is often reported less frequently, yet tends to continue for longer periods.

The chapter assigns a distinct importance to intergenerational trauma. Trauma is not merely a remembered event; it is a psychosocial inheritance transmitted through family behavioral codes, styles of emotional regulation, and expectations of danger. Pierre Bourdieu's concept of *habitus* provides a functional framework for understanding the social repetition of trauma. A habitus formed within a traumatic environment normalizes danger, presents rigid hierarchy as "natural," and codes silence as "wisdom." In this way, trauma ceases to be merely a wound of the past and becomes transformed into the "ordinary rule" of everyday life. Therefore, rehabilitation cannot remain limited to reducing individual symptoms; it must also transform the habitus itself — normative reflexes, the language of fear, and mechanisms of stigma — into subjects of diagnosis and intervention.

The chapter's discussion of shame and stigmatization demonstrates that in the Turkic family model, shame is not merely an emotional reaction, but an emotional technology of social control. Because shame becomes transformed into a signal of "threatened belonging," individuals fear not only violence itself, but also social exclusion. In many cases, this fear becomes a stronger regulator

of behavior than physical danger. Stigmatization doubles trauma: first through the event itself, and second through society's reaction to it. This corresponds to Judith Herman's logic of "secondary traumatization." In the Turkic and Eastern context, the honor-reputation mechanism collectivizes shame and often subordinates the victim's safety to the protection of family honor. The conclusion drawn here is that one of the main forces sustaining trauma is not violence itself, but the language through which violence is interpreted. Unless that language changes, intervention will inevitably collide with social resistance.

In the section on the culture of silence and hidden violence, the chapter argues that "silence" is not merely an individual fear response, but a norm transformed into a social contract. Peter L. Berger and Thomas Luckmann's theory of the social construction of reality plays a key explanatory role here. The objectification of violence as an "internal family matter" becomes, through social repetition, accepted as part of "normal reality." At this point, silence no longer functions as an ethical choice, but as a normative demand. Simultaneously, psychodynamic defense mechanisms (denial, minimization, rationalization, displacement of blame) become activated within the family system as "self-protection mechanisms" against reputational threats, thereby creating a favorable environment for hidden violence. The final analysis demonstrates that the most effective response to the culture of silence is not the destruction of values, but their ethical reframing: unless "family unity" becomes synonymous with safety, unless "honor" is connected with dignity rather than control, and unless "mediation" serves justice rather than appearances, the system of silence will remain intact. It becomes the "ordinary rule" of life. In such an environment, rehabilitation cannot be limited merely to reducing individual symptoms; it must transform the habitus itself — namely normative reflexes, the language of fear, and the mechanism of stigma — into subjects of diagnosis and intervention.

Along the line of shame and stigmatization, the chapter demonstrates that in the Turkic family model shame is not merely an emotional reaction, but an emotional technology of social control. Because shame is transformed into a signal of "threatened belonging," the individual fears not only violence itself, but also social exclusion. At times, this fear becomes a stronger regulator of behavior than physical risk. Stigmatization doubles trauma: first through the event itself, and second through society's reaction to the event. This corresponds to Herman's logic of "secondary traumatization." In the Turkic and Eastern context, the "honor-reputation" mechanism

collectivizes shame and often subordinates the victim's safety to the protection of honor. The resulting conclusion is that one of the main driving forces behind the persistence of trauma is not violence itself, but the language through which violence is interpreted. Unless the language changes, intervention inevitably collides with social resistance.

In the section on the culture of silence and hidden violence, the chapter substantiates that "remaining silent" is not merely an individual fear response; it is a norm transformed into a social agreement. Berger and Luckmann's approach to the social construction of reality plays a key role here. The objectification of violence as an "internal family matter" gradually becomes accepted as a "normal" part of reality through repeated social reproduction. At this point, silence no longer functions as an ethical choice, but as a normative demand. Simultaneously, psychodynamic defenses (denial, minimization, rationalization, displacement of blame) become activated as "self-protection mechanisms" of the family system against threats to reputation, thereby creating a favorable environment for hidden violence. The final analysis demonstrates that the most effective response to the culture of silence is not the destruction of values, but their ethical reframing: unless "family unity" becomes synonymous with safety, unless "honor" is associated with dignity rather than control, and unless "mediation" restores justice rather than appearances, the system of silence will persist.

The section concerning the healing role of religious-spiritual resources strengthens the principle of "dual functionality." Kenneth Pargament's "religious coping" model demonstrates that spirituality may take both protective and risk-producing forms. Viktor Frankl's meaning-centered framework places the "restoration of meaning" at the center of post-traumatic recovery. Since spiritual language remains powerful in Turkic and Eastern societies, rehabilitation must communicate not only through legal and clinical terminology, but also through the language of values. However, when this language transforms into fatalism ("endure," "it is fate"), risk emerges. Ethical interpretation, by contrast, reconnects religious resources with the principles of justice, dignity, and responsibility, thereby giving them healing power.

This strengthens the broader thesis constructed throughout the chapter: cultural resources may function either as shields that conceal trauma or as supports that enable emergence from trauma. The decisive issue is not the resource itself, but the way it is applied.

The section on identity crisis and mechanisms of cultural restoration unifies the entire chapter under a single “umbrella concept.” Erik Erikson’s theory of identity crisis is complemented in the Turkic and Eastern context by the reality of collective identity. Here, identity is not a project of the “I,” but often a demand for the continuity of the “we.” Modernization, urbanization, migration, digital visibility, and reputational risks place this “we-system” under tension. As tension intensifies, either regressive restoration (closure, rigid normativization, stigma) or transformative restoration (ethical reinterpretation of values) becomes activated. This provides the concluding logic of the chapter: trauma, shame, silence, and spiritual resources are not separate subjects, but different faces of cultural mechanisms operating either to preserve or reconstruct identity.

The author’s principal finding and originality within this chapter emerge precisely through this logic of “integration.” The clinical manifestations of trauma at the micro level and cultural normative mechanisms at the macro level are united within a single analytical framework, and operational conclusions specific to the context of Turkic peoples are drawn.

The first innovation is the conceptualization of trauma not merely as a “symptom,” but as a “normative system event.” Trauma leaves traces in the body, but the healing of these traces depends on social recognition, safe relationships, and the restoration of ethical responsibility. In the Turkic context, this requires the inclusion of the family-community system into rehabilitation simultaneously as both a “resource” and a “risk.”

The second innovation is the positioning of the shame–stigma–honor mechanism as the principal “transmission belt” in the persistence of trauma. Stigma is not merely a problem of social relationships; it is a structural factor that creates the second layer of trauma and serves as the primary energy source of the “culture of silence.”

The third innovation is the application of collective trauma theory to the invisibility of domestic violence. The silencing of violence is not merely an “individual choice,” but may function as a strategy for preserving collective identity. Over the long term, however, this strategy damages the fabric of trust within the community and creates structural conditions for future traumas.

The fourth innovation is the inclusion of religious-spiritual resources into rehabilitation not merely as “consolation,” but as instruments of “ethical reinterpretation.” Kenneth Pargament’s model of



psychological adaptation mechanisms and Viktor Frankl's concept of meaning are harmonized with the ethical tradition of justice and dignity in the Turkic-Eastern heritage, thereby becoming a framework that reduces cultural resistance and increases acceptance of rehabilitation.

The fifth innovation is the development of the “mechanism of cultural restoration” through the prism of identity crisis as a two-directional process (regressive and transformative). This may be accepted as a differential model explaining why post-traumatic social behaviors sometimes result in rigidification and closure, while at other times they lead to ethical renewal.

The author's principal finding may be formulated as follows: in the context of Turkic peoples, the central element in coping with trauma is “value”; however, value here is not a fixed positive resource, but a mechanism that may function either protectively or riskfully depending on the way it is applied. This finding changes the strategy of rehabilitation. The aim is not to exclude values, but to return the application of values to the axis of safety, dignity, and responsibility. Thus:

- “honor” is reframed not as control, but as the protection of dignity;
- “family unity” is reframed not as silencing, but as the guarantee of safety;
- “mediation” is reframed not as impunity, but as a conditional mechanism leading toward justice;
- “spirituality” is reframed not as fatalism, but as the language of an ethical position against oppression.

When this reframing occurs, trauma is processed not only as an “inner wound,” but also as a process of “ethical restoration,” and cultural resistance decreases.

The chapter's final conclusion is that the individual and collective manifestations of trauma in Turkic and Eastern societies create a cyclical system that feeds itself: when individual traumas are not socially recognized, they turn into silence; silence becomes normalized within cultural memory; and normalized silence is reproduced in future generations in the form of danger expectation, shame reflexes, and habitus. The way to break this cycle is not only through clinical intervention, but also through the reconstruction of ethical responsibility at the levels of family, community, and culture. For this reason, the Trauma–Family–Community model is not merely a scheme, but a philosophy of intervention. The same spaces in which trauma deepens (family,

community, normative systems) may also become spaces of recovery — but only under one condition: that values serve the principles of safety and dignity. Thus, this chapter demonstrates that culture is neither simply the cause of trauma nor its justification; rather, it is the principal mechanism determining how trauma continues and how it heals. Rehabilitation, therefore, means not only “reducing” trauma, but also transforming the language, relationships, and normative frameworks through which trauma is carried. Only in this way can individual healing be completed through collective restoration and become sustainable.

## **PART II**

# **MAIN REHABILITATION MODELS EXISTING IN THE WORLD**

## **CHAPTER IV**

# **THE SIGNIFICANCE OF REHABILITATION MODELS**

### **4.1. Trauma-Informed Care Model**

The Trauma-Informed Care model (hereafter TIC) has emerged in modern social work, psychological rehabilitation, healthcare, education, and law-enforcement systems as an approach to structural transformation. This model understands trauma not merely as an individual’s internal psychological reaction, but as a complex phenomenon connected with the disruption of power balance within systems of social relationships, the destruction of the sense of safety, and the loss of control.

The scientific and practical foundations of the trauma-informed approach began to develop in the late 1980s and early 1990s through the experiences of clinicians and social workers in the United States who worked with victims of violence and sexual abuse. In 1992, Judith Herman’s work *Trauma and Recovery* created a conceptual turning point by demonstrating that trauma is not only an issue of individual symptomatology, but also a phenomenon connected with social and political

contexts. Beginning in the mid-1990s, initiatives to transform service models in mental health and substance-abuse systems emerged in response to the widespread prevalence of trauma.

The TIC approach began to be systematically implemented officially in the early 2000s. Between 2001 and 2005, a number of pilot projects on trauma-informed organizational transformation were carried out within state programs in the United States. In 2014, with the publication by SAMHSA of the document *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, TIC came to be accepted internationally as a standardized framework. This document described trauma-informed care as a model of structural change implemented at the organizational level. From the 2010s onward, TIC was integrated into social service systems in the United Kingdom, Canada, Australia, and the Scandinavian countries. After 2018, the model began to be applied more widely within school systems, child protection institutions, and penitentiary systems.

From a theoretical perspective, TIC is based on the biopsychosocial model. The biopsychosocial approach proposed by George L. Engel demonstrated that human behavior is formed through the interaction of biological, psychological, and social factors. TIC expands this concept by recognizing that trauma leaves traces within neurobiological, emotional, and social structures. Bessel van der Kolk demonstrated that trauma is stored within the body and creates hypervigilance, dissociation, and disturbances in emotional regulation within the nervous system. This approach provides the basis for creating environments of safety and emotional stability within service systems.

TIC is not an individual therapy method, but a model of organizational and systemic transformation. The central idea of the model is that the behavior of a service user is often not “problematic,” but rather related to adaptive responses to trauma. From this perspective, the service system shifts from asking “What is wrong with you?” to asking “What happened to you?” This change represents an ethical and methodological paradigm shift.

The trauma-informed approach is built upon six main principles:

- safety;
- trust and transparency;
- mutual collaboration;

- choice and empowerment;
- peer support and cultural sensitivity.

Safety is not limited only to the physical environment; emotional and psychological safety must also be ensured.

Trust and transparency require open communication within organizational decision-making mechanisms. The principle of collaboration is directed toward restoring power balance and transforming the service user into an active participant in the decision-making process.

The implementation mechanism is carried out in stages. In the first stage, the organization's level of trauma sensitivity is assessed. At this stage, existing procedures, staff approaches, and risk factors are analyzed. In the second stage, policies and internal regulations are revised, and elements that increase the risk of re-traumatization are eliminated. In the third stage, all staff receive training regarding the effects of trauma, behavioral responses, and forms of ethical communication. In the fourth stage, a monitoring and evaluation system is established.

The TIC model is applied across various fields. Shelters and women's protection centers, institutions working with victims of human trafficking, social service structures serving victims of domestic violence, child protection systems, organizations working with migrant women, penitentiary systems, and police departments are among the primary areas in which this model is implemented. Particularly in work with victims of human trafficking and early marriage, the trauma-informed approach reduces the risk of re-traumatization and increases continuity of engagement with services.

Empirical studies demonstrate that in organizations implementing trauma-informed systems, service users' satisfaction and trust increase, behavioral disturbances decrease, and professional burnout among staff declines. At the same time, the rate at which individuals disengage from services is reduced. However, implementation of the model is resource-intensive and cannot produce effective results without continuous training, structural changes, and managerial support.

One of the main criticisms directed toward the TIC model is that it is interpreted too broadly and imprecisely. Some researchers note that the concept of "trauma-informed" is at times explained

only at the level of an ethical slogan, without concrete intervention mechanisms. Another problem is the insufficient consideration of cultural context factors. When Western-centered models are applied in collectivist societies without taking family and community structures into account, their effectiveness may decrease.

In collectivist and family-centered societies, trauma is experienced not only individually, but also at the family and community levels. Therefore, TIC must be adapted to local cultural codes. A universal model implemented without considering family structures, systems of social reputation, and mechanisms of public opinion cannot produce fully effective outcomes.

As a result, the conceptual foundations of the TIC model were formed during the 1990s, its practical implementation began in the early 2000s, and after 2014 it evolved into a systems-based approach accepted as an international standard framework. This model understands trauma not as an individual pathology, but as a structural phenomenon occurring within systems of social relationships, and it aims to transform service systems accordingly. Effective implementation requires organizational commitment, continuous training, monitoring mechanisms, and cultural adaptation.

## **4.2. Social Rehabilitation and Case-Management Approaches**

Social rehabilitation and case-management approaches have developed within the modern social work system as complex and multi-level intervention mechanisms. The primary aim of these approaches is to restore the social functionality, self-worth, and independent living skills of individuals who have experienced trauma, violence, social isolation, addiction, poverty, or institutional marginalization. These models create a systematic rehabilitation framework especially in the context of work with victims of human trafficking, victims of early marriage, women subjected to domestic violence, migrant women, and children belonging to socially at-risk groups.

The concept of social rehabilitation began to take shape during the 1960s and 1970s within the framework of the psychosocial rehabilitation movement. Initially, rehabilitation models applied in the field of mental health were later integrated into community-based social service systems. Beginning in the 1980s, the concept of “case management” started to be implemented in the United

States and the United Kingdom as a coordination mechanism within social service systems. During this period, the fragmentation of services and the parallel activities of numerous institutions increased the need for coordination. As a result, the individual-centered coordination mechanism — the case-management model — emerged.

Case management first evolved from a medical-social coordination model and later became incorporated into social work methodology. Its purpose was to systematically assess the needs of the service user, prepare an individualized service plan, ensure coordination among different institutions, and monitor outcomes. During the 1990s, this approach was integrated with methodologies based on empowerment and strengths-based perspectives.

The strengths-based approach was theoretically grounded by Dennis Saleebey. This model focuses not on the individual's deficiencies, but on their potential resources and inner strengths. Within the process of social rehabilitation, the individual is evaluated not as a "collection of problems," but as a bearer of potential. This approach plays an important role in restoring self-worth after trauma.

The empowerment model emerged from the social justice and women's rights movements of the 1970s. According to this model, social service is not merely assistance, but the restoration of power balance. The process of increasing the individual's ability to control their own life and strengthening decision-making capacity involves ensuring their active participation in decision-making processes, recognition of their rights, and expansion of opportunities for social participation.

The Wraparound approach emerged in the late 1980s as a community-based comprehensive model created for children and families belonging to risk groups. Within this model, services are coordinated around the individual, and the family, community, school, social services, and healthcare structures operate according to a unified plan.

The concept of the continuity of care developed during the 1990s in the fields of homelessness and addiction. This model encompasses a staged service system beginning from crisis intervention and extending to independent living.

The combined implementation of these approaches creates a complex program model of social rehabilitation. The main components of the program are:

- assessment of needs,
- preparation of an individual rehabilitation plan,
- coordination of services,
- development of social skills,
- employment and educational support,
- legal protection and psychological support.

The primary target groups are:

- victims of human trafficking,
- victims of domestic violence,
- victims of early marriage,
- migrant women,
- women living in conditions of social isolation,
- individuals released from the penitentiary system,
- and children belonging to social risk groups.

In work with victims of human trafficking, the case-management model is especially effective because the needs of this group are multidimensional: legal protection, medical assistance, psychological rehabilitation, documentation, employment, and safety planning must all be carried out simultaneously.

Empirical studies show that programs applying strengths-based approaches and increasing individuals' capacity to control their own lives and make decisions demonstrate higher indicators of social reintegration, increased self-confidence, and reduced risk of repeated violence. The implementation of comprehensive support models decreases duplication of services in family-based interventions and increases the sustainability of outcomes. Continuous and staged service-system models ensure uninterrupted provision of services and prevent rehabilitation processes from remaining incomplete.

The stages of social rehabilitation programs generally include the following: initial assessment, risk analysis, preparation of the individual plan, coordination, monitoring, and final evaluation. At each stage, the social worker performs the roles of coordinator and advocate.

The main impacts of this program are:

- increased social functionality,
- strengthening of economic independence,
- increased legal literacy,
- expansion of social relationships,
- strengthening of psychological stability.

At the same time, several gaps remain:

First, lack of resources may weaken the sustainability of the program.

Second, when multidisciplinary cooperation is weak, coordination deteriorates.

Third, in some cases, approaches aimed at increasing the individual's control over their own life and strengthening decision-making power remain only at a formal level, while real decision-making continues to be carried out by institutional structures.

Fourth, when cultural context is not taken into consideration, individual-centered models may create difficulties within collectivist societies.

In the Azerbaijani context, the effectiveness of social rehabilitation programs depends on family structure, community influence, and factors of social stigma. During work with victims of early marriage and human trafficking, the stage of family reintegration requires particular sensitivity. From this perspective, local adaptation of comprehensive support models and continuous and staged service-system models is essential.

The case-management approach creates mechanisms of transparency and accountability within the social service system. Individual planning, documentation, and monitoring ensure that social work



remains outcome-oriented. However, professional burnout syndrome and excessive workloads may reduce the effectiveness of social workers.

As a result, social rehabilitation and case-management approaches have developed since the 1970s and by the 1990s evolved into systematically structured complex intervention models. The integration of strengths-based approaches, the process of strengthening individuals' control over their own lives and decision-making capacity, comprehensive support models, and continuous and staged service-system models creates a structural and sustainable framework for the social reintegration of women who have experienced trauma and violence. Effective implementation requires cultural adaptation, adequate resources, and institutional cooperation.

### **4.3. Domestic Violence and Gender-Based Violence Models**

Models for combating domestic violence and gender-based violence (GBV) began to develop in the second half of the twentieth century against the background of social justice movements, feminist theory, human rights discourse, and the development of trauma psychology. During the 1960s and 1970s, women's movements in Western countries began to present domestic violence not as a "private matter," but as a consequence of structural gender inequality. This conceptual shift led to the emergence of legal, social, and institutional intervention models. Beginning in the 1980s, the struggle against violence moved beyond the framework of individual therapy toward coordinated response mechanisms at the systemic and community levels.

One of the most influential models in this field is the Duluth Model, developed in the state of Minnesota in the United States through domestic violence intervention programs. The Duluth Model emerged in the early 1980s as a practical feminist intervention program. The model explains violence not as individual aggression or emotional dysregulation, but as an expression of patriarchal power relations. According to this approach, domestic violence is "a strategy of control and domination." The symbolic tool of the model, the "Power and Control Wheel," demonstrates that violence is not limited to physical abuse, but also encompasses economic, emotional, psychological, and social mechanisms of control.

The implementation of the Duluth Model is primarily carried out in two directions:

- ensuring the protection and safety of victims;
- organizing behavior-change programs for perpetrators of violence.

The model presupposes the active intervention of law-enforcement agencies and mandatory accountability mechanisms. Research has demonstrated that in regions where this model is implemented, legal intervention becomes more systematic and the recognition of violence as a social problem is strengthened. However, the model has also been criticized. It is primarily constructed within the framework of heterosexual relationships and, in some cases, places the individual depth of psychological trauma into the background. In addition, because forms of patriarchal structure differ across cultures, local adaptation of the model is required.

As a continuation and expanded form of the Duluth Model, the Coordinated Community Response (CCR) approach emerged in the mid-1980s. This model presupposes that the struggle against violence should involve not only one institution, but coordinated work among police, courts, prosecutors, social services, healthcare institutions, and non-governmental organizations according to a unified strategy. The CCR model aims to prevent fragmentation of services and reduce the victim's repeated traumatization. Information exchange, risk-assessment mechanisms, and joint protocols occupy an important place within this approach. Empirical observations demonstrate that in areas with coordinated community mechanisms, repeated incidents of violence decrease and victims' trust in systems increases. At the same time, the principal difficulties within the CCR model include bureaucratic barriers between institutions, lack of resources, and maintaining the balance of information confidentiality.

One of the first practical platforms in combating domestic violence was the shelter-based model. The first women's shelters, which emerged as a result of the feminist movement in the 1970s, initially operated as voluntary initiatives. Later, this model became institutionalized with support from governments and international organizations. The main purpose of the shelter-based model was to ensure physical safety, stabilize the crisis, and organize legal protection. Shelters often provide psychological support, social accompaniment, legal counseling, and services for children within a single location. This model is especially effective for women and children under high risk and for victims of human trafficking. However, weaknesses of the shelter model include

insufficient long-term reintegration mechanisms, social stigma, and limited placement opportunities.

Beginning in the 1990s, risk-assessment-based safety planning approaches became widely implemented. This model presupposes the joint preparation of an individualized safety strategy together with the victim. Safety planning encompasses not only physical protection, but also behavioral strategies in emergency situations, protection of documents, identification of safe contact points, and mapping of social resources. This approach helps restore the victim's sense of control. However, without structural change, the effectiveness of individual planning may remain limited, and in some cases there is a risk of placing excessive responsibility upon the victim.

After the 2000s, international organizations began prioritizing survivor-centered approaches based on the rights and choices of survivors. This model is grounded in human rights principles, and its core principles are the active participation of the victim in decision-making, freedom of choice, and cultural sensitivity. Within the survivor-centered approach, the social worker or law-enforcement representative does not act as a decision-maker, but as a source of support. This model is closely connected with trauma-informed approaches and is directed toward preventing re-traumatization. Among its advantages are the restoration of self-worth, empowerment, and facilitation of social reintegration. However, unless structural gender inequality and economic dependency problems are resolved, the model's impact may remain limited.

The combined implementation of these models creates a complex program framework. Structural analysis (Duluth), system coordination (CCR), safe environment (shelter), individual risk planning, and a human-rights-based approach together produce more sustainable outcomes when applied simultaneously. Research demonstrates that multifaceted programs reduce the risk of repeated violence and increase victims' social functionality.

At the same time, several general gaps remain:

- First, limitations in resources and funding may weaken the sustainability of programs.
- Second, when cultural context adaptation is not carried out, models may become merely formal in character.

- Third, weak enforcement of legal mechanisms may strengthen perpetrators' sense of impunity.
- Fourth, social stigma and family pressure may reduce victims' willingness to seek assistance from systems.

In collectivist societies such as Azerbaijan, family structure and public opinion factors play a particularly significant role. Therefore, in the implementation of GBV models, family and community components must be taken into consideration. The adaptation of coordinated community mechanisms, shelter systems, and survivor-centered approaches to the local cultural context may produce effective outcomes.

### **4.3. Domestic Violence and Gender-Based Violence Models**

Women in Azerbaijan are not immune to incidents of cyber violence either. In recent times, the number of related complaints has not been small. It is clear that when new legal norms concerning artificial intelligence and cyber violence are adopted within national legislation, legal mechanisms aimed at preventing such cases will also be envisaged.

However, in societies such as ours, a more complex question emerges: how will the restoration of the reputation of a woman who becomes a victim of cyber violence be addressed within legislation?

Suppose that a fake video about a woman is created through deepfake technology and spreads rapidly. In such a case, law-enforcement bodies may identify and punish the offender. But does this fully change the social reality? In our society there is a proverb: “A word leaving the mouth is like a bird; once it flies away, it cannot be brought back — it no longer belongs to you.” A person may lose a reputation built over many years within a few seconds before the eyes of millions.

Before that woman is able to prove that the material is fake, what obstacles will she face, and over what period of time can the damage to her reputation be repaired? These are questions that must be answered. How much time and energy are required to eliminate the suspicions and stereotypes created about her at home, in the neighborhood, at the workplace, among relatives, and within the

collective where she works? Legal punishment may hold the offender accountable, but removing the stain formed within society's memory is a much more difficult process.

Here, the issue is not only the psychological rehabilitation of the victim. The matter concerns the restoration of her public role, professional reputation, and social trust. Deepfake and other digital manipulation technologies create their most dangerous effect precisely at this point — they target not the person's life itself, but their reputation within society.

For this reason, the fight against cyber violence must not remain limited only to criminal liability. Mechanisms for rapid fact-checking, immediate intervention by platforms, official rebuttal procedures, and systems of public information must also be envisaged for the restoration of reputation. Otherwise, while technology can destroy a person's reputation within seconds, restoring it may become a heavy social struggle lasting years.

I believe that those working in this field — human rights defenders, technology platforms, state institutions, and civil society — must now discuss not only mechanisms of punishment, but also mechanisms for the protection and restoration of digital and public reputation. Because in the digital age, one of the greatest dangers lies precisely in this: creating conditions in which the trust a person has built over many years may be destroyed within a single second.

As a result, models for combating domestic violence and gender-based violence have developed beginning from the feminist movement of the 1970s, became institutionalized during the 1980s–1990s, and transformed into a human-rights-based approach during the 2000s. These models produce stronger effects when implemented not separately, but in an integrated manner. Cultural adaptation, institutional coordination, and sustainable social reintegration mechanisms are essential conditions for effectiveness.

#### **4.4. Rehabilitation Models for Victims of Human Trafficking**

Human trafficking in the modern era is recognized as a form of transnational organized crime, a grave human rights violation, and structural violence. Until the late twentieth century, human trafficking was discussed mainly within the context of migration and prostitution. However, beginning in the late 1990s, it started to be recognized within international legal systems as a

distinct and complex category of crime. The Palermo Protocol adopted in 2000 established the legal definition of human trafficking and created systematic obligations for states concerning prevention, victim protection, and prosecution of offenders. After this stage, the rehabilitation of victims of human trafficking evolved from the level of humanitarian assistance into an institutional model based on trauma-informed, human-rights-based, and multidisciplinary approaches.

Within the field of rehabilitation of victims of human trafficking, three principal models have emerged:

- the National Referral Mechanism (NRM);
- the comprehensive assistance package;
- and the reintegration–economic empowerment approach.

These models produce sustainable outcomes when applied not separately, but as an integrated system.

The NRM emerged in the European region during the early 2000s. The 2005 Council of Europe Convention on Action against Trafficking in Human Beings recommended that states create coordinated mechanisms for victim identification and protection. The essence of the NRM lies in establishing a structured cooperation system among state institutions, law-enforcement agencies, social services, and non-governmental organizations. This mechanism encompasses early identification of victims, ensuring safety, determining legal status, and referral to relevant services.

The reason for the creation of the NRM was the fragmented provision of services and the high risk of repeated traumatization among victims. Previously, victims had to apply separately to police, social services, or NGOs, and no unified coordination existed. The NRM was established in order to eliminate this gap. Through this mechanism, victims' needs are systematically assessed, safe placement is ensured, and social protection measures are coordinated. The primary target groups are victims of sexual exploitation, victims of forced labor exploitation, forced marriage, and child trafficking.

Among the positive effects of the NRM are strengthened coordination of services, increased legal protection, and improved victim safety. However, in practice, certain gaps remain. In some

countries, procedures are excessively bureaucratic, confirmation of legal status takes a long time, and the burden of proof falls upon the victim. This may delay the protection process.

The second main direction in the rehabilitation of victims of human trafficking is the comprehensive assistance package model. This model is based on a multidisciplinary approach, taking into account the multidimensional nature of trauma. Victims of human trafficking often face parallel problems such as physical violence, psychological trauma, lack of documentation, social isolation, and economic dependency. Therefore, rehabilitation cannot be limited to only one service. The comprehensive assistance package includes safe shelter, psychological support, medical assistance, legal accompaniment, social work and case management, education, and vocational training.

The emergence of this model occurred parallel to the development of the trauma-informed approach. Beginning in the 2000s, the principles of safety, trust, freedom of choice, and cultural sensitivity came to the forefront within rehabilitation programs. It has been observed that victims receiving comprehensive services demonstrate higher indicators of social reintegration. However, shortages of resources, lack of qualified personnel, and instability of financing may affect the sustainability of this model.

The third and most sensitive stage of rehabilitation is reintegration and economic empowerment. Since the 2010s, international organizations have identified economic independence as a key priority in combating human trafficking. This is because poverty and unemployment are among the principal factors increasing the risk of repeated exploitation. The economic empowerment model includes vocational training, employment programs, microcredit opportunities, and financial literacy training. This approach is closely connected with empowerment and strengths-based models.

Reintegration is not only an economic issue; it also includes a safe return into systems of social relationships. Acceptance of the victim by family and community, reduction of social stigma, and ensuring legal safety are among the essential conditions of this stage. Empirical observations demonstrate that individuals who achieve economic independence display higher psychological

stability and lower risks of repeated exploitation. However, discrimination within the labor market, social stigmatization, and family pressure may complicate reintegration.

The integration of these models — identification and referral through the NRM, stabilization through the comprehensive assistance package, and sustainable reintegration through economic empowerment — creates a systematic framework for the protection of victims of human trafficking. Nevertheless, structural gaps remain. Slowness of legal procedures, weak coordination between state and non-state institutions, failure to consider cultural context, and the absence of long-term financing mechanisms are among the principal problems.

In collectivist societies where the influence of family and community is stronger, the reintegration stage requires particular sensitivity. The victim's safe return to the family, social acceptance within the community, and anti-stigma programs must form an inseparable part of the program. Otherwise, even where economic support exists, social isolation may continue.

As a result, rehabilitation models for victims of human trafficking have, since the 2000s, been formed within the framework of international legal standards and transformed into trauma-informed and human-rights-based systems. The integration of the NRM, the comprehensive assistance package, and economic empowerment stages is the principal condition for sustainable and safe reintegration. Effective implementation requires institutional coordination, cultural adaptation, and long-term social support mechanisms.

#### **4.5. Psychosocial Rehabilitation**

Psychosocial rehabilitation (PSR) is a systematic approach in the fields of mental health and social work aimed at long-term functional recovery and community integration. This model defines as its primary goal not only the reduction of symptoms, but also the restoration of the individual's social roles, access to the labor market, system of relationships, and quality of life. PSR emerged in the second half of the twentieth century from criticism of institutional psychiatric systems and from the development of community-based services.

During the 1950s and 1960s, it became evident in Western countries that long-term psychiatric hospitalization was problematic from the perspective of human rights and created social isolation.



During this period, initiatives began for the establishment of community-based mental health centers. In the United States, the Community Mental Health Centers Act (1963) laid the foundation for a community-oriented service model. The objective was to move from hospital-based treatment toward community-based support.

In the 1970s, the concept of psychosocial rehabilitation began to take shape as a systematic methodology. This approach, grounded in the biopsychosocial model, accepted that mental disorders develop through the interaction of biological, psychological, and social factors. The principal idea of PSR was as follows: even individuals with severe and chronic mental disorders can build functional lives through proper social support and structured rehabilitation.

During the 1980s and 1990s, the Recovery-oriented approach further strengthened this concept. The philosophy of the Recovery approach interprets healing not merely as the elimination of symptoms, but as the process of building a life rich in hope, self-control, social connection, and meaningful activities. This approach created an ethical transformation within mental health systems and began to regard the service user not as a passive object, but as an active subject.

The PSR concept is based on the biopsychosocial model and considers not only the medical, but also the social and functional aspects of mental disorders. With the establishment of community-based mental health centers in the United States and Europe during the 1970s, PSR evolved into a systematized service model. At this stage, the main idea was that even if an individual lives with long-term illness, they can still restore social functionality and quality of life. This approach was later further developed through the Recovery model.

The Recovery-oriented approach emerged in the 1980s–1990s as a movement based on the lived experiences of users of mental health services. The concept of recovery interprets healing not merely as clinical remission, but as the individual’s capacity to build a meaningful life. In this model, the individual is viewed not as a “patient,” but as a subject with potential. Hope, self-control, social support, and meaningful activity constitute the core principles. The Recovery approach is closely connected with processes aimed at increasing the individual’s control over their own life and strengthening decision-making capacity, as well as with strengths-based models, thereby reinforcing the philosophical foundation of psychosocial rehabilitation.

One of the principal practical models developed within the PSR framework is the Active Community-based Treatment (ACT) comprehensive treatment approach. ACT was created during the 1970s for individuals with severe and chronic mental disorders. This model presupposes that a multidisciplinary team actively provides services within the community itself. The ACT team consists of a psychiatrist, social worker, nurse, and employment specialist, and services are delivered within the environment where the individual lives. The goal is to reduce repeated hospitalization, ensure continuous accompaniment, and maintain medication monitoring. Research demonstrates that hospitalization rates decrease and social stability increases in groups where the ACT model is implemented. However, this model requires substantial financial and personnel resources.

The community-based “Clubhouse” rehabilitation model emerged in the late 1940s in the United States through the initiative of individuals using mental health services. Later, this model evolved into an international network. The community-based “Clubhouse” rehabilitation approach provides a structured daily activity environment aimed at developing individuals’ social and vocational skills. Membership is based on the principle of voluntary participation. The model strengthens social inclusion and community-based support. The impact of the community-based “Clubhouse” rehabilitation model is reflected in reduced social isolation and increased self-confidence.

However, in severe clinical cases, additional medical support is necessary, and the model does not demonstrate equal effectiveness in every context.

The Supported Employment Integration model developed during the 1980s and aimed to integrate individuals with mental disorders into the open labor market. Its most widespread form is the “Individual Placement and Support (IPS)” model. This approach is based not on the principle of “training first, then employment,” but rather on direct placement into the labor market combined with parallel support. Research has shown that employment indicators are higher and long-term social reintegration is strengthened among individuals participating in Supported Employment Integration programs. However, discrimination within the labor market and economic conditions may affect the effectiveness of this model.

The primary target groups of psychosocial rehabilitation models are mainly individuals with severe and chronic mental disorders, socially isolated individuals, persons who have experienced trauma, and people facing long-term unemployment. At the same time, PSR principles may also be adapted for victims of human trafficking, women subjected to domestic violence, and persons released from the penitentiary system.

The positive effects of PSR and related models have been confirmed by numerous studies. These effects include increased social functionality, reduced hospitalization, higher employment rates, and improved quality of life. The Recovery approach has created an ethical transformation within the mental health system and increased the participation of service users in decision-making processes.

At the same time, certain gaps remain. First, limitations in resources and funding may weaken the sustainability of programs. Second, the implementation of multidisciplinary team approaches requires highly qualified personnel. Third, when cultural adaptation is not carried out, the model may become merely formal in character. Fourth, social stigma and discrimination within the labor market complicate reintegration.

In collectivist societies, family structure and community support are among the principal factors influencing the effectiveness of PSR. The integration of individual-centered models with family and community components may produce more sustainable outcomes.

As a result, psychosocial rehabilitation and related models emerged from the deinstitutionalization process beginning in the second half of the twentieth century, were enriched during the 1980s–1990s through the philosophy of Recovery, and became one of the main pillars of the modern community-based mental health system. The Active Community-based Treatment model, the community-based “Clubhouse” rehabilitation model, and Supported Employment Integration models constitute practical applications of this framework. Institutional coordination, cultural adaptation, and sustainable financing are essential for effectiveness.

## **4.6. Addiction Rehabilitation Models**

Addiction rehabilitation models constitute a multidimensional intervention system formed through the synthesis of different theoretical schools and practical approaches within modern psychology, psychiatry, and social work. Addiction is no longer explained merely as weakness of will or a moral problem, but within the framework of the biopsychosocial model as the interaction of biological predispositions, psychological mechanisms, and social environmental factors. In this context, although the 12-Step Program model, the Therapeutic Community (TC), Harm Reduction, Motivational Interviewing, and Relapse Prevention approaches are based on different theoretical foundations, in practice they are often applied as complementary systems.

The 12-Step Program model first emerged in the United States during the 1930s and was primarily systematized by Alcoholics Anonymous. This model accepts addiction as a chronic, progressive, and “out-of-control” disease. Its core philosophy is based on the idea that a person cannot completely regain control solely through their own power, but can enter the process of recovery through the concept of a “higher power,” spiritual transformation, and community support. The 12 steps include confronting one’s own problem, taking responsibility, reconciling with people harmed by one’s actions, and maintaining continuous spiritual self-assessment. Academic literature identifies the strengthening of social support relationships, reduction of loneliness, and promotion of long-term abstinence as the principal strengths of this model. However, criticism is mainly directed toward the difficulty of adapting its spiritual-religious discourse within secular environments or different cultural contexts. Nevertheless, the 12-Step model has been integrated into the structures of rehabilitation centers in many countries and is especially applied in parallel with group therapy.

The Therapeutic Community (TC) model developed during the 1950s–1960s and became institutionalized particularly through programs such as Daytop Village. The TC model views addiction as a complex problem requiring deep changes within the individual’s personality structure and social behavior system. The central principle of this approach is the idea that “the community itself is the therapist.” Individuals living within the rehabilitation center reconstruct their social and emotional skills through a structured daily regime, distribution of responsibilities, mutual feedback, and open discussion of behavior. The strong side of the TC model lies in its

orientation toward transforming behavior within a real social environment. It is considered especially effective for individuals with severe and chronic substance dependence. However, the requirement of long-term residential stay and a highly structured environment may not be suitable for every individual. In the modern era, TC models are increasingly adapted into more flexible and community-based formats.

The Harm Reduction approach developed during the 1980s, especially against the background of the HIV epidemic, as a public health model. This approach does not place the complete elimination of addiction as its initial condition. Its primary objective is the minimization of risks and harms. For example, sterile syringe programs, opioid substitution therapy, and safe-use education are among the principal tools of this model. One of the organizations operating internationally in this field is the International Harm Reduction Association. The Harm Reduction model is based on human rights and public health principles, prioritizing the reduction of stigma and the expansion of accessibility to services. Although critics argue that this approach does not promote abstinence, empirical research demonstrates that harm reduction programs significantly decrease mortality rates, the spread of infectious diseases, and social marginalization.

Motivational Interviewing (MI) was developed during the 1980s by William R. Miller and Stephen Rollnick. Unlike confrontational therapy, this approach is based on empathetic and non-coercive dialogue. The primary objective of MI is to strengthen the individual's internal motivation and reduce ambivalence toward change. Here, the therapist acts not as a teacher or controller, but as a “guide” within the process of change. Open-ended questions, reflective listening, affirming statements, and encouragement of change-oriented speech are among the core techniques of this method. MI is considered especially effective during the initial stages of rehabilitation — particularly in work with individuals who are not ready for change or who have been mandatorily referred to treatment. Its main strength lies in preserving the individual's freedom to make their own decisions and reducing resistance.

The Relapse Prevention model was primarily developed by G. Alan Marlatt and Judith Gordon within a cognitive-behavioral framework. This model accepts addiction as a process characterized by chronic relapses and evaluates relapse not as a “failure,” but as an opportunity for learning. Identification of high-risk situations, analysis of triggering factors, formation of alternative

behavioral strategies, and development of self-management skills are its principal components. The Relapse Prevention model is considered especially effective when combined with long-term monitoring and continuous psychosocial support systems. This approach strengthens the individual's sense of self-efficacy and helps prevent cognitive distortions such as "I used once, everything is ruined."

Each of these models targets different aspects of addiction. The 12-Step Program emphasizes spiritual and community-based support; the Therapeutic Community program focuses on social-personality transformation; Harm Reduction prioritizes public health and human rights; Motivational Interviewing concentrates on internal motivational mechanisms; and Relapse Prevention highlights cognitive-behavioral self-management. Modern rehabilitation systems often apply an integrative model. For example, during the initial stage, motivation is strengthened through Motivational Interviewing; during the inpatient stage, the TC structure is implemented; simultaneously, social support is built through 12-Step groups; and in later stages, Relapse Prevention strategies are continuously applied.

From an academic perspective, an effective rehabilitation model should be selected according to the individual's biopsychosocial condition, cultural context, and social support system. Especially in collectivist and family-oriented societies such as Azerbaijan, models applied without considering community support, family participation, and stigma factors may produce limited effects. Therefore, the optimal approach is not the mechanical application of a single model, but the establishment of a culturally adapted, multi-component, and staged rehabilitation system.

#### **4.7. Systems Approaches for Children and Adolescents**

Systems approaches in work with children and adolescents constitute one of the most fundamental directions of modern social work and developmental psychology. These approaches interpret individual behavior not as pathology or individual defect, but as an adaptive (adjusted to the environment and preserving functionality) or maladaptive (failing to ensure adaptation to the environment and producing long-term harm) reaction formed within a system of mutual influences. Systems thinking entered the social sciences from the mid-twentieth century onward under the influence of general systems theory and socio-ecological concepts. Within this framework, the

child is viewed not merely as an individual, but as an actor situated at the center of the dynamic interaction among family, school, community, and institutional structures.

Family systems theory accepts the family as an emotional and structural unit. One of the principal theorists of this direction was Murray Bowen. Bowen explained the family system as a structure built upon intergenerational mechanisms of emotional transmission. Within his theory, the concept of differentiation (the level of personal distinction) occupies a special place. Differentiation is the ability of the individual to preserve their emotional boundaries without becoming completely detached from the family emotional system. During adolescence, disruption of the differentiation process may result in aggression, escape behavior, risky social relationships, and tendencies toward addiction.

Within the family system, triangulation (the “stabilization” of emotional tension arising between two individuals through the involvement of a third person in the relationship) may cause the child to become the carrier of symptoms. In such cases, the child assumes the role of the “emotional shock absorber” of internal family conflict. In collectivist societies such as Azerbaijan, where the family structure is often built upon the extended-family model, intergenerational emotional dependency and role confusion are observed more intensely. In this context, system-based intervention becomes more effective than individual therapy, because unless the structure producing the symptom changes, individual change does not remain sustainable.

The attachment-based approach (grounded in the child’s primary emotional relationships and sense of safety) interprets child development through the prism of emotional security. The foundation of this direction is the attachment theory developed by John Bowlby. Bowlby described early attachment relationships as the individual’s “internal working model.” Through the relationship established with the primary caregiver, children seek answers to the questions: “Am I safe?” and “Is the world trustworthy?” Secure attachment strengthens the child’s emotional regulation and self-confidence skills. Insecure and disorganized attachment, however, creates a basis during adolescence for behavioral disturbances, self-harming tendencies, and relationship problems.

Attachment-based interventions aim to increase the emotional sensitivity of parents, restore the child’s sense of safety, and ensure the integration of traumatic experiences. Especially among

children exposed to violence or neglect, when attachment trauma is not systematically corrected, behavioral disorders are treated only at the level of symptoms.

Multisystemic Therapy (MST) — an intensive and community-based therapy model that simultaneously intervenes in all social systems shaping adolescent behavior (family, school, peer environment, and community) — is an intensive community intervention grounded in the socio-ecological model. One of the principal developers of this model was Scott Henggeler. MST evaluates adolescent behavior not only within the family, but also in connection with peer groups, the school environment, and community structures. This model has evidence-based effectiveness in work with adolescents at high risk of recidivism. Therapy is conducted within the home environment, close collaboration is established with the family, and concrete behavioral goals are determined. The purpose is to remove the adolescent from institutional settings and reintegrate them into functional participation within society.

The principal advantage of MST lies in its structured yet flexible intervention mechanism. This approach is considered especially effective in cases involving adolescents at risk of delinquency, substance use (toxicomania, inhalation of acetone, alkaline and alcohol-based liquids, etc.), and aggressive behavior. Intervention at the system level ensures the parallel reduction of risk factors.

The child protection case-management model, in turn, is a structured management model within the child protection system. Within this framework, risk assessment, needs analysis, individualized intervention planning, and monitoring mechanisms are established systematically. In this direction, international standards, including child protection principles advanced by UNICEF, are taken as the foundation. The individualized case-management model is based on the coordination of a multidisciplinary team and prioritizes the child's safety.

The risk-assessment process encompasses not only physical danger, but also emotional, social, and structural risks. Factors such as early marriage, domestic violence, risk of human trafficking, street situations, and school dropout are analyzed systematically. The intervention plan is individualized and accompanied through continuous monitoring mechanisms.



The common feature of these systems approaches is that they regard the child not as the “carrier of the problem,” but as an indicator of the system itself. Behavioral symptoms are signals of systemic imbalance. Therefore, effective intervention requires structural-level change.

In the Azerbaijani context, the application of these approaches requires consideration of cultural factors. Family hierarchy, gender roles, concepts of collective responsibility, and stigma factors play important roles in the planning of system interventions. Particularly in work with vulnerable groups — girls at risk of early marriage, victims of violence, and adolescents at risk of delinquency — an integrative systems model is considered more effective.

The optimal model is not the mechanical application of a single approach, but a multilevel integration. For example, attachment-based emotional restoration may be accompanied simultaneously by restructuring of the family system, while case-management mechanisms ensure the monitoring of risks and community resources are involved in the process. This integration makes it possible to strengthen the child’s safety, emotional stability, and social functionality at the same time.

Within this framework, systems approaches function not only as therapeutic models, but also as models of social policy and institutional coordination. Unless child protection, the education system, social service structures, and community organizations operate in parallel, systems intervention remains incomplete.

#### **4.8. Community-Based and Functional Rehabilitation Models**

Community-based and functional rehabilitation models constitute the conceptual framework for work with disability, trauma, psychosocial disorders, and cases of social disintegration within modern social work and social policy systems.

For a long period, the concept of rehabilitation was explained within a medical framework. In the classical medical model, primary attention was directed toward the diagnosis and correction of the individual’s functional impairment. This model accepts the person as the carrier of a pathological condition, and its principal objective is to “return” the individual to a “normal condition.” However, beginning in the second half of the twentieth century, the development of the social

sciences and the strengthening of the human-rights approach led to the expansion of the rehabilitation concept.

The medical model is the oldest and most institutionalized form of rehabilitation. Within this model, the problem is located within the individual's organism or psyche. Diagnosis, treatment, and clinical supervision are the principal mechanisms. The medical model is highly structured, and its outcomes are measured through clinical parameters. The advantage of this approach lies in its systematic assessment and evidence-based intervention capacities. However, this model often places social and cultural factors into the background. The individual becomes an object of treatment, and their participation in decision-making processes may become limited. Particularly in the fields of disability and psychosocial disorders, the excessive dominance of the medical model has contributed to institutionalization and social isolation.

The social model, by contrast, emphasizes that disability and functional limitations arise not from the individual's biological characteristics, but from social barriers. According to this model, the problem is located not within the person's body, but within the structure of society. For example, the problem of a person with mobility limitations is not their physical impairment, but the inaccessibility of the environment. The social model explains rehabilitation as a process of social integration, ensuring rights, and creating equal opportunities. This approach became especially widespread after the adoption of international human-rights conventions. Rehabilitation thus transformed from being solely a matter of treatment into an issue of social justice and inclusivity.

The Community-Based Rehabilitation (CBR) model emerged through the integration of these two approaches. The CBR concept was first promoted internationally by the World Health Organization and later further developed together with UNICEF and other international institutions. The central principle of the CBR model is the transfer of rehabilitation from institutional centers to the community level. This model aims to restore the individual's social functionality within the environment where they live.

CBR is not limited only to medical intervention; it also includes components of education, employment, social participation, and empowerment. The structure of this model simultaneously incorporates the directions of health, education, livelihood, social participation, and legal

protection. The objective is not merely to stabilize the individual's clinical condition, but to ensure their active and independent participation within the community.

The concept of functional rehabilitation occupies a special place within this framework. Functionality encompasses the individual's daily living skills, social roles, and capacity for independent decision-making. Functional rehabilitation presupposes not only the adaptation of the individual to the environment, but also the adaptation of the environment to the individual's needs. This approach is based on the biopsychosocial model and is measured through functional assessment tools.

Within modern rehabilitation systems, the medical model, the social model, and CBR do not negate one another; on the contrary, an integrative approach is required for optimal outcomes. For example, in work with an adolescent who has experienced psychosocial trauma, medical and psychological stabilization are essential at the initial stage. However, long-term rehabilitation must be carried out according to community-based and social-model principles. Otherwise, clinical stabilization does not transform into social reintegration.

In the Azerbaijani context, the community-based rehabilitation model acquires particular relevance. Because family and community structures are strong, rehabilitation must be planned not only at the level of the individual, but also at the level of family and social relationships. Interventions carried out without consideration of stigma, gender roles, and factors of economic dependency do not remain sustainable. Especially in work with vulnerable women and children, the CBR approach is considered more effective.

The principal stages of functional rehabilitation are needs assessment, individualized planning, mobilization of community resources, and monitoring. This process requires multidisciplinary cooperation. Social workers, psychologists, physicians, and community leaders must operate in parallel. Rehabilitation means not only providing services, but also strengthening social capital.

The ethical foundation of these models is the protection of human dignity and the ensuring of individual participation. Rehabilitation is not a paternalistic mechanism of control, but a process of empowerment. Empowerment means creating conditions for the individual to realize their own

potential. From this perspective, the social model and the CBR approach are aligned with the modern human-rights discourse.

As a result, community-based and functional rehabilitation models transform rehabilitation from a framework of clinical treatment into a process of social transformation. The medical model ensures structural and diagnostic precision; the social model creates a legal and inclusive perspective; and CBR integrates these two approaches at the practical level. An effective system must be based on the balanced and culturally adapted implementation of these models. Especially in work with vulnerable groups, rehabilitation must ensure not only recovery, but also social reintegration and sustainable functionality.

Within this framework, systems approaches function not only as therapeutic models, but also as models of social policy and institutional coordination. Unless child protection, the education system, social service structures, and community organizations operate in parallel, systems intervention remains incomplete.

#### **4.9. Framework of Criteria for Model Selection and Sustainability**

The selection of rehabilitation and social intervention models must not be random or based solely on institutional traditions. Model selection must be grounded in strategic decisions carrying ethical, methodological, and social consequences. In work with vulnerable groups — including victims of violence, victims of human trafficking, girls at risk of early marriage, adolescents with behavioral disorders, and individuals who have experienced psychosocial trauma — incorrect model selection increases the risks of secondary trauma, recidivism, institutionalization, and social isolation. For this reason, the formation of a systematic framework of criteria for model selection is essential.

The criteria framework is not merely a matter of technical suitability; it is also a matter of ethical responsibility and the primacy of human-rights principles. Modern social work and rehabilitation theory maintain that the effectiveness of a model is determined not only by the strength of its intervention methods, but also by its compatibility with the context. Therefore, model selection may be built upon five principal criteria: safety, agency, cultural compatibility, evidence base, and sustainability.

## **1. Principle of Safety**

Safety is the starting point of all intervention systems. Safety encompasses not only physical protection, but also emotional, social, and legal safety. Trauma theory demonstrates that psychological healing cannot occur without a sense of safety. In this context, model selection must first and foremost be based on risk assessment.

If the applicant is in a high-risk environment — for example, where ongoing violence, the threat of human trafficking, or severe intra-family control structures exist — then at the initial stage a safety-oriented model must be selected. This means the activation of trauma-informed approaches and protective mechanisms. Development-oriented or behavior-correction models implemented before safety is ensured are not effective.

The second aspect of the safety principle is psychological safety. The process of treatment or social intervention must not create the risk of re-traumatization for the applicant. For example, a confrontational therapy model may not be suitable for a woman who has experienced severe trauma. In such a case, model selection must be adapted within a trauma-informed framework.

The safety principle also encompasses legal mechanisms. If intervention activities are not conducted in parallel with legal protection measures, the applicant may return to a risky environment. Therefore, model selection must take into account the possibility of multidisciplinary coordination.

## **2. Principle of Agency**

Agency is the individual's capacity for decision-making regarding their own life and their subjective sense of power. Classical paternalistic models (making decisions “for the person's own good,” controlling them under the pretext of protection, and limiting freedom of choice) regarded the applicant as a passive object. Modern approaches, by contrast, view the individual as an active participant in the process of change.

During model selection, the key question is this: does the proposed model strengthen the applicant's agency, or does it keep them in a dependent condition? For example, an excessively

controlling institutional model may create short-term stability, but in the long term it may weaken independence.

Agency is particularly important in work with women and adolescents. For women raised within patriarchal structures and deprived of decision-making opportunities, model selection must allow them to find their own voice. Otherwise, rehabilitation may create not structural transformation, but merely a new form of dependency.

The principle of agency also includes responsibility and the development of a sense of self-efficacy. The model must position the applicant not merely as a recipient of support, but as an actor creating change.

### **3. Principle of Cultural Compatibility**

One of the least visible, yet most strategic, criteria in model selection is cultural compatibility. A model effective in one society may not produce the same results in another context. Especially in collectivist and family-oriented societies, if individual-centered models based on high autonomy are implemented without adaptation, resistance to the model's successful functioning may emerge.

#### **Principle of Cultural Compatibility**

Cultural compatibility is not merely a matter of language and terminology; it is connected with values, family structure, gender roles, and social norms. During model selection, the following question must be asked: does this intervention create conflict with local social codes, or does it integrate them in a transformed form?

For example, family-systems approaches may be more suitable in collectivist societies because they accept the family as a subject of intervention. At the same time, it must also be recognized that in some cases cultural factors themselves create risk structures. In such situations, the model must possess not only cultural sensitivity, but also the potential for transformation.

The principle of cultural compatibility prevents the mechanical transfer of models and requires local adaptation. This is especially relevant in the implementation of international programs within local contexts.

#### **4. Principle of Evidence Base**

Model selection must not rely solely on theoretical attractiveness. Empirical evidence, impact assessment, and outcome indicators must be considered. The evidence-based approach makes it possible to measure the effectiveness of intervention.

However, the evidence base is not limited only to quantitative indicators. Contextual suitability and qualitative indicators must also be taken into account. A model may demonstrate high effectiveness in a Western country, yet produce different outcomes within another socio-economic context.

For this reason, the evidence base must be evaluated on two levels: global empirical outcomes and local implementation experience. Both aspects must form the basis of model selection.

#### **5. Principle of Sustainability**

Model selection must ensure not only short-term outcomes, but also long-term sustainability. Sustainability encompasses economic, social, and psychological components.

If a model offers only intensive but short-term institutional intervention and lacks a follow-up support mechanism, the risk of relapse increases. A sustainable model must simultaneously strengthen community resources, family support, and social integration.

The principle of sustainability is also connected with resource efficiency. The model must correspond to a realistic resource base for long-term implementation. Otherwise, after the project or financing ends, the system may collapse.

#### **6. Integrative Application of the Criteria**

These five principles must be applied not separately, but integratively. For example, if a model ensuring safety weakens agency, a balance must be found. If a model with a strong evidence base creates problems in terms of cultural compatibility, an adaptation mechanism must be established.

Optimal model selection must be based on parallel analysis of contextual research, risk assessment, and ethical framework. This approach elevates rehabilitation from a technical procedure to the level of strategic social intervention.

## 4.10. Measurement Indicators

### 1. Measurement Indicators According to the Principle of Safety

Safety indicators are assessed on three levels: physical, psychological, and structural-legal safety.

Table of safety indicators.

Measurement Area	Indicator	Assessment Method	Risk Level
Physical safety	Risk of ongoing violence	Risk assessment interview	Low / Medium / High
Physical safety	Availability of a safe living environment	Home environment inspection	Yes / No
Psychological safety	Severity of trauma symptoms	Clinical screening tool	Mild / Moderate / Severe
Psychological safety	Risk of re-traumatization	Intervention plan analysis	Present / Not present
Legal safety	Whether legal protection mechanisms are active	Legal status review	Active / Inactive
Structural safety	Social and economic dependency on the perpetrator of violence	Socio-economic analysis	High / Medium / Low

### Key Questions Regarding Safety

- Does the intervention model immediately remove the applicant from the risk environment?
- Does the model ensure legal and social protection simultaneously?



- Is the model trauma-informed?

If more than 40% of the safety indicators demonstrate high risk, then during the initial stage only a safety-oriented model should be selected.

## 2. Measurement Indicators According to the Principle of Agency

Agency measures the individual's active participation in decision-making and the process of change.

Table of agency indicators.

Measurement Area	Indicator	Assessment Method	Level
Decision-making	Level of participation in the intervention plan	Plan document analysis	Active / Passive
Self-efficacy	Level of self-confidence	Psychological survey	Low / Medium / High
Freedom of choice	Provision of alternative options	Protocol analysis	Yes / No
Responsibility	Acceptance of commitment to change	Interview	Accepts / Does not accept
Risk of dependency	Excessive dependence on services	Monitoring	Low / Medium / High

### Key Questions Regarding Agency

- Does the model include the applicant in the decision-making process?
- Does the intervention create a paternalistic mechanism of control?

- Is there a long-term independence plan?

If agency indicators are low, the model must be changed or an empowerment component must be added.

### 3. Measurement Indicators According to the Principle of Cultural Compatibility

Cultural compatibility measures the level of adaptation to social norms, family structure, and the value system.

Table of cultural compatibility indicators.

Measurement Area	Indicator	Assessment Method	Compatibility Level
Family structure	Inclusion of family participation within the model	Intervention plan	High / Medium / Low
Gender roles	Presence of a gender-sensitive approach	Program analysis	Present / Absent
Language and terminology	Adaptation to the local context	Material analysis	Compatible / Not compatible
Stigma risk	Creation of social stigmatization within the model	Social assessment	High / Low
Community support	Integration of community resources	Coordination plan	Yes / No

### Key Questions Regarding Cultural Compatibility

- Does the model create conflict with local social codes?
- Is there an adaptation mechanism?
- Are family and community included in the process?

### 4. Measurement Indicators According to the Principle of Evidence Base

The evidence base evaluates empirical effectiveness and outcome measurements.

Table of evidence-base indicators.

Measurement Area	Indicator	Assessment Method	Status
Empirical support	Presence of randomized studies	Scientific literature	Yes / No
Effect size	Availability of impact indicators	Meta-analysis	High / Medium / Low
Local implementation	Tested within the local context	Pilot results	Yes / No
Monitoring system	Measurement of outcome indicators	Reporting system	Active / Inactive
Adaptation	Availability of adaptation guidelines	Methodological document	Yes / No

### 5. Measurement Indicators According to the Principle of Sustainability

The sustainability model measures long-term impact and the durability of resources.

Table of sustainability indicators.

Measurement Area	Indicator	Assessment Method	Level
Resource base	Financial stability	Budget analysis	Stable / Risky
Personnel capacity	Trained specialists	Staff list	Sufficient / Insufficient
Community integration	Cooperation with local institutions	Memorandum	Yes / No
Recidivism level	Percentage of repeated applications	Statistical analysis	Low / Medium / High
Monitoring mechanism	Long-term monitoring	Protocol	Present / Not present

### **Integrative Assessment Algorithm**

Practical mechanism for model selection:

1. A 0–5 point system is applied for each criterion.
2. The total score is calculated.
3. If the safety score is below 3 → the model must be changed.
4. If the agency score is below 2 → an empowerment component must be added.
5. If the sustainability score is below 3 → a parallel community mechanism must be established.

Criteria-based model selection transforms intervention from a subjective decision into a systematic, measurable, and ethically grounded process. This framework carries strategic importance especially in minimizing risk and ensuring long-term functionality in work with vulnerable women and children.

#### **4.11. Adaptation to the Traditions and Cultural Context of Turkic Peoples. Synthesis of “Cultural Reinterpretation + Trauma-Oriented System”**

Modern rehabilitation theory and trauma-oriented approaches have mainly been formed within the Western scientific environment. Beginning from the psychoanalytic tradition, cognitive behavioral therapy, trauma-informed care frameworks, psychosocial rehabilitation models, and systems approaches have created a broad empirical base related to the disruption of people’s needs for safety, control, and belonging. These models have integratively explained the neurobiological, psychological, and social components of trauma, and have systematized the principles of safety, trust, agency, and reintegration.

However, under conditions of globalization and cultural diversity, it has become clear that every scientific model is not a completely detached universal construct separated from the socio-cultural context in which it was formed. The mechanism of intervention may be universal, but its language of expression, relationship structure, and form of social acceptance depend on cultural context. For this reason, the presented “cultural reinterpretation + trauma-oriented system” approach is not an alternative or opposing position to Western models. On the contrary, this approach aims to preserve the theoretical foundations of those models while expanding their possibilities of application and increasing the level of cultural compatibility.

The issue of adaptation to the traditions and cultural context of Turkic peoples requires the synthesis of the idea of “cultural reinterpretation” with the trauma-oriented system, because tradition simultaneously plays the role of both a protective resource and a social mechanism in which risk may remain “hidden.” The objective here is not to “idealize” or “deny” tradition, but to align the values existing within tradition (for example, family-community solidarity, respect for elders, hospitality, sharing, mutual obligation) with the evidence-based principles of trauma work, while at the same time safely and gradually reinterpreting harmful norms (for example, silencing, pressure through honor and shame, “considering open discussion shameful,” victim blaming, rigid patriarchal control, and concealing violence under the name of “family secrecy”). This reinterpretation begins not with reading the “form” of tradition, but with reading the “function” of tradition. What need does tradition fulfill, what fear does it regulate, what social balance does it preserve, what status-power relations does it legitimize? The answers to these questions

demonstrate how the trauma-oriented system can restore safety, trust, and agency within the cultural context.

One of the modern standards for trauma-oriented systems is the SAMHSA framework, which structures the concepts of “understanding trauma and trauma-informed approach.” The widespread nature and effects of trauma are recognized, signs are identified at both the individual and system levels, integrated into practice, and re-traumatization is prevented (the four “R” principles). This framework simultaneously relies upon six guiding principles.

The six principles are safety, trust and transparency, peer support, collaboration and mutual equalization, voice, choice and agency, and cultural, historical, and gender sensitivity.

These principles may appear “universal,” but their implementation always requires dialogue with cultural codes. For example, the concept of “agency” in individualistic environments is more often understood as “independent choice,” whereas in collectivist environments it is experienced as “having a voice and influence within the family-community.” Without taking this difference into account, presenting agency merely as “separation from the family” both increases social resistance and may reduce the sustainability of the service. Therefore, adaptation must be carried out through constructing a “map of values.” Which values move in the same direction as trauma-oriented goals, which create risk, and which are neutral and change depending on context?

Among many Turkic peoples, the family is not only a nuclear family, but also functions as an extended kinship network. Intergenerational social and spiritual bonds, kinship responsibility, the authority of elders, and mechanisms such as “the word of the elder” carry functions of social control and social understanding. This “network,” on the one hand, creates the mobilization of resources (material-spiritual support, protective accompaniment, peaceful resolution of conflicts), while on the other hand it may also create conditions for the conservation of harmful behaviors through social sanctions such as “blame,” “shame,” and “honor.” Research concerning the Azerbaijani context describes the extended family model as functioning both as an economic and social mechanism. At the same time, studies related to the Turkish family model emphasize that the “family-centered value system” and strong family attachment also create dependency and mutual obligation within the individual’s daily choices. Therefore, within the trauma-oriented

system, the “safety plan” must be designed not only at the level of the individual, but also at the family-community level. Whose support is real, who exercises control under the name of “protection,” who is a risk, who is neutral, and who can play the role of a bridge?

In order to place “cultural reinterpretation” into a practical framework, approaches accepted within the scientific literature regarding the cultural adaptation of psychological interventions are useful. In essence, cultural adaptation means preserving the mechanisms of change within the intervention while adapting the language, cultural context, relationship model, rituals, and communication codes to the target culture. For this purpose, both top-down (theoretical) approaches and bottom-up (community-participatory) approaches exist. FMAP (Formative Method for Adapting Psychotherapy) is a community-participatory and phased adaptation model. It operates through phases such as collecting local knowledge, integrating theoretical-empirical knowledge, piloting, revision, and finalization.

In the same line, the literature on cultural adaptation and implementation describes the criteria for decision-making regarding “when, why, and how” adaptation should be carried out. Is intervention possible, does the mechanism of change correspond to the target group, is it acceptable? When these decision criteria are integrated with the ethics of the trauma-oriented system’s “do no harm” principle, cultural reinterpretation appears not as a “decoration” or “folklore” addition, but as a structural reform serving safety.

The main intellectual knot of the synthesis is this: the trauma-oriented system must balance its claim to “universality” in practice with “cultural humility.” Cultural humility means that the therapist or service provider acts not from the position of “I know,” but from the position of “I am learning”; it means working away from claims of superiority, with respect and self-reflection. This construct has been linked with the therapeutic alliance and outcomes. In Turkic cultural contexts, the image of the professional who is “reprimanding,” “judging,” or “speaking from above” often creates resistance. At the same time, an excessively “soft” and ambiguous style may also be perceived as “lack of direction.” Therefore, the style of relationship itself is part of reinterpretation: a style that is both respectful and clear, and that equalizes the balance of power in favor of the victim.

For Turkic peoples, the logic of “honor-shame” may be one of the important components of social order. In cultural psychology, the logic of honor, “face,” and dignity is explained as different normative systems. This logic shapes the individual’s self-evaluation, sensitivity to conflict, reputation risk, and sensitivity to social sanctions. In environments where the logic of honor is strong, reputation becomes social capital; norms such as “not enlarging the issue,” “not disgracing the family,” and “being patient” sometimes keep risky situations invisible for long periods. The trauma-oriented system here must struggle against “silencing” not through direct attack, but through reinterpretation. Honor should be measured not by “concealing,” but by “protecting”; face should be preserved not by “remaining silent,” but by “acting justly”; the family name should be elevated by “not abandoning the victim alone.” New reinterpretations of this kind must be constructed. This is not “destroying values,” but “changing the direction of values.”

For this synthesis, the concept of “system” is decisive. Trauma is understood not only as a reaction of the individual nervous system, but as the disruption of the balance of “safety-control-belonging” within service systems, family systems, and cultural systems; therefore, intervention is also built on ecological levels. Urie Bronfenbrenner’s ecological model makes it possible to simultaneously see the layers of micro (family), meso (family-school, family-community), exo (institutional decisions), macro (cultural norms and laws), and chrono (time, intergenerational change). The traditions of Turkic peoples often exist as “norms” at the macro level and as “daily rituals” at the micro level.

The traditions of Turkic peoples often exist as “norms” at the macro level and as “daily rituals” at the micro level.

The synthesis of “cultural reinterpretation + trauma-oriented system” requires separate solutions for each layer:

- at the micro level — safety planning and emotional regulation,
- at the meso level — school-community-shelter coordination,
- at the exo level — service protocols and risk management,
- at the macro level — reframing of norms,
- and at the chrono level — work with intergenerational trauma and collective memory.



The principal thesis of the synthesis approach may be expressed as follows: the evidence-based principles of the trauma-oriented system (safety, trust, agency, collaboration, prevention of re-traumatization) become effective within the cultural context only when tradition is analyzed not as “content,” but as a “mechanism,” and when those mechanisms are reinterpreted in a protective direction. For example, within cultural practices such as the Novruz holiday, which create collective participation and solidarity (games, music-dance, community unity, intergenerational transmission), there exists a natural platform for strengthening social connectedness and hope. Novruz is also described by UNESCO as promoting social values such as unity and solidarity. The trauma-oriented system may use this as a “community-based recovery resource” — in organizing group support, reducing social isolation, and restoring safe social roles. Here, “reinterpretation” means reading Novruz not merely as a “holiday,” but as a “cultural carrier for community-recovery intervention.”

As a methodological foundation of the synthesis, the literature on cultural adaptation consistently emphasizes a dual balance: “implementation fidelity” (preservation of the core mechanisms of intervention) and “fit with context” (cultural compatibility). When this balance is disrupted, two risks emerge: either the intervention becomes “culturally attractive,” but loses its mechanism of effect (that is, it turns into an ineffective “cultural ornament”), or the intervention remains technically strong, but is not accepted, does not continue, and generates resistance. Frameworks such as FMAP propose resolving this through phased and participatory processes. Cultural reinterpretation, meanwhile, gives special attention to the “language-symbol-norm” layer of this process. That is:

- how to explain trauma without directly using the word “trauma,”
- how to present the concept of “psychological support” without confusing it with the stigma of “mental illness,”
- how to separate the idea of “agency” from the perception of “opposing the family,”
- and how to protect the principle of “confidentiality” without confusing it with “family secrecy.”

In the clinical-psychological conceptualization of trauma recovery, Judith Herman’s three-stage recovery model (establishing safety, remembrance and meaning-making, reconnection and

reintegration) is widely used. Within the cultural context of Turkic peoples, these stages may “speak in another language.” The safety stage is not only physical protection, but also protection from social “condemnation,” management of reputation risk, and the selection of safe allies within the family network. The remembrance and meaning-making stage, in environments where open expression is risky, may begin not through direct “narrative,” but more through indirect language (metaphors, stories, empowering ideas selected from religious-spiritual texts, reinterpretation of proverbs). The reconnection stage, meanwhile, should be planned not as an “independent life,” but as a “return to safe social roles” — work-profession, education, community support, restoration of boundaries within the family.

An important ethical issue attracts attention here: cultural reinterpretation must not turn into a “protective-controlling relationship.” That is, the service system may not limit the victim’s choice by saying “this is how the culture is,” nor may it make decisions in their place under the name of “we are doing good for you.” The trauma-oriented system’s principle of “voice, choice, and agency” regulates this risk. Cultural compatibility does not mean reducing the victim’s agency, but making agency possible within the real social context. If for a woman “complete separation from the family” creates a real danger, then the objective is not to force her to separate, but to create safe boundaries, isolate risky individuals, activate allies, coordinate legal and social resources, and create conditions for the woman to build her own strategy. This is the way of transforming the idea of “freedom” into cultural reality.

As the analytical core of the synthesis, the “contradictory nature of cultural codes” must be accepted. The family-kinship network is, on the one hand, protective capital, while on the other hand it may become a mechanism of control. “Respect for elders” is, on one side, a relationship ethic, while on the other it may silence the voice of the young person. “Hospitality” is, on one side, a social bond, while on the other it may normalize boundary violations. “Patience” is, on one side, a resilience resource, while on the other it may prolong harm. Therefore, reinterpretation does not mean “abolishing values,” but redirecting the function of values toward trauma-oriented goals. Patience does not mean enduring harm, but carrying out the recovery process consistently; respect for elders does not mean silencing the victim, but the responsibility to protect them. Family secrecy in violence does not mean concealing violence, but protecting the victim’s confidentiality and safety.

In the social institutions of Turkic peoples (elder men and elder women, *biy* — a person who historically possessed public-political and legal authority among Central Asian Turkic peoples, especially Kazakh, Kyrgyz, and other nomadic societies), balancing functions such as local dispute resolution and customary law — “adat” — have historically existed. Some studies describe the role of adat in social order and dispute-resolution mechanisms among Central Asian Turkic societies. The integration of these institutions into modern service systems requires a highly sensitive approach. The objective is not to present informal justice as “main justice,” but to correctly design reliable allies and local channels of influence in order to reduce risks. For example, sometimes community authority creates a real effect in ensuring a woman’s safety, but the same authority may also increase the risk of returning her to a dangerous situation under the name of “reconciliation.” The trauma-oriented system should view this institution as “conditional cooperation,” meaning that legal boundaries, safety criteria, monitoring of re-traumatization risk, and the principle that no step should be taken without the woman’s consent must be maintained.

For the synthesis of “cultural reinterpretation – trauma-oriented system,” a practical conceptual model may be constructed in the following way. First, a cultural context diagnosis is conducted (mapping of values, risk-protective factors, stigma mapping, relationship mapping). Then trauma-informed principles are translated into cultural language (safety — both physical and social, trust-transparency — “the weight of one’s word,” agency-choice — “having a voice within the family,” collaboration — a culture of “consultation,” cultural sensitivity — respect and humility). Afterwards, service protocols and a structured communication plan are prepared. A pilot implementation is conducted, results are analyzed together with the community and professionals, corrections are made, and finally the process is systematized through training and supervision. This corresponds to the phased logic of FMAP. Here, special “reinterpretation tools” are created: alternative framing phrases for proverbs and normative expressions, psychoeducation that transforms the language of “shame” into the language of “compassion,” non-stigmatizing alternatives to the word “victim,” presenting legal information not as “frightening” but as “protective,” and boundary protocols for work with families.

Within this synthesis, the “cultural translation of psychological language” emerges as a separate issue. For example, many people understand the word “trauma” only as an “unbearably large event” and do not consider everyday violent experiences to be trauma. Or using the word “trauma”

may activate the stigma of “mental disturbance.” Here reinterpretation may explain trauma in neutral language as “the disruption of safety and the protective reaction of the body-mind.” Within SAMHSA’s trauma concept, the emphasis on the “three E’s” (event, experience, effect) shows that trauma is not only the event itself, but also how the person experiences it and the consequences it produces.

This is highly important within the cultural context: when the individual impact of experiences that are normalized by saying “everyone goes through this” is recognized, the legitimacy of assistance increases.

The synthesis should not be limited only to women or only to clinical environments. The systems approach requires a common language and common ethical standards among schools, healthcare, social services, law-enforcement bodies, and community organizations. When the trauma-oriented approach is implemented at the organizational level, six principles also guide the implementation areas (for example, leadership, policy, physical environment, staff support, service design). Within the Turkic cultural context, an institution’s “trustworthiness” is sometimes more influential than formal procedures. Therefore, transparency, keeping promises, and the “consistency between word and action” are among the strongest pillars where the trauma-oriented system intersects with cultural reinterpretation.

As a result, the synthesis of “cultural reinterpretation + trauma-oriented system” is neither “social work subordinated to tradition,” nor “modernist social work that destroys tradition.” This synthesis reads tradition as a social technology. How does tradition regulate human behavior, manage fear, compensate for reputation risk, “soften” conflicts, and strengthen resilience? Then it redirects those mechanisms toward trauma-oriented goals. It increases safety, restores trust, expands agency, makes collaboration real, transforms cultural-historical sensitivity into a system, and minimizes re-traumatization. This is simultaneously a scientific, ethical, and practical approach; at its best, it operates in the community’s own language and through its own symbols, while preserving the “core” of evidence-based principles.

## **Example**

### **Rehabilitation Work with Persons Exposed to Domestic Violence**

In family-centered societies with strong collectivist values, such as Azerbaijan, rehabilitation work with persons exposed to domestic violence cannot be understood only within the framework of clinical or legal intervention. Here, trauma is not merely the psychological reaction of the individual, but the disruption of the balance of safety, control, and belonging at the level of family, community, and cultural norms. For this reason, while preserving the mechanisms of international trauma-oriented rehabilitation models, there emerges a necessity for their systematic adaptation to cultural codes. The proposed model does not reject universal principles; on the contrary, it contextually develops them and expands them for application within the Azerbaijani reality.

Thirty-two-year-old Nargiz applies to a shelter together with her two minor children after long-term psychological and physical violence. Her main concern is not only her own safety, but also the future of her children, the social reputation of her parents, and the public condemnation that may arise from the “breakdown of the family.” She wants the violence to stop, but fears the consequences that complete separation from the family may create. At this point, the first stage of the classical trauma-oriented model — the establishment of safety — comes into operation. Physical safety is ensured, temporary shelter, legal protection, and initial psychological stabilization are implemented. However, a new element added to the model becomes visible here. Safety is evaluated not only on the physical level, but also on the level of reputation and social status. Nargiz’s fear originates not only from the perpetrator of violence, but also from the attitudes of relatives and neighbors. Therefore, the safety plan also includes the management of social information, the selection of reliable family members, and the reduction of the risk of public condemnation. This is the “reputation safety” component added to international models.

During the stabilization stage, work is carried out on Nargiz’s emotional regulation, reduction of self-blame, and strengthening of psychological resilience. The classical model here aims at normalizing traumatic reactions and restoring the sense of safety. However, within the Azerbaijani context, an additional second element — value mapping — is applied at this stage. The social worker and psychologist systematically analyze Nargiz’s family network. Which relative may

become a real ally, who creates social pressure, who is neutral, and who is a risk. It becomes clear that her mother is ready to support her daughter, but hesitates because of the belief that “divorce is shameful”; her uncle possesses authority within the family and may play both a protective and a controlling role. Without this mapping, the safety plan would remain incomplete. Thus, the “family-network-based safety plan” added to the model expands the classical individual-centered approach.

At the stage of meaning-making of the traumatic experience, the international model focuses on open narrative processing and the integration of traumatic memories. However, within the cultural context, open discussion may sometimes be considered risky or shameful. At this stage, the third element added to the model — the cultural reinterpretation protocol — is applied. Normative expressions that legitimize violence are subjected to functional analysis. What need does the norm “a woman must endure” fulfill? It originates from the desire to preserve family unity. How does this norm legitimize violence? It encourages silence. The alternative reframing is constructed as follows: protecting the family is possible not by concealing violence, but by stopping it.

This reinterpretation does not destroy the norm; it changes its direction. Thus, the processing of the traumatic experience is carried out not only through individual emotional integration, but also in parallel with the reframing of the normative system.

The issue of agency becomes the main subject at the next stage. In individualistic models, agency is presented as the ability for independent decision-making and separation. However, for Nargiz, complete separation may create a real danger. Economic dependency, risks related to child custody, and the possibility of social isolation exist. Therefore, the fourth element added to the model — the reconstruction of agency within a collectivist context — is applied. Agency is formed through establishing the right to voice within the family, strengthening decision-making authority regarding the safety of the children, and ensuring access to social resources. The woman’s position as a subject of decision-making is restored, but this restoration is constructed in accordance with her social reality.

At the stage of social reintegration, the classical model focuses on strengthening the individual’s independent life skills and return to the community. The proposed model, however, frames

reintegration as the “restoration of a safe social role.” For Nargiz, this means not necessarily complete separation from the family, but the establishment of boundaries from risky individuals, activation of allies, creation of opportunities for economic independence, and ensuring a safe environment for the children. Community-based platforms, women’s groups, social support networks, and cultural events are used to reduce social isolation and restore the sense of belonging. At this stage, the fifth added element — the community-based recovery mechanism — aims to eliminate post-traumatic isolation.

At the final stage of the model, work is carried out on long-term resilience and the prevention of re-traumatization. The classical model at this stage emphasizes monitoring of risk factors and continuity of safety strategies. The proposed approach additionally targets the management of the honor-shame mechanism and the prevention of intergenerational transmission. Parallel work is carried out with children, normalization of violence is prevented, and boundaries within the family are strengthened. This forms the sixth newly added element within the model — the early intervention mechanism for intergenerational risk.

Thus, the presented rehabilitation model preserves the core mechanisms of the international trauma-oriented system: safety, stabilization, meaning-making, reintegration, and prevention of re-traumatization. However, it additionally incorporates value mapping, reputation safety, the cultural reinterpretation protocol, family-network-based planning, agency within a collectivist context, and community-based recovery mechanisms.

These elements transform the model from a “transferred universal program” into a “culturally grounded trauma-oriented system.”

Thus, the rehabilitation of victims of domestic violence within the Azerbaijani context is not only a matter of individual recovery, but also a process of redirecting values and reconstructing social mechanisms toward safety-oriented functioning. The proposed model demonstrates that tradition is neither an absolute risk nor an absolute protective resource. The direction in which it functions depends on the systematic reinterpretation carried out during the rehabilitation process. This is the principal condition for the sustainable and effective implementation of the trauma-oriented system within the cultural context.

## 4.12. Directions for Social Work

When working with persons exposed to domestic violence, the social worker should prepare the rehabilitation plan not merely as a list of individual needs, but as a strategic document based on a multi-level system of safety and values. The purpose of the plan is not to “save” the woman, but to strengthen her safety, agency, and social position within the real cultural context. This process is implemented through structured stages, and each stage is based on the results of the previous assessment.

**The first stage** is the initial assessment of risk and safety. The social worker systematically evaluates the level of physical danger to the woman, the intensity of violence, the probability of repetition, and the risk status of the children. The goal here is not only to identify the current danger, but also to predict potential escalation scenarios. A safety plan is immediately developed and agreed upon together with the woman. This plan includes evacuation routes, emergency contact numbers, secure storage of documents, and strategies for protecting the children. However, in the proposed model, this stage additionally includes the assessment of reputation and social safety. What consequences may arise from the spread of information within the woman’s family network and community? Is there a risk of condemnation and social isolation? These questions become an inseparable part of the safety plan.

**The second stage** is the preparation of a value map. Together with the woman, the social worker analyzes the family and community network. Each family member is divided into three categories: potential ally, neutral person, and risk-producing person. This mapping is not a mechanical list, but a functional analysis. The position, influence, attitude toward the woman, and social impact of each person are taken into consideration.

**The third stage** is the comprehensive assessment of psychosocial needs. The woman’s psychological condition, traumatic symptoms, economic situation, living conditions, legal status, and the needs of the children are systematically identified. At this stage, the social worker applies a multidisciplinary approach and coordinates with psychologists, lawyers, and other specialists. The assessment should identify not only problems, but also existing strengths and resources. The



woman's previous skills, educational level, social connections, and personal motivation play a key role in shaping the plan.

**At the fourth stage**, rehabilitation goals are formulated. The goals are determined at three levels: short-term (safety and stabilization), medium-term (economic and social stability), and long-term (resilience and prevention of re-traumatization). The goals are developed together with the woman and are not determined without her consent. This is the fundamental condition for preserving agency. The goals must be realistic and measurable. For example, "becoming independent" is an abstract statement, whereas "obtaining a source of income within three months" is a concrete objective.

**The fifth stage** is the implementation of the cultural reinterpretation module. The social worker analyzes the woman's internal normative system and the family values surrounding her. Expressions that legitimize violence are examined functionally, and alternative frameworks are introduced. At this stage, the social worker does not take on a moralizing role; instead, they help the woman construct safety-oriented interpretations within her own cultural language. For example, the concept of "protecting the family" is reframed not as concealing violence, but as creating a safe environment for the children. This process reduces the woman's internal conflict and minimizes social resistance.

**The sixth stage** is the development of a family-network-based strategy. If the woman does not want to completely cut ties with the family, or if doing so is not realistic, the social worker prepares a safe-boundaries plan. This plan defines with whom and under what conditions communication will continue, which behaviors are unacceptable, and under what circumstances legal mechanisms will be activated. Here, the social worker does not act as a mediator, but as a safety-priority coordinator. The goal is not to return the woman to a risky environment, but, where possible, to ensure a safe social position.

**The seventh stage** is the planning of economic and social reintegration. Economic dependency is one of the main factors in the continuity of violence. The social worker plans the woman's employment opportunities, training programs, and social assistance mechanisms. At the same time, community-based support groups and social connections are activated in order to prevent social

isolation. Reintegration is framed not through the concept of an “independent life,” but through the concept of the “restoration of a safe social role.”

**The eighth stage** is monitoring and evaluation. The rehabilitation plan is not a static document; it must be dynamically updated. The social worker regularly evaluates the level of risk, the implementation of goals, and the woman’s emotional condition. When the risk of repeated violence arises, the plan is reviewed again. The monitoring mechanism ensures the woman’s safety and long-term stability.

**The ninth stage** is parallel work with children. The traumatic effects on children growing up in an environment of violence must be identified at an early stage. The social worker prepares a psychological support and safe social environment plan for the children. This is aimed at preventing intergenerational transmission.

One of the most complex and ethically sensitive situations for social workers working with persons exposed to domestic violence is when the family or community attempts to return the victim to the violent environment without any preparation. Practical observations show that most of these attempts are not motivated by genuine protection. On the contrary, especially in village and regional environments, the preservation of social reputation, “preventing the issue from growing,” protecting the family name from “staining,” preserving the social status of the perpetrator, or escaping pressure from the perpetrator are often prioritized over safety. This situation directly threatens one of the core principles of the trauma-oriented system — the prevention of re-traumatization.

In such cases, the rehabilitation plan prepared by the social worker cannot consist only of an individual safety and psychosocial recovery document; it must also include a “preparedness plan for the management of unsafe reintegration risk.” This component should be considered a necessary extension of the model.

First of all, the social worker must analyze the real motivations behind the attempt to return the woman. The proposals put forward by family and community representatives under the name of “protection” must be subjected to functional analysis: whose safety does this decision ensure — the victim’s, or the perpetrator’s reputation? Is the decision to return made with the woman’s

consent, or as a result of social pressure? Here, the social worker must conduct structural analysis rather than react emotionally.

Sometimes family members themselves are under manipulation and become carriers of the risk mechanism.

During the assessment of the risk of unprepared return, the following factors must be systematically considered:

- the previous intensity and dynamics of the violence;
- whether the perpetrator's intention to change is genuine;
- the existence of supportive individuals within the family;
- the active status of legal protection mechanisms;
- the victim's emotional condition and decision-making capacity;
- the level of social control and public condemnation in village or regional environments.

If the perpetrator presents the return as the “restoration of his reputation” and the community supports this, it is an indicator of a high risk of repeated violence.

In such cases, the social worker must add a “Conditional Reintegration Protocol” to the rehabilitation plan. This protocol assumes that return is possible only under clearly defined safety conditions. The conditions may include:

- the perpetrator's acceptance of responsibility and participation in a behavioral change program;
- the continued activation of legal protection mechanisms;
- ensuring the victim's access to independent economic and social resources;
- written agreement on the safety plan;
- the establishment of concrete boundaries within the family.

If these conditions are not met, return is not recommended, and an official risk assessment document is prepared accordingly.

At the same time, the social worker must take into account the “reputation-priority risk.” In the Azerbaijani context, family and community reputation may sometimes be prioritized over the individual’s safety. In such situations, the mechanism of functional reinterpretation of cultural values should be applied. It should be explained that ensuring safety does not weaken family reputation; on the contrary, the continuation of violence creates a greater reputational risk. Framing such as “the family name is protected not by concealing violence, but by taking a just position” may reduce social resistance. However, the functional reinterpretation of values must never be used as the main mechanism compensating for safety risks; it is only a supportive tool.

When the risk of unprepared return is high, the social worker must develop an alternative strategy. This strategy should not necessarily aim at the woman’s complete separation from the family, but rather at maintaining a safe distance, strengthening connections with allies, and accelerating economic independence. Open scenario planning is conducted with the woman: “What may happen if you return?”, “What will change if you do not return?”, “Which risks are real?” This planning strengthens the woman’s personal decision-making and prevents emotionally driven decisions.

At this stage, the social worker does not act as a mediator, but maintains the role of a safety-prioritized coordinator. Their task is not to reconcile the family, but to objectively assess risks and protect the woman’s safety. If family and community pressure weakens the woman’s decision-making capacity and takes the form of open psychological violence, this must be documented as a separate risk factor.

This additional component of the rehabilitation plan demonstrates that the return process cannot be a spontaneous or emotional decision. It must be a phased, conditional, and monitorable mechanism. The social worker must continuously reassess the level of risk and keep the monitoring mechanism active after return. If violence recurs, the plan is immediately revised and the intervention mechanism is activated.

Thus, the unprepared return of a domestic violence victim to the family contradicts the core principles of a trauma-informed system and increases the risk of re-traumatization. The proposed expanded rehabilitation plan treats this risk as a separate structural element and enables the social

worker to ensure the following: prioritizing safety over reputation, establishing a conditional reintegration mechanism, reducing social resistance through cultural reinterpretation, protecting agency, and maintaining continuous monitoring. This approach evaluates return to the family not as a goal, but only as a possible scenario under safe conditions.

The social worker does not act from a paternalistic position and does not make decisions on behalf of the woman. Cultural compatibility must not be used to restrict the woman's choices. Every intervention must be based on the principle of "do no harm." The woman's voice, choice, and consent remain at the center of the rehabilitation plan.

Thus, the rehabilitation plan prepared by the social worker integrates the following core elements: physical and reputational safety, a values map, psychosocial assessment, cultural value assessment, a family-network strategy, an economic sustainability plan, a monitoring mechanism, and intergenerational prevention. This structure preserves the mechanisms of the international trauma-informed model while expanding and systematizing it in accordance with the Azerbaijani cultural context for practical implementation.

## **CHAPTER V**

### **CULTURALLY CONTEXTUALIZED RISK MAPPING**

A culturally contextualized risk map is an analytical tool used in social work, trauma intervention, and violence prevention that approaches risk not only at the level of individual behavior or clinical symptoms, but within the framework of cultural norms, social structures, and collective values. This approach investigates not merely “where and how risk occurs,” but “why and through which cultural mechanisms it continues.” Unlike classical danger assessment models, the concept of a risk map does not only measure the probability of an event; it also maps the normative structures that create risk or allow risk to remain invisible.

In trauma theory, Judith Herman explains violence as the disruption of power balance and the systematic destruction of the sense of safety. This approach demonstrates that trauma should be understood not only through the event itself, but together with the social environment in which the event occurs. At the same time, the ecological systems approach — the model proposed by Urie Bronfenbrenner — shows that the individual is simultaneously influenced at the micro level (family), meso level (family-community relations), exo level (institutional decisions), macro level (cultural norms and laws), and chrono level (time and intergenerational transmission). A culturally contextualized risk map systematizes risk factors at each of these levels by taking this multilayered structure into account.

In areas such as domestic violence and human trafficking, risk is often formed at the normative level before it appears as an overt physical danger. Expressions such as “family secrets should not be revealed,” “a woman must endure,” “reputation is above everything,” “do not come close to us,” or “you are not needed by us” are not direct commands of violence, yet they create a social environment in which violence can continue. Such normative mechanisms are generally not taken into account in classical risk assessment tools. A culturally contextualized risk map, however, makes these mechanisms visible and identifies the structural sources of risk.

This approach can also be connected to Pierre Bourdieu’s concept of habitus. Habitus refers to the system of dispositions formed within the social environment that unconsciously directs an individual’s behavior. In an environment where violence is normalized, the cognitive and

behavioral framework acquired from the social environment may lead a person to perceive risk as ordinary and inevitable. Thus, risk is not merely an event, but the repeated reproduction of social experience. The culturally contextualized risk map seeks to uncover this “mechanism of reproduction.”

One of the theoretical foundations of the risk map is the dialogue between structure and individual agency. Anthony Giddens argues that social structure is both a restrictive and an enabling mechanism. A culturally contextualized risk map makes it possible to distinguish under which conditions structure produces risk and under which conditions it can become a protective resource. In this sense, the risk map is not merely a list of dangers; it demonstrates the parallel existence of protective and risk-producing values within the same system.

Within the framework of a trauma-informed system, especially in the model described by [SAMHSA](#), safety, trust, collaboration, voice and choice, and cultural and gender sensitivity are presented as core principles. However, when the application of these principles is not adapted to the cultural context, they may become merely formal in character. When integrated into a culturally contextualized risk map, the trauma-informed system transforms the safety plan not only into a mechanism of physical protection, but into a comprehensive document that also addresses the risks of reputation, public condemnation, and social pressure.

This model applies not only to domestic violence, but also to human trafficking, early marriage, exploitation of migrant women, digital violence, and community-based forms of violence. In the field of human trafficking, the risk map considers cultural factors such as economic dependency, informal labor, family debt, and social isolation. In the context of early marriage, the risk map analyzes family reputation, social pressure, and the early formation of gender roles. In the area of digital violence, concepts of social honor and reputation may intensify the impact of online threats.

The culturally contextualized risk map applies to and integrates with the following models:

- trauma-informed care model,
- ecological systems approach,
- power and control frameworks,
- social capital theory,

- recovery-oriented psychosocial model,
- reintegration models.

This map contextualizes the implementation of each model and connects universal mechanisms with the local normative system.

For example, when preparing a safety plan, the classical model prioritizes physical danger. A culturally contextualized risk map additionally includes the following questions:

- Is the woman's return to the family occurring as a result of social pressure?
- Does the return serve to restore the perpetrator's reputation?
- What risks threaten the woman's social reputation?
- Does community surveillance weaken the safety plan?

These questions reveal the invisible layers of risk.

The methodological foundation of this approach is formative assessment and participatory analysis. The risk map is prepared together with the woman; while it is an objective expert document, it is simultaneously a collaborative product that incorporates subjective experience. This ensures the preservation of the person's subjective capacity for influence and reduces the risk of paternalistic intervention.

As a result, a culturally contextualized risk map is not merely a calculation of probabilities, but an analytical map of social mechanisms. It demonstrates how violence continues not only at the level of behavior, but also at the level of norms and structures. This map increases the effectiveness of the trauma-informed system, makes the rehabilitation plan more realistic and contextual, and directs intervention not merely toward eliminating symptoms, but toward transforming the mechanisms that produce risk.

Thus, a culturally contextualized risk map is not simply an additional tool for social work practice; it is an approach that changes the knowledge framework underlying intervention itself. This approach does not reject universal models; rather, it adapts and deepens them within the cultural context.



## 5.1. Green Protective Values

The concept of the green zone of protective values within a culturally contextualized risk map does not mean the absence of danger, but rather the existence of structured social and moral resilience mechanisms against risk. This concept is based on an epistemological approach that accepts risk as something formed not only at the level of individual behavior or events, but also at the level of social structure and normative systems. Protective values are the cultural and institutional elements existing within society that weaken the spread of violence, help reduce tension caused by trauma, and accelerate social recovery.

In trauma theory, Judith Herman describes safety, connection, and the restoration of power balance as the fundamental conditions of recovery. This approach demonstrates that trauma is not only related to the individual's psychological structure, but also to the collapse of social relationships and systems of trust. If trust, mutual responsibility, and protective mechanisms exist within the social environment, the effects of trauma become less destructive. In this sense, protective values are not merely ethical norms, but resilient structural foundations against social crises.

The ecological systems approach — Urie Bronfenbrenner's model — explains individual safety within a multilayered system. At the micro level, emotional attachment and warm family relationships; at the meso level, community support and social ties; at the exo level, institutional protection mechanisms; and at the macro level, cultural principles of justice and compassion can create a protective zone. The green zone approach systematizes the elements that create resilience against risk at each of these levels. This means not merely that a family is “good,” but that the family openly opposes violence, listens to the child's voice, and creates access to social support.

Pierre Bourdieu's concept of habitus — the transformation of social experience into internal psychological structure — helps explain how protective values become internalized patterns of behavior. If empathy, mutual respect, and responsibility are transmitted as normative behavior within a society, the individual's habitus does not legitimize violence. Habitus is not only a mechanism producing risk; it can also become the carrier of social protective capital. Thus, the green zone is not individual psychological strength alone, but an internally formed behavioral framework shaped within the social environment.

Robert Putnam, within social capital theory, demonstrates the effect of mutual trust and social ties on collective well-being. In communities with high levels of trust, violence is identified and addressed more quickly. The existence of social connections through which a woman can seek support is a key factor in reducing risk. This represents the social capital dimension of the green zone. When social capital is weak, risk increases; when it is strong, resilience against danger also strengthens.

In cultural psychology, the concepts of honor and collective belonging carry a dual function. When honor is used to conceal violence, it creates risk; however, when linked with justice and protection, it can become a protective mechanism. The reinterpretation of cultural codes expands the green zone when honor is associated not with “silence,” but with “taking a stand against oppression.” This is not the abolition of the norm, but the redirection of its function.

The trauma-informed care model is based on the principles of safety, transparency, and collaboration. These principles constitute the institutional form of the green zone. Safety is not only physical protection, but also psychological stability and social security. Transparency creates trust. Collaboration restores the balance of power. If the social service system is grounded in these principles, it creates an institutional environment that produces protective values.

The concept of the green zone is realized through concrete mechanisms within the context of domestic violence. Open communication within the family, respect for children’s opinions, the sharing of economic responsibility, and the principle of zero tolerance toward violence create a protective zone at the micro level. At the community level, women’s support groups, social solidarity, and a culture of open intervention create resilience at the meso level. The effectiveness of the legal system and the availability of shelter services form protective mechanisms at the exo level. At the macro level, the normative strength of gender equality and principles of justice prevents the legitimization of violence.

In theories of psychological and social resilience, protective factors are explained as variables that weaken the effects of risk. Ann Masten describes psychological and social resilience as “ordinary magic,” demonstrating that protective mechanisms are most often simple yet

continuous forms of social support. In this sense, the green zone is not an extraordinary mechanism, but the existence of systematic and sustainable social support.

From the perspective of intergenerational transmission, protective values prevent the repetition of trauma. If children grow up in an environment where violence is not normalized, the likelihood of risk being transmitted to future generations decreases. This is the chrono-level dimension of the green zone. The construction of cultural memory around justice and compassion creates intergenerational psychological resilience.

The concept of the green zone is not only a protection mechanism, but also a development strategy. A rehabilitation plan should take into account not only the reduction of risk factors, but also the activation of protective values. A woman's economic independence, integration into social relationships, legal awareness, and emotional empowerment constitute the individual dimension of the green zone. The open stance of the family and community against violence constitutes its collective dimension.

Thus, the concept of the green zone — protective values — represents not merely a reactive approach in combating trauma and violence, but a preventive and structural one. It aims at the safety-oriented transformation of the social environment and introduces alternative normative frameworks against mechanisms that produce risk. This approach does not reject international trauma-informed models; rather, it enriches them with cultural and social realities and makes them more sustainable.

## **Protective indicators**

The concept of the green zone — protective values — envisages the assessment of social risk not only at the level of incidents or individual vulnerability, but also at the level of social and cultural mechanisms. Protective values are normative and structural elements that prevent violence, weaken the impact of trauma, and accelerate social recovery. The practical importance of this concept lies not only in theoretical justification, but also in being accompanied by measurable indicators and systematic evaluation mechanisms. Otherwise, protective values remain abstract ethical categories and do not play a real functional role in the rehabilitation plan.

To measure protective values, it is first necessary to determine at which level they manifest themselves. The ecological approach shows that safety and resilience are formed simultaneously at the micro, meso, exo, and macro levels. At the micro level, protective values manifest themselves in emotional warmth within the family, open communication, and a clear stance against violence. At the meso level, kinship and community relations that support rather than blame the woman create a protective mechanism. At the exo level, the accessibility of social services and the effectiveness of legal mechanisms strengthen the framework of safety. At the macro level, when cultural norms and public discourse do not legitimize violence, the protective zone expands.

Indicators for these levels must be constructed in concrete and measurable forms. The activity of safety-related values may be taken as the first indicator. If the family and close social relations openly express a negative position toward violence and prioritize the victim's safety above reputation, this indicates that the protective mechanism is functioning. This indicator can be assessed through structured interviews and observation. The second indicator is trust and transparency. A woman's trust in the social worker and service system, her consistent participation in meetings, and her willingness to share information indicate that a protective environment has been established. The third indicator is the actual existence of the woman's decision-making and influence capacities. If the main components of the rehabilitation plan are determined through her consent and choice, this demonstrates that agency is being protected.

The fourth indicator is the existence of at least one safe ally within the family. Through social network mapping, individuals to whom the woman can turn for support are identified and their positions are assessed. The fifth indicator concerns the direction in which community and kinship resources operate. If influential persons encourage the establishment of boundaries rather than the concealment of violence, this shows that the green zone is expanding. The sixth indicator is the level of social capital. The density and quality of the woman's social network directly affect the continuity of violence. The seventh indicator is economic resilience. Sources of income, social assistance, and employment opportunities are protective factors because economic dependency increases the recurrence of risk. The eighth indicator is the existence of a safe environment for children. School attendance, access to psychological support, and the child's awareness of the safety plan contribute to reducing intergenerational risk.

The ninth indicator is the activity of mechanisms preventing re-traumatization. The prevention of unprepared reintegration attempts and the functioning of conditional return protocols demonstrate the continuity of the protective system.

A mixed-method approach should be applied to measure these indicators. Structured assessment forms, Likert-type short scales (a system used to measure the level of agreement regarding a particular opinion, attitude, or behavior), social network maps, qualitative interviews, and the analysis of administrative data should be used together. A scoring system may be established for each indicator.

For example:

- 0 — not present,
- 1 — partially present,
- 2 — stable and active.

The total score reflects the level of the protective zone. However, the scoring mechanism should not become a purely mechanical decision-making tool; critical risk flags must also be separately noted. Death threats, severe escalation, the presence of weapons, or attempts by the community to force reintegration are indicators of high risk and require intervention regardless of the overall score.

The measurement of time is also an important part of the methodology. Protective values are dynamic and may change over time. Therefore, in addition to the initial assessment, intermediate and final assessment stages must also be determined. This shows whether protective mechanisms remain stable. Without a monitoring mechanism, the green zone remains only a formal assessment.

Within the Azerbaijani context, the systematization of empirical data is especially important for substantiation. Shelter and social service records, the continuity or interruption of contact after return, repeated applications, and monitoring outcomes create a basis for statistical analysis. It may be demonstrated through practical observations that unprepared return is associated with a higher risk of repeated violence. At the same time, in rural and district environments, the “reputation priority” mechanism can be studied through thematic analysis. In interviews, the frequency and

context of expressions such as “let the issue not grow,” “the family name must be protected,” and “a woman must endure” serve as empirical evidence of the social risk mechanism.

Comparative analysis also strengthens empirical substantiation. Cases that score high on protective values are compared with those that score low. If indicators such as repeated applications, psychological stability, economic integration, and children’s continuity produce different outcomes, this demonstrates the actual effect of protective mechanisms. The principle of triangulation — that is, confirming information about one incident through several sources — increases the reliability of results.

Thus, protective values are not merely normative ideas, but measurable social mechanisms. Their indicatorization and systematic assessment make the rehabilitation plan more analytical and sustainable. In the Azerbaijani context, the collection and analysis of empirical data make it possible to scientifically substantiate this model and bring the integration of trauma-informed approaches with cultural context to a practical level.

## **5.2. Yellow Contradictory Internal Position Zones**

In the process of assessing social risks and constructing rehabilitation models, the classification of risks solely as “dangerous” or “safe” is no longer considered sufficient. Modern social work, trauma theory, and systems approaches demonstrate that individuals and family systems often exist not in an openly dangerous zone, but rather within an area of transition and uncertainty. This area is conceptualized here as “Yellow Contradictory Internal Position Zones.” The “yellow zone” is analyzed as an intermediate structure situated between danger and protective factors, carrying both risk and potential at the same time. This approach is consistent with ecological systems theory (Bronfenbrenner), family systems approaches (Bowen), trauma theory (Herman), resilience studies (the capacity of a person, family, or community to adapt, recover, and continue development in the face of trauma, stress, violence, loss, or severe social risks) (Masten), the concepts of cultural capital and habitus (Bourdieu), and community resilience models.

From a psychological perspective, the concept of contradictory internal position zones expresses the simultaneous existence of dual emotional and behavioral tendencies. A trauma survivor may at the same time wish to move away from danger and return to familiar structures. Judith Herman

explains one of the central features of trauma as fragmentation between the need for safety and the need for attachment. This fragmentation leaves the individual neither fully within the risk zone nor fully within the recovery space; instead, the person remains in a condition of “stability in transition.” The yellow zone provides a theoretical framework for systematically explaining precisely this psychosocial transitional condition.

From the perspective of family systems, contradictory internal position zones are often accompanied by triangular emotional dynamics and mechanisms of emotional diffusion. Bowen’s family systems theory demonstrates that when tension increases within the family, the system introduces a third figure into the process in order to protect itself, thereby creating temporary balance. However, the existence of balance is not an indicator of health; it merely indicates that the system has not collapsed. The yellow zone does not accept such cases of “functional stability” as safe zones; rather, it analyzes them as hidden risk structures.

The ecological systems approach makes it possible to explain the multi-layered nature of the yellow zone. An individual’s microsystem (family, close environment), mesosystem (institutional relationships), exosystem (economic and legal factors), and macrosystem (cultural values and normative structures) all exert influence simultaneously. The yellow zone emerges when inconsistencies arise between these levels. For example, relative stability may exist within the family, but economic uncertainty and social isolation may increase the potential for risk. In such a case, even if the system does not create open danger, it still carries the possibility of long-term decompensation.

Research on adapting to new conditions and continuing development provides an important theoretical foundation for explaining the dynamic nature of contradictory internal position zones. Ann Masten describes resilience — the continuation of development through adaptation to new conditions — as “ordinary magic,” demonstrating that resilience is not an extraordinary ability, but the functional use of existing social and psychological resources. The yellow zone expresses a condition in which resources exist but are not fully activated. Potential is present, yet mechanisms of direction and support are weak. For this reason, the yellow zone may be considered the most optimal stage for intervention, because the system has not yet reached the breaking point.

The concepts of cultural capital and the structure of cultural dispositions explain the relationship between the yellow zone and mechanisms of social reproduction. Pierre Bourdieu demonstrates that an individual's behavior and choices are directed through an internal structure of cultural dispositions formed by the social environment. If risk has been normalized within the family and community, the individual may not perceive danger as danger. In this case, the person remains in the yellow zone while experiencing an illusion of safety. For example, early marriage or emotional violence may be accepted in certain contexts as a "traditional norm." In such circumstances, there may be no explicit red-risk indicator, yet the structure still carries potential danger.

Ambivalent zones become especially visible during the post-trauma reintegration stage. Even after an individual distances themselves from a dangerous environment, economic dependency, social stigmatization, and cultural pressure may draw them back toward risk structures. While Judith Herman describes the three stages of trauma recovery as the restoration of safety, the processing of memories, and reconnection, she also notes that conflicts between values are at their highest level during the second and third stages. By incorporating this transitional stage into a structured risk map, the yellow zone approach provides a more realistic representation of the rehabilitation process.

In social work practice, the yellow zone requires the differentiation of assessment criteria. Not only the existence of violence, but also an uncertain emotional environment, indecisiveness, dependency relations, and the weakness of social support should be considered as indicators. This creates the possibility for early risk detection and preventive intervention. Such an approach, in accordance with the principle of "do no harm," ensures that intervention is timely and appropriate.

At the community level, zones carrying contradictory emotions are observed in environments where social capital is weak, yet not completely destroyed. Robert Putnam explains social capital as networks of mutual trust and cooperation. If trust within the community weakens but does not entirely collapse, a yellow zone emerges. At this stage, empowerment programs may still be effective, whereas delay may push the system into the red-risk stage.

Within the gender context, the yellow zone is especially visible in women's life trajectories. A woman may simultaneously remain between preserving family attachment and ensuring her own



safety needs. Contradictory emotions become reinforced through emotional dependency and a sense of social responsibility. This dynamic is connected with trauma bonding and dependency theories. John Bowlby's attachment theory demonstrates that when the source of danger is simultaneously an attachment figure, dual emotional tension increases and decision-making becomes more difficult.

Methodologically, the measurement of the yellow zone requires a multidimensional indicator system. Through Likert-type agreement scales, indicators such as sense of safety, social support, self-confidence, economic stability, and future planning may be assessed. However, quantitative indicators alone are not sufficient; qualitative interviews and observations must also be added. Methodologically, this multi-source verification approach increases the reliability of results.

Zones of dual emotional conditions are also ethically complex. A balance must be maintained between the individual's right to decision-making and the need for safety. Intervention from an overly protective position may weaken the individual's agency, while the absence of intervention may also create risk. For this reason, the yellow zone requires the construction of an ethical decision-making framework.

Within the culturally contextualized rehabilitation model, the yellow zone serves as a bridge between protective values and risk structures. Family support, religious and spiritual resources, and community solidarity may function as potential protective factors, yet at the same time they may also create social pressure and normative restrictions. This dual character constitutes the essence of the contradictory internal position.

Thus, the yellow contradictory internal position zones represent the dynamic and preventive stage of the risk map. It is neither complete safety nor open danger. It is a transitional space carrying the potential for transformation. When intervention is carried out at this stage, it becomes possible to achieve greater results with fewer resources. The concept of the yellow zone enables the integration of social work, trauma rehabilitation, and culturally contextualized intervention models, and provides a systematic framework for the early detection of risk.

As a result, ambivalent zones demonstrate that stability is not always genuine health, but sometimes merely the preservation of balance. Behind this balance, hidden risk structures may

exist. Therefore, social intervention strategies should focus not only on red-risk situations, but also on the yellow stage of transition and uncertainty. This approach is a fundamental condition for sustainable reintegration and culturally appropriate rehabilitation.

### **5.3. Yellow Zone Indicators**

Within the social risk map, the “Yellow Contradictory Internal Position Zone” refers to an intermediate psychosocial stage in which the individual or family system is neither in an openly dangerous phase nor in a stable protective condition. This zone may appear externally stable, yet internally contradictory positions, indecisiveness, and emotional instability are observed within the structure. The yellow zone is a transitional stage and is considered the most optimal point for early intervention. This approach is consistent with trauma theory, family systems models, attachment theory, the concept of resilience, and theories of sociocultural structure.

The concept of contradictory internal position was first described within the psychodynamic tradition by Eugen Bleuler in the context of schizophrenia, but later acquired a broader psychosocial meaning. A contradictory internal position refers to the simultaneous existence of both positive and negative emotions toward the same object. John Bowlby, the founder of attachment theory, demonstrated that when the source of danger is simultaneously an attachment figure, internal conflict intensifies and the decision-making mechanism weakens. This phenomenon is frequently observed among survivors of domestic violence, early marriage, and human trafficking. Judith Herman particularly emphasizes the fragmentation that emerges after trauma between the need for safety and the need for attachment. The yellow zone is precisely the structured form of this psychological fragmentation.

From the perspective of psychological indicators, the first characteristic observed in the yellow zone is dual emotional attachment. The individual both loves and fears the person committing violence; they perceive the existing environment as both dangerous and a place in which they still wish to remain. This duality is accompanied by a syndrome of indecisiveness. Indecisiveness is not merely difficulty in making a choice, but the weakening of the internal safety mechanism itself. Emotional fluctuations — being optimistic one day and hopeless the next — are associated with post-traumatic emotional regulation difficulties. Researcher Ann Masten, in the field of

psychological and social resilience, demonstrates that resilience is not a stable trait, but a process. In the yellow zone, this process itself is unstable, and without support mechanisms the risk of collapse increases.

Within the context of the family system, one of the main indicators of the yellow zone is the mechanism of triangulation. According to Murray Bowen's family systems theory, tension between two individuals is temporarily balanced by involving a third person in the process. Although this balance may appear externally stable, it creates role confusion and emotional dependency. A child becoming a mediator in parental conflict, or a social worker unknowingly becoming part of an emotional triangle, are classic indicators of the yellow zone. At this stage, the system does not collapse, but it is not healthy either; it merely preserves balance.

Social indicators reveal the structural dimension of the yellow zone. Economic uncertainty, weak legal awareness, weakening social support networks, and fear of stigmatization may not create immediate danger, yet they increase the potential for risk. Urie Bronfenbrenner's ecological systems theory demonstrates that parallel influences exist at the levels of the microsystem, mesosystem, and macrosystem. If inconsistency emerges between these systems, the individual remains within the yellow zone. For example, relative stability may exist within the family, yet economic dependency and community pressure restrict decision-making.

Pierre Bourdieu's concept of cultural dispositions explains the normative basis of the yellow zone. Cultural dispositions are the systems of behavior and thought internalized by individuals within their social environment. If violence or gender inequality is accepted as a norm, the individual may fail to recognize danger as danger. In this situation, risk becomes normalized and the yellow zone turns into a long-term status quo. Social capital theory further demonstrates that contradictory internal positions intensify in environments where community trust has weakened but not completely collapsed.

From a methodological perspective, the assessment of the yellow zone requires a multidimensional approach. Subjective observation alone is insufficient. Through Likert-type agreement scales, indicators such as sense of safety, emotional stability, social support, and self-confidence may be measured. However, these measurements must be supplemented by structured interviews and

observation. This methodological triangulation increases the reliability and validity of the assessment process.

The methodological triangulation approach must be supplemented. It increases the reliability of the results and prevents false positive outcomes.

The ethical dimension of the yellow zone is also of particular importance. At this stage, the risk of paternalistic-restrictive intervention increases, because the specialist may attempt to make decisions on behalf of the individual. However, an agency-based approach requires that intervention strengthen, rather than weaken, the individual's right to decision-making. The "do no harm" principle constitutes the main ethical framework at this stage.

Thus, the yellow — contradictory internal position zone is a transitional stage in which psychological, familial, and social indicators are observed simultaneously. This zone is neither safety nor open risk; it is a dynamic field carrying the potential for transformation. If early intervention is implemented at this stage, the system may develop toward the green — protective zone. Otherwise, the probability of transition into the red-risk stage increases.

The systematic indicatorization of the yellow zone increases the effectiveness of social work, trauma rehabilitation, and culturally contextualized intervention models. This approach enables risk to be identified not only at the stage of consequences, but already at the transitional stage, and creates conditions for sustainable reintegration.

**Table 1. Psychological Indicators**

Indicator	Description	Theoretical Basis	Measurement Method
Dual emotional relationship	Simultaneous positive and negative feelings toward the same person or situation	Ambivalence theory	Likert scale, clinical interview

Indecisiveness syndrome	Being caught between the desire for change and fear	Herman — safety vs. attachment conflict	Structured interview
Emotional fluctuation	Absence of stable emotional state	Post-traumatic regulation difficulty	Emotional self-assessment
Instability of self-confidence	Hesitation in decision-making	Resilience model	Psychometric test

Table 2. Family and Relationship Indicators

<b>Indicator</b>	<b>Description</b>	<b>Theoretical Basis</b>	<b>Risk Signal</b>
Triangulation	Involving a third party during tension	Bowen — Family systems	Role confusion
Emotional dependency	Inability to leave a harmful relationship	Attachment theory	Risk of returning to danger
Normative justification	Accepting violence as “normal”	Habitus — Bourdieu	Normalization of risk
Social isolation	Weakening of support networks	Social capital theory	Transition to red zone

Table 3. Social and Structural Indicators

Indicator	Description	Theoretical Basis	Measurement
Economic uncertainty	Financial dependency	Ecological systems theory	Income analysis
Legal uncertainty	Lack of awareness of rights	Human rights framework	Legal knowledge test
Community ambivalence	Simultaneous support and pressure	Social capital	Focus group
Fear of stigmatization	Social reputation risk	Stigma theory	Survey

### 3. Complex Measurement Model of the Yellow Zone

For yellow zone diagnostics:

- Minimum 3 psychological indicators
- Minimum 2 relationship indicators
- Minimum 2 structural indicators

must be observed simultaneously.

This approach is based on the principle of methodological triangulation and prevents subjective decision-making.

### 4. Assessment Levels

Score Range	Zone
0–30% risk	Green
30–65% risk	Yellow
65%+ risk	Red

## 5.4. Red Structures Resulting in Violence

Within the risk map, the “Red Zone” refers to the stage in which violence has already become not merely a potential, but a real or inevitable outcome at the individual, familial, or structural level. At this stage, risk indicators no longer remain at the level of contradictory internal positions or instability. They transform into behavior, physical or psychological violence, violations of rights, and the functional collapse of the social structure. The red zone indicates the breaking point of social systems, the urgent character of intervention, and the absolute priority of safety.

The concept of violence is not limited solely to physical assault. World Health Organization defines violence as the intentional use of physical force or power against oneself, another person, or a group, resulting in death, psychological harm, developmental delay, or deprivation. This definition also includes structural violence. Johan Galtung demonstrated through the concept of structural violence that social inequality and systematic deprivation are also forms of violence. The red zone is precisely the stage at which these two dimensions — direct and structural violence — intersect.

Within trauma theory, Judith Herman emphasizes that violence is connected to the disruption of the balance of power. The asymmetrical distribution of power weakens the victim’s agency and places them within a structure of dependency. In the red zone, this asymmetry acquires a systemic character. Violence ceases to be episodic and becomes a repeated and normalized behavioral pattern. At this stage, protective factors weaken, while social support networks either collapse or fail to fulfill their protective function toward the victim.

From the perspective of family systems, Murray Bowen’s theory demonstrates that when emotional differentiation is weak, tension within the family may manifest in the form of violence. Although triangulation mechanisms may initially create temporary balance, in the long-term they may strengthen violent behavior. When a child assumes the role of emotional stabilizer within parental conflict, traumatic burden emerges, creating the foundation for the intergenerational repetition of violence.

Within the context of attachment theory, dangerous forms of attachment — particularly disorganized attachment — increase the risk of violence. The studies of John Bowlby and Mary

Ainsworth demonstrate that when the source of safety and the source of fear are the same figure, internal chaos emerges. In the red zone, the victim both fears the perpetrator of violence and remains emotionally dependent on them. Unlike the yellow stage, this contradictory internal position now paralyzes functional decision-making.

Social learning theory, proposed by Albert Bandura, demonstrated that violent behavior is transmitted through observation and modeling. If a child grows up in an environment where violence is normalized, they may perceive such behavior as legitimate. Thus, the Red Zone is not only a current event, but also the result of a social mechanism reproducing violence. Pierre Bourdieu's concept of cultural behavioral codes explains this reproduction: violence may become an internalized behavioral code.

Ecological systems theory, developed by Urie Bronfenbrenner, explains the multi-layered character of the Red Zone. At the microsystem level, domestic violence; at the mesosystem level, weak social services; at the exosystem level, economic dependency; and at the macrosystem level, gender inequality reinforce one another. Inconsistency between these levels leads to the structuralization of violence.

From a gender perspective, violence is connected to patriarchal power structures. Mechanisms of power and control stand at the center of violence. Feminist theory explains violence not as an individual pathology, but as a structural mechanism of domination. In the Red Zone, this structural mechanism becomes openly visible: economic dependency, weak legal awareness, social stigmatization, and cultural normative pressure keep the victim trapped within the system.

Within the context of human trafficking, the Red Zone refers to the stage of open violence under conditions of forced labor, sexual exploitation, and undocumented migration. At this stage, violence takes not only physical, but also psychological and economic forms of control. The victim's freedom of movement is restricted, documents are confiscated, and social isolation is imposed. This structure of power asymmetry is more complex than the classical violence model.

From the perspective of psychological consequences, symptoms of complex trauma are observed in the Red Zone. Post-traumatic stress disorder, dissociation, emotional numbness, and self-blame are widespread. Judith Herman explains trauma as personality and relational disturbances formed



as a result of prolonged violence. At this stage, intervention should not be limited solely to ensuring safety, but must also include psychosocial rehabilitation.

From the perspective of resilience, the Red Zone is the stage at which resilience mechanisms weaken. Ann Masten explains resilience as the functional use of system resources. In the Red Zone, these resources either do not exist or are inaccessible. The restoration of social support networks and community-based intervention play a fundamental role in rebuilding resilience.

From an ethical perspective, safety is the priority of intervention within the Red Zone. The “do no harm” principle acquires special significance here. At the same time, however, agency must also be preserved. Incorrect distribution of paternalistic-restrictive responsibility may provide short-term protection, but can create long-term dependency. Therefore, a balance must be maintained between safety and agency.

The legal framework also plays an important role in the Red Zone. Criminal law, protection orders, and social service mechanisms must function in a coordinated manner. When coordination is weak, structural violence continues. An integrative approach — parallel cooperation between police, social work, psychological services, and legal assistance — produces effective outcomes.

As a result, the Red structures resulting in violence are not the outcome of individual pathology, but of a systemic and multi-layered process. This zone encompasses not only the moment when violence occurs, but also the social, cultural, and economic structures that generate it. Effective intervention requires the recognition of early indicators, preventive measures in the Yellow Zone, and complex safety strategies in the Red Zone. The Red Zone is not the final stage of the risk map. With proper and timely intervention, the system may once again be transformed into the Green protective zone.

## Indicator Tables for the Red Zone

Table 1. Psychological Indicators

Indicator	Description	Theoretical Basis	Risk Level
Complex trauma symptoms	Dissociation, emotional numbness	Herman — complex trauma	High
Dominance of fear	Persistent sense of danger	Attachment theory	High
Self-blame	Blaming oneself for violence	Trauma theory	Medium–High
Decision-making paralysis	Inability to create an exit plan	Power asymmetry model	High

Table 2. Family and Relationship Indicators

Indicator	Description	Theoretical Basis	Risk Signal
Physical violence	Repeated physical assault	WHO definition	Critical
Psychological control	Isolation, threats, humiliation	Power-control model	High
Chronic misdistribution of responsibility	Constant involvement of a third party	Bowen	Medium–High

Intergenerational transmission	Children witnessing violence	Bandura	High

Table 3. Structural Indicators

<b>Indicator</b>	<b>Description</b>	<b>Theoretical Basis</b>	<b>Assessment</b>
Economic dependency	Lack of income and resources	Structural violence	High
Lack of legal protection	Absence of protection mechanisms	Human rights framework	High
Social isolation	Absence of support networks (relationships)	Social capital	Medium–High
Gender normative pressure	Patriarchal legitimization	Feminist theory	High

When these indicators are observed simultaneously, the system is assessed as being in the Red Zone, and urgent intervention is required.

## 5.5. Intergenerational Transmission of Risk

The concept of intergenerational transmission of risk refers, within the social sciences and psychology, to the phenomenon whereby trauma, violence, poverty, social marginalization, and behavioral disorders are passed from one generation to another. This process is not biological determinism, but the result of the interaction of multi-layered psychosocial mechanisms. Contemporary research demonstrates that the transmission of risk cannot be explained solely

through genetic factors; family systems, attachment models, social learning, structural inequality, and mechanisms of cultural norms all play parallel roles in this process.

Within trauma theory, Judith Herman notes that prolonged violence creates changes in the individual's personality structure and affects parenting functions. A parent living with complex trauma experiences difficulties in emotional regulation and instability in transmitting a sense of safety, with the result that the child grows up in an unstable emotional environment. This environment prevents the formation of a secure attachment model.

John Bowlby, the founder of attachment theory, demonstrated that internal working models formed during early childhood influence a person's future relationships. If a child does not experience secure attachment, they may later develop an insecure or disorganized attachment model. This model may then be reproduced when the individual becomes a parent. The studies of Mary Main demonstrated that disorganized attachment is connected with the risk of violence. Thus, the absence of emotional security is one of the central components of the mechanism of intergenerational transmission.

Social learning theory, systematized by Albert Bandura, demonstrated that behavior is learned through observation. When a child observes violent behavior within the family, they may accept it as a normative model. This process is not limited to physical violence; behaviors such as humiliation, control, and emotional manipulation are also modeled. The rewarding of such behavior, or the absence of punishment for it, further stabilizes it.

Pierre Bourdieu's concept of cultural behavioral codes provides an important framework for explaining the structural and cultural transmission of risk. Cultural behavioral codes are systems of conduct formed within the social environment and adapted by individuals. If gender inequality and violence are accepted as norms within a given community, these normative codes are repeated in the next generation. This process may appear to be an individual choice, but in reality it is the result of structural influence.

Ecological systems theory, developed by Urie Bronfenbrenner, explains the transmission of risk within a multi-layered context. At the microsystem level there are family relationships; at the mesosystem level, schools and social services; at the exosystem level, economic opportunities;

and at the macrosystem level, cultural norms and legal frameworks — all exert parallel influence. If risk factors overlap across these levels, the probability of transmission increases.

Poverty and social deprivation are also important components of the mechanism of intergenerational transmission. Social stratification and limited access to capital weaken educational and economic opportunities. This, in turn, contributes to the formation of risky life trajectories in future generations. The concept of structural violence, developed by Johan Galtung, explains the systemic character of this deprivation.

Intergenerational transmission is not only the repetition of risks, but also the continuity of the psychological traces of trauma. Epigenetic studies demonstrate that severe trauma may create changes in stress-response mechanisms. However, these changes are not deterministic; environmental conditions and intervention mechanisms can weaken these effects.

The concept of adaptation and resilience, described by Ann Masten, demonstrates that alongside risk factors, protective factors also exist. Secure attachment, social support, education, and community resources can weaken the transmission of risk. This shows that risk is not inevitable. Resilience can be strengthened through the activation of system resources.

Within the gender context, the transmission of risk carries particular significance. When patriarchal structures limit women's economic and social independence, violence may become normalized. This normative environment may create models of passivity and dependency in girls, while strengthening patterns of dominance and control in boys.

In cases of human trafficking and forced labor, intergenerational transmission is associated with social isolation and limited educational opportunities. When a child grows up in a high-risk environment from an early age, they may never encounter an alternative life model and therefore remain within the same structural conditions.

Intervention strategies aimed at breaking the transmission of risk require a multi-level approach. Early childhood interventions, strengthening parenting skills, psychosocial support, and community-based programs are considered effective. The creation of a secure attachment environment is a primary priority.

From an ethical perspective, preventing the transmission of risk requires avoiding paternalistic and restrictive approaches while strengthening family agency. The principle of “do no harm” requires that interventions must not create additional trauma.

In conclusion, the intergenerational transmission of risk is not biological determinism, but the result of the interaction of multi-layered psychosocial mechanisms. This process is shaped through the combined influence of trauma, structural inequality, social norms, and attachment models. However, through the activation of protective factors and early intervention, this chain of transmission can be broken. Within the risk-mapping framework, this section forms the strategic foundation for transition from the Red Zone to the Green — Protective Zone.

#### Indicators System for the Intergenerational Transmission of Risk

Intergenerational transmission is not biological determinism, but a dynamic process formed through the parallel influence of psychological, familial, social, and structural factors. For this reason, the indicator system must also be constructed on multiple levels: individual, family, social, and structural.

Below are the systematized indicator tables.

**Table 1. Psychological Indicators**

Indicator	Description	Theoretical Basis	Risk Signal
Trauma history	Unresolved trauma in the parent	Trauma theory	High
Emotional regulation difficulty	Anger outbursts, emotional fluctuations	Complex trauma	Moderate–High
Disorganized attachment	Fear–attachment confusion in the child	Attachment theory	High

Self-blame model	Victim blaming themselves	Traumatic cognitive schema	Moderate
Normalization of aggression	Belief that “violence is discipline”	Social learning theory	High

**Table 2. Family-System Indicators**

<b>Indicator</b>	<b>Description</b>	<b>Theoretical Basis</b>	<b>Risk Level</b>
Intergenerational violence history	Parents’ own experiences of violence	Social learning theory	High
Triangulation	Child being drawn into conflict	Family systems theory	Moderate–High
Emotional distance	Weak parent–child attachment	Attachment theory	High
Authoritarian parenting	Rigid control and punishment model	Power model	Moderate
Lack of protective factors	Absence of support within the family	Resilience model	High

**Table 3. Social Indicators**

<b>Indicator</b>	<b>Description</b>	<b>Theoretical Basis</b>	<b>Assessment</b>
Social isolation	Family isolated from the community	Social capital theory	Moderate–High
Weak educational opportunities	Child distancing from school	Structural inequality	High

Economic dependency	Absence of an income source	Structural violence	High
Early marriage risk	Early marriage among girls	Gender stratification	High
Lack of legal awareness	Lack of knowledge about protection mechanisms	Legal socialization	Moderate

**Table 4. Cultural and Normative Indicators**

<b>Indicator</b>	<b>Description</b>	<b>Theoretical Basis</b>	<b>Risk Signal</b>
Legitimization of violence	Belief that “it is a family matter”	Habitus	High
Rigidity of gender roles	Normalization of women’s passive role	Feminist theory	Moderate–High
Fear of stigmatization	Avoidance of reporting	Stigma theory	Moderate
Social control mechanism	Community pressure	Social structure	Moderate

**Table 5. Protective Factor Indicators (Factors Weakening Transmission)**

<b>Factor</b>	<b>Description</b>	<b>Effect</b>	<b>Factor</b>
Secure attachment	Stable emotional relationship	Reduces risk	Secure attachment
Social support network	Support from relatives and the community	Increases resilience	Social support network
Continuity of education	The child remaining within the education system	Creates an alternative life model	Continuity of education



Psychosocial intervention	Trauma therapy	Weakens the intergenerational chain	Psychosocial intervention
Economic empowerment	Independent income	Reduces structural risk	Economic empowerment

### **Assessment Model**

The probability of intergenerational transmission of risk is considered high if:

- At least 3 psychological indicators are present;
- At least 2 family indicators are present;
- At least 2 social indicators are simultaneously observed;
- And protective factors are weak.

### **5.6. Early Warning Indicators**

Early warning indicators are a system of signals observed before social risks, violence, abuse, or exploitative structural mechanisms turn into an “open incident.” These indicators do not mean the “absolute certainty of prediction,” nor do they determine an individual’s “fate.” Rather, they provide information that creates time for social work, psychological support, legal protection, and safety planning. The early warning approach addresses two major needs in modern intervention models:

First, identifying risk not only at the outcome stage, but also during the transition stage;

Second, ensuring that intervention is designed in accordance with the principle of “do no harm.”

The scientific basis of early warning indicators is formed at the intersection of several theoretical approaches. The ecological systems approach shows that risk is constructed not only within the individual, but also within families, communities, institutions, and cultural normative structures. For this reason, an early warning system must also be multi-level. At the individual level,

emotional regulation and fear signals are monitored; at the family level, increasing control and tension; at the community level, stigmatization and isolation; and at the institutional level, the blocking of access to services. This approach recognizes that violence is often structured not merely as an “incident,” but as a “system.” WHO frameworks on intimate partner violence also emphasize that violence can evolve from isolated episodes into chronic patterns and may shift between different forms such as physical, sexual, psychological, and economic control.

Early warning indicators are generally systematized according to three criteria: structural indicators (legislation, service infrastructure, coordination), process indicators (how intervention and services function, the dynamics of referrals and applications), and outcome indicators (the level of impact, the frequency and severity of violence). UNICEF’s approaches to child protection and violence monitoring are also based on this type of multilayered monitoring logic. This approach does not limit the concept of “early warning” merely to “behavioral changes in the victim”; rather, it also considers cracks emerging within the system itself as warning signals. Increasing reports to the police, the breakdown of contact with social services, declining school attendance among children, and the rising frequency of healthcare visits are all examples of such indicators.

One of the most sensitive aspects of early warning indicators is interpretation. The same signal may indicate high risk in one context, while in another it may simply reflect temporary stress. Therefore, modern approaches move away from the logic of “making decisions based on a single indicator” and recommend working with groups of indicators. In other words, the risk signal increases when several sources overlap. Similar to the principle of a triangular relationship structure in research methodology, this approach increases the reliability of decision-making. UNODC materials on human trafficking indicators also emphasize not a “complete list of indicators,” but rather a combination of different signs, noting that each case may differ.

In the context of violence risk, early warning indicators are particularly connected with the logic of “risk escalation.” Escalation of risk manifests itself in both the increasing frequency and severity of violence, the tightening of control, and the closing off of escape routes for the victim. Clinical and public health sources identify previous severe violence, use of weapons, stalking, increasing threats, and strangulation/choking episodes as major high-risk factors. Such indicators are

associated with an increased risk of lethality. The logic here is simple: violence does not merely “occur”; it often “gradually intensifies.” An early warning system aims to recognize the first steps of this escalation.

In the context of child protection, early warning indicators include both direct signs of violence and “hidden risk” signals. UNICEF child protection tools list behavioral and situational signals related to physical and emotional violence as well as neglect. These include injuries that do not match the explanation provided, fear and withdrawal, episodes of running away from home, sudden behavioral changes, school absenteeism, and similar signs. Here, “early warning” means not only recognizing an incident, but also understanding that the child’s developmental trajectory is being disrupted — in other words, preventing the risk from turning into more severe abuse, trafficking networks, or criminal exploitation in the future.

In the context of human trafficking and exploitation risk, early warning indicators are most commonly recognized through the increase of “control and deprivation.” These include restriction of free movement, confiscation of documents, control over working conditions, debt dependency, social isolation, fear and submissive behavior, inability to leave the workplace, and similar factors. UNODC indicator lists and training modules emphasize that such indicators are not exhaustive, but they are practically decisive. The OSCE’s survivor-informed indicator approaches also stress the importance of proactive identification, recognizing the reality that “victims often do not seek help themselves.”

The application of early warning indicators requires a careful ethical and practical balance. On the one hand, safety is the priority; on the other hand, exaggerating risk may lead to overly protective and restrictive interventions, weaken personal agency, and undermine trust in support systems. Therefore, indicators should not be used as a “decision-making verdict,” but rather as “signals for discussion and safety planning.” Particularly in the context of intimate partner violence, sources such as the CDC view different forms of violence — including psychological pressure, threats, isolation, physical violence, and sexual violence — as part of the same spectrum and emphasize the importance of structured safety planning.

From a methodological perspective, the most reliable model for evaluating early warning indicators is the “multi-source” approach:

1. The victim’s own statements and direct observations;
2. Family/child-related school and healthcare signals;
3. Social service and law-enforcement records;
4. Community and digital risk environments (surveillance, threatening messages, social media pressure) considered together.

This approach helps reduce both false negatives (where risk exists but remains invisible) and false positives (where risk is interpreted as present when it is not).

The indicator tables below are structured according to your “Yellow–Red” transition logic. The indicators are designed to capture core mechanisms such as escalation, tightening control, isolation, blocked access to services, and the increasing probability of harm.

### **Tables of Early Warning Indicators**

**Table 1. Individual-Psychological Early Signals (Victim/Child)**

<b>Indicator</b>	<b>Brief Explanation</b>	<b>What It Indicates</b>	<b>Possible Measurement</b>
Dominance of fear and hypervigilance	Constant anxiety, fear of sounds/phone calls, sleep disturbances	Danger becoming a “normal” condition	Short screening + observation
Sudden behavioral change	Withdrawal, aggression, dissociation	Intensification of trauma response	Clinical interview, observation
Decision-making paralysis	“I can’t leave,” “There is no way out”	Weakening of agency, escalation risk	Structured interview

Self-blame	Thoughts such as “It was my fault”	Internalization of control, resistance to intervention	Cognitive schema questions
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**Table 2. Early Signals in Relationships and Family Systems**

<b>Indicator</b>	<b>Brief Explanation</b>	<b>What It Indicates</b>	<b>Possible Measurement</b>
Tightening of control	Monitoring of phone/social media, restrictions on clothing and friends	Deepening of power and control mechanisms	Safety-planning interview
Increase in threats	Threats of harm to self/others, threats involving children	Escalation and lethality risk	Risk assessment questions
Stalking and surveillance	Persistent following and monitoring	High-risk profile	Documentation + evidence collection
Aggravating episodes	Strangulation/choking, displaying weapons	Critical danger signal	Clinical and legal documentation

**Table 3. Early Warning Indicators in Child Protection**

<b>Indicator</b>	<b>Brief Explanation</b>	<b>What It Indicates</b>	<b>Possible Measurement</b>
Injuries inconsistent with explanation	The explanation of the incident does not match the physical marks on the body	Possibility of physical violence	Health assessment

Decline in school attendance	Sudden truancy, skipping classes	Neglect and exploitation risk	School monitoring
Fear and withdrawal	Avoiding adults, silence	Emotional violence/abuse	Observation + interview
Running away from home	Repeated episodes of escape	High risk of exploitation and trafficking	Social work records

Table 4. Early Warning Indicators of Human Trafficking and Exploitation

<b>Indicator</b>	<b>Brief Explanation</b>	<b>What It Indicates</b>	<b>Possible Measurement</b>
Restriction of freedom of movement	Inability to leave the workplace	Control and deprivation	Interview + observation
Confiscation of documents	Passport taken away	Dependency and control	Legal verification
Social isolation	Phone confiscation, communication cut off	Isolation	Social relationship mapping
Debt/payment dependency	“I have to repay my debt”	Mechanism of coercion	Financial situation analysis

Table 5. Systemic and Structural Early Warning Indicators

<b>Indicator</b>	<b>Brief Explanation</b>	<b>What It Indicates</b>	<b>Possible Measurement</b>
Disruption of access to services	Contact with social workers or psychologists is cut off	Isolation and control	Monitoring transitions/follow-up

Repeated reports/applications	Repeated calls or complaints concerning the same family	Chronic escalation of violence	Record analysis
Pressure through stigmatization	“If you complain, you will be disgraced”	Social control	Qualitative interview
Coordination gaps	Lack of coordination between police, social services, and healthcare	Increase in structural risk	Process indicators

### Indicator System for the Cultural Framework

*(A structured assessment framework for the risk map and culturally contextualized rehabilitation model)*

Cultural framework indicators are used to measure the established systems of values, normative expectations, and mechanisms of social control that shape the behaviors of individuals and families. These indicators make it possible to understand how risk is constructed not only at the psychological and social levels, but also at the level of cultural codes.

Cultural factors may function in two directions:

- Protective values (*Green Zone*)
- Normalized risk structures (*transition to Yellow and Red Zones*)

The system below is based on a multi-level indicator model: individual, family, community, and structural levels.

**Table 1. Indicators of Values and Normative Systems**

Indicator	Description	Risk / Protective Potential
Family-centeredness	Acceptance of family attachment as a high value	Protective (when balanced)

Norm of obedience	Absolute obedience to elder and parental authority figures	Risk (if it weakens agency)
Rigidity of gender roles	Acceptance of male and female roles as unchangeable	Medium–high risk
Priority of honor and reputation	Family reputation being valued above individual safety	High risk
Hospitality and collectivism	Strong community support systems	Protective

Table 2. Indicators of Social Control and Stigmatization

<b>Indicator</b>	<b>Description</b>	<b>Zone Signal</b>
Negative attitude toward reporting complaints	The belief that “family matters should not be made public”	Yellow → Red
Stigma of divorce	A woman’s separation creates social pressure	High risk
Community pressure	Intervention by relatives and neighbors	Ambivalent
Legitimation of violence in the name of honor	Violence being accepted as a form of “discipline”	Red

Table 3. Indicators of Cultural Capital and Habitus

<b>Indicator</b>	<b>Description</b>	<b>Assessment Method</b>



Internalized obedience pattern	Avoidance of conflict/disagreement	Interview
Normalization of violence	The attitude that “everyone lives like this”	Likert scale
Weakness of women’s agency	Inability to make independent decisions	Structured questions

Table 4. Protective Cultural Indicators

<b>Indicator</b>	<b>Description</b>	<b>Impact</b>
Family solidarity	Collective support during times of crisis	Strengthens resilience and recovery
Religious/spiritual resources	Calming and ethical support	Protective
Elder mediation institution	Mediation in conflicts by respected elders	Can shift the Yellow Zone toward Green
Community support network	Strong social capital	Reduction of risk

Table 5. Cultural Signals for Early Warning

<b>Signal</b>	<b>Interpretation</b>
Removal of a girl from education	Risk of early marriage

Restriction of a woman's economic independence	Mechanism of control
Social isolation in the name of "honor and reputation"	Structural violence
Punishment justified in the name of cultural values	Red-zone potential

### Assessment Model

A cultural framework is considered risky if:

- Violence is legitimized at the normative level
- Gender roles are accepted as rigid and unchangeable
- Complaint/reporting mechanisms are blocked through stigmatization
- Protective cultural factors are weak

Conversely, balanced collectivism, social solidarity, and ethical forms of social regulation may play a protective role.

Cultural framework indicators demonstrate that risk is constructed not only at the individual level, but also within systems of values. This indicator system:

- Provides early warning in the Yellow Zone
- Reveals structural causes in the Red Zone
- Creates opportunities to strengthen protective values in the Green Zone

The main scientific finding emerging from this chapter on culturally contextualized risk mapping is that the nature of risk is broader than is commonly assumed in social work and trauma practice. Risk is not limited to an individual's behavior, clinical symptoms, or the "probability of an incident

occurring.” Rather, it is often a mechanism produced by cultural norms, social control, collective values, and structural inequalities, and normalized as part of the “ordinary order” of everyday life.

This approach conceptually reconstructs classical risk assessment logic by explaining not only “where and how risk occurs,” but also “why it continues, through which cultural mechanisms it becomes invisible, and through which social rituals it is legitimized.” The chapter ultimately demonstrates that violence and exploitation frequently persist not as isolated episodes, but as socially scripted processes prepared at normative and structural levels. Therefore, the target of intervention should not only be the “incident” itself, but also the mechanisms that create and reproduce it.

Classical danger assessment models — whether in the fields of domestic violence, child protection, or human trafficking — primarily focus on visible outcomes: injury, threats, stalking, isolation, psychological breakdown, decision-making paralysis, decline in school attendance, and similar factors. Although these tools are functional in detecting high risk, they often fail to adequately capture the “preparation stage” of risk — that is, the formation of risk at the normative level before open violence occurs.

This is where the innovation of the culturally contextualized risk map emerges: alongside visible signs of risk, it also maps the invisible “carriers” of risk. Expressions such as “family secrets should not be exposed,” “a woman must endure,” “honor is above everything,” “divorce is shameful,” or “a child must sacrifice for the family” are not direct commands for violence, yet they create a social environment that sustains violence. This environment either conceals violence, delays intervention, or leaves the victim without meaningful choices.

Here, Judith Herman’s approach to trauma — explaining trauma as the destruction of the sense of safety and the disruption of power balance — gains particular significance. Trauma is not only the result of an incident; it is also the systematic destruction of the victim’s sense of safety, trust, and belonging within the social environment where the incident occurs. Because the risk map reveals the cultural mechanisms behind this “systematic destruction,” it allows trauma to be analyzed not merely as a reaction of the individual nervous system, but as a process unfolding within systems of social relations.

The conceptual innovation of this chapter also lies in its presentation of risk as a multilayered architecture by integrating the concept of risk with the ecological systems approach. Bronfenbrenner's micro-meso-exo-macro-chrono levels explain that risk is constructed not only within an individual's close relationships, but also simultaneously within community dynamics, institutional decisions, legal and normative debates, and processes of time and intergenerational transmission.

The culturally contextualized risk map transforms this parallel structure into a practical tool. Rather than reading risk factors as "what is wrong with the individual," it interprets them as "what is happening at different levels and how these levels reinforce one another." In this way, instead of attributing risk to a single variable, the model identifies the "intersection points" where risks accumulate and reach a critical threshold. These intersections reveal the gaps most frequently overlooked in real-world practice.

For example, there may appear to be relative calm within the family, yet community pressure and fear of stigmatization may effectively cancel a woman's safety plan. Likewise, legal mechanisms may formally exist, but the disruption of access to services can intensify risk. Thus, risk is not merely a matter of individual psychology; it is also the system's capacity for coordination. When systems fail to connect, risk becomes structural.

One of the most significant scientific contributions of this chapter is explaining risk through the logic of "social reproduction." Pierre Bourdieu's concept of habitus — the system of culturally embedded dispositions — plays a key role here. Habitus refers to behavioral tendencies formed within the social environment and often accepted unconsciously as "normal." In environments where violence is normalized, obedience is idealized, and honor and reputation are prioritized above safety, habitus creates a sense of the "ordinariness" of risk. The victim's experience is coded not as an "extraordinary danger," but as "the normal order of life."

This is the most dangerous stage of risk because danger becomes invisible and intervention is delayed. The innovation of the risk map lies in disrupting this invisibility and transforming the normative codes of risk into an "analytical object." Thus, risk is not simply an incident; it is a

mechanism for the reproduction of social practice, and intervention must aim not only to address outcomes, but also to interrupt this reproduction process.

The second major line of the findings is the reframing of the relationship between structure and agency. Anthony Giddens's idea that structure can function both as a constraining and an enabling mechanism becomes concretized in the application logic of the risk map. The culturally contextualized risk map demonstrates that structure does not "always create risk." The same cultural codes that under certain conditions conceal violence may, under different conditions, become protective resources.

For example, collectivism and family attachment may sometimes pressure victims into silence, but the same collectivism, if it generates social sanctions against violence, can expand a woman's opportunities for safety and protection. The innovation here lies not in abolishing norms, but in changing the direction of norms. When concepts such as honor and reputation become associated not with "remaining silent," but with "taking a stand against oppression," cultural codes can shift from being risk-producing mechanisms to protective ones. This finding forms the basis of the cultural reinterpretation approach. The aim is not to reject cultural values, but to weaken the ways in which they legitimize violence and to activate their protective potential.

The third major line of the findings is the functional integration of trauma-informed systems with cultural context. The principles established by SAMHSA — safety, trustworthiness, collaboration, voice and choice, and cultural and gender sensitivity — are widely accepted as global frameworks. However, when local normative risks are ignored, these principles can become merely formal declarations. The culturally contextualized risk map activates trauma-informed systems within lived social reality.

A safety plan, therefore, becomes more than a list of physical protection measures; it transforms into a complex document that also includes layers such as reputation risk, community surveillance, mechanisms of social condemnation, intra-family coalition dynamics, economic dependency, and the use of children as "instrumental figures." This represents a transition from a "standard protocol" to a "contextual protocol."

As a result, safety planning becomes more realistic. A woman's return to a violent environment is evaluated not simply as an individual decision, but within the broader context of social pressure and normative sanction mechanisms. In some cases, "return" may function as a ritual that restores the abuser's reputation, and mapping this ritual becomes central to intervention strategy.

The fourth major line of the findings concerns the broad applicability of the culturally contextualized risk map. This tool is not limited to domestic violence; it can also identify the logic of the "systematic preparation" of risk in cases of human trafficking, early marriage, exploitation of migrant women, digital violence, and community-based forms of violence.

In human trafficking, factors such as economic dependency, informal labor, debt bondage, confiscation of documents, and social isolation are often concealed behind cultural discourses of "obligation" and "normal work." In early marriage, family reputation, normative pressure from kinship networks, and the early rigidification of gender roles become the primary carriers of risk. In digital violence, the effects of online threats are frequently intensified through codes of "honor" and "reputation," pressuring victims into silence in real life as well.

This generalization represents another major innovation: across different forms of violence and exploitation, the common underlying mechanism is that "power and control" are produced not only through individual behavior, but also at normative and structural levels. Mapping this mechanism facilitates interinstitutional intervention and coordination.

At the methodological level, another innovation presented in this chapter is that the risk map is framed not merely as an objective document, but as a collaborative product grounded in the principle of "participatory analysis." In the ethics of social work, agency and participation occupy a central role. When the victim's voice, choices, and decision-making rights are not protected, intervention may become paternalistic and restrictive, causing secondary harm.

By constructing the risk map as an analytical dialogue developed together with the woman, this chapter both improves the quality of information and reduces ethical risk. The key finding here is that understanding risk is not only the description of an observed object, but also the inclusion of the subject's own experience within the analytical process. Participation accelerates the

uncovering of invisible layers of risk, because normative pressures and social sanctions often become visible only through the victim's own narrative.

The concept of the Green Zone (protective values) further completes this new logic. The protective zone does not mean the “absence of danger,” but rather the existence of structured social and moral resilience against risk. This demonstrates that resilience and recovery potential should not be viewed merely as individual characteristics, but can also be measured through system indicators such as social capital, institutional accessibility, the quality of relationship networks, and the orientation of normative discourse.

Ann Masten's concept of “ordinary magic” becomes a conceptual foundation here: resilience is not extraordinary heroism, but the stability of simple yet continuous mechanisms functioning within everyday life — such as trustworthy relationships, school attendance, social support, and legal accessibility. The culturally contextualized risk map recognizes these “ordinary mechanisms” as protective values and transforms them into resources that should be activated within rehabilitation planning.

The Yellow Zone (conflicted internal position) demonstrates the preventive power of the risk map and represents another crucial finding. In social work practice, the binary division of risk — either safe or dangerous — often fails to reflect reality. Most victims exist precisely within an intermediate stage: they both want to leave and want to return; they are both fearful and emotionally attached; they want change yet are also restrained by social sanctions.

When this stage is misunderstood, interventions either come too late or become excessively controlling, thereby damaging agency. The conceptualization of the Yellow Zone shows that the optimal time for intervention is not after the “red event,” but during the “yellow transition.” This is one of the major practical outcomes of the chapter's innovation.

The risk map is therefore oriented less toward measuring incidents and more toward managing transitions. Managing transitions, in turn, allows for more effective outcomes with fewer resources.

The Red Zone (structures resulting in violence) represents the final stage of this logic and sharpens the central conclusion: the structuring of risk occurs when normative legitimization, social isolation, economic dependency, institutional coordination gaps, and family system dynamics simultaneously eliminate the victim's "real and acceptable alternatives." In the context of human trafficking, this also corresponds to the concept of the "abuse of vulnerability": the absence of alternatives becomes the primary gateway to exploitation.

The risk map aims precisely to anticipate the transition into the Red Zone by mapping the mechanisms that close off alternatives. Thus, the Red Zone does not simply mean that violence has occurred; it means that alternatives have been eliminated. Intervention, therefore, should be measured by its ability to reopen alternatives.

The chapter's final finding also emerges in relation to the intergenerational transmission of risk. Intergenerational transmission is explained not as biological determinism, but as the combined effect of attachment models, social learning, structural deprivation, and normative legitimization. This approach demonstrates that risk transmission is strengthened most significantly through mechanisms of "normalization" and "silencing."

If child violence is presented as part of "discipline," if obedience in girls is accepted as a "virtue," and if boys are socialized into rigid "male roles," risk continues into the next generation as a behavioral code. Therefore, the most strategic value of the risk map lies not only in protecting the current victim, but also in breaking the intergenerational chain. Breaking this chain is possible not merely through stopping incidents, but through transforming the normative mechanisms that reproduce them.

At the conclusion of this analysis, the innovation achieved may be summarized in one sentence: the culturally contextualized risk map transforms the knowledge system of social work intervention. It shifts risk assessment from a symptom- and incident-centered tool into an analytical mechanism centered on norms, structures, social capital, and cultural codes. In doing so, it both strengthens preventive intervention and enables trauma-informed systems to function within real social contexts.



The innovation here is not the rejection of universal models. Rather, it lies in increasing their practical effectiveness by connecting frameworks such as Judith Herman's theory of trauma, Bronfenbrenner's ecological systems theory, Bourdieu's concept of habitus, Giddens's structure–agency dialogue, Putnam's social capital approach, and SAMHSA's trauma-informed principles with local normative systems.

As a result, intervention becomes oriented not only toward the “elimination of harm,” but also toward transforming the mechanisms through which harm is produced.

This concluding section therefore offers both theoretical and practical implications. The theoretical implication is that risk is normatively produced within systems of social relations and cannot be fully captured through clinical measurement alone. The practical implication is that safety planning, rehabilitation models, reintegration strategies, and early warning systems become more realistic, more ethical, and more sustainable when developed together with a culturally contextualized risk map.

This is because the approach understands a woman's life not merely as an “incident,” but within conditions of normative pressure and structural absence of alternatives, directing intervention toward reopening those alternatives. In this sense, the risk map is not simply an additional document; it is a methodological turning point that renews the decision-making logic of social work, contextualizes trauma practice, and strengthens sustainable protection against violence.

## **PART III**

# **CULTURALLY CONTEXTUALIZED REHABILITATION MODEL**

The understanding of rehabilitation was long explained within the framework of the medical model and was evaluated as the restoration of an individual's functional abilities. Since the second half of the twentieth century, with the formation of the psychosocial model, rehabilitation began to be regarded not only as medical recovery, but also as a process of reconstructing social roles, relationships, and identity. Nevertheless, most existing rehabilitation theories were developed on the basis of the individualistic social structures of Western societies. This limits the full effectiveness of those models in collectivist cultures. It is precisely in this context that the culturally contextualized rehabilitation model emerges and presents healing as a process fundamentally embedded within social and cultural structures.

One of the first scholars to systematically explain that trauma is not only a psychological but also a social construction was Judith Herman. Herman presents trauma as the disruption of power balance and the collapse of the sense of safety. However, she also emphasizes that recovery from trauma requires the restoration of social relationships. Bessel van der Kolk, while demonstrating that trauma leaves traces in the body and nervous system, also notes that healing becomes possible through relationships. These approaches show that rehabilitation is not merely a clinical intervention, but a reorganization of the social environment.

One of the theoretical foundations of the culturally contextualized model is Pierre Bourdieu's concept of "cultural disposition" (*habitus*). Bourdieu demonstrates that human behavior is structured not so much by individual choices as by the social environment. Cultural disposition is the form in which collective memory and social norms become embedded in everyday behavior. The historically formed behavioral system of Turkic peoples — respect for elders, family-centeredness, collective responsibility, concepts of honor, and community supervision — are concrete manifestations of this *habitus*. Therefore, trauma and maladaptive behavior occur within

this cultural behavioral framework, and healing must likewise be constructed within that same structure.

Ziya Gökalp characterized Turkish society as a social system built upon the principle of “solidarity and spiritual unity.” Yusuf Has Hajib, in *Qutadghu Bilig*, demonstrated that social order is founded on the balance of justice, wisdom, and moral responsibility. These sources show that the Turkish social model was built more upon social harmony than on individual independence. In such a cultural system, rehabilitation cannot be limited to the individual receiving therapy alone; it also requires the restoration of social relationships and collective status.

Contemporary cultural psychology also supports this position. Hazel Rose Markus and Shinobu Kitayama<sup>166</sup> demonstrate that in collectivist societies, the “system of selfhood” is built upon a model of interdependence. An individual’s identity is defined through relationships. In this case, trauma is not merely an individual experience, but a disruption of social position. Jeffrey C. Alexander<sup>167</sup>, in his theory of collective trauma, argues that trauma is constructed through social narratives. Consequently, healing also becomes connected to changing the collective social narrative.

Urie Bronfenbrenner’s ecological systems theory grounds rehabilitation within a multi-level context. Micro (family), meso (community), exo (institutional structures), and macro (cultural norms and laws) levels are interconnected. In Turkish society, the family and community levels are particularly strong. Therefore, in the rehabilitation model, the family must be accepted as a resource. Murray Bowen’s family systems theory presents the family as an emotional unit. The Turkish family model, with its extended family structure, represents the collectivist form of this theory.

The essential issue here is that cultural factors should not automatically be accepted as protective. Concepts of honor and dignity may in some cases contribute to the concealment of violence. At the same time, family relations may function as mechanisms of social support. This dual structure

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<sup>166</sup> Markus, Hazel Rose & Kitayama, Shinobu (1991). *Culture and the Self: Implications for Cognition, Emotion, and Motivation*. Psychological Review, Vol. 98, No. 2, pp. 224–253.

<sup>167</sup> Alexander, Jeffrey C. (2004). *Toward a Theory of Cultural Trauma*. In: Jeffrey C. Alexander et al., *Cultural Trauma and Collective Identity*. Berkeley: University of California Press.

necessitates an understanding of cultural reinterpretation. In other words, traditional behavioral codes should not simply be changed, but rather reconsidered and utilized within rehabilitation.

Amartya Sen<sup>168</sup> connects the understanding of independent decision-making to a person's capabilities and social opportunities. In Turkish culture, collective responsibility is strong, yet individual decision-making may sometimes weaken. The culturally contextualized model must balance these two elements. During the rehabilitation process, while the individual's decision-making capacity is strengthened, collective support mechanisms must also be preserved.

Robert D. Putnam explains social capital through trust, networks, and mutual responsibility. In Turkish society, social capital is high, although it may weaken during the process of modernization. The rehabilitation model should aim to activate this social capital. Community-based intervention mechanisms, the institution of village elders, mediation practices, and the participation of religious and spiritual leaders can strengthen social reintegration.

In trauma-related work, the stage of safety is a universal principle. However, safety is not limited only to the physical environment; social safety and reputational safety are also essential. In collectivist societies, social reputation directly affects a person's psychological condition. Therefore, rehabilitation must prioritize the reduction of social stigma.

The culturally contextualized rehabilitation model is built upon three fundamental pillars: safety, cultural reconstruction, and social reintegration. During the safety phase, legal and psychological protection are ensured. During the phase of cultural interpretation, trauma is explained not as the fault of the individual, but as the consequence of a disrupted social balance. During the social reintegration phase, relationships with family and community are rebuilt.

This model is not an alternative to Western trauma models. On the contrary, Prolonged Exposure (a psychotherapeutic approach used in the treatment of post-traumatic stress disorder, based on the principle of gradually and repeatedly confronting the individual with traumatic memories and fear-inducing stimuli in a safe environment), TF-CBT, and other approaches may be applied at the individual level, but cultural factors must simultaneously be taken into consideration. Arthur

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<sup>168</sup> Sen, Amartya (1999). *Development as Freedom*. New York: Alfred A. Knopf.

Kleinman<sup>169</sup> demonstrates that illness and healing are dependent upon cultural reinterpretation within the system. Therefore, psychological intervention cannot be effective outside cultural semantics.

The ethical framework of the model must be constructed upon the principle of “do no harm.” In cases where patriarchal structures create risk, cultural factors should not be evaluated as protective, but rather as indicators of risk. In such situations, legal mechanisms must take precedence.

In conclusion, the culturally contextualized rehabilitation model demonstrates that healing is the restoration of socio-cultural balance. The traditional behavioral system of Turkic peoples is not merely a legacy of the past, but a living structure of social capital. When interpreted correctly, this structure can become a fundamental basis for post-traumatic strengthening and social reintegration. Rehabilitation is not a universal mechanical procedure; it is a dynamic process shaped within cultural context. This model presents a theoretically and practically grounded framework for Azerbaijan and the Turkic world in general, and functions as an integrative system that complements Western trauma theories at the cultural level.

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<sup>169</sup> Kleinman, Arthur (1988). *The Illness Narratives: Suffering, Healing, and the Human Condition*. New York: Basic Books.

## CHAPTER VI

### STRUCTURE OF THE MODEL

The concept of rehabilitation developed primarily within the framework of Western psychology and the medical model during the twentieth century. These models explained human behavior through individual psychological processes and biological mechanisms, while presenting healing as the reduction of symptoms and the restoration of functionality. However, globalization and increasing cultural diversity have demonstrated that rehabilitation is not a universal mechanical procedure; rather, it is formed within a specific socio-cultural context. For this reason, the culturally contextualized rehabilitation model does not reject Western approaches, but instead reframes them in accordance with the social structure of collectivist societies.

The theoretical foundations of Western rehabilitation models are mainly based on an individualistic anthropological understanding. Hazel Rose Markus and Shinobu Kitayama characterize Western societies through the model of the independent “system of selfhood,” presenting individual self-regulation as the principal form of identity. Within this model, trauma is evaluated as an individual psychological experience, and intervention is primarily directed toward the individual’s internal reconstruction mechanisms. Judith Herman explains trauma recovery through the stages of safety, remembrance, and reconnection. Prolonged Exposure Therapy<sup>170</sup>, EMDR (Eye Movement Desensitization and Reprocessing)<sup>171</sup>, and Trauma-Focused Cognitive Behavioral Therapy<sup>172</sup> are approaches that prioritize the processing of traumatic memory at the individual level. These methods are clinically effective and supported by empirical evidence. However, their application is centered on individual therapy, and socio-cultural structures often remain secondary.

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<sup>170</sup> Foa, Edna B.; Hembree, Elizabeth A.; Rothbaum, Barbara O. (2007). *Prolonged Exposure Therapy for PTSD: Emotional Processing of Traumatic Experiences Therapist Guide*. New York: Oxford University Press.

<sup>171</sup> Francine Shapiro (2001). *Eye Movement Desensitization and Reprocessing (EMDR): Basic Principles, Protocols, and Procedures*. 2nd Edition. New York: Guilford Press.

<sup>172</sup> Cohen, Judith A.; Mannarino, Anthony P.; Deblinger, Esther (2006). *Treating Trauma and Traumatic Grief in Children and Adolescents*. New York: Guilford Press.

The culturally contextualized model, by contrast, explains trauma not merely as an individual symptom, but as the disruption of social balance. Pierre Bourdieu's concept of internalized social codes demonstrates that human behavior is shaped within social structure. The traditional behavioral system of Turkic peoples is shaped within this structure. Family-centeredness, collective responsibility, concepts of honor and dignity, the institution of village elders, and socio-cultural behavioral orientation constitute its fundamental elements.

Therefore, trauma and maladaptive behavior emerge within this very structure, and healing likewise requires the restoration of the social sphere. From this perspective, the culturally contextualized model evaluates trauma not as an individual pathology, but as a disrupted system of relationships.

In the Western model, the stage of safety is primarily associated with physical and psychological stabilization. The culturally contextualized model presents safety as a broader concept and also includes social reputational safety. Erving Goffman<sup>173</sup> demonstrated the effect of stigma on social identity and established the importance of public acceptance for psychological stability. In collectivist societies, reputation and public status are essential components of a person's social existence. For this reason, the culturally contextualized model constructs safety within a social context.

In a comparative framework, the second major distinction emerges at the diagnostic stage. Western models conduct diagnosis on the basis of clinical categories such as the DSM (Diagnostic and Statistical Manual of Mental Disorders)<sup>174</sup> or the ICD (International Classification of Diseases), focusing primarily on individual symptoms. The culturally contextualized model, however, drawing upon Urie Bronfenbrenner's ecological systems theory, analyzes family, community, and normative structures in parallel. In this model, diagnosis is not limited to the assessment of psychological condition; it also involves the identification of cultural risk and protective factors.

At the third stage, the difference becomes even more apparent in intervention mechanisms. Western models focus on the individual reconstruction of traumatic memory, emotional regulation,

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<sup>173</sup> Goffman, Erving (1963). *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ: Prentice Hall.

<sup>174</sup> *DSM-5-TR* (2022). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision*. American Psychiatric Association.

and cognitive restructuring<sup>175</sup>. The culturally contextualized model instead applies a mechanism of reinterpretation. Arthur Kleinman demonstrates that illness and recovery depend upon systems of cultural reconstruction. Therefore, trauma is presented not as an individual weakness, but as a disruption of social harmony. Traditional behavioral codes are not destroyed; rather, they are reexamined and transformed into protective resources.

At the fourth stage, the issue of family and community integration creates a significant comparative distinction. Although family therapy exists within Western models, the primary focus remains on individual therapy. Murray Bowen<sup>176</sup> noted that the family system constitutes an emotional unit; however, this approach in the Western context is based primarily on the nuclear family model system.

In the Turkish social system, by contrast, the extended family structure and community network are considerably stronger. Robert Putnam's theory of social capital demonstrates that trust and network structures determine social functionality. The culturally contextualized model accepts the family and the community as the principal subjects of intervention.

At the fifth stage, the issue of independent decision-making and empowerment is structured around balance. The Western model prioritizes individual autonomy. Amartya Sen<sup>177</sup> relates personal independence to real opportunities for choice. The culturally contextualized model, however, balances personal independence with collective responsibility. The goal here is not to separate the individual from the collective, but rather to empower the individual within the collective.

At the sixth stage, the process of reintegration is compared. In the Western model, reintegration is understood as the restoration of social functionality. Jeffrey Alexander, in his theory of collective trauma, demonstrates that trauma is connected to frameworks of social interpretation. The culturally contextualized model presents reintegration as a process of transforming the framework

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<sup>175</sup> Beck, Aaron T.; Davis, Denise D.; Freeman, Arthur (2011). *Cognitive Therapy of Personality Disorders*. 3rd Edition. New York: Guilford Press.

<sup>176</sup> Bowen, Murray (1978). *Family Therapy in Clinical Practice*. New York: Jason Aronson.

<sup>177</sup> Sen, Amartya (1999). *Development as Freedom*. New York: Alfred A. Knopf.



of social interpretation and ensuring public acceptance. The reduction of stigma and the legitimization of social roles constitute the principal objectives of this stage.

At the final stage, there is also a distinction regarding sustainability. In Western models, the prevention of relapse is carried out through individual monitoring. The culturally contextualized model, by contrast, ensures sustainability through the systematization of community and family support. Michael Ungar<sup>178</sup> explains adaptation and resilience as the capacity to access social resources. From this perspective, sustainability is not an individual characteristic, but is connected to the functionality of the social system.

Thus, systematic comparison demonstrates that Western rehabilitation models possess strong scientific grounding and clinical effectiveness at the individual level; however, their implementation within collectivist social systems requires contextual adaptation. The culturally contextualized model, without rejecting Western approaches, reinterprets them within socio-cultural structures. Healing here is not merely the reduction of individual symptoms, but the restoration of social harmony. This model presents a more appropriate, ethical, and sustainable framework for rehabilitation in the context of Azerbaijan and the Turkic world, and connects post-traumatic empowerment with the activation of collective resources.

## **6.1. IQ, EQ, Cultural Consciousness, and the Behavioral Quadrangle**

Rehabilitation theory has traditionally been built upon cognition (cognitive functioning) and emotional regulation. Cognitive Behavioral Therapy has identified the reconstruction of cognitive structures as its principal aim, while emotional regulation models have focused on the restoration of affective stability. However, cultural psychology and social anthropology demonstrate that human behavior cannot be explained solely through IQ (intellectual capacity) and EQ (emotional capacity). In the formation of behavior, cultural consciousness — namely the internally structured form of normative codes, collective memory, and social identity — plays a decisive role. From

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<sup>178</sup> Ungar, Michael (2011). *The Social Ecology of Resilience: A Handbook of Theory and Practice*. New York: Springer.

this perspective, the IQ–EQ–Cultural Consciousness triangle presents a more complex and contextual model of rehabilitation.

The concept of IQ traditionally encompasses analytical thinking, problem-solving, and logical structures. Charles Spearman<sup>179</sup> and later Raymond Cattell<sup>180</sup> described the general and specific factors of intelligence, presenting human cognitive ability as a measurable quantity. In Western rehabilitation models, IQ is primarily used as a means of cognitive transformation. The reframing of traumatic events, the modification of dysfunctional thought schemas, and rational interpretation form the basis of this approach.

The concept of EQ, by contrast, refers to emotional awareness, empathy, and affective regulation. Peter Salovey and John D. Mayer<sup>181</sup> defined emotional intelligence as the capacity to perceive and manage emotions, while Daniel Goleman<sup>182</sup> expanded it as a principal component of social success. In trauma-related work, the ability to regulate emotions constitutes one of the main therapeutic mechanisms.

However, in collectivist cultures, explaining human behavior solely through IQ and EQ is insufficient. Here, the concept of “cultural consciousness” comes to the forefront. Cultural consciousness is the internally structured form of the social norms, collective memory, and identity models within which the individual exists. Pierre Bourdieu’s concept of subconscious social codes theoretically grounds this understanding.

Pierre Bourdieu’s concept of subconscious social codes provides the theoretical foundation for this understanding. Subconscious social codes are behavioral schemas shaped by the social environment. The identity model of Turkic peoples has been constructed upon family-centeredness, collective responsibility, concepts of honor and dignity, respect for elders, and social harmony. This defines individual identity within a system of relationships.

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<sup>179</sup> Spearman, Charles (1904). “General Intelligence, Objectively Determined and Measured.” *The American Journal of Psychology*, Vol. 15, No. 2.

<sup>180</sup> Cattell, Raymond B. (1963). “Theory of Fluid and Crystallized Intelligence.” *Journal of Educational Psychology*, Vol. 54, No. 1.

<sup>181</sup> Salovey, Peter & Mayer, John D. (1990). “Emotional Intelligence.” *Imagination, Cognition and Personality*, Vol. 9, No. 3.

<sup>182</sup> Goleman, Daniel (1995). *Emotional Intelligence*. New York: Bantam Books.

The Western identity model, by contrast, is based primarily upon the concept of the independent “self.” Markus and Kitayama demonstrate that in individualistic societies, identity is constructed upon autonomy and personal achievement. Within this model, rehabilitation is associated with activating the individual’s internal resources and strengthening self-directed decision-making capacities.

The Turkic identity model, however, is built upon the interdependent “self.” An individual’s social position is determined through relationships with family and community. From this perspective, cultural consciousness functions as the third pillar of rehabilitation. If IQ represents cognition and EQ represents emotion, cultural consciousness represents social meaning-making. Arthur Kleinman demonstrates that illness and healing occur within a system of cultural semantics. Therefore, the interpretation of trauma remains incomplete without cultural consciousness.

In the Western model, trauma is evaluated as an individual psychological injury. In the Turkish social model, however, trauma simultaneously represents the disruption of social status and collective balance. For this reason, rehabilitation must focus not only on reducing individual symptoms, but also on restoring social reputation and collective acceptance. Erving Goffman demonstrated the impact of stigma upon social identity. In collectivist societies, stigma may deepen individual trauma.

Within the IQ–EQ–Cultural Consciousness triangle, imbalance produces different consequences. In the Western model, when IQ and EQ are strong, the individual may recover independently of the social environment. In the Turkish model, however, rehabilitation remains incomplete when the component of cultural consciousness is neglected. For example, an individual may achieve emotional stability and rational thinking, yet if the community does not accept that individual, social reintegration does not occur.

The principal issue requiring attention in rehabilitation is the principle of balance. First, cognitive restructuring should not be conducted outside the cultural context. Traditional values should not be destroyed, but rather reinterpreted. Second, emotional regulation should be constructed in parallel with mechanisms of collective support. Third, cultural consciousness must be analyzed from the perspective of both protective and risk factors. Concepts of honor and dignity may in

some cases create risk; however, through reinterpretation they may also be transformed into mechanisms of justice and responsibility.

Amartya Sen's concept of independent decision-making plays an important role here. In the Western model, personal decision-making is accepted as individual self-governance. In the Turkish model, however, an individual's independent decision-making must be balanced with collective responsibility. Rehabilitation should not separate the individual from the collective, but should strengthen the individual within the collective.

Bronfenbrenner's ecological systems theory (1979) provides the structural foundation of the IQ–EQ–Cultural Consciousness triangle. At the micro level, individual psychological recovery; at the meso level, family integration; and at the macro level, cultural norms and social acceptance must all be considered. When these three levels do not function in parallel, rehabilitation does not remain sustainable.

Rehabilitation is not merely a process of cognitive restructuring and emotional stabilization; ultimately, it is the transformation of behavior. Albert Bandura, in social learning theory, associated behavior with mechanisms of observation, modeling, and social influence, demonstrating that human behavior is shaped not only by individual psychological processes but also by the influence of the social environment. This approach shows that when behavior is not considered as a separate structural component, rehabilitation remains only at a theoretical level.

Traditional Western rehabilitation models evaluate behavior as the outcome of cognitive and emotional processes. Cognitive Behavioral Therapy argues that behavior changes through the transformation of thought schemas. Emotional regulation models assume that adaptive behavior emerges once affective stability has been achieved. However, in collectivist societies, behavior is not merely the result of internal processes; it is also the product of cultural norms and social expectations. Pierre Bourdieu's concept of subconscious social codes demonstrates that behavior is shaped by social structure. For this reason, behavior must be established as a separate element within a system of interaction among IQ, EQ, and Cultural Consciousness.

Within the quadrangular model, each component performs the following function: IQ represents rational analysis and decision-making; EQ represents emotional stability and empathy; Cultural

Consciousness represents the normative framework and collective identity; and Behavior represents the concrete manifestation of these three components within social practice. Behavior here is not merely an outcome, but a parallel and active system. This is because an individual may think rationally on a cognitive level and may achieve emotional stabilization, yet due to cultural and social pressure may continue to reproduce previous behavioral patterns.

Behavior can be analyzed at four principal levels: individual behavior, intra-family behavior, intra-community behavior, and public behavior. This classification corresponds to Urie Bronfenbrenner's ecological systems theory and presents a structure expanding from the micro level to the macro level.

At the level of individual behavior, a person's daily decisions, self-perception, and risk and safety behaviors are evaluated. At this level, cognitive schemas and emotional response patterns play the principal role. However, the sustainability of individual behavior is connected to cultural consciousness. If an individual's behavior contradicts cultural norms, that individual either becomes subjected to social pressure or continues the behavior in concealed form.

The level of intra-family behavior carries particular importance in collectivist societies. Murray Bowen presented the family as an emotional system and demonstrated that individual behavior is connected to family balance. In the Turkish social model, the family is not merely a mechanism of social support, but also a system of normative control. For this reason, the transformation of behavior within the family must become a primary objective of rehabilitation. Otherwise, when the individual returns to the family system, previous behavioral patterns may reemerge.

The level of intra-community behavior is connected to social legitimacy and reputation. Erving Goffman demonstrated that social identity is formed through public acceptance. In Turkish culture, behavior within the community determines social position. For example, during post-traumatic

reintegration, an individual's behavior before the community determines whether that individual will be accepted. At this level, cultural consciousness functions as the principal regulatory mechanism.

The level of public behavior is associated with legal, institutional, and broader social environments. At this stage, an individual's behavior is shaped through interaction with laws, state structures, and public norms. Amartya Sen, by connecting personal independence with social opportunities, demonstrates that individual behavior is either constrained or strengthened through structural possibilities.

The IQ–EQ–Cultural Consciousness–Behavior quadrangle integrates these levels into a parallel system. If IQ is strong but behavior does not change, this is the result either of an emotional blockage or of cultural pressure. If EQ is stable but intra-family behavior does not change, then the family system has not been addressed. If cultural consciousness has not produced a new normative framework, the individual will experience problems of social acceptance.

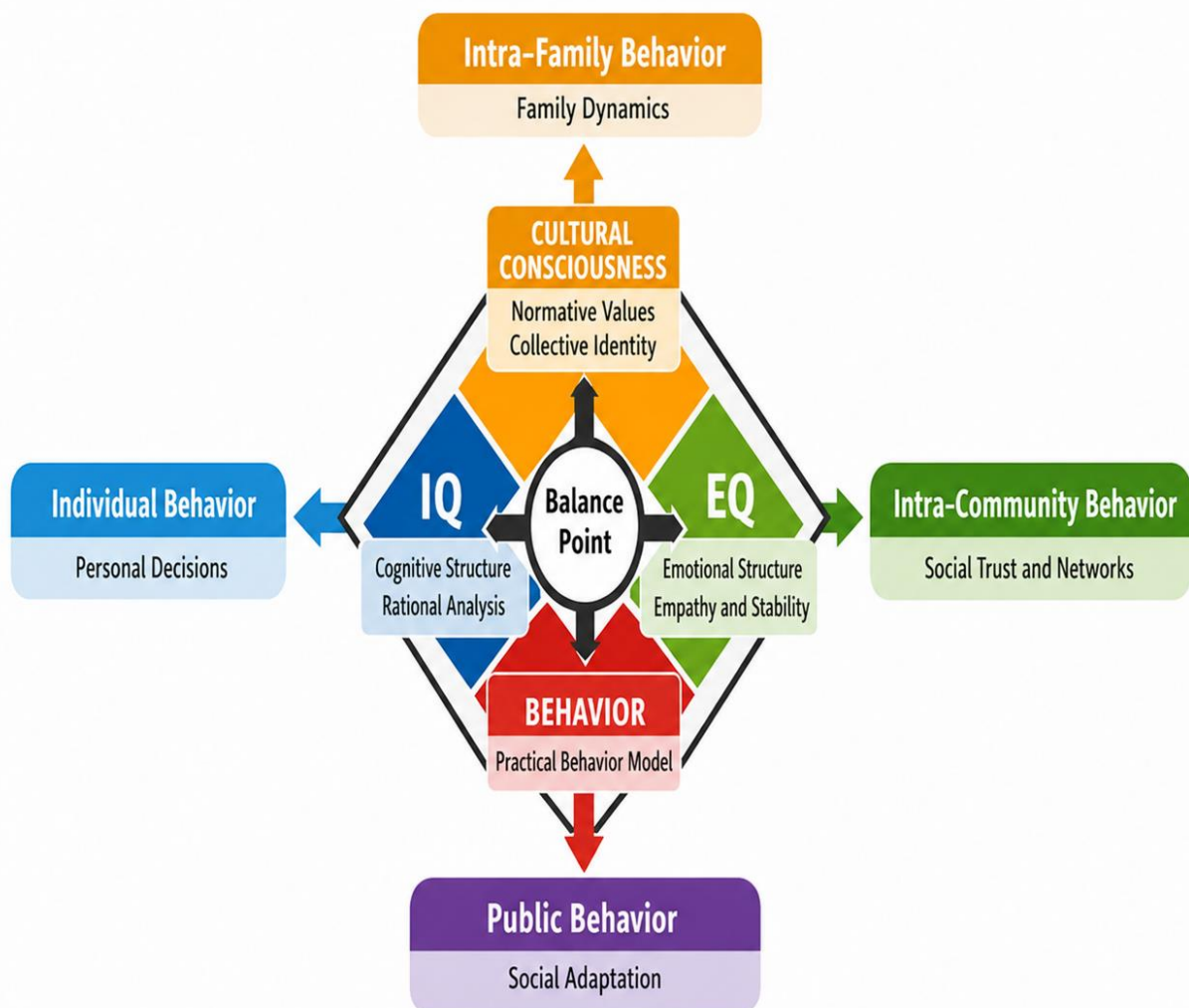
In the Western model, behavior is primarily transformed at the individual level, while social reintegration is considered a secondary stage. In the Turkish model, however, the adaptation of behavior to social harmony constitutes the primary priority. This distinction is ontological in nature. Hazel Rose Markus and Shinobu Kitayama demonstrated that in collectivist societies, identity is formed within systems of relationships. For this reason, behavioral transformation must proceed in parallel with social structure.

The scientific innovation of the model lies in the fact that behavior is presented not as a consequence, but as a structural element. This approach makes it possible to formulate measurable indicators within social work and rehabilitation practice. Behavioral indicators may be evaluated according to the following aspects: decision-making behavior, conflict-response behavior, social communication behavior, normative adaptation behavior, and responsibility behavior.

The IQ–EQ–Cultural Consciousness–Behavior quadrangle presents rehabilitation as a multidimensional system. Healing is not merely the transformation of thought and emotion, but also the transformation of behavior within the family, the community environment, and the public sphere. In this model, behavior is not peripheral, but a central structural component. This is because

social harmony and sustainable reintegration become possible only when they are confirmed at the level of behavior. This approach provides a contextual and sustainable framework of rehabilitation for collectivist societies and creates a more integrative system by complementing Western models with a cultural dimension.

## IQ-EQ-CULTURAL CONSCIOUSNESS-BEHAVIOR QUADRANGLE



Within the IQ-EQ-Cultural Consciousness-Behavior quadrangle, the existence of imbalance prior to rehabilitation changes the very nature of rehabilitation itself. In this case, rehabilitation is transformed from a simple process of healing or functional restoration into a process of structural

reconstruction. This is because trauma, violence, social isolation, normative conflict, or prolonged maladaptive environments disrupt the relationship among a person's cognitive structure, emotional system, cultural identity, and behavioral practices. Such disruption is generally not limited to a single component; rather, it possesses a systemic character and weakens mechanisms of reciprocal interaction.

Albert Bandura, in social learning theory, demonstrates that behavior is the result of reciprocal interaction among an individual's belief system, emotional condition, and social environment. If this reciprocal interaction has developed within a destructive environment over a prolonged period, behavior cannot be transformed merely through cognitive intervention. Pierre Bourdieu, through the concept of subconscious social codes, demonstrated that social structure becomes internalized within a person's cognitive schemas. Therefore, an imbalanced system cannot automatically change; it must be gradually reconfigured.

At the beginning of the rehabilitation process, the principal task is to determine within which component the individual experiences the deepest disruption. If disruption exists at the IQ level, dysfunctional thought schemas, weak rational justification, and instability in decision-making are observed. If disruption exists at the EQ level, the breakdown of psycho-emotional regulation mechanisms, affective outbursts, and weakened empathy become apparent. Disturbance in cultural consciousness is characterized by identity crisis, normative conflict, and the loss of social legitimacy. Behavioral disturbance, by contrast, is associated with the stabilization of maladaptive social practices and an increased risk of returning to previous conditions. Urie Bronfenbrenner's ecological systems theory demonstrates that this analysis must be carried out not only at the individual level, but also at the levels of family and community.

Attempting to change behavior directly without considering structural disruption generally does not produce sustainable results. Judith Herman emphasized that safety constitutes the primary condition of post-traumatic recovery. However, in collectivist societies, safety is not limited solely to physical protection; social legitimacy and reputation are also included within this concept. For this reason, during the initial stage of rehabilitation, emotional stability, rational assessment, and a socially protective environment must be established in parallel. At this stage, the principal



objective is not the complete transformation of behavior, but rather the neutralization of risky behavior.

If the disruption exists at the level of cultural consciousness, the individual has either become distanced from the collective or has entered into conflict with collective norms. Hazel Rose Markus and Shinobu Kitayama demonstrated that in collectivist societies identity is formed within systems of relationships. For this reason, without reinterpretation within the cultural context during rehabilitation, the stabilization of behavior is impossible. Traditional values should not be destroyed, but reconsidered.

Concepts of honor and dignity should not function as mechanisms of silencing, but should instead be presented as principles of justice and protection. This stage is the stage of identity reconstruction, and cultural consciousness becomes the principal foundation of balance.

The reconstruction of behavior occurs at the next stage, and it must be carried out simultaneously at four levels: individual, intra-family, intra-community, and public behavior. At the individual level, decision-making and self-perception change. At the intra-family level, relationship models and mechanisms of conflict resolution are transformed. Murray Bowen emphasized that the family system constitutes an emotional unit and therefore noted that without transformation within the family structure, individual behavior does not remain stable. At the community level, social acceptance and reputation are restored. Erving Goffman, by demonstrating the impact of social stigma upon identity, established the importance of public acceptance. At the public level, the individual's normative adaptation and legal legitimacy are ensured.

If these stages are not constructed in parallel, behavioral fragmentation occurs: an individual may adapt to one environment while failing to adapt to another. This increases the risk of regression to previous conditions. Although Aaron T. Beck demonstrated the influence of cognitive transformation upon behavior, in collectivist environments behavior also requires social validation. Michael Ungar<sup>183</sup>, by associating restorative adaptation at the levels of selfhood and

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<sup>183</sup> Ungar, M. (2011). *The Social Ecology of Resilience: A Handbook of Theory and Practice*. New York: Springer.

social systems with access to social resources, demonstrates that sustainability is not merely an individual capacity, but the result of systemic support.

Thus, the disrupted IQ–EQ–Cultural Consciousness–Behavior system existing prior to rehabilitation should be understood not as an object of treatment, but as a structure requiring reconstruction. This approach shifts rehabilitation away from mere symptom reduction toward the restoration of socio-cultural harmony. Healing here signifies not only emotional stability and rational thought, but also the formation of a legitimized behavioral model within the family, the community environment, and the public sphere. The quadrangular model demonstrates that the restoration of balance is possible only through the parallel and integrative development of all components; otherwise, change remains superficial and the probability of regression to previous conditions increases.

This framework presents a more realistic and sustainable rehabilitation model for collectivist societies because it constructs individual transformation within socio-cultural systems and recognizes behavior as a central structural component of rehabilitation.

## **6.2. Family-Based Rehabilitation Mechanism**

In social systems where collectivism exists, rehabilitation is not merely a process of individual intervention, but rather the reconstruction of a system of relationships. Within the context of Turkish family culture, because an individual's identity is formed within the family and community, rehabilitation must likewise be organized as a multi-subject process. Murray Bowen presented the family as an emotional unit and demonstrated that a change occurring in one member of the system affects the entire system. For this reason, in family-based rehabilitation, the object of intervention is not the “individual,” but the “system of relationships.”

Within this model, participating actors are not limited only to family members. The extended family, kinship relations, neighborhood relations, and community institutions also function as structural elements of the process. Urie Bronfenbrenner's ecological systems theory demonstrates that individual behavior is formed through the interaction of micro (family), meso (community), exo (institutional), and macro (cultural norm) levels. A family-based rehabilitation mechanism must consider these levels simultaneously.

The first and central subject of rehabilitation is the individual. However, within collectivist cultures, the individual exists not as an independent entity, but as a member of a network of relationships. Hazel Rose Markus and Shinobu Kitayama demonstrated that in societies characterized by an interdependent “self-identity” model, identity is constructed within relationships. From this perspective, rehabilitation requires not only the internal transformation of the individual, but also the redefinition of the individual’s social role.

The husband, wife, or life partner constitutes one of the principal participants in family-based rehabilitation. Particularly in cases of domestic violence, addiction, or behavioral disorders, the position of the spouse directly affects the stability of the system. If the spouse is not included in the intervention process, behavioral transformation may encounter resistance within the family. Albert Bandura emphasized the role of social modeling in the formation of behavior. From this perspective, the spouse may function both as a risk factor and as a protective model. Within the rehabilitation mechanism, parallel emotional and cognitive work must be carried out with the spouse.

Parents, particularly where intergenerational family structures exist, function as mechanisms of normative influence. In the Turkish family model, parents — especially the father figure — act as carriers of social legitimacy and decision-making structure. Pierre Bourdieu, through the concept of symbolic capital, explained the influence of authority within the family upon behavior. If parents do not consider the rehabilitation process legitimate, the individual’s social reintegration may weaken. Therefore, the education of parents and their inclusion in the reinterpretation stage are essential.

Extended kinship relations function as mechanisms of social control and support within Turkish family culture. Relatives protect collective reputation and may either contribute to the spread of social stigma or assist in reducing it. Erving Goffman demonstrated that social identity is formed through public acceptance. Working with kinship relations during rehabilitation may accelerate the restoration of social identity.

Neighborhood and local community structures also play an important role within the process. Robert D. Putnam associated social capital with structures of trust and relationships. In Turkish

society, neighborhood relations constitute sources of informational and emotional support. At the same time, however, they may also become sources of social pressure. For this reason, rehabilitation must include a special stage focused upon reducing the risk of stigma within the community and encouraging social acceptance.

Community leaders, village elders, and religious authorities are carriers of normative identity within the Turkish social system. Their participation increases both the speed and acceptance of social reintegration. However, this participation must be organized within an ethical framework, because normative pressure may at times weaken the individual's independence. Amartya Sen, through the concept of independence, demonstrates that an individual's decision-making opportunities must be balanced with structural opportunities. Collective participation in rehabilitation should not weaken the individual's agency.

Professional actors — social workers, psychologists, legal experts, and mediators — function as coordinating elements of family-based rehabilitation. These participants are responsible for maintaining balance within the family system and ensuring the ethical framework of the process. Judith Herman emphasized that safety constitutes the primary condition of post-traumatic healing. Professional intervention must ensure that family and community participation remain compatible with the principle of safety.

Thus, the family-based rehabilitation mechanism is constructed upon a multi-subject and multi-stage structure. The individual remains at the center; however, around that individual, spouses, parents, kinship relations, neighborhood relationships, community leaders, and professional intervention actors create a mechanism of reciprocal interaction. The purpose of this structure is not merely the transformation of individual behavior, but the reconstruction of social and cultural harmony.

In conclusion, a family-based rehabilitation mechanism that takes Turkish family culture into consideration integrates individual therapy into a broader social context. Healing here signifies not only psychological stability, but also the formation of a legitimized, socially accepted, and sustainable behavioral model within the family and community environment. The effectiveness of

rehabilitation depends upon the inclusion of participating actors within a structured and ethical framework.

### **Role–Responsibility Mapping Matrix**

<b>Subject</b>	<b>Primary Role</b>	<b>Functional Objective</b>	<b>Potential Risk</b>	<b>Intervention Strategy</b>
Individual	Center of transformation	Behavioral change	Regression to previous condition	Empowerment and independence
Spouse / Life Partner	Emotional model	Stability	Resistance	Parallel family intervention
Parents	Normative legitimacy	Acceptance	Patriarchal pressure	Psychoeducation
Relatives	Social reputation	Integration	Stigma	Community dialogue
Neighbors	Social capital	Participation	Isolation	Social integration
Elder / Community Leader	Mediator	Balance	Normative pressure	Ethical framework
Professional Specialist	Coordinator	Safety	Systemic deficiency	Risk monitoring

The family-based rehabilitation mechanism aims not merely at individual transformation, but at balancing the entire system of relationships. Each participant may simultaneously function as:

- a protective factor,
- a risk factor,
- and an agent of transformation.

For this reason, within the rehabilitation process, the role of each participant must be structured in advance and regulated within an ethical framework.

### **6.3. Community-Based Intervention**

The rehabilitation process is not merely the psychological or medical recovery of the individual, but also the process of reintegrating and legitimizing that individual within the social system. In collectivist social systems, particularly within Turkish culture, the individual exists as an inseparable part of social relationships, and identity is formed through family, kinship, and community relations. From this perspective, the community is not an external element of rehabilitation, but rather a structural component.

Urie Bronfenbrenner's ecological systems theory demonstrates that an individual's development and behavior occur under the influence of a multi-level social environment. At the micro level, the family; at the meso level, the community; and at the macro level, cultural norms and collective ideology direct individual behavior. Within Turkish culture, the meso level — namely the community — carries particular significance because the community is not merely a social environment, but also a system of normative regulation and reputation.

Ziya Gökalp characterized the Turkish social structure as a system founded upon moral solidarity and collective responsibility. Within this system, the individual does not exist independently from social relationships. Hazel Rose Markus and Shinobu Kitayama demonstrated that in collectivist societies the model of the interdependent “self-structure” predominates. Within this model, self-perception is determined through relationships. For this reason, trauma and social disruption may be experienced not only as individual suffering, but also as the destabilization of collective identity.

Judith Herman completes the process of trauma recovery with the stage of “reconnection.” This stage involves the restoration of social relationships. Within Turkish culture, this reconnection is

achieved through the community. Jeffrey C. Alexander, in his theory of collective trauma, demonstrates that trauma is shaped through social narratives. If the community does not accept the victimized individual, trauma may transform into prolonged social isolation.

Within Turkish culture, the influence of the community upon rehabilitation is realized through several principal mechanisms. The first mechanism is social acceptance. If the behavior and status of an individual undergoing rehabilitation are not accepted by the community, social reintegration does not occur. Erving Goffman demonstrated that social stigma damages individual identity. Within the Turkish community system, reputation functions as collective capital, and the behavior of the individual is connected to the reputation of both family and community. Therefore, acceptance by the community constitutes a fundamental stage of rehabilitation.

The second mechanism is normative control. Pierre Bourdieu, through the concept of symbolic power, demonstrated that social norms and values create invisible forms of authority. Within Turkish culture, the institution of elders, religious authority, and kinship relations function as protectors of the normative framework. On the one hand, this normative structure may support behavioral adaptation and transformation; on the other hand, it may silence victims through normative pressure. This dual influence demonstrates both the protective and risky dimensions of community intervention.

The third mechanism is the activation of social capital. Robert D. Putnam, by associating social capital with structures of trust and reciprocal relationships, demonstrated that strong social ties increase an individual's adaptive capacity. The Turkish community system is based upon extended kinship and neighborhood relations. These relationships may function as sources of emotional, informational, and material support. During rehabilitation, community support assists the affected individual in overcoming social isolation and restoring self-confidence.

The fourth mechanism is the transformation of collective norms. Jeffrey C. Alexander demonstrates that collective healing is impossible unless the social meaning of trauma is transformed. Awareness-raising and dialogue within the community contribute to reducing negative stereotypes directed toward affected individuals. This process ensures the social sustainability of rehabilitation.

However, community participation also contains risks. Within collectivist systems, social pressure may weaken an individual's capacity for independent decision-making. Amartya Sen relates individual independence to real opportunities for choice. If community intervention transforms into paternalistic control, the independence of the affected individual may become restricted. For this reason, community-based intervention must be organized within an ethical framework, and the active participation of the affected individual in the decision-making process must be ensured.

Community-based intervention demonstrates its potential for positive transformation through the strengthening of emotional stability, the increase of social acceptance, the acceleration of economic and social reintegration, and the reduction of the risk of regression to previous conditions. Albert Bandura emphasized that social modeling plays an important role in the formation of behavior. Positive role models within the community may strengthen adaptive behavior.

Ensuring the independence of the affected individual constitutes the principal ethical principle of community-based intervention. For this purpose, three directions are essential: the individual's participation in decision-making processes, economic empowerment, and legal protection. Michael Ungar, by associating resilience and recovery despite adversity with access to social resources, demonstrates that social relationships strengthen individual sustainability. However, these relationships must not replace the individual's own voice.

Thus, within Turkish culture, the community functions simultaneously as a guarantor of socially and culturally grounded acceptance, a normative regulator, and a source of social capital within rehabilitation. Its influence may either accelerate positive transformation or, through normative pressure, increase the risk of regression to previous conditions. For this reason, community-based intervention must be constructed within a balanced and ethical framework. Healing here signifies not only individual psychological stability, but also the restoration of an accepted and adaptive social role within the collective system.

Community-based intervention constitutes the social dimension of rehabilitation and functions as the principal mechanism for reintegrating the individual into the social system within collectivist societies. Rehabilitation is not completed merely through the reduction of individual symptoms; it



also requires social acceptance, the restoration of relationships, and the restoration of collective balance. Urie Bronfenbrenner's ecological systems theory demonstrates that individual development is connected to a multi-level environment, and this approach makes it necessary to organize community intervention through structured stages. Because within Turkish culture the community functions as a normative system, a source of social capital, and a mechanism of reputation, the intervention process must be constructed within a balanced and ethical framework.

## **Risk–Protective Factor Framework**

Within the rehabilitation process, risk and protective factors are not fixed categories; rather, they are dynamic elements that may change depending on context. Within Turkish culture, social norms, family structure, and community relations may function both as sources of support and as sources of pressure. For this reason, the framework has been constructed according to the principle of “dual potential.”

### **Micro Level – Individual Factors**

<b>Factor</b>	<b>Risk Potential</b>	<b>Protective Potential</b>	<b>Intervention Strategy</b>
Cognitive Schema	Self-blame, fatalism	Rational analysis and problem-solving	Cognitive restructuring
Emotional State	Disruption of psycho-emotional regulation system, fear	Emotional regulation	Psychosocial support
Behavioral Model	Withdrawal, regression to previous condition	Adaptive behavior	Role exercises and social modeling
Self-Confidence	Low self-esteem	Personal decision-making and initiative	Empowerment programs

## Family Level

Factor	Risk Potential	Protective Potential	Intervention Strategy
Patriarchal Norm	Pressure, silencing	Protective leadership	Cultural reconstruction
Family Reputation Anxiety	Fear of stigmatization	Social acceptance	Family psychoeducation
Intergenerational Trauma	Transmission of conflict and trauma	Experience and wisdom	Intergenerational dialogue
Emotional Attachment	Dependency	Social support	Family therapy

## Community Level

Factor	Risk Potential	Protective Potential	Intervention Strategy
Social Stigma	Isolation, secondary trauma	Acceptance and integration	Community dialogue
Kinship Relations	Normative pressure	Social support	Mediation
Neighborhood Relations	Gossip	Network of trust	Activation of social capital
Institution of Elders	Authoritarian pressure	Normative balance	Ethically framed mediation

## Macro Level – Structural Factors

Factor	Risk Potential	Protective Potential	Intervention Strategy
Legal Mechanisms	Inaccessibility	Legal protection	Legal awareness and education
Social Services	Lack of resources	Psychosocial support	Institutional coordination
Cultural Stereotypes	Gender inequality	Restoration or reconstruction of values	Awareness campaigns
Economic Condition	Dependency	Self-sufficiency	Economic empowerment

The risk–protective factor framework demonstrates that within Turkish culture, community and family structures function simultaneously as the principal foundations of rehabilitation and as potential sources of risk. Effective community-based intervention must neutralize risk factors while systematically strengthening protective potential. Healing is not merely individual psychological stability, but also social acceptance, family balance, and the sustainability of an accepted behavioral model within the community.

The first stage is the assessment of the social context and risk mapping. At this stage, existing stereotypes within the community, levels of stigma, normative expectations, and relations of social power are analyzed. Pierre Bourdieu’s concept of symbolic power demonstrates that social norms function as invisible mechanisms directing individual behavior. For this reason, before intervention begins, the community’s attitude toward the affected individual and potential risk factors must be identified. During the assessment stage, protective resources within the community — including public leaders, religious authority, women’s networks, and voluntary groups — are also mapped.

The second stage is the establishment of safety and the ethical framework. Judith Herman emphasized safety as the primary condition of post-traumatic recovery. Within community intervention, safety means not only physical protection, but also the preservation of social reputation and the prevention of normative pressure. At this stage, the consent and decision-making rights of the affected individual are ensured, and the aims and boundaries of the intervention are clearly defined. Amartya Sen's concept of independent decision-making demonstrates that unless real opportunities for choice are protected, social participation may transform into paternalistic control. Therefore, community intervention must not restrict the independence of the individual.

The third stage is the phase of awareness-building and normative reconstruction. Within Turkish culture, concepts of honor, dignity, family reputation, and collective responsibility shape social behavior. Arthur Kleinman's approach to cultural reconstruction demonstrates that healing becomes possible through the transformation of social meaning. At this stage, dialogue platforms, educational meetings, and mediation mechanisms are organized within the community. The objective is not to stigmatize the affected individual, but rather to strengthen concepts of social responsibility and justice. Normative reconsideration activates the protective functions of collective values while weakening elements that generate risk.

The fourth stage is the structuring of social support relationships. According to Robert D. Putnam's theory of social capital, structures of trust and social networks form the foundation of social stability. At this stage, support groups, mentorship mechanisms, and volunteer support networks are established within the community. Neighborhood and kinship relations are transformed into resources of emotional and informational support. Albert Bandura's social modeling approach demonstrates that positive role models strengthen adaptive behavior. For this reason, positive behavioral examples within the community are actively encouraged.

The fifth stage is the phase of social reintegration and renewed acceptance. Erving Goffman demonstrated the effect of social stigma upon identity, and at this stage the objective is the restoration of the affected individual's social role. A newly accepted role recognized by the community ensures social stability. At this stage, the participation of community leaders, elders, and local structures may strengthen social acceptance; however, ethical balance must be preserved.

Reintegration should encompass not merely formal acceptance, but also everyday social participation and functional adaptation.

The sixth stage is the phase of economic and social empowerment. Social reintegration must be reinforced through economic independence. Employment opportunities, cooperative initiatives, and social projects within the community increase the individual's capacity for self-sufficiency. Michael Ungar explained psychological resilience as access to social resources; from this perspective, community intervention functions as a provider of resources necessary for sustainability.

The seventh stage is the phase of monitoring and sustainability. Community intervention is not a one-time measure, but a continuous process. Changes in social relationships, transformations in normative attitudes, and the stability of behavior must be evaluated regularly. At this stage, early warning indicators within the community — such as social isolation, damage to reputation, and increases in conflict — are monitored. The objective is to minimize the risk of regression to previous conditions and to preserve social harmony.

Thus, the staged practical model of community intervention encompasses the phases of risk assessment, establishment of the ethical framework, normative reconstruction, formation of social support relationships, legitimization, empowerment, and sustainability. Because within Turkish culture the community constitutes a fundamental element of social order, the social dimension of rehabilitation is strengthened through community participation. However, this process must not weaken the individual's independence; on the contrary, it should strengthen the individual's capacity for independent decision-making. Healing here signifies not merely individual psychological stability, but also the restoration of an accepted and sustainable social role within the collective system.

#### **6.4. Gender-Sensitive and Value-Based Therapy**

The rehabilitation process must take into consideration not only the technical aspects of social and psychological intervention, but also deep cultural and gender structures. Particularly within collectivist societies, gender roles and family values function as principal mechanisms regulating

social behavior. From this perspective, gender-sensitive and value-based therapy is not merely a clinical method, but also a balanced reconstruction of normative structures.

The concept of gender is socially constructed and sustained through social roles. Judith Butler presents gender as performative in character, demonstrating that gender behavior is reinforced through the repeated reproduction of normative expectations. Within Turkish family culture, male and female roles have historically been associated with social responsibility and concepts of honor. Ziya Gökalp noted that the Turkish social system is constructed upon the moral harmony of the family. However, this harmony may at times be accompanied by gender inequality. For this reason, a gender-sensitive approach within rehabilitation seeks to reconstruct cultural values in the direction of equality and justice without rejecting them.

In cases of trauma and violence, gender functions as a significant determinant. Judith Herman describes trauma as the disruption of power balance and emphasizes the structural character of gender-based violence. Within collectivist environments, the behavior of women or affected individuals may become associated with family reputation. This strengthens mechanisms of stigma and silencing. Erving Goffman, by explaining the influence of social stigma upon identity, demonstrates that public stigmatization weakens individual self-perception. Gender-sensitive therapy must therefore take these mechanisms into account and strengthen the voice of the affected individual.

Ensuring gender sensitivity is first and foremost based upon the principle of safety. Judith Herman's stage of safety here refers not only to physical protection, but also to emotional and social safety. It must be ensured that the affected individual is not subjected to pressure within the family and community environment. At this stage, the principles of decision-making rights and confidentiality are protected. Amartya Sen, through the concept of personal decision-making, associated individual autonomy with real opportunities for choice; therefore, gender-sensitive therapy must expand the individual's opportunities for choice.

Value-based therapy seeks to create transformation without entering into direct conflict with cultural systems. Arthur Kleinman demonstrated that healing occurs through cultural reinterpretation. Within Turkish family culture, concepts of honor, dignity, and collective

responsibility possess deep roots. When these concepts are used to justify gender inequality, they create risk; however, when reinterpreted, they may become protective mechanisms. For example, family honor may be presented not as the silencing of women, but as the protection of justice and safety within the family.

According to Albert Bandura's social learning theory, behavioral models are formed through observation. From this perspective, the transformation of gender roles becomes possible not only through individual therapy, but also through changes in models within the family and community. Within family-based intervention, the participation of spouses and parents plays a significant role in establishing gender balance. Murray Bowen, by conceptualizing the family as an emotional system, emphasized that individual transformation must proceed in parallel with systemic transformation.

Gender-sensitive therapy is constructed upon four principal principles: safety, personal autonomy, cultural reinterpretation, and social legitimacy. Safety ensures physical and emotional protection. Personal decision-making protects the individual's right to autonomous choice. Cultural reinterpretation ensures the re-evaluation of normative values in the direction of equality. Social legitimacy, meanwhile, concerns the restoration of acceptance within the community.

Within Turkish family culture, rigid divisions of gender roles may strengthen women's economic and social dependency. Economic dependency increases the risk of regression to previous conditions. In accordance with Amartya Sen's approach, economic empowerment constitutes a central element of gender-sensitive rehabilitation. Economic independence expands the individual's opportunities for decision-making and weakens normative pressure.

Within community-based intervention, gender sensitivity requires particular attention. In collectivist systems, social reputation may create stricter mechanisms of control over women. For this reason, dialogue and awareness-building processes conducted within the community must be grounded in the principles of gender equality and human dignity. Robert D. Putnam's understanding of social capital demonstrates that trust and relationship structures may accelerate social transformation. Encouraging positive role models within the community contributes to weakening gender stereotypes.

Gender-sensitive therapy also contains risks. If intervention is carried out without consideration of the cultural context, conflict within the family may emerge and the individual may become subjected to social isolation. Conversely, if normative pressure is ignored, therapy itself may transform into paternalistic control. The preservation of this balance must therefore be ensured through ethical monitoring mechanisms.

The concept of restorative adaptation occupies an important place within this model. Michael Ungar explains restorative adaptation as the capacity to access social resources. Gender-sensitive and value-based therapy must strengthen both the internal psychological capacities of the affected individual and access to social resources. Healing is not merely emotional stability; it must also be reinforced through social and economic independence.

In conclusion, within Turkish family culture, gender-sensitive and value-based therapy constitutes an ethical and structural component of rehabilitation. This approach ensures the reconstruction of cultural values in the direction of justice and equality without destroying them. Sensitivity becomes possible through the principles of safety, personal autonomy, economic empowerment, and social acceptance. Healing here signifies not merely individual psychological stability, but also the restoration of gender balance and justice within the family.

## **Indicator and Evaluation Model**

Domestic violence is not limited to individual psychological injury; rather, it is a systemic form of trauma emerging from disrupted power relations, gender roles, and normative structures within the family. Judith Herman, by explaining trauma as the collapse of power balance, demonstrates that healing proceeds through the stages of safety, reconnection, and empowerment. Within the context of domestic violence, these stages are completed not merely through individual intervention, but also through the restoration of family and community structures. Within Turkish family culture, concepts of collective reputation, honor, and social acceptance may contribute either to the concealment or the normalization of violence. For this reason, evaluation tools must be based both upon gender sensitivity and upon principles of cultural reconstruction.

The purpose of the evaluation model is not merely to measure symptoms, but to systematically assess the affected individual's safety, self-expression, balance of power within the family, and



level of social acceptance. The model is applied at three principal levels: the individual, the family, and the community. At each level, risk and protective factors are analyzed in parallel.

At the individual level, the first indicator is the safety index. Safety here refers not only to physical protection, but also to emotional stability and freedom of decision-making. The assessment includes whether the risk of violence continues, whether threatening and controlling behavior exists, and whether confidentiality and safe space are ensured. If the affected individual does not feel safe, the effectiveness of all other stages becomes weakened. When the level of safety is low, the priority intervention becomes the strengthening of legal and physical protection mechanisms.

The second individual indicator is personal autonomy and decision-making capacity. Amartya Sen associated personal independence with real opportunities for choice. Victims of domestic violence frequently experience weakened decision-making rights and tendencies toward self-blame. Evaluation takes into account whether the affected individual knows their rights, has access to economic resources, and possesses the ability to say “no.” Weak self-expression increases the risk of regression to previous conditions.

The third indicator is psycho-emotional stability. The trauma of violence is accompanied by the disruption of emotional regulation, fear, anxiety, and diminished self-confidence. Albert Bandura emphasized the role of self-confidence in behavioral transformation. The affected individual’s capacity for emotional regulation and ability to formulate future plans are essential for the sustainability of rehabilitation.

At the family level, evaluation is structured around the balance of power. Within Turkish family culture, patriarchal structures and economic control may constitute structural causes of violence. Family decision-making mechanisms, the management of economic resources, and the rigidity of gender roles are analyzed. If decision-making is unilateral and based upon coercive control, rehabilitation must proceed through parallel work with the family system. Murray Bowen demonstrated that change in one member of the family system produces reactions within the entire system. For this reason, without restoring balance within the family, individual transformation does not remain stable.

Cultural reconstruction carries particular importance at the family level. When concepts of honor and family reputation are used to conceal violence, they become sources of risk. However, when reinterpreted, these same concepts may function as mechanisms of safety and justice within the family. Arthur Kleinman noted that healing occurs through the reinterpretation of cultural meaning. For this reason, normative transformations must be carried out without entering into direct conflict with cultural values.

At the community level, indices of social acceptance and stigma are evaluated. Erving Goffman demonstrated that social stigmatization damages identity. The acceptance of the affected individual within the community and opportunities for social participation are essential for the sustainability of rehabilitation. If mechanisms of exclusion and gossip are strong within the community, community dialogue and awareness-building intervention become priorities.

The social capital index is also evaluated at the community level. According to Robert D. Putnam's approach, structures of trust and networks ensure social stability. Support from neighborhood and kinship relations may function as a protective factor; however, the risk of normative pressure also remains present. This balance must be maintained under ethical supervision.

The evaluation tool is implemented in stages. During the initial stage, a risk map is prepared and priority areas of intervention are identified. During the intermediate stage, changes are monitored and the restoration of balance is measured. During the final stage, social reintegration and sustainability are evaluated. If indicators of safety and personal inviolability weaken, the intervention strategy must be reconstructed.

Among the early warning indicators are the social isolation of the affected individual, increased family pressure, deepening economic dependency, and weakened emotional stability. These indicators demonstrate the risk of regression to previous conditions and require additional intervention.

In conclusion, the adapted gender-sensitive and value-based evaluation model for victims of domestic violence measures in parallel individual safety, self-expression, the balance of power within the family, and community legitimacy. This model presents rehabilitation not merely as psychological healing, but as the restoration of social and cultural balance. Healing here signifies

not only the emotional stability of the woman or affected individual, but also the formation of a safe, accepted, and independent social role within the family and community.

## General Balance Framework

Within the evaluation process, a balance score is calculated for each component.

Component	0	1–2	3–4
Safety	High risk	Unstable	Stable
Decision-Making and Capacity for Influence	Dependency	Transitional state	Independent
Family Balance	Dominant structure	Mixed	Balanced
Social Acceptance	Isolation	Partial acceptance	Full acceptance

These indicators and evaluation tools provide not only a theoretical but also a practical monitoring mechanism for gender-sensitive and value-based therapy. They make it possible to measure balance and identify risks at the individual, family, and community levels. The success of rehabilitation should be measured not only through emotional stability, but also through the achievement of gender balance, social acceptance, and economic independence.

## 6.5. Differential Approach for Women with Children

Within the context of domestic violence, the situation of women with children extends beyond the framework of individual trauma and is formed within multilayered social, cultural, and normative structures. Motherhood is presented within Turkish culture as a highly valued moral role, and the social acceptance of women is often measured through motherhood. For this reason, when a woman decides to leave a violent environment together with her child, this decision may be

perceived not only as a personal safety decision, but also as a challenge to the normative system. Interventions conducted without consideration of this reality may remain incomplete and risky.

Judith Herman describes trauma as the disruption of power balance and emphasizes that safety constitutes the first stage of healing. However, for women with children, the concept of safety possesses a dual character: the safety of both the woman herself and her child. The decision to leave a violent environment is often accompanied by social and familial pressure concerning the child's future. Within Turkish family culture, the child's belonging to the paternal lineage is normatively regarded as highly important. This structure may restrict women's opportunities for decision-making and create additional psychological pressure upon them.

Amartya Sen's concept of decision-making and agency is based upon real opportunities for choice. In the rehabilitation of women with children, agency is connected not only to personal decision-making, but also to the sense of social responsibility concerning the child's welfare. Women frequently face dilemmas such as "enduring for the sake of the child" or "leaving together with the child." These dilemmas are reinforced through cultural normative expectations. Hazel Rose Markus and Shinobu Kitayama demonstrated that in collectivist societies decisions are made within systems of relationships. Therefore, the rehabilitation of women with children requires an analysis of relational systems.

One of the mechanisms frequently observed within the Turkish family system is the use of the child as a social instrument for forcing the woman to return. When a woman distances herself from a violent environment, the retention of the child or the child's remaining within the father's family may be used as a mechanism of pressure. This situation creates both legal and psychological risks. Pierre Bourdieu's concept of symbolic power demonstrates that social norms create invisible forms of domination. When the idea that the child "belongs to the family" is placed above the woman's personal safety, structural violence emerges.

Another mechanism is the phenomenon of women with children being "put on trial" by the community. A woman's separation from a violent environment may be accompanied by the questioning of her qualities as a mother. Erving Goffman demonstrated that social stigma weakens an individual's decision-making capacity and agency. Labeling a woman as "the mother who

destroyed the family” weakens her social power and may deepen psychological trauma. For this reason, the restoration of social power must be considered as a separate stage within the rehabilitation process.

A differential approach for women with children must be constructed upon three principal components: safety, the protection of the maternal role, and social acceptance. During the stage of safety, the physical protection of both the woman and the child constitutes the priority. At this stage, legal mechanisms, protection orders, and secure shelters must be ensured. However, safety signifies not only physical protection, but also psychological and social security.

The protection of the maternal role constitutes the central element of rehabilitation. When a woman’s maternal identity is weakened or used against her, rehabilitation does not remain sustainable. According to Arthur Kleinman’s approach to cultural meaning-making, the concept of motherhood must be reconsidered within its cultural context. Motherhood should be presented not as endurance and sacrifice, but as ensuring the safety of the child. This reinterpretation strengthens the woman’s decision-making capacity and reduces social pressure.

The third component is the restoration of social acceptance. According to Robert D. Putnam’s theory of social capital, structures of trust and social networks form the basis of social stability. When a woman with children becomes socially isolated within the community, social capital weakens and the risk of regression to previous conditions increases. Community dialogue and awareness-building processes should prioritize the safety of the child. This approach transforms normative balance and strengthens collective responsibility.

The rehabilitation model for women with children must simultaneously include a child-oriented approach. The child’s psychosocial condition and the effects of trauma must be evaluated in parallel. Urie Bronfenbrenner’s ecological model demonstrates that the child develops under the influence of family and community systems. If the child remains within a violent environment, trauma may be transmitted across generations. Jeffrey C. Alexander, within the theory of collective trauma, explained this transmission through social meaning-making processes. Therefore, rehabilitation must address not only the woman’s social reintegration, but also that of the child.

Among the principal risk factors are economic dependency, legal uncertainty, social stigmatization, and family pressure. Protective factors include economic empowerment, legal protection, social support networks, and psychosocial services. Michael Ungar demonstrated that resilience after crisis is connected to access to social resources, showing that sustainability is not merely an individual process, but a systemic one.

The differential approach must be organized in stages. During the initial stage, a risk map and safety plan are prepared. During the second stage, maternal identity is strengthened and psychosocial support is provided. During the third stage, legal and economic empowerment measures are implemented. During the final stage, the restoration of social acceptance and community integration are carried out. At every stage, the principle of the individual's independent decision-making and social agency must be protected, and the woman's right to make decisions must remain fundamental.

In conclusion, a differentiated rehabilitation approach for women with children must be constructed with consideration of the normative mechanisms existing within Turkish family culture. The use of the child as a justification for forcing a woman to return, or maintaining her under social pressure, constitutes a form of structural violence and must be recognized within the rehabilitation model as a distinct risk factor. Healing here signifies not merely individual psychological stability, but also the restoration of a safe, self-expressive, and independent social role for both the woman and the child.

The regulation of relationships in the context of domestic violence must proceed in stages and through continuity. Relationships function not only as emotional bonds, but also as systems of power structure, control mechanisms, and social legitimacy. Murray Bowen conceptualized the family as an emotional unit and demonstrated that change within one element of the system affects the entire network of relationships. For this reason, the regulation of relationships within rehabilitation requires broader, structural-level intervention beyond individual therapy.

Within Turkish family culture, relationships are constructed upon hierarchy and the principle of collective responsibility. This hierarchy may create safety, but it may also transform into a mechanism of coercive control. Pierre Bourdieu's concept of symbolic power demonstrates that

norms and traditional relationships create invisible forms of domination. The regulation of relationships therefore requires revealing and balancing these invisible power mechanisms within a structured framework.

The regulation of relationships must first be built upon the principle of safety. Safety must be ensured at three levels: physical, emotional, and normative safety. Physical safety concerns the elimination of the risk of violence. Emotional safety means protecting the woman and child from threats, manipulation, and psychological pressure. Normative safety concerns weakening mechanisms such as pressure to “return” or control exercised “through the child” within the family and community environment.

The first stage is relationship mapping. It must be determined who constitutes a source of risk and who represents a potential protective resource for the woman and child. Relationships are analyzed both in terms of emotional closeness and actual safety. This stage ensures the differentiation between safe and dangerous relationships.

The second stage is the establishment of boundaries. The principal principle in regulating relationships is the clarification of boundaries. This includes defining, within legal and psychological frameworks, the rules of contact with former partners or family members. If child visitation mechanisms exist, they must be organized within the framework of the safety plan and under supervision. The frequency, location, and mediation mechanisms of contact must be determined in advance.

The third stage is the reconstruction of the balance of power. Domestic violence reflects the disruption of the balance of power. The regulation of relationships therefore requires restoring this balance at the structural level. The woman’s right to decision-making must be strengthened, and the child’s safety must be recognized as the primary priority. Amartya Sen’s understanding of the subject’s ability to influence their own life constitutes a central principle here: relationships must not restrict the woman’s real opportunities for choice.

The fourth stage is the provision of the child’s psychosocial safety. The child frequently carries the emotional burden of conflict between parents. For the child, a safe environment signifies not only physical protection, but also emotional stability. The child must receive the message that

violent relationships are not normal. Otherwise, trauma may be transmitted across generations. Urie Bronfenbrenner's model demonstrates that the child exists under the influence of micro- and mesosystems, and these systems must be brought into harmony.

The fifth stage is supervised dialogue with the family and community. In some cases, the complete severance of relationships may not be possible. Within Turkish culture, kinship and community relations are continuous. For this reason, mediation and ethically framed dialogue mechanisms may be implemented. However, such dialogue must occur only with the woman's consent and after safety has been ensured. The purpose is not reconciliation, but the establishment of safe interpersonal distance.

The sixth stage is the construction of a new relationship model. The social relationships of the woman and child must be restructured. Support groups, social service structures, and trustworthy kinship relations should be transformed into protective relationships. In accordance with Robert D. Putnam's approach to social capital, trust and reciprocal support create a stable relational environment.

The seventh stage is continuous monitoring. Relationships are not static; they change over time. Manipulative behavior by a former partner, increased family pressure, or emotional reactions from the child constitute early warning indicators. If these signs are observed, intervention must be reactivated.

Within this model, the principal principle is that safety is ensured not through the complete rupture of relationships, but through their structured and supervised reorganization. For women and children, a safe environment is constructed through the parallel establishment of physical protection, emotional stability, and the weakening of normative pressure. The regulation of relationships must strengthen the woman's self-expression, preserve the child's emotional stability, and ensure balanced social distance within the community.

In conclusion, within the rehabilitation of women with children, the regulation of relationships must be included in the model as a distinct stage and constructed as the central element of the architecture of safety. Healing signifies not merely the reduction of trauma, but the ability of the



woman and child to live within a system of relationships that is safe, stable, and free from coercive control.

The risk-based decision tree model within the rehabilitation of women with children represents not merely the establishment of rules for family communication, but also the process of preventing coercive power relations, normative pressure mechanisms, and the instrumentalization of the child.

Within the context of domestic violence, relationships often function not through love or emotional attachment, but through structures of control and domination. For this reason, the reconstruction of relationships signifies not emotional reconciliation, but the systematic design of an architecture of safety.

A risk-based approach requires beginning not from emotional or cultural pressure, but from the assessment of structural safety. The principal question at the first stage is whether the continuation of the relationship is possible from the perspective of safety. If the risk of physical violence, threats, surveillance, or manipulative control continues, the priority becomes not the regulation of the relationship, but its limitation. The objective here is not the preservation of the family, but the protection of life and psychological integrity. Without ensuring safety, no social or emotional dialogue stage can be considered either effective or ethical.

For women with children, risk assessment requires a dual-level evaluation. If the child has been directly or indirectly exposed to violence, the child's safety must be planned separately and in parallel. The child's emotional condition, exposure to violence, and the impact of parental conflict must all be evaluated. If the child is being used as a mechanism of manipulation — for example, as a tool to force the woman to return — this constitutes a high-risk indicator and requires the structured limitation of the relationship. Under no circumstances may the child function as an instrument of social or family compromise.

After the reduction of risk, the next stage is the establishment of boundaries within relationships. Boundaries must be defined not emotionally, but within legal and psychological frameworks. The form, frequency, and location of contact must be clearly agreed upon, and the woman's consent must constitute the fundamental condition. The principal principle at this stage is the preservation of the woman's freedom of decision-making. If the woman makes decisions under fear or social

pressure, the normalization stage of the relationship must be postponed. If self-expression remains weak, a return to the safety stage becomes unavoidable.

Within Turkish family culture, one particular risk component is structural violence. Norms such as “the child belongs to the father’s family,” “family unity requires endurance,” or “the child needs the father” may create normative pressure upon women. These mechanisms may be used to force women to return even in the absence of direct physical violence. A risk-based model must analyze these mechanisms separately and evaluate community pressure as a safety parameter. If social acceptance conflicts with safety, priority is given not to legitimacy, but to safety.

In situations of medium risk, the structured regulation of relationships may become possible. At this stage, mediation mechanisms, supervision by social services, and written agreements are implemented. The child’s emotional reactions are continuously monitored. If, after contact, the child displays fear, regression, or increased anxiety, the level of risk is reassessed. The regulation of relationships is a dynamic process requiring continuous monitoring.

In low-risk situations, transition to the stage of structured reintegration may become possible. However, this reintegration does not signify reconciliation or a return to the previous relationship model. The objective is the preservation of safe distance and mutual respect. Relationships may continue only when the woman’s consent and the child’s safety are fully ensured.

An important characteristic of the risk-based approach is its cyclical and flexible nature. Relationships may change over time, and situations previously assessed as low risk may later become dangerous again. For this reason, early warning indicators must be clearly identified: escalation of threats, intensification of family pressure, emotional disturbances in the child, and weakening of the woman’s decision-making capacity. When these signs appear, the model returns to the initial stage of safety.

The principal conceptual transformation within this approach is the shift from the idea of the “restoration of the family” to the concept of a “safe relationship architecture.” The objective is not to return the family to its previous form, but to ensure that the woman and child live within a relational environment that is safe and free from coercive control. The regulation of relationships

is therefore not a compromise, but a structured mechanism established within a legal and balanced framework.

In conclusion, within the rehabilitation of women with children who are victims of domestic violence, the risk-based model must be constructed upon the principles of safety, prioritization of the child's interests, and protection of the woman's decision-making rights. The continuation of relationships becomes possible only when the level of risk is low and boundaries are clearly established. Healing here signifies not the restoration of emotional attachment, but the creation of a safe and stable social environment.

## **CHAPTER VII**

### **PRACTICAL INTERVENTION PROTOCOLS**

The development of practical intervention protocols is not only a legal and psychological necessity, but also a matter of correctly interpreting and transforming cultural behavioral structures. Social intervention never occurs in an empty space; it is formed within collective memory, family structure, traditional norms, and behavioral codes. For this reason, intervention protocols cannot be considered separately from the cultural behavioral model.

The cultural behavioral model recognizes that an individual's decision-making and relationship systems are formed within the framework of family, community, and historical values. This approach focuses not on individual pathology, but on analyzing the socio-cultural roots of behavior. Pierre Bourdieu's concept of the "social behavioral code" demonstrates that behavior is directed by socially formed codes that precede conscious awareness. This means that the specialist conducting intervention must understand not only the symptom, but also the cultural mechanism that normalizes that behavior.

Traditional social systems may function both as protective and as risk-producing factors. The family model among Turkic peoples is built upon the principles of collective responsibility, respect for elders, protection of family reputation, and social solidarity. On the one hand, these values create protection; on the other hand, they may contribute to the concealment of violence and practices such as early marriage. Michael Ungar explains resilience after crisis not as an internal personal trait, but as access to social resources. Therefore, when properly directed, the traditional family structure may become a foundation for the intervention process.

Practical intervention protocols must take this dual nature into account. If a protocol functions solely as a legal mechanism, it will encounter resistance from the community. If risk is ignored under the name of cultural sensitivity, the principle of safety will be violated. The preservation of this balance becomes possible through an approach of cultural reinterpretation.

Cultural reinterpretation seeks to transform dangerous aspects of tradition without rejecting tradition itself. Judith Herman emphasizes that trauma recovery is connected with the restoration of social relationships. Considering the strength of social bonds within the Turkish family model, the protocol must encompass not only the individual, but also the family system. Murray Bowen's family systems theory demonstrates that individual behavior cannot be separated from family dynamics. For this reason, the intervention plan must take into account role distribution within the family, decision-making hierarchy, and mechanisms of collective pressure.

A tradition-related intervention protocol must be based upon three principal principles: safety, the individual's capacity for self-expression, and cultural compatibility. The principle of safety is grounded in the internationally accepted "do no harm" approach. The principle of the ability to influence one's own destiny requires the protection of the individual's decision-making rights. Amartya Sen's "Capabilities and Functionings" model demonstrates that real freedom is measured by the expansion of opportunities for choice. This approach provides a theoretical basis for making the individual's voice visible within tradition.

Within Turkish culture, the institutions of the "ağsaqqal" (elder man) and "ağbirçək" (elder woman) historically functioned as mechanisms of social regulation. A practical intervention protocol may evaluate these institutions not as risk-producing mechanisms, but as mediative resources. If a structured and safety-based mechanism is established, the traditional leadership model may be transformed into a system of social support.

At the same time, Erving Goffman demonstrated that the process of stigma results in the marginalization of individuals who do not conform to social norms. The silencing of victims of violence in order to protect family reputation is directly connected with these mechanisms. Taking this stigma mechanism into account, the protocol must strengthen measures of confidentiality and safety.

The cultural behavioral model also elevates risk mapping to a different level. Risk is not limited to physical danger, but also includes social isolation, fear of reputational loss, and mechanisms of collective pressure. From this perspective, protocol indicators must encompass not only individual symptoms, but also cultural risk factors.

A trauma-informed approach is based upon the principles of safety, collaboration, and empowerment. Considering collective decision-making mechanisms within the Turkish family model, these principles must be adapted accordingly. The Western-centered model prioritizes individual independence, whereas in collectivist cultures decisions are often made within the family framework. Protocols developed without consideration of this distinction will not be effective.

The cultural behavioral model also requires the analysis of the normative foundations of behavior. For example, early marriage may be accepted within some communities as a traditional norm. However, this norm creates legal and psychological risks. Without directly rejecting the norm, the protocol must make its consequences visible and present alternative safe choices.

Linking practical intervention protocols with tradition reduces social resistance and increases acceptance. Pierre Bourdieu emphasized that legitimacy and authority arise from social acceptance. If the intervention mechanism is perceived by the community as “external pressure,” its effectiveness will decrease.

At the same time, the protocol must not fall into the trap of cultural relativism. Human rights are based upon universal principles, and violence cannot be legitimized within any culture. This balance forms the basis of the ethical framework.

Thus, when practical intervention protocols are connected with the cultural behavioral model, they:

- Take into account the social roots of behavior;
- Analyze tradition as both a protective and a risk factor;
- Create a balance between decision-making power and safety;
- Integrate community resources into protection mechanisms;
- Identify stigma and collective pressure mechanisms as risk indicators;
- Adapt Western models through cultural transformation without rejecting them.

The integration of practical intervention protocols with the cultural behavioral model makes them more acceptable, sustainable, and effective. Structures established without entering into conflict

with tradition, yet without retreating from the principle of safety, create an intervention system that is optimal from legal, psychological, and social perspectives.

## **7.1. Initial Assessment Form**

The initial assessment is the most important stage of the social intervention process. Decisions made at this stage play a determining role in terms of safety, legal acceptance, and the direction of rehabilitation. However, initial assessment is not merely the collection of clinical symptoms or factual information; it requires the systematic analysis of the cultural, familial, and social structures within which the individual is situated. Particularly in collectivist cultures, where family reputation, social reputation, and traditional hierarchy are strong, the assessment form cannot rely solely on individual risk indicators. For this reason, an initial assessment form adapted to the cultural context must analyze principles of safety, the concept of self-expression, and traditional social mechanisms within the same framework.

The theoretical foundations of initial assessment are grounded in the synthesis of trauma-informed approaches, systems theory, and the socio-ecological model. The trauma-informed approach identifies safety as the first stage and structures the sequence of intervention. Systems theory demonstrates that individual behavior cannot be separated from family and community relationships. The socio-ecological model emphasizes the interaction of risk and protective factors at the individual, family, community, and institutional levels. Within this framework, the initial assessment form must seek answers not only to the question “What happened?” but also to the question “Through which social and cultural mechanisms did this event become possible?”

A culturally adapted form may be structured around four principal blocks: safety and risk indicators; family and hierarchical structure analysis; socio-normative pressure mechanisms; and individual autonomy and resource potential. Each of these blocks must function as a system complementing the others.

The section concerning safety and risk indicators preserves traditional risk assessment mechanisms while also incorporating cultural factors. Physical violence, threats, economic dependency, and social isolation constitute classical risk factors. However, within collectivist environments, silencing for the protection of family reputation, the absolute authority of elder decisions, and

community pressure must also be recorded as risk indicators. These indicators must be systematically categorized into low-, medium-, and high-risk levels.

The section analyzing family and hierarchical structure evaluates the individual's position within the family system. Who exercises decision-making authority? Who controls economic resources? How are gender roles distributed within the family? Such questions must be systematically incorporated into the form. Decisions made without analyzing family structure frequently remain incomplete.

The section concerning socio-normative pressure mechanisms addresses the evaluation of traditional behavioral codes. The purpose here is not to reject tradition, but to make visible those aspects that generate risk. The legalization of early marriage, the treatment of violence as a "family matter," and fear of social reputational loss must all be identified as separate indicators within the initial assessment.

The section concerning individual autonomy and resource potential evaluates the person's opportunities for decision-making, social support network, and economic potential. At this stage, the individual must be assessed not only as an object of risk, but also as a carrier of resources. The socio-ecological approach demonstrates that resilience against adversity depends not merely on the individual's inner strength, but also upon access to opportunities and resources. Therefore, the form must systematically record the individual's level of education, skills, social relationships, and legal awareness.

A culturally adapted initial assessment form must also be grounded within an ethical framework. The principles of confidentiality, voluntariness, and informed consent must be clearly stated. In collectivist cultures, family decisions may take precedence; however, the assessment process cannot be conducted without the individual's consent. Preserving this balance is essential for maintaining ethical integrity.

The language of the form must be simple and non-stigmatizing. Question formulations should not be accusatory or normative. For example, instead of asking, "Why did you endure it?", the form should ask, "Which factors made decision-making difficult for you?" This reflects the central principle of trauma-informed practice.



The initial assessment form must be suitable for multidisciplinary use. Social workers, psychologists, and legal professionals should all use the same form, while retaining the ability to add notes specific to their field. This approach strengthens coordination and prevents fragmentation of information.

Within the structure of the form, open-ended and closed-ended questions must be balanced. Closed questions enable the measurement of risk levels, while open questions create opportunities for collecting fact-based information. Narrative information is essential for enabling the individual to express their own story and for supporting the reinterpretation of traumatic experience.

The results of the assessment must not serve solely diagnostic purposes. They must immediately be integrated into the safety plan and service package. If a high level of risk is identified, protection mechanisms must be activated immediately. In medium-risk situations, monitoring and social support mechanisms must be strengthened.

The culturally adapted form also includes the mapping of community resources. The roles of elder institutions (“ağsaqqal” and “ağbirçək”), women’s support groups, and religious community leaders must separately be evaluated as both risk and protective factors. When properly directed, these resources increase the legitimacy of the intervention process.

The assessment form must be treated as a dynamic document. As risk levels change, the form must be updated and supplemented with monitoring sections. This ensures the continuity of the intervention process.

Finally, it should be emphasized that the culturally adapted initial assessment form functions as a mechanism balancing tradition and legal principles. It neither falls into cultural relativism nor embraces a universalism that ignores context. This model creates an optimal balance among safety, the individual’s independent decision-making, and social acceptance.

Thus, the initial assessment form is not merely a tool for collecting information, but a practical guarantee of social justice and ethical responsibility. Its adaptation to the cultural context makes the intervention process more effective, sustainable, and acceptable to the community.

## **Initial Assessment Form**

### **BLOCK I**

#### **Safety and Emergency Risk Assessment**

**Purpose:** To determine the level of current danger.

1. Is there currently a physical threat?
2. Has violence occurred within the last 72 hours?
3. Is there evidence of threats or intimidation?
4. Is there a risk involving the use of weapons or dangerous objects?
5. Is there forced restriction of movement (for example, being prevented from leaving the home)?
6. Are children at risk?
7. Does the individual have access to a safe place?

#### **Assessment**

- Low risk
- Medium risk
- High risk (emergency intervention required)

### **BLOCK II**

#### **Family and Hierarchical Structure Analysis**

**Purpose:** To understand the individual's position within the family system.

1. Who is the primary decision-maker within the family?

2. Who controls economic resources?
3. How are gender roles distributed within the family?
4. What is the role of elders (“ağsaqqal/ağbirçək”) within the family?
5. Does the protection of family reputation influence decision-making?
6. Does the individual have the ability to make independent decisions apart from the family?
7. Have there been previous incidents of violence within the family?

## **BLOCK III**

### **Social and Cultural Pressure Mechanisms**

**Purpose:** To identify normative and collective pressure factors.

1. Is there pressure from the community or relatives?
2. Is there an attitude such as “family matters should not be taken outside the family”?
3. Are early marriage or forced relationships accepted as traditional norms?
4. Does divorce or separation create social stigma?
5. Does the individual experience fear of reputational loss?
6. Are religious or cultural arguments being used to legitimize violence?

## **BLOCK IV**

### **Individual Independence and Decision-Making Capacity**

**Purpose:** To evaluate the individual’s real opportunities for choice.

1. Does the individual wish to make decisions regarding their own situation?
2. What are the primary factors preventing decision-making?
3. Is the individual informed about their rights?
4. Does the individual possess financial independence?
5. Does the individual have education or vocational skills?
6. Does the individual have social support connections (friends, relatives, community)?
7. Is the individual informed about safe alternatives and options?

## **BLOCK V**

### **Psychological and Emotional Condition**

**Purpose:** To evaluate trauma and the level of emotional risk.

1. Are there sleep disturbances?
2. Is there a constant sense of fear or anxiety?
3. Is there evidence of reduced self-worth?
4. Is there a sense of hopelessness or inability to see a way out?
5. Are traumatic memories recurring?
6. Is there a risk of harm to self or others?

## **BLOCK VI**

### **Child-Related Risk**

1. Is there a minor child in the household?
2. Has the child witnessed violence?
3. Does the child attend school regularly?
4. Is there a safety plan for the child?
5. Is a dependent or disabled person at risk?

## **BLOCK VII**

### **Resources and Rehabilitation Potential**

1. What are the individual's strengths and skills?
2. Are there community resources from which the individual may receive support?
3. Does the individual have access to state or NGO services?
4. Is there a safe living alternative available?
5. Is there potential for economic reintegration?

## **BLOCK VIII**

## Cultural Reinterpretation Assessment

**Purpose:** To identify the risk-producing and protective aspects of tradition.

1. Which traditional values may function as resources for safety?
2. Which traditional norms create risk?
3. Can family elders play a mediative role?
4. Can community leaders be involved in protection mechanisms?
5. How can tradition be harmonized with the legal framework?

### Generalized Initial Assessment Scoring Table

N	Assessment Block	Indicators (short)	0	1	2	3	Bal
A1	Physical risk	Violence in the last 72 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
A2	Physical risk	Threats / intimidation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
A3	Physical risk	Restriction of movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
A4	Physical risk	Weapon / severe violence risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
A5	Physical risk	Child safety risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
B1	Psychological risk	Constant fear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
B2	Psychological risk	Sleep / panic disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
B3	Psychological risk	Hopelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
B4	Psychological risk	Traumatic recurrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—

<b>B5</b>	Psychological risk	Self-harm risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>C1</b>	Socio-cultural pressure	Family honor pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>C2</b>	Socio-cultural pressure	“Family matter” approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>C3</b>	Socio-cultural pressure	Divorce stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>C4</b>	Socio-cultural pressure	Religious/cultural legitimization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>C5</b>	Socio-cultural pressure	Community pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>D1</b>	Weakness in personal decision-making	Inability to make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>D2</b>	Weakness in personal decision-making	Economic dependency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>D3</b>	Weakness in personal decision-making	Lack of legal awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>D4</b>	Weakness in personal decision-making	Lack of alternatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>E1</b>	Resource vulnerability	No social support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—

<b>E2</b>	Resource vulnerability	No safe shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>E3</b>	Resource vulnerability	Weak economic capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>E4</b>	Resource vulnerability	No access to services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>E5</b>	Resource vulnerability	No protective family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—

### Overall Score Calculation

A Block (Physical risk)      \_\_\_ /15

B Block (Psychological risk) \_\_\_ /15

C Block (Socio-cultural pressure)      \_\_\_ /15

D Block (Weakness in agency/decision-making)      \_\_\_ /15

E Block (Resource vulnerability)      \_\_\_ /15

**Total Score**      \_\_\_ /75

### Risk level interpretation

<b>Total Score</b>	<b>Risk Level</b>	<b>Intervention</b>
0–20	Low	Monitoring
21–40	Moderate	Structured intervention
41–60	High	Emergency safety plan
61–75	Critical / Emergency	Immediate protection and legal defense

**Cultural adjustment rule. If the C Block (Socio-cultural pressure) is above 10 points, the overall risk level is increased by one level.**

## **7.2. Culturally sensitive interview technique**

Culturally sensitive interview technique is one of the essential tools of the initial and ongoing assessment stages in the fields of social work, psychological rehabilitation, and legal intervention. Especially in cases of violence, human trafficking, early marriage, and other sensitive situations, the interview is not only a process of collecting information, but also a stage of building safety, establishing trust, and restoring personal decision-making capacity. The adaptation of interview techniques to the cultural context determines their effectiveness and acceptance.

Research conducted in the field of trauma work shows that the initial communication established with individuals who have experienced traumatic events seriously affects the direction of their subsequent rehabilitation. Judith Herman explains the trauma recovery process through the stages of restoring safety, constructing the narrative, and reintegration, and notes that conducting deep interviews before a sense of safety is established may cause additional psychological harm. From this perspective, culturally sensitive interview technique should first of all be based on the principles of safety and psychological stability.

The concept of cultural sensitivity is presented in anthropological and social theory as establishing a balance between cultural relativism and universal human rights. Franz Boas emphasized that cultural behavior depends on context and demonstrated that every society has its own internal logic. However, in the field of modern social intervention, a fully relativist position is not accepted, because human rights constitute a universal framework. Therefore, interview techniques must both take cultural context into account and avoid retreating from safety and legal principles.

Cultural social behavior codes express the behavior and thinking tendencies shaped by the individual's social environment. During an interview, an individual's silence, avoidance of eye contact, or preference for family decisions may often not indicate weakness, but rather reflect manifestations of cultural social behavior codes. Therefore, the interviewer should analyze such behavior not as pathology, but as a structured social reflex.



Culturally sensitive interview technique is based on three fundamental principles: safety, respect, and independent decision-making capacity. Safety must be ensured both physically and psychologically. Respect requires a non-judgmental attitude toward the individual's values and beliefs. Agency, in turn, considers the individual's right to express their own story and participate in the decision-making process. In Anthony Giddens' structuration theory, the individual's independent decision-making capacity is presented as an active force reproducing social structure. This approach justifies accepting the person in the interview process not as a passive object, but as an active subject.

Interview techniques adapted to the cultural context should be implemented in structured stages. The first stage is the establishment of contact and trust-building. At this stage, the specialist should clearly explain his/her role and the purpose of the interview, and emphasize the principles of confidentiality and safety. In cultures where collectivism exists, the issue of the participation of a family member should be carefully assessed; in some cases family support may create safety, while in other cases it may turn into a mechanism of pressure.

The second stage is the collection of core information. The narrative approach developed by Michael White and David Epston<sup>184</sup> shows that the problem is not the person; rather, the problem occupies a dominant position in the person's life story. During the interview, open-ended questions should be used, and the person should be allowed to describe the event from their own perspective. Instead of asking "What happened?", asking "How did you experience this situation?" creates conditions for the traumatic experience to be interpreted and given meaning.

The third stage is the identification of risks and resources. At this stage, the socio-ecological model is applied. Alongside individual risks, family, community, and institutional factors should also be assessed. Michael Ungar associates resilience with opportunities for access to social resources. From this perspective, the interview should reveal not only risks, but also protective factors.

The adaptation of cultural factors should also be implemented at the level of language and terminology. It is important to avoid accusatory or normative expressions. For example, instead of the question "Why did you endure it?", the question "Which factors made it difficult for you to

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<sup>184</sup> White, Michael & Epston, David (1990). *Narrative Means to Therapeutic Ends*. New York: W. W. Norton & Company.

make decisions?” should be used. This is one of the fundamental principles of the trauma-informed approach.

Gender and age factors should also be taken into consideration. In collectivist societies, it may be socially difficult for women to speak directly and openly. In such cases, indirect and gradual questions may be more effective. When interviewing children and adolescents, language appropriate to their safety and developmental level should be used.

It is highly likely that religious and traditional arguments may emerge during the interview. The specialist should establish dialogue without rejecting these arguments, while at the same time protecting the legal and ethical framework. The approach of cultural reinterpretation may be applied here. That is, by emphasizing the protective aspects of traditional values, it is possible to transform the aspects that create risk.

Culturally sensitive interview technique should be strengthened through multidisciplinary cooperation. The social worker, psychologist, and lawyer should work on the basis of the same information database. This coordination prevents the repetition of information and the retraumatization of the victim.

The ethical framework should be given special emphasis. The principles of informed consent, confidentiality, and voluntariness should be clearly ensured. The person has the right to stop the interview at any stage. This is the fundamental condition for preserving independent decision-making capacity.

The effectiveness of culturally sensitive interview technique should be ensured through training and supervision. The specialist should recognize their own cultural stereotypes and possible biases. Without this self-awareness approach, cultural sensitivity is not possible.

As a result, culturally sensitive interview technique is a systematic approach that creates a balance between safety, respect, and independent decision-making capacity. It neither falls into cultural relativism nor into universalism detached from context. By taking cultural behavior models into account, a structured interview ensures both the correct assessment of risk and the effective beginning of the rehabilitation process.

This technique increases independent decision-making capacity in the process of social intervention, reduces community resistance, and enables the individual to express their life story safely. Thus, the culturally adapted interview is not only a method, but also a practical expression of social justice and ethical responsibility.

### **7.3. Family mediation mechanism**

The family mediation mechanism is a form of intervention that requires special methodological sensitivity within the Turkish family model characterized by collectivist structure. This mechanism is not simply the softening of conflict or finding compromise between two parties; rather, it is a process of establishing balance between social structure, cultural norms, legal framework, and individual decision-making. However, the effectiveness of the mediation mechanism depends not only on structured stages, but also on the neutrality and self-awareness skills of the person conducting the dialogue. In traditional environments, a mediator who has grown up in the same social space and shares the same stereotypes may unconsciously accept certain risky behaviors as “normal.” This, in turn, may weaken the principles of safety and legal legitimacy of the intervention.

The Turkish family model has historically been built on collective responsibility, family honor, respect for elders, and intergenerational hierarchy. Although this structure creates social resilience and mutual support, it may restrict individual decision-making and cause violence to remain hidden. In some regions, approaches such as treating conflicts within the family as a “family matter,” stigmatizing divorce, and normalizing women’s endurance are perceived as cultural norms. This normative framework should be carefully analyzed during the mediation process.

Murray Bowen’s family systems theory shows that an individual’s behavior is closely connected to the emotional dynamics of the family system. During mediation, it should be taken into account that the conflict occurs not only between two individuals, but within the entire family structure. However, the aim of preserving the family system should not override the principle of safety. Judith Herman emphasizes that dialogue conducted without ensuring safety in the context of trauma may create additional harm. Therefore, mediation should only be carried out when the level of risk is under control.

The main warning point here is the neutrality of the person conducting the dialogue. The mediator may have grown up in the same cultural environment and may unconsciously accept certain forms of behavior as legitimate. Pierre Bourdieu's concept of internalized social behavior models explains this phenomenon: behavior and thinking tendencies shaped by the social environment operate beyond the individual's conscious awareness. Without recognizing their own internalized social behavior models, the mediator may present normative ideas such as "family honor is above everything" or "a woman should endure in order to protect the family" as neutral positions. This undermines neutrality.

For this reason, the mediation mechanism adapted to the cultural context should include reflexive monitoring and supervision mechanisms. The mediator should recognize their personal stereotypes and potential biases, and should prioritize the legal and ethical framework. Max Weber's<sup>185</sup> concept of legal-rational legitimacy demonstrates that traditional acceptance cannot replace modern legal norms. Even if the mediator respects traditions, this does not eliminate legal responsibility.

The mediation mechanism may be structured in three stages: preparation, dialogue, and monitoring. During the preparation stage, risk assessment is conducted and the mediator's neutrality is evaluated. If the mediator has kinship ties, social closeness, or the same hierarchical affiliation with one of the parties, an alternative neutral mediator should be appointed. At this stage, the safety of the parties should also be separately confirmed.

During the dialogue stage, structured rules are applied: not interrupting speech, not allowing insults, and not justifying violence. The mediator should avoid "normalized language." For example, expressions such as "these things happen in every family" or "men are emotional" are risky and unethical. Such approaches may serve to adapt violence to social norms.

Cultural reinterpretation may be used as a constructive tool at this stage. By bringing the protective aspects of traditional values to the forefront, it is emphasized that violence harms family unity. This approach reduces community resistance, but does not retreat from the principle of safety.

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<sup>185</sup> Max Weber *Economy and Society* (1922)

The issue of personal decision-making requires special attention in the mediation process. According to Anthony Giddens' structuration theory, independent decision-making capacity has transformative potential within the social structure. During mediation, the individual's right to make decisions should not remain overshadowed by family decisions. If the person does not clearly consent, mediation cannot be considered legally and ethically valid.

The monitoring stage evaluates the sustainability of changes after mediation. The socio-ecological approach shows that change should be strengthened not only at the individual level, but also at the family and community levels. If socio-cultural pressure remains high, risk may increase again. In this case, additional intervention mechanisms should be applied.

It should be emphasized as a warning that mediation is not a means of eliminating violence; it is only a mechanism for safe and lawful transformation. If the act of violence creates legal responsibility, mediation cannot replace that responsibility.

Thus, the family mediation mechanism adapted to the Turkish family model should be implemented under the following conditions:

- The mediator must be fully neutral and self-evaluative.
- Personal stereotypes and cultural norms must be critically analyzed.
- Safety must remain the priority.
- The individual's independent decision-making must be protected.
- The legal framework must remain the primary norm.
- Monitoring and sustainability must be ensured.

As a result, the family mediation mechanism may become more acceptable and sustainable when adapted to the cultural context. However, the possibility that approaches considered "normal" by a mediator who has grown up in the same social environment may create risks should be taken into account. For this reason, the mechanism should function not only as a structured procedure, but also as a system of ethical and self-evaluative self-monitoring.

<b>№</b>	<b>Inspection area</b>	<b>Question I will ask myself</b>	<b>Yes</b>	<b>Partially</b>	<b>No</b>	<b>Risk note</b>
1	Neutrality	Do I have any personal, family, or social closeness with one of the parties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Cultural bias	Am I actively thinking in a way such as “This is normal for us”?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Gender stereotype	Am I subconsciously justifying gender roles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Traditional non-acceptance mechanism	Am I prioritizing the “family honor” argument over safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Safety priority	Have I placed physical and psychological safety first?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Legal framework	Am I avoiding replacing legal responsibility with mediation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Individual’s independent	Does the individual have clear consent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	decision-making					
8	Power balance	Am I maintaining a balance of power in the dialogue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Language use	Have I used normative or accusatory expressions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Risk of pressure	Is the mediation itself creating additional social pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Self-awareness	Am I aware of my own emotional reactions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Supervision	Do I feel the need for supervision in difficult cases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Informed consent	Do the parties fully understand the nature of the process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Confidentiality	Have confidentiality risks been assessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

15	Monitoring	Is there a follow-up plan after the meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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A mediator who has grown up within the Turkish family model may perceive certain stereotypes as normative. This checklist should be used as a self-assessment tool to identify such subconscious norms. The aim is not to reject tradition, but to prioritize safety and legal legitimacy.

**Table of Stereotype Risk Indicators**

<b>№</b>	<b>Stereotype Type</b>	<b>Risky Expression or Thought Pattern</b>	<b>Potential Danger</b>	<b>Risk Level (H/M/L)</b>	<b>Prevention Strategy</b>
1	Gender stereotype	“A woman should be patient.”	Normalization of violence	<input type="checkbox"/>	Prioritize the legal framework
2	Family honor stereotype	“Family honor is above everything.”	Safety becomes secondary	<input type="checkbox"/>	Reinterpret safety as family honor
3	Divorce stigma	“Divorce is not good.”	Weakening of the victim’s decision-making power	<input type="checkbox"/>	Emphasize the principle of independent decision-making
4	Early marriage normativity	“This is normal in our region.”	Acceptance of legal violations	<input type="checkbox"/>	Explain the legislation
5	Male dominance	“The man is the head of the family.”	Distortion of power balance	<input type="checkbox"/>	Principle of equal rights



6	Minimization of violence	“This happens in every family.”	Downplaying trauma	<input type="checkbox"/>	Trauma-informed approach
7	Religious justification	“Religion allows this.”	Weakening of legal responsibility	<input type="checkbox"/>	Emphasize legal and ethical boundaries
8	Regional stereotype	“That’s how it is in villages.”	Systematic concealment of risk	<input type="checkbox"/>	Return to analysis of the individual situation
9	Victim blaming	“Maybe you caused it too?”	Re-traumatization	<input type="checkbox"/>	Use non-judgmental language
10	Child-related stereotype	“The child does not understand.”	Violation of children’s rights	<input type="checkbox"/>	Principle of children’s rights
11	Social class stereotype	“These things happen in such families.”	Discrimination and ethical violations	<input type="checkbox"/>	Principle of equality
12	Emotional weakness stereotype	“They are too sensitive.”	Minimization of psychological risk	<input type="checkbox"/>	Clinical assessment standards
13	Mediator identification	“I also grew up in this environment.”	Weakening of neutrality	<input type="checkbox"/>	Self-assessment and self-monitoring
14	Normalization of social pressure	“The relatives want it this way.”	Loss of independent decision-making	<input type="checkbox"/>	Prioritize individual consent
15	Extreme cultural relativism	“It is part of their culture.”	Weakening of legal principles	<input type="checkbox"/>	Human rights framework

## Neutrality Assessment Scale

### Assessment Principle

Each indicator is evaluated on a scale from 0 to 3 points.

Bal	İzah
0	Tam neytrallıq qorunur
1	Zəif təsir ehtimalı
2	Qismən qərəz riski
3	Aydın tərəfkeşlik və ya qərəz riski

## II. Neutrality Indicators Table

№	Assessment Area	Self-Check Question	0	1	2	3
1	Personal connection	Do I have any social or family connection with one of the parties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Cultural identification	Do I identify myself more closely with one of the parties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Gender position	Are subconscious gender stereotypes active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4	Language use	Have I used expressions defending one side?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Emotional reaction	Do I feel emotional sympathy or antipathy toward one party?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Risk of normalization	Is the thought “This is normal for us” present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Power balance	Am I maintaining an equal balance of power?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Protection of agency	Is the individual’s consent clear and voluntary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Legal priority	Am I applying the legal framework equally to both parties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Safety priority	Am I prioritizing the principle of safety over tradition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11	Self-assessment process	Have I consciously analyzed my own biases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Need for supervision	Am I willing to seek additional professional opinion in difficult cases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Calculation of the total score

**Maximum score: 36**

Total Score	Level of Neutrality	Recommendation
0–8	High neutrality	Mediation may continue
9–16	Partial risk	Additional reflection is required
17–24	Moderate risk	Supervision is recommended
25–36	High risk of bias	The mediator should be replaced

This scale is intended to reduce the risk of normative blindness that may arise from the fact that the evaluator and the child grew up in the same social environment.

The purpose is not to deny tradition, but to preserve safety and legal legitimacy.

## **7.4. Social Reintegration Route**

The concept of social reintegration is not merely the return of an individual to a zone of physical safety, but the process of restoring their social functionality, ability to build relationships, independence in decision-making, and social role. For individuals who have experienced trauma or have been exposed to violence, exploitation, or social isolation, reintegration within the classical social service model often has an individual-centered and unstructured character. However, in the context of the Single Family System, reintegration envisages not the reintegration of the individual alone, but the reintegration of the family unit into the social system. This requires the reorganization of structure, role distribution, emotional balance, power relations, and cultural codes.

According to family systems theory, the family is not merely a biological union, but a dynamic structure functioning through mechanisms of mutual interaction and mutual regulation. The trauma of one family member affects the entire system, and the system either creates maladaptive stability or activates the potential for change. From this perspective, the reintegration route is not simply a package of social services, but a mechanism for rebalancing the system.

In the context of the Single Family System, reintegration includes three main phases: safety and stabilization, restructuring, and the expansion of social functionality. In the first phase, the safety status of the family is assessed. Here, physical safety, minimum economic security, legal protection, and psychological stability are the main indicators. The safety phase includes not only protective measures, but also the activation of the family's protective resources. Kinship ties, community support, religious and cultural institutions, and local social capital play an important role at this stage.

In the second phase, the restructuring of the family system takes place. Trauma and violence disrupt the balance of power within the family. Either an excessively authoritarian model or a completely dysfunctional structure emerges. The reintegration route aims to redistribute roles and responsibilities within the family, define emotional boundaries, and democratize decision-making mechanisms. The concept of personal decision-making occupies a central place here. Each family member must move from a passive defensive position to an active participatory role.

In the third phase, the expansion of social functionality takes place. This phase envisages restoring not only the internal balance of the family, but also its relationship with external systems. Education, employment, community participation, and integration with social networks ensure the sustainability of the family. The social reintegration route here establishes the connection between economic empowerment and social acceptance. A family must be accepted not only materially, but also in terms of social identity.

A model adapted for the Single Family System cannot be effective without considering the cultural context. In Azerbaijan and in the broader Turkish family model, collective responsibility, intergenerational respect, the role of the head of the family, and the concept of social prestige occupy an important place. The reintegration route should balance these values without denying them, while also preventing them from becoming mechanisms that legitimize violence or unequal power structures.

Here, the approach of cultural reinterpretation is applied. In other words, tradition is preserved as a protective factor, but the elements that normalize trauma must be reconsidered.

In the reintegration process, self-assessment is a fundamental mechanism. Family members are encouraged to consciously analyze their patterns of behavior. This is not only a process of psychological therapy, but also a process of social dialogue. The self-assessment mechanism increases the system's capacity for self-regulation within the family environment and reduces the risk of relapse.

The social reintegration route should also be based on phased evaluation indicators. The safety index, indicators of emotional stability, the level of economic independence, the intensity of social relationships, and participation in decision-making should be continuously monitored. These indicators should include not only quantitative measurement, but also qualitative changes.

The main distinguishing feature of the model for the Single Family System is the consideration of the collective trauma factor. In many cases, violence or social stigma affects all members of the family. Therefore, individual rehabilitation alone is not sufficient. Social reintegration cannot be sustainable without restructuring the communication structure within the family.

This model also requires a coordinated mechanism among social workers, psychologists, and law enforcement entities. The social reintegration route is not a collection of parallel and disconnected services, but a unified and coordinated roadmap. Each intervention step must be based on the results of the previous stage.

As a result, the social reintegration route for the Single Family System requires a more complex and more systematic approach than the individual intervention model. This route is a phased transformation process from safety to functionality, from structure to personal decision-making, and from trauma to cultural reconstruction.

The purpose of the risk–route map is not merely the simple identification of risk factors in the processes of social intervention and reintegration, but the determination of their direction of movement within the system and their transformational potential. Classical risk assessment approaches are often limited to measuring the level of danger and justifying intervention plans through episodic decisions. The risk–route map, however, accepts risk not as a static indicator, but as a dynamic and multi-layered process, and examines it within the framework of the family system, social structure, and cultural context.

The theoretical basis of the model relies on systems theory, the dialectics of structure and personal decision-making, and self-assessment intervention principles. Within the family system, risk is understood not as the result of individual behavior alone, but as a mechanism of mutual influence formed within networks of relationships. From this perspective, risk is not only a concrete phenomenon such as violence, economic dependency, or legal gaps, but also a combination of invisible factors such as normative justification, cultural silence, and the disruption of emotional-psychological balance.

The main purpose of the risk–route map is to analyze risk not through the question “Where is it?” but through the question “Where is it moving toward?” This approach identifies three levels of risk development: the initial risk zone, the transitional risk zone, and the high-intensity zone. In the initial risk zone, weakening of structural balance within the family, communication disorders, and economic instability are observed. In the transitional zone, imbalance of power, psychological

pressure, and social isolation intensify. In the high-intensity zone, open violence, the necessity of legal intervention, and social fragmentation emerge.

The model is not limited only to the diagnostic classification of risk, but simultaneously establishes the route line. Here, the concept of route refers to the roadmap of intervention. Different intervention mechanisms are applied according to each risk level. At the initial risk stage, preventive dialogue, analysis of awareness regarding family roles, and economic empowerment measures are fundamental. At the transitional stage, structural reconstruction, psychosocial intervention, and legal awareness mechanisms are activated. At the high-risk stage, safety planning, legal protection, and intensive rehabilitation measures become priorities.

The risk–route map considers cultural factors as separate risk or protective indicators. In the Azerbaijani family model, prestige, collective responsibility, and traditional authority structures play an important role. These elements can, on one hand, create mechanisms of social support, while on the other hand they may increase the risk of legitimizing violence. The model accepts the reinterpretation of cultural codes as an intervention tool. In other words, tradition is not entirely rejected, but its destructive uses are transformed through the analysis of self-awareness.

An important component of the model is the index of independent decision-making. The ability of family members to make decisions and influence their own lives is assessed. The weakening of an individual's capacity for independent decision-making is considered directly proportional to the intensification of risk. For this reason, interventions aimed at increasing personal decision-making capacity are integrated into every stage of the route line. A woman's economic independence, the continuity of a child's education, and the awareness of responsibility by the head of the family are among the main indicators of this index.

The risk–route map also takes the factor of time into account. Risk is not static, but a cumulative process. Small and invisible risks, if not addressed in time, may shift into zones of high tension. Therefore, the model proposes a phased monitoring mechanism. Monitoring here is not merely the recording of incidents, but the measurement of the emotional condition of the system. Emotional tension, the level of social isolation, and indicators of economic stability are evaluated continuously.



The model does not regard reintegration as the opposite of risk, but as the transformation of risk. The social reintegration route is inseparable from the risk map. As the risk zone changes, the route changes as well. This requires the intervention plan to remain flexible and adaptive. Adaptation here does not mean disorder, but systematic regulation.

The institutional implementation of the risk–route map requires a coordination mechanism. The social worker should monitor the social component of risk, the psychologist its emotional component, and law enforcement structures its safety component in parallel. Without such coordination, the route line is disrupted and risk rises again.

The strength of the model lies in the fact that it unifies risk and intervention within the same analytical framework. In traditional models, the risk report and the reintegration plan are separate documents. The risk–route map, however, presents these two elements within a single structure. This reduces fragmentation in social services and creates continuity.

As a result, the Risk Route Map is a social reintegration model based on the family system, taking cultural context into account and oriented toward the individual's decision-making process. It monitors the dynamics of risk while systematically constructing the path of transformation. The purpose of this model is not merely to move the family from a risk zone to a safety zone, but to transform it into a self-aware, sustainable, and socially accepted system. Reintegration here is not simply a return; it is a process of structural renewal and social strengthening.

### **Tool for measuring indicators**

<b>№</b>	<b>Measurement Area</b>	<b>Indicator</b>	<b>Measurement Method</b>	<b>Evaluation Scale</b>	<b>Risk Level</b>
1	Physical Safety	Incidents of domestic physical violence	Interview + review of legal documents	0–3 (0 = none, 3 = continuous and severe)	0–1 Green / 2 Yellow / 3 Red

2	Psychological Environment	Level of emotional pressure and fear	Standardized survey	0–10 points	0–3 Green / 4–6 Yellow / 7–10 Red
3	Economic Stability	Stable source of family income	Financial situation analysis	0 = stable income / 1 = unstable / 2 = no income	0 Green / 1 Yellow / 2 Red
4	Independent Decision-Making Index	Woman's participation in decision-making	Structured interview	0–5 points	0–1 Red / 2–3 Yellow / 4–5 Green
5	Child Safety	Continuity of the child's education	School attendance record	0 = continuous / 1 = at risk / 2 = discontinued	0 Green / 1 Yellow / 2 Red
6	Social Relations	Support from relatives and community	Social network mapping	0–3 (0 = broad support, 3 = complete isolation)	0–1 Green / 2 Yellow / 3 Red
7	Legal Status	Availability of protection mechanisms	Review of legal documents	0 = protection available / 1 = application submitted / 2 = unavailable	0 Green / 1 Yellow / 2 Red
8	Emotional Regulation	Symptoms of behavioral control disorder	Psychological assessment	0–10 points	0–3 Green / 4–6 Yellow / 7–10 Red

9	Family Structure	Balance of roles and responsibilities	Family map analysis	0 = balanced / 1 = weak balance / 2 = disintegrated structure	0 Green / 1 Yellow / 2 Red
10	Self-Assessment Process	Family's capacity for internal self-assessment	Focus group discussion	0–5 points	0–1 Red / 2–3 Yellow / 4–5 Green

### Overall Evaluation Mechanism

- **0–25 points** → **Green Zone** (*Stable reintegration potential*)
- **26–50 points** → **Yellow Zone** (*Need for transition and structural intervention*)
- **51+ points** → **Red Zone** (*Urgent safety measures and intensive intervention required*)

## 7.5 Multidisciplinary Decision-Making Framework

The multidisciplinary decision-making framework is a conceptual and practical approach formed due to the insufficiency of a single professional field in addressing complex social problems, especially in cases involving violence, human trafficking, trauma, and domestic risk situations. Modern social intervention systems demonstrate that risk is not solely a psychological phenomenon, not merely a legal issue, and not only an economic difficulty. Risk emerges at the intersection of structural conditions, relationships, cultural norms, and institutional gaps. Therefore, the decision-making process itself must be equally multidimensional and coordinated.

Within the framework of systems theory, the family and social environment are understood as interacting subsystems. Ludwig von Bertalanffy's general systems theory<sup>186</sup> demonstrates that the behavior of any system is not merely the sum of its parts but the result of the interactions among them. This approach forms the ontological foundation of multidisciplinary decision-making. A social worker, psychologist, lawyer, and medical specialist examine the same case from different perspectives; however, decisions must be made on the basis of a unified system representation.

In decision-making theory, the rational choice model remained dominant for a long time. However, Herbert Simon's concept of bounded rationality demonstrated that real-life decisions are not made under conditions of complete information and that human cognition is inherently limited<sup>187</sup>. In the field of social intervention, this complexity becomes even greater because information is gathered within emotionally unstable and risky contexts. Therefore, the multidisciplinary framework serves to create collective rationality. The limited viewpoint of one specialist is complemented by the perspective of another.

The multidisciplinary approach also requires ethical justification. Judith Herman identifies safety, balance of power, and restoration of relationships as the fundamental principles in trauma work. These principles require balance among legal intervention, social services, and psychological

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<sup>186</sup> Ludwig von Bertalanffy General System Theory: Foundations, Development, Applications II: 1968: George Braziller (New York).

<sup>187</sup> Herbert A. Simon. Administrative Behavior: A Study of Decision-Making Processes in Administrative Organization 1947

support. Otherwise, decisions may rely either solely on punitive approaches or exclusively on therapeutic approaches, neither of which produces a systemic solution.

The structural components of the decision-making framework are organized into four main stages: information gathering, multidimensional risk assessment, analysis of alternatives, and formulation of a collective decision. During the information stage, not only factual indicators but also cultural context and the distribution of roles within the family are considered.

Pierre Bourdieu's concept of a system of socially and psychologically formed dispositions is particularly important here because individual behavior is connected to internal structures shaped through socialization. Without considering these structures, decisions may provoke social resistance.

At the stage of risk assessment, a dynamic approach is applied. Risk is not statistical but a process with the potential for both intensification and reduction. This approach aligns with the safety-oriented models developed by Andrew Turnell and Steve Edwards<sup>188</sup>.

However, within the multidisciplinary framework, risk is assessed not only in terms of the child's safety, but also from the perspective of the integrity of the family system, the child's level of participation in decision-making, and the potential for social reintegration.

At the stage of analyzing alternatives, ethical dilemmas emerge. Legal intervention may serve to protect the family, yet it may also create social stigma. Psychological intervention may prevent the deepening of trauma; however, if economic dependency is not eliminated, sustainability cannot be ensured. Martha Nussbaum and Amartya Sen's capability approach demonstrates that social decisions should expand a person's real opportunities for choice. This transforms the enhancement of agency into the principal objective of decision-making.

The institutional mechanism of multidisciplinary decision-making is established in the form of a coordination council or working group. Within this structure, each specialist presents their opinion, while the final decision is formed on the basis of consensus. Although the consensus mechanism may appear democratic, in practice problems of power imbalance may arise. Michel Foucault

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<sup>188</sup> Andrew Turnell vs Steve Edwards. *Working with Denied Child Abuse: The Resolutions Approach* — 1997

demonstrates that knowledge and power are interconnected. Therefore, the principle of self-reflexivity is incorporated into the framework. Each specialist must analyze their own position and sphere of influence.

Cultural context constitutes an inseparable component of multidisciplinary decision-making. Within the Azerbaijani family model, traditional public acceptance and the concept of collective reputation remain strong. Max Weber's theory of legitimate authority demonstrates that a decision gains strength not only through legal foundation but also through social acceptance. For this reason, decisions must ensure safety and justice without undermining the family's social legitimacy.

Self-awareness and evaluation are applied at two levels within this framework: professional self-assessment and intrafamilial self-awareness. Anthony Giddens, in his concept of reflexive modernity, emphasizes that individuals continuously reconstruct their life narratives<sup>189</sup>.

The process of social intervention should enable the family to consciously analyze its own behavioral structures. Otherwise, decisions will be perceived as externally imposed dictates, and sustainability will weaken.

The multidisciplinary decision-making framework encompasses not only intervention but also a monitoring mechanism. The impact of decisions is measured through specific indicators: level of safety, emotional regulation, economic stability, intensity of social relations, and the index of independence in decision-making. These indicators are periodically updated, and decisions are adaptively adjusted accordingly. Adaptation is not disorder but systematic flexibility.

The principal advantage of the framework lies in its prevention of fragmentation. In the traditional model, legal, social, and psychological services operate separately. This causes the family to receive different messages simultaneously. The multidisciplinary model creates a unified line of communication and strengthens the acceptance of decisions.

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<sup>189</sup> Anthony Giddens. *Modernity and Self-Identity: Self and Society in the Late Modern Age* —1991 Stanford University Press

As a result, the multidisciplinary decision-making framework represents a systematic, ethical, and culturally contextualized response mechanism to complex social risks. This model aims to prevent the intensification of risk, reduce disorder within the family system, and strengthen independence in decision-making. Decision-making here is not an endpoint, but a stage within an ongoing process. Social intervention is not merely protection, but also structural renewal and the restoration of social legitimacy.

## **CONCLUSION**

The principal innovation presented in this chapter is the reconstruction of the structure of the social intervention process. In traditional social work models, risk is assessed, an intervention plan is prepared, and services are delivered. This sequence is linear and consecutive in character. However, in this chapter, the intervention line is removed from the linear model and transformed into a systemic and circular dynamic. Risk, decision-making, intervention, and reintegration are conceptualized not as separate stages, but as interacting mechanisms. This approach directs intervention not merely toward responding to incidents, but toward the transformation of structures.

One of the innovations is the semantic and methodological transformation of the concept of risk. Here, risk is not merely an indicator of danger. It is presented as a multilayered phenomenon involving the level of tension within social relations, the balance of power within the family, incompatibilities between cultural and legal norms, and disruptions in emotional regulation. This approach does not limit risk assessment to fact-based information alone, but also considers its direction of development. Thus, risk is modeled not as a statistical condition, but as a process with directionality. This constitutes a significant methodological change in social work practice.

The second innovation is the construction of the Risk Route Map as a dynamic intervention tool. Traditional risk maps merely determine the level of risk. In this chapter, however, an intervention route is simultaneously developed alongside the risk zone. In other words, changes in risk require corresponding changes in intervention strategy. This adaptation mechanism reduces disorder

within social services and is grounded in continuous monitoring. It transforms social intervention from a “one-time decision” model into a “regulated process” model.

The third innovation concerns the role of the family system. In traditional intervention models, the family is presented either as a source of risk or merely as a context for protection. In this chapter, however, the family is theoretically grounded as a system possessing transformative potential. Disorder within the family structure is understood not only as a problem but also as an opportunity for change. This perspective removes the family from the position of a passive object and transforms it into a self-reflective subject. The self-awareness family model presents intrafamilial self-assessment mechanisms as a fundamental element of reintegration.

The fourth innovation is the placement of the concept of subjective agency at the center of decision-making and reintegration models. Social intervention often carries a protective and supervisory character, which may create a paternalistic structure. In this chapter, however, the goal of intervention is not only to ensure safety, but also to strengthen the decision-making capacity of the individual and the family. The enhancement of personal agency in decision-making is presented as the primary indicator of risk reduction. This approach removes rehabilitation from dependency and connects it instead with responsibility and the expansion of opportunities for choice.

The fifth innovation is the presentation of multidisciplinary decision-making within a structured ethical framework. Multisectoral participation frequently creates coordination problems. In this chapter, however, decision-making is constructed as a staged and self-reflective mechanism. Each specialist not only provides an opinion, but must also analyze their own position and sphere of influence. This situates the decision-making process upon the balance between knowledge and power, while also creating an institutional-level mechanism of ethical self-regulation.

The sixth innovation is the integration of cultural context as an analytical component. Culture is neither romanticized nor denied. Factors such as traditional acceptance, collective reputation, and the role of the family head are analyzed as mechanisms that can both protect and intensify risk. This dual approach transforms cultural reinterpretation into an instrument of intervention.



Consequently, cultural norms are presented not as objects to be replaced, but as structures to be reinterpreted.

The seventh innovation is the reconceptualization of rehabilitation. Rehabilitation here is not explained as merely the reduction of trauma symptoms or the completion of legal procedures. Rather, it is presented as the restoration of social acceptance and structural harmony. This conceptualization frames reintegration not simply as a return to society, but as a process of systemic reorganization.

The eighth innovation is the transformation of the monitoring mechanism into a structural element. In traditional models, monitoring constitutes the final stage. In this chapter, however, monitoring is presented as an instrument of dynamic evaluation. Indicators such as safety, emotional regulation, economic stability, and the index of independent decision-making are continuously updated. Intervention changes according to the results obtained. This makes the model adaptive and sustainable.

The ninth innovation is the prevention of fragmentation. The parallel and disconnected functioning of legal, social, and psychological services often exposes the family to additional stress. In this chapter, a unified communication line is established. This increases both the acceptance of decisions and the likelihood of their implementation.

The tenth and most fundamental innovation is that intervention is conceptualized not as a mechanism of protection, but as a mechanism of development. The philosophy of the model is not reactive, but transformative at its roots. Risk is understood not as a danger that must simply be eliminated, but as a signal of structural incompatibility within the system. Intervention is directed toward transforming the structural causes underlying that signal.

Thus, the innovation presented in this chapter is not merely the use of new terminology. Rather, the conceptual map of social intervention itself is transformed. Risk is dynamicized, the family becomes a self-reflective subject, individual decision-making is placed at the center, culture is integrated as an analytical component, and multidisciplinary decision-making acquires an ethical structure.

Consequently, the model developed in this chapter proposes three fundamental paradigm shifts within the field of social work. First, intervention is constructed not as linear, but as systemic and adaptive. Second, the approach is oriented not solely toward protection, but toward strengthening the individual's independent decision-making capacity. Third, cultural context is used not as a normative constraint, but as an instrument capable of producing structural transformation. This provides a new theoretical and practical direction for social reintegration and family-based intervention within the Azerbaijani context.

## **PART IV**

# **DIGITAL ERA AND CULTURAL TRANSFORMATION**

The digital era is not merely a stage of technological renewal, but a process of profound transformation in social relations, structures of power, forms of identity, and cultural codes. As a result of the global spread of the internet, the integration of mobile technologies into everyday life, and the rapid development of artificial intelligence-based systems, the principles structuring society have changed. This transformation is not only an increase in the speed of communication; it is characterized by the reconstruction of knowledge production, mechanisms of legitimacy, and forms of social control.

In his concept of the network society, Manuel Castells argues that modern power is no longer primarily based on centralized structures, but rather on networks, and that actors controlling information flows create new forms of authority (Castells, 1996). This approach provides a key framework for understanding the cultural transformation of the digital era. Information is not merely data; it creates normative frameworks, directs behavior, and shapes legitimacy.

The digital environment also transforms the concept of identity. Anthony Giddens emphasizes that identity in modernity is reflexively constructed (Giddens, 1991). Digital platforms accelerate this reflexivity. Individuals construct their identities not only within social relations, but also within the framework of algorithmic visibility. Social media profiles, follower counts, and digital reputation have become new forms of cultural capital. This can be explained in accordance with Pierre Bourdieu's theory of social capital and symbolic power (Bourdieu, 1986). Visibility within the digital sphere creates a new mechanism of status.

Digital transformation also redefines the concept of security. In his theory of the risk society, Ulrich Beck notes that modern society confronts risks produced by itself (Beck, 1992). Within the digital environment, risk is no longer limited to physical danger; it takes forms such as data leakage, cyber pressure, disinformation, and algorithmic manipulation. These risks are invisible and diffuse in character, resulting in the weakening of the individual's sense of security at the structural level.

One of the important directions of cultural transformation is the weakening of normative boundaries. Digital platforms bring together different cultural codes and create the illusion of universal norms. However, this universality is often formed through the algorithmic dominance of a prevailing culture.

Michel Foucault's approach concerning the relationship between knowledge and power demonstrates that whichever information becomes visible also acquires normative status (Foucault, 1977). Algorithms regulate this visibility and thereby transform cultural priorities.

The digital era also transforms the structure of the family. Communication technologies weaken the concept of physical proximity while simultaneously transferring emotional connection into virtual environments. This changes mechanisms of intrafamilial control and socialization. The identity formation of children and adolescents may increasingly be shaped not by the family, but through digital communities. This increases the risk of fragmentation in the intergenerational transmission of values.

As artificial intelligence-based systems become integrated into decision-making processes, ethical dilemmas deepen. Although automated decisions create an illusion of objectivity, algorithmic bias and structural inequalities in data may generate social injustice. Through the concept of surveillance capitalism, Shoshana Zuboff demonstrates that digital platforms predict and direct human behavior for commercial purposes (Zuboff, 2019). This tendency weakens individual agency and increases the risk of social manipulation.

Another important danger is information hyperbole. The abundance of information, rather than improving the quality of decision-making, often creates cognitive overload. Herbert Simon's concept of bounded rationality demonstrates that under conditions of information excess, individuals make not optimal but satisfactory decisions (Simon, 1957). Within the digital environment, the speed and quantity of information may weaken the individual's capacity for reflexive thinking.

At the same time, digital transformation creates not only risks, but also opportunities. Social mobilization, advocacy for women's rights, and platforms of global solidarity are organized more rapidly within digital environments. Manuel Castells demonstrates that network structures enable new forms of civil society (Castells, 2012). This reveals the dual nature of cultural transformation: both risk and empowerment potential.

Digital culture also affects emotional structures. Continuous online presence creates pressures of comparison and performative behavior. This may increase the risk of emotional dysregulation and social isolation. At the same time, digital empathy and support groups create new platforms for post-traumatic recovery.

Within the Azerbaijani context, digital transformation is currently situated at a stage of both collision and synthesis with traditional collective values. Traditional mechanisms of legitimacy coexist alongside digital reputation systems. This parallelism may produce a dual structure of social identity. On the one hand, cultural continuity is preserved; on the other hand, the influence of global digital norms becomes stronger.

Regarding future tendencies, the expansion of artificial intelligence–based personalization, digital surveillance systems, and virtual reality platforms will make cultural experience increasingly immersive and algorithmic. This will further weaken the boundaries between the real and the virtual. At the same time, concepts of data ethics and digital rights will become stronger.

Consequently, the digital era is a process that accelerates and multilayeredly transforms culture. This transformation is not merely technological change; it reconstructs concepts of identity, legitimacy, agency, and social structure. The primary dangers are associated with algorithmic manipulation, fragmentation of information, and the strengthening of social surveillance. The major tendencies, however, point toward network-based solidarity, digital mobilization, and the emergence of new forms of cultural capital. In this context, the central challenge is not to reject technology, but to regulate it through ethical and cultural foundations and to develop models of agency-oriented use.

## **CHAPTER VIII**

# **CULTURAL IDENTITY IN THE DIGITAL ENVIRONMENT**

The digital environment is a social space that fundamentally transforms the mechanisms through which cultural identity is formed. Identity is no longer a stable structure transmitted solely through family, community, and national institutions; rather, it is reconstructed reflexively under the influence of network-based interactions, algorithmic visibility, and global models of thought and expression.

Anthony Giddens' concept of reflexive modernity demonstrates that in the modern era, individuals continuously reconsider and reconstruct their identities. The digital environment accelerates this process and transforms it into a form of constant public display.

Historically, the Turkish family model has been built upon collective responsibility, intergenerational respect, the symbolic role of the family head, and social reputation. Within this model, identity is understood less as an individual choice and more as a social role formed within the family and community. Pierre Bourdieu's concept of socially formed behavioral dispositions provides an important theoretical framework for explaining this process. Socially formed behavioral dispositions represent the system of behavioral and cognitive tendencies internalized by individuals within the family and social environment. In the Turkish family model, these dispositions achieve stability through intergenerational transmission and constitute the foundation of cultural identity.

The digital environment causes the transformation of socially formed behavioral dispositions. On social media platforms, individuals present themselves not only within the family and community, but also before a global audience. According to Manuel Castells' theory of the network society, identity is no longer connected solely to local social structures, but also to global information flows<sup>190</sup>. This situation produces multilayered and parallel structures of identity. On one side

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<sup>190</sup> Manuel Castells. *The Rise of the Network Society*. 1996

stands the identity associated with intrafamilial roles; on the other side emerges the digitally performative identity.

Within the digital sphere, performative cultural identity emerges as a new form of self-representation. Social media posts, follower counts, and digital reputation become new indicators of cultural capital. This creates a parallel structure alongside the collective reputation concept already present within the family model.

This creates a parallel structure. If, within the traditional model, the family's honor and social status were determined through collective evaluation, within the digital environment individual image and mechanisms of validation move to the foreground. This dual system sometimes creates conflict and at other times produces synthesis.

The digital transformation of cultural identity also affects gender roles. Within the Turkish family model, the roles of women and men were formed within specific normative frameworks. Digital platforms make alternative representations of these roles possible. On the one hand, this increases the individual's independent choice and capacity for influence; on the other hand, it may lead to the intensification of social control mechanisms. Michel Foucault's theory concerning the relationship between knowledge and power demonstrates that visibility can create both freedom and mechanisms of control<sup>191</sup>. Digital visibility likewise demonstrates this same dual effect.

Within the context of Ulrich Beck's concept of the risk society, digital identity creates new forms of risk<sup>192</sup>. Disinformation, attacks on reputation, and cyber pressure may lead to the weakening and fragmentation of cultural identity. Particularly for adolescents, conflicts of values between the family and digital communities create risks of identity fragmentation. This requires the reconstruction of communication and control mechanisms within the family system.

At the same time, the digital environment creates opportunities for cultural continuity. Diaspora communities preserve national and family values through social media, organize cultural events, and strengthen collective memory. According to Jeffrey Alexander's theory of collective trauma,

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<sup>191</sup> Michel Foucault. *Discipline and Punish: The Birth of the Prison*. 1977

<sup>192</sup> Ulrich Beck *Risk Society: Towards a New Modernity*. 1992

shared narrative frameworks strengthen social solidarity. Digital platforms create conditions for these narratives to reach broader audiences.

Within the Turkish family model, the concept of social acceptance is determined through recognition within both the family and the community. Max Weber's concept of legitimate authority demonstrates that authority is strengthened not only through legal foundations, but also through social acceptance. In the digital environment, however, social acceptance is increasingly formed through algorithmic validation and public reaction. This makes the mechanism of acceptance more fluid and rapid.

The capacity for self-assessment becomes one of the principal mechanisms of cultural identity within the digital sphere. Individuals continuously interpret, reconstruct, and publicly present their identities, while regulating them in accordance with social feedback. This process may increase the capacity for independent decision-making; however, at the same time, it also increases the risk of emotional imbalance and pressures to create performative realities through behavior.

Herbert Simon's theory of bounded rationality demonstrates that an excess of information may weaken the quality of decision-making. Within the digital environment, identity selection is formed among numerous alternatives, and this may create identity instability.

Within the Turkish family model, the transmission of intergenerational values constitutes a fundamental mechanism. The digital environment both weakens and expands this transmission. On the one hand, children become integrated into global culture more rapidly; on the other hand, family members are able to maintain relationships through distant communication technologies. This paradoxical situation drives cultural transformation in a dual direction.

Consequently, the digital environment neither completely weakens nor automatically strengthens cultural identity. Rather, it transforms identity into a self-reflective, multilayered structure open to algorithmic influence. Within this transformation process, the Turkish family model may function both as a protective factor and as a mechanism of adaptation. The principal issue is not to rigidly preserve the normative boundaries of culture, but to adapt culture to new forms of relations through reinterpretation and self-reflection. Thus, in the digital era, the continuity of cultural identity is



closely connected to the family system's capacity for self-reconstruction and to models of participation based on independent decision-making.

### **8.1. Online Shame and Reputational Risk**

In the digital era, the concepts of shame and reputation are no longer merely moral categories formed within social environments; they have become social phenomena rapidly disseminated and amplified through algorithmic visibility and network-based public opinion mechanisms. Online shame is a collective emotional reaction emerging when an individual or family encounters criticism, exposure, ridicule, or reputational damage within digital spaces. This phenomenon manifests not only as an individual psychological impact, but also as damage to social identity and cultural status.

Within the Turkish family model, the concepts of reputation and honor possess a collective character. Family honor is understood as inseparable from individual behavior. This structure can be explained through Max Weber's theory of social legitimacy, in which social acceptance and reputation constitute fundamental elements of normative stability. In the digital environment, however, acceptance changes rapidly, and mechanisms of public opinion are formed through instantaneous reactions. This weakens the stability of traditional mechanisms of social legitimacy.

From a sociological perspective, the phenomenon of online shame can be analyzed within Erving Goffman's theory of social presentation and stigma. Goffman demonstrates that within social environments, individuals attempt to preserve their "face."

On digital platforms, however, this "face" becomes part of a public archive and acquires an almost irreversible character. A single post or image may lead to long-term reputational loss within the family. This situation intensifies the collective shame reaction within the Turkish family model.

Ulrich Beck's concept of the risk society demonstrates that modern risks possess a global and structural character; that is, they emerge from systems of social, economic, institutional, and cultural factors. Online reputational risk likewise recognizes neither spatial nor temporal boundaries. A small local incident may spread to a global audience and disrupt the balance of

power within the family structure. In particular, the exposure of women and adolescents to digital shaming or cyber pressure may lead to the intensification of control mechanisms within the family.

At this point, a paradigm of transformation emerges. In the traditional model, shame functioned as an instrument of social control, through which collective norms regulated individual behavior. In the digital era, however, control acquires an algorithmic and mass character. Michel Foucault's analogy of invisible and continuous surveillance becomes especially relevant here<sup>193</sup>. In his work, Foucault analyzes the transformation of systems of punishment in modern societies. He demonstrates that punishment is not merely the application of physical force, but also a social system that regulates human behavior through discipline, observation, and mechanisms of surveillance. Within the digital environment, individuals live under the constant possibility of visibility and regulate their own behavior through internalized mechanisms of control. This may lead to disruptions in emotional regulation and create pressures of continuous performativity.

Within the Turkish family model, because collective reputation carries high value, incidents of online shame are perceived not as individual problems, but as family crises. This may strengthen the controlling role of the family head or parents. Using Pierre Bourdieu's concept of symbolic capital, digital reputation becomes part of the family's symbolic capital. The loss of this capital may result in attempts at compensation through structural intervention or rigid decision-making.

At the same time, the digital environment creates opportunities for cultural reinterpretation. Instead of using shame as a normative mechanism, transformation may become possible through intrafamilial dialogue and critical self-reflection. Anthony Giddens' concept of reflexive modernity demonstrates that individuals and institutions are capable of reinterpreting their own behaviors. Within this framework, incidents of online shame may be evaluated not as causes of social fragmentation, but as signals for structural renewal.

The gender aspect carries particular significance. The online reputational risk faced by women and girls is higher, and this may lead to the intensification of intrafamilial restrictions. Shoshana Zuboff

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<sup>193</sup> Michel Foucault. "Discipline and Punish: The Birth of the Prison". 1977.

notes that digital platforms direct behavior toward commercial purposes<sup>194</sup>. Within this environment, the visibility of women creates both empowerment and risks of exploitation. Within the Turkish family model, this dual situation produces normative tension.

The paradigm of transformation may develop in two directions here. The first direction is a protective yet paternalistic-surveillant approach: the intensification of control, digital restrictions, and the regulation of reputational risk through intrafamilial sanctions. The second direction is a model oriented toward the individual's capacity for decision-making and action, emphasizing digital literacy, ethical behavior, and the strengthening of social responsibility. This second approach constructs the family as a structure capable of evaluating its own position and influence, while transforming the mechanism of shame into an instrument of structural change.

According to Jeffrey Alexander's concept of collective trauma, incidents of public shame may create transformations in collective identity. If the family responds to such incidents through concealment and repression, the risk of social fragmentation increases. If open dialogue and structural analysis are pursued, cultural reconciliation becomes possible.

Thus, online shame and reputational risk within the Turkish family model carry both danger and the potential for structural transformation. The danger lies in reputational loss leading to structural rigidity and gender inequality. The transformative potential lies in cultural renewal and the formation of a self-reflective family model.

Consequently, the paradigm of transformation seeks to move shame away from functioning merely as a mechanism of control and instead reinterpret it as a signal for social learning and structural renewal. Within the digital environment, the continuity of cultural identity depends upon the family system's adaptation to circumstances and the individual's decision-making capacity. The essential issue is not the preservation of reputation, but its reconstruction upon ethical and self-reflective foundations.

## **8.2. Deepfake and the Concept of Honor**

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<sup>194</sup> Shoshana Zuboff. *The Age of Surveillance Capitalism: The Fight for a Human Future at the New Frontier of Power*. 2019. Public Affairs (New York)

The rapid development of digital technologies affects cultural and social structures not only at the level of communication, but also within normative and ethical frameworks. Deepfake technology — the manipulation of a person’s image or voice through artificial intelligence in a manner that presents it as real — constitutes one of the most dangerous and complex forms of this influence.

The deepfake phenomenon is not merely a technological innovation; it transfers concepts of honor, reputation, and social legitimacy into a new sphere of risk. Particularly within the Turkish family model, where the concept of honor possesses a collective character, the impact of this technology becomes even more severe.

Within the Turkish family model, honor is not merely the result of individual behavior, but a form of symbolic capital shared within the family and across generations. According to Pierre Bourdieu’s theory of symbolic capital, honor and reputation are non-material resources formed through social recognition. Deepfake technology makes the manipulation of this capital possible. In other words, reputational damage may occur even without actual behavior. This weakens the concept of “fact” upon which traditional normative mechanisms are based.

Max Weber’s concept of social legitimacy demonstrates that the continuity of social order is built upon public acceptance and trust. The deepfake phenomenon undermines trust itself. If doubt arises concerning the authenticity of an image, the mechanism of legitimacy becomes destabilized. Since the concept of honor within the Turkish family model is based upon collective acceptance and social reputation, even fabricated images may create structural tension within the family.

The danger of deepfakes is not limited to reputational loss; they also affect intrafamilial power balances and gender relations. In particular, the targeting of women and girls may intensify mechanisms of social control. According to Erving Goffman’s theory of stigma, social stigma transforms not only the individual, but also collective relationships. Reputational attacks created through deepfakes may weaken the family’s relationship with the social environment and create social isolation.

Ulrich Beck’s concept of the risk society demonstrates that modern risks possess a technological and invisible character. Deepfake risk recognizes neither spatial nor temporal boundaries. A single image may spread to a global audience within seconds. This speed renders traditional social

defense mechanisms ineffective. Within the Turkish family model, reactions aimed at protecting reputation often become immediate and emotional. This may produce impulsive reactions within intrafamilial decision-making processes.

Anthony Giddens' approach to reflexive modernity demonstrates that in modern society, social structures are continuously reevaluated. A deepfake incident may become a signal for the family's process of self-reflection and transformation. If the family responds to the incident only through shame and sanctions, the risk of fragmentation increases. If the incident is evaluated through critical and ethical analysis, cultural renewal becomes possible.

Within the Turkish family model, the concept of honor has historically been connected to collective responsibility. However, within the digital environment, individual visibility moves to the foreground. According to Manuel Castells' theory of the network society, identity is now shaped through global flows of information<sup>195</sup>. This situation may generate normative conflict within the family. Contradictions emerge between the traditional collective concept of honor and individual digital legitimacy.

The deepfake phenomenon also creates new legal and ethical gaps. The speed of technological development may exceed the adaptive capacity of legal mechanisms. This situation poses dangers from the perspective of social justice and human rights. Shoshana Zuboff's concept of surveillance capitalism demonstrates that digital platforms direct user behavior toward commercial purposes and establish power through control over data. Deepfake technology further intensifies this potential for surveillance and control.

Its effects on the Turkish family can be analyzed in three principal directions:

➤ First, reputational and social legitimacy risk. Fabricated images may weaken the family's collective honor capital and create social isolation.

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<sup>195</sup> Castells, Manuel. *The Rise of the Network Society*. Oxford: Blackwell Publishers, 1996.

- Second, intrafamilial control and gender balance. Under the name of protective reaction, restrictions may intensify.
- Third, psychological impact and the weakening of emotional regulation mechanisms. Fear of blackmail and exposure may create crises of trust within family relations.

At the same time, the deepfake phenomenon reveals the necessity of forming digital ethical awareness within both the family and society. Jeffrey Alexander's theory of collective trauma demonstrates that social crises may create new normative frameworks. Deepfake incidents may encourage the integration of digital literacy and ethical conduct into family education.

The paradigm of transformation carries particular significance here. If the traditional model was built upon shame and sanctions, the new model requires an approach oriented toward self-reflection and social legitimacy. Open dialogue within the family, education regarding the risks of technology, and the strengthening of legal protection mechanisms constitute the principal elements of the transformative approach. This may enable a transition away from paternalistic-surveillant models toward ethical and conscious mechanisms of decision-making.

Deepfake technology — the presentation of fabricated content through the manipulation of a real person's image or voice by means of artificial intelligence — constitutes not only a reputational risk for the family structure, but also a structural threat generating crises of trust and social legitimacy.

The Turkish family model has historically been built upon collective honor, social legitimacy, and mutual trust. Within this model, family unity is strengthened not only through biological and legal ties, but also through symbolic capital and reputation.

According to Pierre Bourdieu's theory of symbolic capital, social reputation and honor constitute invisible yet powerful resources of the family. The deepfake phenomenon makes the manipulation of this capital possible. Even without actual behavior, fabricated content associated with a family member may damage collective reputation. This situation creates structural shock within the traditional family model because normative mechanisms are built upon facts and evidence. Deepfake technology, however, renders the very concept of evidence uncertain.

Max Weber's theory of social legitimacy demonstrates that social order rests upon public trust. If images and voices can be manipulated, the foundation of trust itself becomes destabilized. When such an incident occurs within the family, the initial reaction is often emotional and defensive. This may disrupt the balance of trust within the family. When an atmosphere of suspicion and fear emerges, increased distance and intensified control among family members may be observed.

According to Erving Goffman's concept of stigma, social stigma transforms not only the individual, but also collective relationships. Reputational attacks created through deepfakes may weaken the family's acceptance within the social environment and increase the risk of isolation. Since the concept of honor within the Turkish family model possesses a collective character, such incidents affect all members of the family.

Ulrich Beck's theory of the risk society emphasizes that modern risks possess technological and uncertain characteristics. Because deepfake risk is invisible and difficult to predict, it may create continuous psychological tension for the family. In particular, the targeting of women and adolescents may intensify intrafamilial control mechanisms. This increases the risk of gender imbalance within the traditional family model becoming even more unequal.

The destructive effects of deepfakes may be observed at three principal levels. First, the crisis of trust. Family members begin to ask, "Is what I see real?" This weakens the sense of emotional security. Second, reputational panic. Rapidly spreading fabricated information within the social environment pushes the family into a defensive position. Third, the intensification of control and restrictions. Strict supervision implemented with protective motives may strengthen intrafamilial conflicts.

According to Anthony Giddens' modern approach to self-reflexivity, modern societies may use crises as signals for self-reconstruction. A deepfake incident may therefore become not only a threat, but also a possibility for ethical reevaluation and structural renewal.

A deepfake incident reveals the necessity for the transformation of the family model. If the family responds only through prohibition and punishment mechanisms, the risk of destructive

consequences increases. If digital literacy and ethical dialogue are taken as foundational principles, structural adaptation becomes possible.

Manuel Castells' theory of the network society demonstrates that identity is now formed through network-based structures. In the future, the family model may function within two parallel structures: the traditional physical family and the digital reputational family. This dual structure will require new normative rules.

Regarding future projections, three principal scenarios may be anticipated. The first scenario is the model of rigidification. Families, perceiving the digital environment as a threat, will intensify control mechanisms. Although this model may produce short-term security, it may also create long-term crises of trust. The second scenario is the adaptation model. Families will strengthen digital ethical literacy and legal protection mechanisms. This approach may create a structure based upon social legitimacy and self-reflexivity. The third scenario is the destructive model, in which intrafamilial trust weakens and the intergenerational divide deepens.

Shoshana Zuboff's concept of surveillance capitalism demonstrates that digital platforms predict and direct behavior for commercial purposes. The commercial and political use of deepfake technology may expose family structures to broader risks of manipulation. Within this framework, the strengthening of legal and ethical mechanisms at both state and societal levels becomes essential.

Deepfake technology transfers the concept of honor within the Turkish family model into a new sphere of risk. This risk concerns not only reputational loss, but also social legitimacy, gender balance, and the stability of family structure. At the same time, however, this technology creates an immediate impetus for cultural reinterpretation and the formation of digital ethical awareness. The essential issue is not to approach technology as a mechanism of prohibition or fear, but rather to accept it as an adaptive mechanism grounded in self-reflection and social legitimacy. Such an approach makes it possible to preserve the continuity of the family model while reconstructing it in accordance with the challenges of the digital era.

Consequently, deepfake technology constitutes a technological phenomenon capable of exerting destructive effects upon the traditional family model because it targets its principal foundations:



honor, social legitimacy, and trust. At the same time, however, this risk creates an impulse for the family model's transformation through self-reflection. The future family model will either be built upon fear and surveillance, or be reconstructed through ethical literacy and adaptation grounded in social legitimacy. The principal issue is not to deny the existence of technology, but to regulate it through cultural and legal mechanisms and to preserve collective trust within the family through open dialogue.

### **8.3. The Psychological Impact of Digital Blackmail**

Digital blackmail is one of the complex psychosocial risks directed toward the family system in the modern era, in which an individual is subjected to material, emotional, or behavior-oriented pressure through threats of exposing personal images, correspondence, or information. This phenomenon is not merely an individual trauma; it is also a collective event that destabilizes mechanisms of trust, legitimacy, and social reputation within the family. Particularly within the Turkish family model, where collective honor and reputation occupy a central role, the psychological impact of digital blackmail becomes even deeper.

The Turkish family model is built upon intergenerational respect, collective responsibility, and social legitimacy. Within this model, the individual's behavior directly affects the family's symbolic capital. According to Pierre Bourdieu's theory of symbolic capital, honor and reputation are non-material resources strengthened through social recognition. Digital blackmail transforms this capital into an instrument of manipulation. Threats involving the dissemination of fabricated or real content confront the family with collective fear of shame and weaken the structure of trust.

From a psychological perspective, digital blackmail creates a condition of continuous threat. Judith Herman explains trauma as the disruption of power balance and the collapse of the sense of safety. Within a blackmail situation, individuals feel as though they have lost control because the dissemination of information no longer depends upon them. This uncertainty may create chronic stress and weaken mechanisms of emotional regulation. Within the family, reactions of fear and panic may transform into a dynamic of collective trauma.

Ulrich Beck's concept of the risk society demonstrates that modern risks possess invisible and technological characteristics. Digital blackmail likewise concerns not physical danger, but damage

to reputation and social position. The invisibility of this risk creates continuous feelings of surveillance and suspicion among family members. In particular, parents may impose stricter control over the digital activities of children. This may lead to a decline in intrafamilial trust and an increase in conflict.

According to Erving Goffman's theory of stigma, social stigma transforms not only the individual, but also collective relationships. The fear of reputational damage arising from digital blackmail may lead to the family's social isolation. This isolation produces especially severe consequences in cases of blackmail directed toward women and girls. From the perspective of gender balance, restrictions within the family may intensify. Although justified through protective motives, such restrictions may weaken the individual's active capacity for influence.

Anthony Giddens' theory of reflexive modernity demonstrates that modern societies possess the capacity to reconstruct their structures during crises. A digital blackmail incident may become a turning point of self-reflection for the family. If the incident is met only with shame and sanctions, the risk of structural fragmentation increases. If open dialogue and emotional support are prioritized, the family system may adapt and achieve transformation.

Within the Turkish family model, the collective concept of honor intensifies emotional reactions. When attempts are made to conceal incidents of blackmail, individuals experience feelings of isolation and guilt. This may intensify traumatic stress reactions. Jeffrey Alexander's concept of collective trauma demonstrates that public and intrafamilial crises create transformations in collective identity. A digital blackmail incident may lead to the restructuring of power balances within the family.

Another psychological aspect is the crisis of trust. Among family members, the question "Who is responsible?" may generate conflict. This may result in emotional distancing or mechanisms of mutual accusation. Herbert Simon's concept of bounded rationality demonstrates that under conditions of high emotional tension, decision-making becomes impulsive. In situations of digital blackmail, family members may make emotional rather than rational decisions.

At the same time, digital blackmail may create an impetus for strengthening digital literacy and ethical conduct within the family. Shoshana Zuboff's concept of surveillance capitalism

demonstrates that digital platforms predict and direct behavior. Within this context, increasing awareness regarding information security and privacy among family members may function as a mechanism of protection.

Consequently, digital blackmail within the Turkish family model creates not merely individual trauma, but a collective psychological and cultural crisis. Its impact targets mechanisms of trust, honor, and social legitimacy. At the same time, however, this risk creates opportunities for transformation based upon self-assessment and adaptive models oriented toward active choice and agency. The essential issue is not to transform fear and shame reactions into dominant mechanisms, but instead to ensure the continuity of the family system through emotional support, legal protection, and digital ethical awareness.

#### **8.4. Virtual Identity Crisis among Young Girls**

Digital transformation is not merely technological renewal, but the transformation of the structural foundations of identity construction. Particularly among young girls, the crisis of virtual identity has in recent years become a significant psychosocial phenomenon affecting the family system. Social media platforms, the conversion of digital visibility into mechanisms of income generation, and algorithmic systems of visibility transform the ways in which young people present and evaluate themselves. This process may create normative conflict, emotional distancing, and structural tension within the family.

According to Anthony Giddens' theory of reflexive modernity, in the modern era the sense of belonging is no longer a stable inheritance, but a continuously reconstructed project. The digital environment accelerates this process and transforms it into a form of public performance. For a young girl, a social media profile is not merely a means of communication, but a platform for "self-projecting." Within this platform, visibility and validation become new forms of cultural capital. Pierre Bourdieu's concept of symbolic capital explains this process: social recognition and attention acquire the character of resources.

Within the Turkish family model, however, the sense of belonging is formed upon collective structures. The symbolic role of the family head, intergenerational respect, and the collective concept of honor define the boundaries of individual behavior. Virtual belonging, by contrast, is

constructed upon individual visibility and personal decision-making opportunities. A normative tension emerges between these two models. The young girl's free self-expression within digital environments may activate control mechanisms within the family.

The phenomenon of virtualization creates distance between real and virtual identity. According to Manuel Castells' concept of the network society, belonging and identity are now shaped through global flows of information. This situation may weaken the family's role in socialization. For the young girl, the primary reference group may become not the family, but the digital community. This transformation may create emotional distancing within family relationships.

Ulrich Beck's theory of the risk society emphasizes the technological and diffuse nature of modern risks. The crisis of virtual identity also develops within this environment of risk. Online comparison, pressures of performativity, and algorithmic mechanisms of validation may create disturbances in emotional regulation. A young girl's sense of self-worth may become conditioned by digital feedback. This may weaken real social relationships.

The desire for economic independence also requires separate analysis. Digital platforms create opportunities for income generation through content production, advertising collaborations, and other forms of digital labor. On the one hand, this increases women's opportunities for choice and action; on the other hand, it may transform power balances within the family. According to Amartya Sen's capability approach, real freedom is measured through the expansion of opportunities for choice. However, this freedom must also be evaluated within the context of family relations and cultural structures.

This freedom is measured through the expansion of opportunities for choice. However, this freedom may create conflict within the family system if normative frameworks have not adapted accordingly.

Attachment to home and tendencies toward detachment from the family are connected to emotional and structural factors. Erving Goffman's theory of social presentation demonstrates that individuals perform different roles within different environments. A young girl who experiences a free and validated role within the virtual environment may feel restricted within the real environment. This may stimulate escapist behavior or emotional distancing.

Among the psychological effects, the fragmentation of the sense of belonging occupies a central place. Incompatibility between the real and virtual self may create a crisis of self-reflection. Judith Herman emphasizes that trauma is connected to the disruption of power balance. Digital violence or blackmail may deepen this crisis even further. Within the family, reactions of blame and shame may intensify the trauma.

Within the Turkish family model, the collective concept of honor links the young girl's behavior directly to family reputation. For this reason, virtualization may be perceived by the family as a reputational risk. In response to this risk, the intensification of control mechanisms becomes more likely. However, rigid control may produce long-term crises of trust.

Shoshana Zuboff's concept of surveillance capitalism demonstrates that digital platforms direct user behavior toward profit-oriented goals. Young girls' desire for visibility and income may be manipulated through these mechanisms. This may lead to emotional dependency and the conditioning of self-esteem upon external validation.

Damage to family bonds may generally be observed in three principal directions:

- First, emotional distancing and the weakening of communication.
- Second, conflict between control and independence.
- Third, sanction-oriented reactions driven by concerns regarding reputation and honor.

This dynamic increases the risk of fragmentation within the family system.

However, an alternative scenario is also possible. A family model capable of reevaluating its own behavior, position, and the consequences of its actions may adapt through digital literacy and open dialogue. Giddens' approach to reflexive modernity demonstrates that social structures may be reconstructed within changing environments through continuous self-evaluation. By supporting the young girl's opportunities for choice and action, the family may create an ethical framework. This may establish a balanced model that preserves both independence and family attachment.

Future projections suggest that digital identity and family belonging will continue to coexist in parallel structures.

These parallel structures will continue to exist. If the family system fails to construct adaptive mechanisms, the intergenerational divide may deepen. If cultural renewal and ethical literacy become priorities, virtualization may renew rather than weaken the family model.

Consequently, the crisis of virtual identity among young girls constitutes a phenomenon that creates structural and emotional tension within the Turkish family model, while simultaneously carrying transformative potential. Its destructive impact lies in weakening mechanisms of trust and social legitimacy. However, approaches grounded in active agency and self-assessment may preserve family bonds while creating opportunities for adaptation to the digital era.

## **8.5. Digital Security and Cultural Defense Mechanisms**

Digital security in the modern era is not a concept limited merely to technical protective measures; rather, it is a complex system closely connected to the protection of social relations, cultural codes, and collective belonging. As a result of the rapid development of information technologies, a large part of individual and family life has shifted into digital space. This structural transformation has broadened the concept of security and transformed it into an issue of cultural continuity. According to Ulrich Beck's theory of the risk society, modern society confronts technologically produced risks that possess invisible, global, and multilayered characteristics. Within this context, digital security concerns not only cybersecurity, but also the management of social and cultural risks.

Manuel Castells' concept of the network society demonstrates that power is now constructed through flows of information. Within digital platforms, the collection, analysis, and dissemination of information have become principal factors shaping social relations. Under these conditions, the protection of individual and family data is not merely a matter of privacy, but also a defense of reputation and mechanisms of social legitimacy. Pierre Bourdieu's theory of symbolic capital demonstrates that reputation and honor are formed through social recognition. Within the digital environment, however, this capital is measured through algorithmic visibility and social response. For this reason, digital security becomes an inseparable component of cultural defense mechanisms.

The concept of cultural defense mechanisms refers to the process of protecting and adapting normative and ethical frameworks within the family and community. According to Anthony Giddens' theory of reflexive modernity, modern societies continuously reevaluate and reconstruct their structures. Digital security therefore requires not only technical protection, but also cultural adaptation and ethical awareness.

Digital security is therefore an inseparable component of processes of analysis and decision-making that take both the self and the social context into consideration. If culture is accepted merely as an object to be protected, adaptation to changing environments weakens. If cultural renewal is made possible, the adaptive capacity of security mechanisms becomes sustainable.

Michel Foucault's approach concerning the relationship between knowledge and power demonstrates that control over information constitutes a form of authority. Within digital platforms, the collection of information and the prediction of user behavior create new mechanisms of surveillance. Shoshana Zuboff's concept of surveillance capitalism explains this process as the profit-oriented direction of behavior. Within this context, digital security is not merely technical protection, but also the establishment of ethical control over information.

Since the Turkish family model is constructed upon collective responsibility and the concept of honor, digital security is directly connected to the preservation of family integrity. Digital blackmail, deepfakes, and attacks upon reputation may destabilize intrafamilial trust and social position. Erving Goffman's theory of stigma demonstrates that social stigma transforms collective relationships. For this reason, cultural defense mechanisms must be built upon intrafamilial dialogue and ethical awareness.

Digital transformation within modern societies reconstructs not only forms of communication, but also concepts of security, social legitimacy, and cultural continuity. As information technologies become inseparable parts of everyday life, family structures, social relations, and forms of belonging increasingly function in parallel with digital environments. This parallelism creates new risks while simultaneously generating new defense mechanisms. From this perspective, digital security is not merely technical protection, but also the preservation of cultural and ethical continuity.

Ulrich Beck emphasizes that modern society has become a system producing risks. As technology develops, risks acquire invisible, unpredictable, and global characteristics. Within digital environments, data leaks, reputational attacks, deepfakes, blackmail, and manipulations of belonging represent concrete forms of these risks. These dangers target the fundamental pillars of the family: trust, honor, and social legitimacy. If the family responds to such risks only through emotional reactions and rigid control, structural tensions may deepen.

The concept of cultural defense mechanisms carries particular significance here. This mechanism does not mean the rigid preservation of values, but rather their reinterpretation and adaptation to changing environments. Within Anthony Giddens' model of reflexive modernity, modern societies continuously reevaluate and reconstruct their structures and norms. This approach may also be applied to the family system. In the face of digital threats, the family model either becomes rigid and closed, or reevaluates itself and adapts.

Within the Turkish family model, collective responsibility and the concept of honor occupy central positions. To express this through Pierre Bourdieu's concept of symbolic capital, family reputation is an invisible form of capital constructed through social recognition and legitimacy. Within the digital environment, this capital may be damaged instantly and rapidly. For this reason, cultural defense mechanisms should prioritize ethical and legal protection rather than anxiety concerning reputation.

Cultural defense mechanisms function at four principal levels.

The first level is the conscious renewal of values. Family members must relate the content encountered within digital environments to normative frameworks. The aim is not to impose prohibitions, but to analyze content and understand its social consequences. This approach creates ethical boundaries without weakening the individual's opportunities for agency.

The second level is emotional security. Digital risks frequently create feelings of shame and fear. If open dialogue does not exist within the family, individuals become inclined to conceal problems. This increases the risks of blackmail and manipulation. A family model based upon reflexive self-evaluation prioritizes emotional support and applies solution-oriented approaches instead of blame.



The third level is digital literacy. Understanding how information spreads, how algorithms function, and how privacy mechanisms operate constitutes a fundamental component of cultural defense. Amartya Sen's capability approach demonstrates that real freedom becomes possible only through the expansion of opportunities for choice. Digital literacy strengthens the individual's capacity for secure decision-making.

The fourth level is institutional and legal integration. In cases of digital crime, legal protection mechanisms expand the family's capacity for self-protection. When cultural defense is not complemented by legal awareness, emotional reactions become dominant.

Michel Foucault's approach concerning the relationship between knowledge and power demonstrates that control over information creates power. Digital platforms monitor and direct user behavior. Shoshana Zuboff describes this as surveillance capitalism and emphasizes that behavioral data have become an economic resource. Within this context, cultural defense mechanisms must aim to prevent individual and family data from becoming objects of commercial exploitation and manipulation.

Within the Turkish family model, rigid control may be accepted as a traditional method of protection. However, within the digital environment this method does not provide a long-term solution. Rigid control weakens trust and deepens the intergenerational divide. A reflexive model of protection, by contrast, preserves the balance between trust and responsibility.

From a future-oriented perspective, the expansion of artificial intelligence-based systems and immersive technologies will further complicate the issue of digital security. Identity theft, simulation, and information manipulation will create new normative questions for both family and society. Under these conditions, cultural defense mechanisms must not remain static, but instead possess adaptive and transformative characteristics.

The transformative protection model is constructed upon three principles: self-analysis, agency, and ethical balance. Self-assessment refers to the family's capacity to analyze its own structure and responses. Independent agency involves strengthening the individual's capacity for decision-making and self-protection. Ethical balance refers to maintaining harmony between cultural values and technological realities.

Digital security and cultural defense mechanisms constitute an inseparable system. Without technical protection, culture becomes vulnerable; without cultural awareness, technical protection alone remains insufficient. Within the digital era, the family model can preserve its continuity not merely through mechanisms of protection, but through adaptive and self-reflective approaches. The principal objective is not fear and isolation, but the preservation of cultural identity and family bonds through conscious and ethical adaptation.

From a future perspective, the increasing expansion of artificial intelligence–based systems will further complicate the issue of digital security. Identity theft, deepfakes, and information manipulation will generate new risks for family and society. In response to these risks, adaptive and reflexive approaches must be developed as mechanisms of protection.

Consequently, digital security and cultural defense mechanisms are parallel and mutually complementary systems for modern society. Sustainability becomes possible when technological protection is implemented together with ethical awareness and intrafamilial self-assessment. The principal aim is not to govern the digital environment through prohibition, but through conscious adaptation grounded in agency and ethical engagement. Such an approach serves both the preservation of cultural identity and the strengthening of family bonds.

## **PART V**

### **STRATEGIC AND SYSTEMIC APPROACH**

The complexity of modern social problems demonstrates that isolated measures or random interventions are incapable of producing long-term and sustainable results. Research conducted globally in the fields of social policy, human rights, social protection, and security demonstrates that complex social problems can be effectively managed only through strategic and systemic approaches. Such an approach makes it possible to establish planned intervention mechanisms that take into consideration not only the symptoms of the problem, but also its underlying causes, its relationship with social structures, and its interaction with institutional mechanisms. Strategic and systemic approaches are particularly significant in addressing multilevel problems such as domestic violence, human trafficking, social marginalization, migration risks, and gender-based violence. These problems cannot be explained solely through individual behavior or psychological factors; rather, they emerge through the interaction of economic, cultural, legal, and institutional factors.

The concept of a strategic approach has long been used within theories of social policy and governance. This concept is primarily connected to planned objectives, long-term outcomes, and the effective distribution of resources. One of the classical representatives of management theory, Peter Drucker<sup>196</sup>, evaluated strategic thinking as the principal mechanism directing the long-term activities of organizations and argued that organizations function effectively not merely when they solve daily problems, but when they anticipate future risks and opportunities in advance. This approach is equally relevant for social service systems because when social intervention is limited only to reacting to current problems, structural transformation becomes impossible.

A systemic approach, by contrast, requires that problems be analyzed within the context of an integrated whole. One of the principal ideas of systems theory is that every social phenomenon exists in interaction with other phenomena, and interventions that fail to consider these

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<sup>196</sup> Peter F. Drucker —The Practice of Management. New York: Harper & Brothers, 1954.

interconnections cannot produce sustainable long-term results. Ludwig von Bertalanffy's general systems theory emphasizes that systems consist of interdependent elements and that change in one component inevitably affects the others. This perspective is especially important in family-centered social interventions because domestic violence, social isolation, economic dependence, psychological trauma, and cultural pressure are interconnected phenomena.

Ludwig von Bertalanffy's<sup>197</sup> general systems theory demonstrates that every system functions through the interaction of different elements, and that a change occurring in one element of the system may affect the functioning of the entire system. Social service and social intervention systems operate according to these same principles. For example, the rehabilitation of victims of human trafficking cannot produce sustainable results when limited only to psychological support measures. Legal protection, social reintegration, economic empowerment, and the reduction of risks at the community level must function together as interconnected components.

The combined application of strategic and systemic approaches makes it possible to take into account the complex nature of social problems. Most social problems possess a structural character, and their emergence is connected not only to the individual level, but also to gaps existing within the functioning of social institutions. Anthony Giddens<sup>198</sup>, while explaining the interaction between social structures and individual actions, demonstrates that social behavior is not merely the result of individual choices, but also occurs within the framework of opportunities and limitations created by social structures. From this perspective, both individual and structural factors must be considered when designing social intervention strategies.

One of the principal factors increasing the significance of strategic approaches within the field of social intervention is the multilevel character of risks. In modern societies, risks emerge not only at the individual level, but also at institutional and global levels. Ulrich Beck's concept of the "risk society" demonstrates that social risks in the modern world are becoming increasingly complex and difficult to predict. These risks are connected not only to economic and social factors, but also to technological development, global migration, and transformations within the information environment. Under such conditions, social intervention mechanisms must not remain solely

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<sup>197</sup> Ludwig von Bertalanffy —General System Theory: Foundations, Development, Applications. New York: George Braziller, 1968.

<sup>198</sup> Anthony Giddens —The Consequences of Modernity. Stanford, CA:Stanford University Press, 1990.

intervention-oriented, but also require preventive measures. Strategic planning makes it possible to identify risks in advance and establish mechanisms for their prevention.

Another important aspect demonstrating the significance of strategic and systemic approaches for social service systems is the issue of coordination. The resolution of social problems frequently requires the joint activity of different institutions and organizations. State agencies, non-governmental organizations, international organizations, and community structures all perform different functions within the process of social intervention. Effective coordination among these institutions increases the sustainability and effectiveness of interventions.

Coordination mechanisms among these institutions are essential. When such mechanisms do not exist, problems such as the inefficient use of resources and duplication of services emerge. A systemic approach makes it possible to establish mechanisms of cooperation among different institutions and to integrate services.

The application of strategic approaches within social service systems is also closely connected to the efficient use of resources. Social intervention programs are often implemented under conditions of limited financial and human resources. For this reason, the accurate determination of priorities and the strategic allocation of resources are of particular importance. Strategic planning ensures that decisions are made not randomly, but on the basis of information and analysis. The evidence-based policy approach is founded precisely upon these principles and requires the use of empirical data in the planning of social programs.

Another important factor increasing the methodological significance of strategic and systemic approaches is the existence of monitoring and evaluation mechanisms. In order to assess the effectiveness of social intervention programs, it is necessary to analyze not only outcomes, but also processes. Monitoring mechanisms make it possible to identify problems arising during implementation in a timely manner and to adapt intervention strategies to changing conditions. Evaluation mechanisms, in turn, create the foundation for measuring the long-term effects of programs and preparing future strategies.

Within the field of social intervention, the application of strategic and systemic approaches is not merely a matter of governance and planning, but also a matter of ethical responsibility. Social

services frequently require working with vulnerable groups, and the consequences of decisions directly affect people's lives. For this reason, constructing intervention strategies on the basis of random or short-term approaches is considered ethically unacceptable. Strategic planning allows decisions to be made in a responsible and transparent manner.

The application of strategic and systemic approaches within the field of social rehabilitation is particularly important. Problems such as trauma, violence, and social marginalization affect multiple dimensions of human life, and their elimination cannot be achieved through interventions directed at only one area. Social rehabilitation programs must therefore be constructed upon complex models integrating psychological support, legal protection, social reintegration, and economic empowerment. When connections among these components are absent, the sustainability of the rehabilitation process cannot be ensured.

From a methodological perspective, strategic and systemic approaches make it possible to structure the process of social intervention. This approach creates a consistent methodological framework encompassing all stages, beginning with the diagnosis of the problem and extending through the preparation of the intervention plan, implementation, and evaluation of outcomes. Such a framework assists social workers and other specialists in making decisions systematically and in clearly planning every stage of the intervention process.

Another important advantage of strategic and systemic approaches is their capacity to ensure the principle of sustainability. Many social intervention programs are implemented in the form of short-term projects, and after these projects are completed, the achieved outcomes often fail to remain sustainable. Strategic planning enables programs to be institutionally strengthened and allows their long-term impact to be preserved.

Strategic and systemic approaches constitute one of the principal conditions for the effective functioning of social intervention and social service systems. These approaches make it possible to analyze problems not merely at a superficial level, but also by taking into account their structural and institutional causes. Strategic planning and systemic analysis ensure that social intervention programs are implemented in a more purposeful, coordinated, and sustainable manner. This creates

opportunities for achieving more effective outcomes in eliminating social problems and protecting vulnerable groups.

## **CHAPTER IX**

## ISSUES OF IMPLEMENTING PROGRAMS AT THE STATE AND COMMUNITY LEVELS

The effectiveness of modern social policy and social intervention systems depends not only upon the implementation of individual programs, but also upon the organization of coordinated activity at both the state and community levels. The complex and multilevel character of social problems demonstrates that their resolution cannot be achieved solely through centralized state structures or solely through community initiatives. An effective social intervention system must be based upon an integrated model that combines the strategic planning capacities of state institutions with the social capital of community structures. This approach ensures that social policy is formed not only within the framework of governance mechanisms, but also through social relations and collective participation.

Within social policy theory, the relationship between the state and community has long been one of the most discussed issues. T.H. Marshall, while analyzing the historical development of social protection systems, demonstrated that within modern states the guarantee of social rights is not limited merely to the creation of legal mechanisms; rather, the practical realization of these rights requires the formation of reciprocal relationships between social institutions and community structures<sup>199</sup>. This approach demonstrates that social service systems function not only through administrative structures, but also through social relations.

At the state level, the principal function of social intervention mechanisms is to identify the structural causes of social problems and to create institutional frameworks for their elimination. State policy establishes the legal foundations of social protection systems, ensures the distribution of resources, and determines the standards of social services. This process demonstrates that social policy is not limited merely to social assistance programs, but also aims at the prevention of risks and the establishment of social justice. Amartya Sen, emphasizing that social development cannot be measured solely through economic indicators, argues that the principal aim of social policy is the expansion of people's real opportunities and capabilities. This approach positions the state not

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<sup>199</sup> T. H. Marshall —Citizenship and Social Class and Other Essays. Cambridge: Cambridge University Press, 1950.



merely as a provider of assistance, but also as a guarantor of human development and social participation.

This approach demonstrates that state policy concerns not only the distribution of resources, but also the expansion of people's opportunities for social participation.

The establishment of social intervention systems at the state level requires strategic planning and coordination. Since many social problems affect the functioning of multiple sectors, their resolution requires mechanisms of intersectoral cooperation. For example, problems such as domestic violence, human trafficking, and child protection do not concern only law enforcement systems. Their resolution requires the joint activity of social services, healthcare systems, educational institutions, and community organizations. For this reason, the creation of coordination mechanisms among different institutions is of particular importance when preparing social intervention strategies.

The role of state institutions in implementing social policy is not limited merely to legislation and the provision of resources. State structures must ensure not only supervision over the quality of social services, but also their accessibility and equitable distribution. The effectiveness of social service systems is measured not only by their existence, but also by their actual use by social groups. From this perspective, state policy must also address the elimination of institutional and social barriers that obstruct access to social services.

At the community level, social intervention encompasses mechanisms directed toward resolving social problems within the sphere of everyday life. Community structures are formed within the framework of social relations, and for this reason they play an important role in identifying social problems at an early stage. Robert Putnam, while explaining the concept of social capital, argued that mutual trust, cooperation, and social relationships existing within communities constitute important resources for societal development. In communities where social capital is high, the prevention of social problems and the organization of collective activity become more effective.

Social intervention mechanisms implemented at the community level are often carried out through informal social networks. Family relations, neighborhood ties, and religious and cultural institutions influence the formation of social support systems within communities. These structures

complement the formal institutions of the social intervention system and create additional resources for resolving social problems. Within social work theory, the community-based approach specifically emphasizes the mobilization of these resources.

One of the principal advantages of social intervention mechanisms at the community level is their capacity to adapt to the social environment.

At the state level, adopted strategies are often prepared on the basis of general principles and standards. However, the concrete forms of social problems and their social causes may differ across communities. For this reason, community structures play an important role in adapting social intervention strategies to local conditions. This approach ensures that social policy is shaped not only through centralized decisions, but also through local initiatives.

Within the social intervention system, the interaction between state and community levels increases the effectiveness of social services. While state structures provide the legal and institutional foundations of the social protection system, community structures assist in identifying and resolving social problems within everyday life contexts. The interaction of these two levels strengthens both the strategic and operational components of the social intervention system.

The effectiveness of social intervention models implemented at the state and community levels largely depends on the level of social participation. The concept of social participation refers to citizens taking an active role in decision-making processes and in the implementation of social programs. Social participation is considered important not only for the realization of democratic governance principles, but also for the effectiveness of social programs. Participation in solving social problems increases individuals' sense of social responsibility and contributes to the formation of collective action.

The implementation of social intervention systems at both state and community levels also creates opportunities for the development of social innovations. The concept of social innovation refers to the application of new methods and mechanisms in addressing social problems. Such innovations often emerge through community initiatives and are later integrated into state policy. This process demonstrates that social policy develops not only from top to bottom, but also from bottom to top.

For the effectiveness of social intervention systems at the state and community levels, information exchange and coordination mechanisms are of particular importance. In order to identify social problems at an early stage and prevent them, information exchange between different institutions must be ensured. These mechanisms strengthen the operational effectiveness of the social service system while also enabling more accurate assessment of risks.

The formation of social problems within a cultural context has been extensively studied in the social sciences. Researchers emphasizing that social relations and behaviors are shaped through cultural values, social norms, and collective experiences argue that social intervention mechanisms cannot be effective without considering this context. Pierre Bourdieu explained the interaction between social structures and individual behaviors by arguing that people's actions are not only the result of individual choices, but are also determined by the influence of cultural structures formed within the social environment. This approach demonstrates that intervention mechanisms applied in the field of social protection must take into account not only legal norms but also cultural and social realities.

The implementation of the social intervention system at the state and community levels should be based on principles of long-term sustainability. Many social problems have a structural character that cannot be eliminated within a short period of time. For this reason, social intervention strategies must be implemented continuously and in stages. State policy should ensure the sustainable financing of social protection systems, while community structures should maintain the long-term functioning of social support mechanisms.

The integration of social intervention mechanisms at the state and community levels is considered one of the main directions of modern social policy. This approach views social problems as issues that must be addressed not only through administrative measures, but also through social relations and collective action. When the strategic planning capacities of state institutions are combined with the social capital of community structures, social intervention systems become more effective and sustainable. This enables social protection systems not only to react to problems, but also to form a comprehensive social policy capable of preventing them.

## **9.1. Integration into the National Referral Mechanism**

Modern approaches in the field of protecting victims and trafficked persons affected by different forms of violence are not limited only to legal and institutional measures. For the effective functioning of social protection systems, consideration of cultural and social factors has become increasingly important. This is particularly evident in the implementation of the National Referral Mechanism. The National Referral Mechanism is understood as a coordination system that ensures the identification, protection, and reintegration of victims through cooperation among different institutions. However, the effectiveness of this mechanism depends not only on institutional coordination, but also on consideration of the cultural and social structures of society.

The formation of social problems within a cultural context has been widely examined in the social sciences. Researchers who emphasize that social relations and behaviors are shaped through cultural values, social norms, and collective experiences argue that social intervention mechanisms cannot be effective without considering this context. Pierre Bourdieu noted that human behavior is determined not only by individual choices, but also by the influence of cultural structures formed within the social environment. This approach shows that social protection mechanisms must account for cultural realities alongside institutional frameworks.

However, this approach shows that when developing social intervention strategies, the analysis of cultural and social codes is of particular importance.

During the implementation of the National Referral Mechanism, consideration of cultural and social codes affects the entire process, beginning from the stage of identifying victims. Victims of human trafficking often attempt to conceal their situation because of social stigma, family pressure, and cultural stereotypes. This situation is observed more clearly in societies where patriarchal social structures exist. Cases of violence and exploitation are often kept hidden within the family and community, and victims avoid seeking assistance because of fear of social isolation and stigmatization. Therefore, the identification mechanisms of the National Referral Mechanism should be based not only on legal indicators, but also on indicators of social behavior and cultural norms.

Consideration of cultural factors is also of special importance during the assessment stage. While determining the social condition and needs of victims, their family structure, social relations, and

cultural values must be taken into account. In social work theory, a culturally sensitive approach is accepted as a methodological principle that considers the individual characteristics and social context of victims. This approach enables the adaptation of social intervention strategies to the realities of victims' lives.

Consideration of cultural and social codes also plays an important role during the referral stage. When directing victims to various services, their social environment and community relations must be taken into account. In some cases, placing victims in shelters or relocating them to other regions becomes necessary for their safety. However, in other cases, restoring victims' ties with their families and communities may become an important part of the rehabilitation process. While making such decisions, social conditions and cultural factors must be carefully analyzed.

During the protection stage, consideration of cultural and social factors plays an important role in ensuring the safety of victims. Victims of human trafficking and violence often face not only physical danger, but also social pressure and stigma. This situation may make it difficult for victims to benefit from legal protection measures. Therefore, protection mechanisms should not be limited only to legal measures, but should also include social support and community-level protection mechanisms.

Consideration of cultural factors during the rehabilitation stage is particularly important. The experience of trauma and violence is not only an individual psychological process, but also a phenomenon shaped within the system of social relations. In trauma theory, Judith Herman argues that the recovery process of victims of violence cannot be limited only to individual psychological therapy. The process also requires the restoration of social relations and trust. From this perspective, rehabilitation programs should focus on restoring victims' social connections and enabling them to gain a secure position within the community.

The role of cultural and social codes becomes even more apparent during the reintegration stage. The return of victims to society cannot be ensured solely through economic and social support measures. This process also requires the restoration of victims' social status and public acceptance. Social stigma and stereotypes may create serious obstacles to victims' reintegration. Therefore,

reintegration programs should also include awareness-raising activities at the community level and the strengthening of social acceptance.

Adapting the National Referral Mechanism to the cultural and social context increases the effectiveness of the social intervention system. Social problems often cannot be resolved solely through legal and institutional mechanisms. Since social relations and cultural values play an important role in the formation of these problems, taking them into consideration increases the success of intervention strategies.

This approach ensures that the social intervention system is based not only on institutional foundations, but also on social and cultural foundations. When the strategic planning capacities of state institutions are combined with the social capital of community structures, the National Referral Mechanism functions more effectively. Robert Putnam, who developed the concept of social capital, argued that trust and cooperation existing within communities are important resources in solving social problems. Mobilizing these resources strengthens the sustainability of the social intervention system.

Consideration of cultural and social codes also increases the legitimacy of the social intervention system. When social programs are aligned with the values and social expectations of society, their acceptance and implementation become more effective. From this perspective, adapting the National Referral Mechanism to the cultural context is not only a methodological issue, but also an important factor that strengthens the foundation of social policy.

The effective functioning of the National Referral Mechanism depends not only on the establishment of institutional cooperation mechanisms, but also on the consideration of cultural and social factors. Social relations and cultural values play an important role in the processes of victim identification, protection, and reintegration. Taking these factors into account enables social intervention strategies to become more effective and sustainable. Coordinated cooperation among institutions operating at both the state and community levels, together with a culturally sensitive approach, creates the conditions for the successful implementation of the National Referral Mechanism within the social protection system.

## **9.2. Adaptation within the Social Service System**

Modern social service systems are not merely technical structures consisting of institutional mechanisms, but are also part of a system of social relations and cultural values. The effectiveness of social services is not determined solely by their existence or legal framework. Great importance also lies in how services are accepted within society and how they are integrated into the system of social relations. In this regard, the concept of adaptation within the social service system gains particular significance. Adaptation refers to the process of adjusting social service models to the social and cultural environment of a specific society, and this process enables social intervention strategies to become more effective and sustainable.

The issue of adaptation of social service systems has been widely studied in the social sciences. The fact that social intervention models produce different results in different countries demonstrates that the same methodological approaches cannot be applied identically in all social and cultural contexts. For this reason, consideration of cultural and social codes during the implementation of social service systems is regarded as essential. Social codes are explained as collective values and symbolic systems that determine behavioral norms and the structure of social relations within society. These codes influence various social spheres such as family relations, gender roles, the understanding of social responsibility, and collective identity.

One of the theoretical approaches explaining the adaptation of social service systems is structural theory, which analyzes the relationship between social structure and individual behavior. Anthony Giddens notes that social structures are not only mechanisms restricting individual activity, but also social frameworks that shape and direct behavior. This approach demonstrates that social service systems are formed not only by institutional mechanisms, but also under the influence of social structures and cultural values. Therefore, these structures and values must be taken into account when developing social intervention programs.

The influence of cultural and social codes on the social service system is particularly visible in family relations and community structures. In many societies, the family functions not only as a system of individual relations, but also as one of the main elements of the social protection mechanism. For this reason, special importance should be given to family structures and community relations when designing social intervention programs. In some cases, social service

systems based solely on individual intervention models may not correspond to social realities, which can reduce the effectiveness of programs.

Pierre Bourdieu emphasized the role of cultural capital and social capital in shaping social relations and behavior, showing that individuals' behavior within society is connected with their social experiences and collective memory. This approach demonstrates the importance of considering social capital and cultural values in the adaptation process of social service systems. The concept of social capital indicates that trust, cooperation, and social connections existing within society constitute important resources for social development.

Consideration of cultural factors during the adaptation process of social service systems is not limited only to the analysis of social relations. This process also requires the adaptation of social intervention methods and communication strategies to the cultural characteristics of society. In social work theory, the culturally sensitive approach is based precisely on these principles. This approach requires social workers and other specialists to take into account the cultural characteristics and social values of the communities in which they provide services.

The issue of adaptation within the social service system becomes especially significant when working with vulnerable social groups. Victims of human trafficking, women subjected to domestic violence, migrants, and other groups facing the risk of social marginalization may encounter various social and cultural barriers when accessing social services. These barriers may be related to social stigma, gender stereotypes, and weak social trust. Therefore, the adaptation of social service systems requires the development of intervention strategies that take into account the social environment of victims. The role of community structures in the adaptation process of social service systems is also considered highly important. Community structures play a significant role in the formation of social relations and social support mechanisms. Robert Putnam, in his theory of social capital, argues that trust and social connections existing within communities are among the main conditions for collective activity and social development. This approach demonstrates that cooperation between social service systems and community structures increases their effectiveness.



Consideration of cultural and social codes during the adaptation process of social service systems strengthens the legitimacy of social intervention strategies. When social programs correspond to the values and social expectations of society, their acceptance and implementation become more effective. From this perspective, the adaptation of social service systems is not only a methodological issue, but also an important factor strengthening the foundations of social policy.

Institutional cooperation also plays an important role in the adaptation process of social service systems. Cooperation between state institutions, non-governmental organizations, and community structures ensures the coordinated functioning of the social intervention system. This cooperation increases the accessibility of social services and creates opportunities for the integration of different services.

The adaptation of social service systems also creates conditions for the development of social innovations. The concept of social innovation refers to the application of new methods and approaches in solving social problems. These innovations are often formed through community initiatives and social experiences and are later integrated into institutional systems.

Adaptation within the social service system is one of the main principles ensuring the effectiveness of social intervention strategies. The adjustment of social service models to the cultural and social context enables them to become more sustainable and effective. Consideration of cultural and social codes ensures that the social intervention system is based not only on institutional foundations, but also on social and cultural foundations. Cooperation between institutions operating at both the state and community levels, together with a culturally sensitive approach, creates conditions for the more effective functioning of social service systems.

### **9.3. Training Module and Personnel Preparation**

The effective functioning of modern social service systems is not limited only to the establishment of institutional mechanisms. The successful implementation of these systems also depends on the professional preparation of social workers, law enforcement officers, psychologists, and other specialists. The quality of social intervention and rehabilitation processes largely depends on the level of knowledge of specialists working in this field, their commitment to ethical principles, and

their ability to understand the social environment. For this reason, the development of training modules and personnel preparation in modern social protection systems has strategic importance.

The development of training programs in the field of social intervention should not be limited only to the transfer of technical knowledge. These programs should be based on a comprehensive approach that takes into account social relations and the cultural environment. The multi-level and complex nature of social problems demonstrates that the preparation of specialists should not rely solely on legal and methodological knowledge, but should also include a deep understanding of social and cultural conditions. This approach plays a particularly important role in the activities of specialists working with victims of human trafficking, victims of domestic violence, and other vulnerable groups.

In social work and social intervention theory, the concept of a culturally sensitive approach is widely used. This approach emphasizes the importance of considering the cultural characteristics and social values of society during the provision of social services. A culturally sensitive approach requires social workers not only to apply universal methodological models, but also to use methods appropriate to the social and cultural characteristics of the communities in which they operate. Research conducted in the field of social intervention demonstrates that the effectiveness of social services often depends on their adaptation to the cultural context.

The consideration of cultural and social codes during the preparation of training modules increases the acceptance and effectiveness of the social intervention system. Social codes are explained as systems of collective values that determine behavioral norms and the structure of social relations within society. These codes manifest themselves in family relations, gender roles, and understandings of social responsibility. Failure to consider these codes during the development of social intervention programs may, in some cases, reduce the effectiveness of services.

Researchers studying personnel preparation in the field of social intervention note that one of the main factors influencing specialists' professional activities is their ability to think free from social stereotypes. Social stereotypes are understood as simplified perceptions formed about social groups, and such perceptions may sometimes lead to biased decisions during the social intervention process.

For example, stereotypes about victims of violence may make their access to social services more difficult and reduce the effectiveness of the intervention process.

For this reason, the critical analysis of stereotypes occupies a special place in modern training modules. Training programs should ensure that specialists are able to recognize social stereotypes and understand their influence on the social intervention process. This approach contributes to the implementation of social services in a more just and objective manner. In social work theory, this approach is associated with the concepts of self-awareness in practice and professionalism. The self-reflective approach envisages that specialists critically evaluate their own thinking and decision-making processes.

In the personnel preparation process, eliminating stereotypes cannot be achieved solely through the transfer of theoretical knowledge. This process requires the application of practical training methods. Role-playing exercises, situational analyses, and practical experience help specialists better understand social stereotypes and make decisions free from their influence. These methods allow training programs to become more interactive and effective.

Taking the cultural environment into account in training modules creates conditions for the social intervention system to become more sustainable and effective. Many social problems are connected with the social and cultural structures of society. Therefore, these structures must be considered when developing social intervention strategies. Pierre Bourdieu, emphasizing the role of the concept of cultural capital in the formation of social relations and behavior, argues that people's behavior within society is connected with their social experiences and collective memory.

Considering the cultural environment during the preparation of training modules helps specialists better understand the social realities of the societies in which they operate. This approach allows social intervention strategies to be adapted to local conditions and increases the effectiveness of social services. In social work theory, this approach is explained as the principle of environment-based social intervention.

The consideration of cultural and social factors in personnel preparation also strengthens the ethical foundations of the social intervention system. Social services must be based on the principles of human rights and social justice. In order to implement these principles, it is important

that specialists possess not only technical knowledge, but also an understanding of ethics and social responsibility. Training programs should ensure the application of these principles in the professional activities of specialists.

The preparation of specialists working within the social intervention system requires a multidisciplinary approach. Knowledge from law, psychology, social work, and other fields complements one another in the social intervention process. For this reason, the integration of theoretical and practical knowledge from different disciplines is important when developing training modules. A multidisciplinary approach enables the social intervention system to function in a more coordinated manner.

Personnel preparation within the social service system is not limited only to increasing professional knowledge. This process also contributes to the development of specialists' sense of social responsibility and their understanding of ethical obligations toward society. Specialists working in the field of social intervention often work with vulnerable groups, and their decisions directly affect people's lives. Therefore, personnel preparation programs should strengthen specialists' ethical thinking and sense of responsibility.

The consideration of cultural and social codes in training modules increases the strength of the social intervention system. When social programs correspond to the values and social expectations of society, their acceptance and implementation become more effective. From this perspective, training programs sensitive to the cultural context play an important role in the development of social service systems.

Training modules and personnel preparation programs in the field of social intervention should not be directed solely toward the transfer of technical knowledge. These programs should be based on a comprehensive approach that ensures consideration of cultural and social codes, critical analysis of stereotypes, and the application of ethical principles. Preparing specialists working in the social service system on the basis of these principles creates conditions for social intervention strategies to become more effective and sustainable. Training programs sensitive to the cultural context ensure that the social service system is founded not only on institutional principles, but also on

social and cultural foundations, thereby making an important contribution to the long-term development of the system.

#### **9.4. Monitoring and Evaluation Indicators**

The effectiveness of modern social service systems is determined not only by the development of programs and intervention mechanisms, but also by their continuous monitoring and evaluation. Monitoring and evaluation are among the main analytical tools used to track the implementation process of social intervention programs, analyze their outcomes, and improve program effectiveness.

In social intervention systems, monitoring and evaluation are not limited solely to measuring technical indicators; this process should also include the analysis of social relations and the cultural environment. Traditional monitoring systems are often based on statistical and institutional indicators. These indicators include the number of services provided, statistics on service recipients, and information related to program implementation. However, such indicators alone are not sufficient to assess the real impact of social intervention programs. In order to determine the effectiveness of social services, it is essential to take into account changes in social relations, behavioral patterns, and cultural values. From this perspective, monitoring and evaluation systems should be enriched with indicators based on cultural and social codes.

Social codes can be understood as systems of collective values that define behavioral norms and the structure of social relations within society. These codes are reflected in family relations, gender roles, concepts of social responsibility, and community interactions. When evaluating the effectiveness of social intervention programs, particular importance should be attached to whether these codes are changing or becoming reinforced. Social intervention should create change not only at the individual level, but also within the broader system of social relations.

Enriching monitoring and evaluation systems with indicators based on cultural and social codes makes it possible to measure the impact of social intervention programs more accurately. Such indicators are aimed not only at assessing institutional performance results, but also at measuring changes occurring within social relations. In the social sciences, behavioral indicators,

communication indicators, and social connectedness indicators are commonly used for this purpose.

Behavioral indicators are intended to measure the impact of social intervention programs on individual and collective behavior. One of the main objectives of social intervention programs is to create positive changes in social behavior patterns. These changes may manifest in different forms, such as changing attitudes toward violence, shaping perceptions of gender equality, and strengthening the sense of social responsibility. Behavioral indicators make it possible to observe and evaluate such changes.

Communication indicators are aimed at measuring the quality of social relations and the level of development of social interactions. Social intervention programs are often directed toward creating changes in people's social relationships and information exchange patterns. These changes may be reflected in improved communication within families, strengthened links with social services, and increased cooperation within communities. Communication indicators make it possible to identify changes occurring in the quality of social relations.

Social connectedness indicators are aimed at measuring the level of social capital and mutual trust within communities. The concept of social capital is considered an important resource for social relations and collective action. Robert Putnam emphasizes that social capital is a crucial factor in societal development, noting that trust and cooperation within communities facilitate the resolution of social problems. The effectiveness of social intervention programs is often closely linked to the level of social connectedness. Social connectedness indicators make it possible to assess the strengthening of social ties within communities and the development of collective action.

Enriching monitoring and evaluation systems with indicators based on cultural and social codes further strengthens the effectiveness of social intervention programs. Social programs are more successfully accepted and implemented when they are aligned with the values and social expectations of society. From this perspective, a culturally sensitive monitoring system enables a more accurate assessment of the social impact of intervention programs.

In the process of monitoring and evaluating social intervention programs, the combined application of qualitative and quantitative methods is considered essential. While statistical indicators

demonstrate the overall results of programs, qualitative methods are regarded as more effective for analyzing changes occurring in social relations. Interviews, focus groups, and observation methods make it possible to identify transformations taking place in social relations and cultural values.

Institutional cooperation also plays an important role in ensuring the effectiveness of monitoring and evaluation systems. Information exchange among government institutions, non-governmental organizations, and community structures contributes to a more accurate analysis of the outcomes of social intervention programs.

A monitoring system based on cultural and social codes makes it possible to evaluate not only the outcomes of social intervention programs, but also their social impact. This approach ensures that the social service system is assessed not only through institutional indicators, but also through an analytical framework grounded in social relations and cultural values.

Enriching monitoring and evaluation systems of social intervention programs with indicators based on cultural and social codes increases the effectiveness of social service systems. Behavioral, communication, and social connectedness indicators enable a more accurate assessment of the social impact of intervention programs. This approach demonstrates that social service systems are based not only on technical foundations, but also on social and cultural dimensions, thereby creating conditions for social intervention programs to become more sustainable and effective.

#### **A monitoring system based on cultural and social codes**

<b>No.</b>	<b>Category</b>	<b>Monitoring Indicator</b>	<b>Measurement Method</b>	<b>Data Source</b>
1	Behavioral	Reduction in tolerance toward violence	Survey and interview	Beneficiaries
2	Behavioral	Change in attitudes toward gender equality	Survey	Community members
3	Behavioral	Increased tendency to seek social services	Statistical analysis	Social service centers

4	Behavioral	Use of legal protection mechanisms by victims	Statistical data	Law enforcement agencies
5	Behavioral	Reduction in risky behavior patterns	Observation and interview	Social worker
6	Behavioral	Increased willingness to report domestic violence cases	Survey	Community
7	Behavioral	Increased sense of social responsibility	Survey	Community members
8	Behavioral	Active participation of victims in decision-making processes	Observation	Social services
9	Behavioral	Promotion of victims' economic independence	Data analysis	Rehabilitation programs
10	Behavioral	Participation in education and vocational training programs	Statistical data	Training centers
11	Communication	Increased open communication within the family	Survey	Beneficiaries
12	Communication	Formation of trust-based relationships with social workers	Observation	Social services
13	Communication	Development of social dialogue within the community	Focus group	Community leaders
14	Communication	Tendency to resolve conflicts peacefully	Survey	Community members
15	Communication	Strengthening links with social service structures	Statistical data	Social services
16	Communication	Formation of community support networks	Observation	NGOs
17	Communication	Reduction of social isolation among victims	Survey	Beneficiaries



18	Communication	Critical discussion of cultural stereotypes	Focus group	Training programs
19	Communication	Participation in public awareness activities	Statistical data	Community organizations
20	Communication	Effectiveness of family and community mediation	Observation	Social services
21	Social Connectedness	Level of mutual trust within the community	Survey	Community
22	Social Connectedness	Increase in social capital	Social network analysis	Community
23	Social Connectedness	Participation of victims in community activities	Statistical data	Community organizations
24	Social Connectedness	Reduction in the risk of social exclusion	Survey	Beneficiaries
25	Social Connectedness	Integration of victims into the social service system	Data analysis	Social services
26	Social Connectedness	Development of community support mechanisms	Observation	NGOs
27	Social Connectedness	Level of social reintegration	Assessment	Social worker
28	Social Connectedness	Restoration of victims' sense of social belonging	Survey	Beneficiaries
29	Social Connectedness	Expansion of social relationships	Social analysis	Community
30	Social Connectedness	Long-term integration into society	Long-term monitoring	Social services

The methodological significance of monitoring within this framework lies in the application of social service systems aimed not only at measuring the statistical outcomes of social intervention programs, but also at assessing changes occurring in social relations. This approach makes it

possible to evaluate the effectiveness of social intervention programs in a more comprehensive manner.

Research on the monitoring of social capital and community relations demonstrates that the success of social programs is often closely linked to the level of trust and cooperation existing within communities. The inclusion of behavioral and communication indicators in monitoring systems enables the measurement of the real impact of social intervention programs.

The objective of social service programs is not only the provision of services, but also the creation of positive changes in social relations and behavioral patterns. Measuring these changes is considered one of the key analytical tools for assessing the effectiveness of social intervention systems.

A monitoring system based on cultural and social codes makes it possible to measure not only the technical outcomes of social intervention programs, but also their social impact. This approach creates conditions for social service systems to operate in a more sustainable and effective manner.

## **9.5. Strategic Perspective for 2026–2036**

Modern social protection and social service systems are not limited to short-term measures aimed solely at addressing social problems. These systems function as comprehensive and long-term institutions that serve to ensure social welfare, protect vulnerable groups, and strengthen social justice within society. In this regard, the development and implementation of rehabilitation programs are considered among the key directions of social policy. Rehabilitation is not merely a medical or psychological intervention mechanism; rather, it is a comprehensive social mechanism that ensures the reintegration of individuals into social life, economic activity, and systems of social relations. Therefore, the strategic perspective for 2026–2036 requires that rehabilitation programs be linked not only to specific problem areas, but also to the overall development of the social protection system.

In the social sciences, rehabilitation is understood as a комплекс intervention system aimed at restoring the physical, psychological, and social well-being of individuals. This process encompasses not only changes at the individual level, but also transformations within systems of

social relations. In her studies on trauma and recovery, Judith Herman emphasizes that violence and other severe social experiences disrupt a person's sense of safety and social connectedness. For this reason, the recovery process should not be limited solely to individual therapy, but should also include the restoration of social relationships and trust. This approach demonstrates the multidisciplinary and multi-level nature of rehabilitation programs.

Within the strategic perspective for 2026–2036, the development of rehabilitation programs should be based on several key directions. These include strengthening institutional capacities within social protection systems, increasing accessibility of services, taking cultural and social environments into account, improving professional training, and developing monitoring mechanisms. These directions apply not only to work with specific social groups, but also to the implementation of all rehabilitation programs aimed at addressing various social problems.

One of the main directions of strategic development is the strengthening of the institutional framework of rehabilitation programs. The effective functioning of social protection systems requires coordination among various institutions. Government bodies, social service structures, healthcare systems, educational institutions, and non-governmental organizations all perform different functions within the rehabilitation process. The development of cooperation mechanisms among these institutions ensures the sustainable and effective implementation of rehabilitation programs. In social policy theory, this approach is described as an integrated social service model and envisages the coordinated functioning of different services.

One of the important directions in the strategic development of rehabilitation programs is increasing the accessibility of services. The main objective of social protection systems is to ensure equal opportunities for all members of society. From this perspective, the equal distribution of social services across regions and ensuring access to these services for vulnerable groups are of particular importance. In his concept of social development, Amartya Sen emphasizes that the primary goal of social policy is to expand people's capabilities and ensure their active participation in social life. This approach requires rehabilitation programs to function not only as mechanisms of assistance, but also as instruments for expanding social opportunities.

Within the strategic perspective for 2026–2036, the adaptation of rehabilitation programs to cultural and social contexts also occupies an important place. The formation of social problems is related not only to economic and legal factors, but also to cultural values and systems of social relations. Therefore, when designing rehabilitation programs, it is considered essential to take into account the social and cultural characteristics of society. Pierre Bourdieu, emphasizing the role of cultural capital in the formation of social relations, notes that people's behavior within the social environment is connected with their social experiences and collective memory. This approach demonstrates that adapting rehabilitation programs to the cultural context increases their effectiveness.

The issue of professional training also holds particular importance in the strategic development of rehabilitation programs. The effectiveness of social intervention and rehabilitation processes depends on the professional qualifications of specialists working in this field. Social workers, psychologists, lawyers, and other specialists play an important role in the implementation of rehabilitation programs. Therefore, training programs should not be limited solely to the transfer of technical knowledge, but should also ensure consideration of social and cultural factors. In social work theory, the culturally sensitive approach is regarded as an important methodological principle requiring specialists to take into account the social and cultural characteristics of the society in which they operate.

Within the framework of the strategic perspective, the improvement of monitoring and evaluation mechanisms for the development of rehabilitation programs is also considered essential. Statistical indicators alone are not sufficient to determine the effectiveness of social intervention programs. It is equally important to measure changes occurring in social relations and behavioral patterns. In this regard, monitoring systems based on behavioral, communication, and social connectedness indicators can serve as important analytical tools for assessing the real impact of rehabilitation programs.

Strengthening preventive social intervention mechanisms also plays an important role in the strategic development of rehabilitation programs. Preventing social problems is considered more effective than addressing their consequences. The preventive approach envisages the early identification of social risks and the implementation of measures aimed at reducing these risks.

This approach ensures that social protection systems function not only reactively, but also proactively.

Within the strategic perspective for 2026–2036, the development of community-based rehabilitation programs is also regarded as one of the key directions. Community structures play an important role in shaping social relations and social support mechanisms.

The application of digital technologies also plays a significant role in the strategic development of rehabilitation programs. Digitalization creates new opportunities for the management of social services and the collection of information. Electronic databases and digital monitoring systems make it possible to improve the effectiveness of social intervention programs and assess their outcomes more accurately. These technologies contribute to the more transparent and coordinated implementation of social services.

Another important direction of the strategic perspective is the development of social innovations. Social innovation involves the application of new methods and approaches to solving social problems. Such innovations are often formed through community initiatives and social experience, and are later integrated into institutional systems. Social innovations create conditions for rehabilitation programs to become more effective and sustainable.

The strategic perspective for 2026–2036 serves as a conceptual framework aimed at ensuring the comprehensive and long-term development of rehabilitation programs. This perspective envisages that rehabilitation programs should not be limited solely to addressing specific social problems, but should also contribute to the overall development of the social protection system. Institutional coordination, accessibility of services, adaptation to cultural contexts, professional capacity building, and the development of monitoring mechanisms constitute the main directions of this strategic perspective. This approach makes a significant contribution to the more effective functioning of social protection systems and to the improvement of social welfare within society.

## **PART VI**

### **SCIENTIFIC AND PRACTICAL CONCLUSIONS**

The development of modern social protection and social service systems is not limited merely to addressing existing problems. Research and methodological approaches in this field require the reconsideration of social policy and social intervention mechanisms. The complexity and multi-layered nature of social problems demonstrate that the development and implementation of rehabilitation programs cannot be limited solely to technical methods and institutional procedures. For this reason, the formation of new methodological approaches in the field of social intervention is of significant scientific and practical importance. The preparation of this manual stems precisely from this need, and its main purpose is to reinterpret rehabilitation programs within a new conceptual framework.

Most existing models in the field of social intervention have traditionally been based on individual psychological and medical approaches. Although these models are aimed at restoring an individual's psychological condition, they do not sufficiently take into account the role of social relations systems and cultural factors. Contemporary research in the social sciences demonstrates that many social problems are formed not only at the individual level, but also within the framework of social structures and cultural relations. Anthony Giddens, explaining the interaction between social structures and individual actions, notes that social behavior is not merely the result of individual decisions, but is also shaped under the influence of social institutions and collective values. This approach requires rehabilitation programs to consider not only individual intervention mechanisms, but also social and cultural factors.

One of the main scientific innovations of this manual is the analysis of rehabilitation programs within the framework of cultural and social codes. Social codes are understood as systems of collective values that determine behavioral norms and the structure of social relations within society. These codes influence various social spheres, including family relations, gender roles, concepts of social responsibility, and collective belonging. Taking these codes into account during the development of social intervention programs creates conditions for rehabilitation processes to become more effective and sustainable.

The scientific significance of this approach lies in the fact that it explains the rehabilitation process not only as a mechanism of individual psychological recovery, but also as a process of transformation of social relations and collective values. This conceptual approach makes it possible to analyze social intervention models within a broader social context. Pierre Bourdieu, emphasizing the role of the concept of cultural capital in shaping social relations and behavior, points out that people's behavior within the social environment is connected with their social experiences and collective memory. From this perspective, adapting rehabilitation programs to the cultural context emerges as an important factor in increasing their effectiveness.

Another important scientific innovation of this manual is the reconstruction of monitoring and evaluation systems for social intervention programs. Traditional monitoring systems are mainly based on statistical indicators and make it possible to measure only the quantitative outcomes of social services. However, in order to assess the real impact of social intervention programs, it is essential to take into account changes occurring in social relations and behavioral patterns. The monitoring model presented in this manual is based on behavioral, communication, and social connectedness indicators, enabling a more accurate assessment of the social impact of intervention programs.

This approach creates a new methodological framework for evaluating social intervention systems. Robert Putnam, who developed the theory of social capital, emphasizes that the development of society is determined not only by economic and institutional factors, but also by the level of social relations and trust. From this perspective, the inclusion of social connectedness indicators in monitoring systems makes it possible to evaluate the impact of social intervention programs within a broader social context.

One of the scientific innovations of this manual is also the analysis of rehabilitation programs from the perspective of strategic planning. Social protection systems have long functioned on the basis of short-term programs and projects. However, the structural nature of social problems demonstrates that their solution requires a long-term strategic approach. Ulrich Beck, characterizing modern societies as "risk societies," notes that contemporary social risks are becoming increasingly complex and difficult to predict. For this reason, it is not sufficient for

social intervention programs merely to respond to existing problems; such programs should be planned within a strategic framework aimed at managing future risks.

The approach presented in this manual envisages the strategic development of rehabilitation programs and contributes to defining future directions for the development of social protection systems. This approach ensures that social intervention programs are not limited solely to resolving current problems, but are also directed toward the prevention of future social risks.

The practical significance of this manual should also be particularly emphasized. The proposed methodological approach provides specialists working within social service systems with analytical and practical tools that can be directly applied in practice. These tools may be used in the planning, monitoring, and evaluation of social intervention programs. The methodological framework developed for social workers, psychologists, lawyers, and other specialists enables the implementation of social intervention processes in a more systematic and coordinated manner.

Another important practical outcome of this manual is the improvement of training programs for specialists working in the field of social intervention. Professional training within the social service system should not be limited solely to the transfer of technical knowledge. This process should develop specialists' ability to understand the social and cultural environment and strengthen their capacity to make decisions free from stereotypes. In this regard, the training modules presented in this manual serve as an important methodological resource aimed at strengthening the professional qualifications of specialists working in the field of social intervention.

The scientific and practical significance of the manual is also linked to its preparation on the basis of a multidisciplinary approach. Social intervention processes cannot be explained within the framework of a single scientific discipline. These processes require the integration of knowledge from social work, psychology, law, sociology, and other fields. The approach presented in the manual combines the theoretical and practical knowledge of different disciplines, enabling a more comprehensive and systematic explanation of the social intervention system.

The manual offers a new scientific and methodological perspective on the development of social intervention and rehabilitation programs. This approach explains the rehabilitation process not merely as a mechanism of individual recovery, but also as a process of transformation of social



relations and cultural values. The proposed methodological framework creates conditions for the more effective, sustainable, and socially responsive implementation of social intervention programs. This approach makes a significant contribution to the development of social service systems and the improvement of social protection policy, while also creating conditions for the emergence of a new scientific direction in the field of social intervention.

## **CHAPTER X**

### **THE NEW REHABILITATION PARADIGM**

One of the main challenges facing modern social protection and rehabilitation systems is the adaptation of social intervention methods to changing social realities. Rehabilitation models developed during the second half of the twentieth century were primarily based on medical and psychological approaches and were aimed at restoring an individual's functional condition. However, the complex and multi-level nature of social problems demonstrated that this approach alone is insufficient. When rehabilitation is limited only to the restoration of an individual's physical or psychological condition, social reintegration and long-term social stability cannot be ensured. For this reason, contemporary social sciences have increasingly begun to interpret rehabilitation within a broader social context.

The new rehabilitation paradigm emerges precisely as a result of this transformation. This paradigm explains rehabilitation not merely as a mechanism of individual recovery, but as a complex social process resulting from the interaction of social relations, cultural values, and institutional mechanisms. This approach requires social intervention programs to be based not only on clinical and psychological models, but also on the analysis of social structures and cultural relations. In contemporary social theory, this approach is associated with concepts explaining the interaction between structure and agency. Anthony Giddens, describing the interrelation between social structures and individual actions, argues that social change becomes possible not only through changes in individual behavior, but also through the transformation of social institutions and collective relations.

One of the key factors influencing the formation of the new rehabilitation paradigm is the increasing complexity of social problems on a global scale. Globalization, migration processes, urbanization, and technological transformation have created new risks within the social structure of societies. Ulrich Beck characterizes modern societies as "risk societies," emphasizing that contemporary social problems have become more complex and multi-layered. Solving these

problems requires more than traditional social intervention mechanisms; it demands the reconstruction of social protection systems on the basis of new methodological approaches.

The new rehabilitation paradigm regards consideration of cultural and social context as a fundamental principle in the process of social intervention. Social problems are shaped not only by economic and legal factors, but also by cultural values and systems of social relations. Pierre Bourdieu, emphasizing the role of cultural and social capital in the formation of social relations, notes that people's behavior and social choices are connected with the experiences formed within their social environment. This approach demonstrates that adapting rehabilitation programs to the cultural context increases their effectiveness.

One of the important characteristics of the new rehabilitation paradigm is its multidisciplinary nature. Social intervention processes cannot be explained within the framework of a single scientific discipline. Knowledge from psychology, sociology, social work, law, and anthropology enables a more comprehensive understanding of the rehabilitation process. This approach creates conditions for rehabilitation programs to be implemented in a more coordinated and systematic manner.

Another important feature of the new paradigm is the increased role of community and social relations within the process of social intervention. Traditional rehabilitation models were mainly based on institutional services and did not sufficiently take into account individuals' connections with their social environment. However, contemporary social science research demonstrates that social connectedness and community support are among the key factors for the success of the rehabilitation process. In his theory of social capital, Robert Putnam notes that trust and cooperation existing within communities have a positive impact on solving social problems and promoting social reintegration.

The new rehabilitation paradigm also requires the reconsideration of monitoring and evaluation systems for social intervention programs. Traditional monitoring systems are mainly based on quantitative indicators and allow only the measurement of statistical outcomes of social services. However, in order to determine the real impact of social intervention programs, it is necessary to take into account changes occurring in social relations and behavioral patterns. In this regard,

monitoring systems based on behavioral, communication, and social connectedness indicators constitute one of the important elements of the new rehabilitation paradigm.

Another important factor influencing the formation of the new rehabilitation paradigm is the strengthening of the human rights approach. Social protection systems should function not only as mechanisms of assistance, but also as instruments for ensuring human rights. In his concept of social development, Amartya Sen emphasizes that the primary objective of social policy is to expand people's real opportunities and ensure their active participation in social life. This approach requires rehabilitation programs to function not only as recovery mechanisms, but also as instruments for expanding social opportunities.

The implementation of the new rehabilitation paradigm also envisages the development of social protection systems from the perspective of strategic planning. The structural nature of social problems demonstrates that their solution requires long-term and systematic approaches. For this reason, rehabilitation programs should not be limited solely to short-term intervention measures, but should be implemented within a strategic framework aimed at preventing social risks and strengthening social connectedness.

The application of this approach creates conditions for the transformation of social service systems and for their more effective functioning. The new rehabilitation paradigm envisages that social intervention programs should create change not only at the individual level, but also within systems of social relations. This approach serves as an important methodological framework ensuring the more sustainable and inclusive development of social protection systems.

The primary reason for paying attention to the new rehabilitation paradigm is the changing nature of social problems and the need for social intervention systems to adapt to these changes. In modern societies, social problems cannot be effectively resolved solely through the application of existing methods. Their effective solution requires the reconstruction of social intervention systems on the basis of new theoretical and methodological approaches. The new rehabilitation paradigm emerges precisely from this need and serves as an important conceptual framework defining the future directions for the development of social protection systems.

The presented rehabilitation paradigm offers a new methodological perspective for the development of social intervention and rehabilitation programs. This approach explains rehabilitation not merely as a mechanism of individual recovery, but as a process of transformation of social relations and cultural values. A multidisciplinary approach, consideration of the cultural environment, community-based intervention mechanisms, and human rights principles constitute the core elements of this paradigm. This approach creates opportunities for social protection systems to function in a more effective and sustainable manner and contributes to the formation of a new scientific direction in the field of social intervention.

### **10.1. Advantages of the Culture-Based Model**

The development of modern social protection and rehabilitation systems has entered an important stage that requires the reconsideration of social intervention strategies. Classical rehabilitation models formed during the second half of the twentieth century were primarily based on medical and psychological approaches and aimed at restoring an individual's functional condition. Although these models produced effective results in certain cases, the complex and multi-level nature of social problems demonstrated that individual recovery cannot be ensured solely through clinical and psychological interventions. Social relations, cultural values, and collective behavioral patterns directly influence the success of the rehabilitation process. For this reason, the culture-based rehabilitation model is increasingly becoming the focus of attention in contemporary social sciences.

The culture-based approach explains the rehabilitation process not only as an individual-level recovery process, but also as a transformation occurring within systems of social relations and collective values. This approach requires that the cultural characteristics, social codes, and collective behavioral patterns of society be taken into account during the development and implementation of social intervention programs. Research demonstrating that social problems cannot be explained solely through individual psychological factors confirms the important role of the cultural environment in the process of social intervention.

One of the theoretical foundations of the culture-based model lies in social theories explaining the relationship between social structures and individual behavior. Anthony Giddens, describing the

interaction between social structures and individual actions, emphasizes that social behavior is shaped not only by individual decisions, but also by social institutions and cultural values. This approach demonstrates that the effectiveness of social intervention programs depends not only on changes achieved at the individual level, but also on transformations occurring within systems of social relations.

Another important theoretical foundation of the culture-based model is Pierre Bourdieu's concepts of cultural capital and social capital. Bourdieu emphasized the role of cultural capital in shaping social relations and behavioral patterns, arguing that people's behavior within the social environment is connected with their social experiences and collective memory. This approach demonstrates that adapting social intervention programs to the cultural context increases their effectiveness.

One of the advantages of the culture-based model is that it is more closely aligned with social realities. Many rehabilitation programs are designed on the basis of universal models and implemented in the same way across different social contexts. However, the formation of social problems is associated with different social and cultural factors in different societies. For this reason, the application of universal models does not always produce the expected results.

The culture-based approach ensures that social intervention programs are adapted to the social and cultural characteristics of a particular society, thereby increasing the effectiveness of these programs.

Another important advantage of the culture-based model is the strengthening of social connectedness. Social connectedness and community support play an important role in the success of the rehabilitation process.

The culture-based approach also increases the role of community structures in the process of social intervention. Traditional rehabilitation models were mainly built around institutional services and did not sufficiently take into account the individual's connection with the social environment. However, contemporary research demonstrates that the success of the rehabilitation process often depends on the support of the social environment and community relations. Community-based

intervention mechanisms facilitate an individual's reintegration into the social environment and reduce the risk of social isolation.

One of the advantages of the culture-based model is that it increases public acceptance of social intervention programs. When social programs are aligned with the values and social expectations of society, their acceptance and implementation become more effective. From this perspective, rehabilitation programs adapted to the cultural context are more easily accepted by society, and their outcomes become more sustainable.

Another important advantage of the culture-based approach is its contribution to reducing stereotypes and the phenomenon of social stigma. Social stigma and stereotypes often hinder the effectiveness of rehabilitation programs. Victims or individuals facing social marginalization may avoid using social services because of fear of stigmatization by society. The culture-based approach helps overcome these barriers and strengthens social acceptance.

One of the major advantages of the culture-based model is its preventive and protective potential. While most social intervention programs focus on addressing existing problems, the culture-based approach makes it possible to identify social risks at an early stage and prevent them. This approach envisages working not only with the consequences of social problems, but also with their social and cultural causes.

The culture-based model also increases the sustainability of social intervention systems. The sustainability of social programs depends not only on financial and institutional resources, but also on their acceptance by society. When social programs are aligned with the cultural values of society, their sustainability becomes stronger.

Another advantage of this model is that it promotes a multidisciplinary approach. Social intervention and rehabilitation processes cannot be explained within the framework of a single scientific discipline. Knowledge from psychology, sociology, social work, and law allows these processes to be understood in a more comprehensive manner. The culture-based model integrates the knowledge of these disciplines and creates a more systematic approach.

The culture-based model also contributes to the development of monitoring and evaluation systems for social intervention programs. Traditional monitoring systems are mainly based on statistical indicators and do not take into account changes occurring in social relations. In contrast, the culture-based approach envisages the inclusion of behavioral, communication, and social connectedness indicators within monitoring systems. These indicators make it possible to assess the social impact of social intervention programs more accurately.

The application of the culture-based approach also has a positive impact on the strategic development of social protection systems. The complex nature of social problems demonstrates that their solution cannot be achieved solely through short-term intervention programs. Addressing these problems requires social protection systems to be based on long-term and systematic strategies. The culture-based model creates opportunities for the development of social intervention programs within such a strategic framework.

The culture-based rehabilitation model represents a new methodological direction in the development of social intervention and rehabilitation programs. This model explains rehabilitation not merely as a process of individual recovery, but as a transformation of social relations and cultural values. Strengthening social connectedness, developing community-based intervention mechanisms, and taking the cultural environment into account constitute the main advantages of this model. This approach enables social protection systems to function in a more effective, sustainable, and socially responsive manner, while also contributing to the emergence of a new scientific direction in the field of social intervention.

## **10.2. Filling the Academic Gap**

The development of research in the field of social intervention and rehabilitation plays an important role in increasing the effectiveness of social protection systems. Contemporary social sciences recognize that social problems possess a complex and multi-level nature, and for this reason the implementation of practical programs alone is not considered sufficient for addressing these problems.

The sustainable and effective development of social intervention mechanisms requires that activities in this field be scientifically systematized and transformed into academic research.



Although extensive practical activities exist in the field of social intervention and rehabilitation within the Azerbaijani context, the systematic academic study of these activities remains relatively limited. Most existing programs are based on the application of international methodological approaches, while the local social and cultural environment has not been sufficiently analyzed at the academic level. This situation demonstrates the existence of a certain academic gap in the field of social intervention.

In order to address this gap, there are several priority directions that scholars and researchers should focus on. First of all, it is important to academically systematize the existing practical experience in the field of social intervention. The extensive practical experience formed within Azerbaijan's social service system can create an important empirical basis for the development of new theoretical models in the field of social intervention. Transforming practical activities into subjects of scientific research can contribute to the establishment of a local academic school in the field of social intervention.

One of the important research directions in the field of social intervention and rehabilitation is the study of the cultural and social environment. The emergence and development of social problems cannot be explained solely by economic and legal factors. Cultural values, social relations, and collective behavioral patterns play an important role in the formation of social problems. Therefore, conducting research on the consideration of cultural and social conditions in the development of social intervention programs is of particular importance.

Another important direction involves methodological research related to evaluating the effectiveness of social intervention programs. Assessing the outcomes of social programs solely on the basis of statistical indicators does not fully reflect their real impact. The impact of social intervention programs is often manifested through changes occurring in social relations, behavioral patterns, and community relations. For this reason, the development of new indicator systems for the monitoring and evaluation of social intervention programs can emerge as an important scientific direction.

Another important area of research in the field of social intervention concerns the study of community-based rehabilitation models. The strong role of family and community relations in

Azerbaijani society can play a significant role in the implementation of social intervention programs. Academic research on the role of these social structures within the rehabilitation process can contribute to the more effective organization of social intervention programs.

Another important research direction for scholars concerns the adaptation of international experience to the local context. Many methodological approaches used in the field of social intervention are based on models developed by international organizations. The implementation of these models within the Azerbaijani context requires their adaptation to local social and cultural characteristics. From this perspective, scholars should conduct research on adapting international methodological approaches to the local context and propose new methodological recommendations in this field.

One of the important directions of research in the field of social intervention relates to the forecasting of social risks. In modern societies, the nature of social problems is changing and new social risks are emerging. Therefore, conducting research aimed at the early identification and prevention of social risks is of great importance for the development of social protection systems.

Conducting empirical research is also of particular importance for filling the academic gap. In order to assess the real impact of social intervention and rehabilitation programs, it is essential to establish a broad empirical database. Such research can make it possible to determine the effectiveness of social intervention programs and provide a scientific basis for their improvement.

Strengthening cooperation between universities and social service organizations is also necessary for the development of academic research in the field of social intervention. The practical experience of specialists working in the field of social services can provide important empirical material for academic research. Such cooperation can enable a more comprehensive and systematic analysis of social intervention programs.

In order to eliminate the existing academic gaps in the field of social intervention and rehabilitation, it is essential to conduct systematic scientific research. The academic systematization of practical experience, the study of cultural and social contexts, the application of a multidisciplinary approach, and the implementation of empirical research constitute the main directions of scientific development in this field. Research conducted in these directions can make

a significant contribution to the more effective functioning of social protection systems and to the sustainable development of social intervention programs.

### **10.3. Regional Application Opportunities (Concept of the Turkic States)**

Modern global transformation processes have caused significant changes in systems of social relations and forms of collective identity. Alongside the acceleration of economic, technological, and informational exchange, globalization has also had a profound impact on cultural and social structures. On the one hand, this influence has strengthened interaction among different societies; on the other hand, it has confronted national and cultural identity with new challenges. Research in the social sciences demonstrates that globalization processes lead not only to transformations in economic and political spheres, but also to changes in social behavior patterns and systems of collective values. In some cases, these transformations may result in the weakening of social and cultural values and in changes to collective identity.

Ulrich Beck, describing globalization as a major factor transforming the structure of modern societies, notes that global transformations influence not only economic relations, but also the nature of social risks and social relations. These changes are often accompanied by the weakening of social institutions and collective values. Anthony Giddens, explaining the impact of globalization on systems of social relations, argues that global cultural influences can transform traditional social structures existing in different societies and contribute to the emergence of new social behavior patterns. In some cases, these changes create instability in systems of social identity and collective values.

Within the framework of the concept of Turkic peoples, the impact of globalization is an issue requiring particular attention. The historical development and social structures of Turkic peoples are characterized by features such as collective responsibility, the strong role of the family institution, and the importance of community relations. These characteristics play an important role in shaping social relations and collective behavioral patterns. In the social structures of Turkic peoples, family and community relations function not only as social institutions, but also as important mechanisms ensuring the preservation of collective values.

Contemporary globalization processes may lead to the transformation and, in some cases, weakening of these collective values. The expansion of the global information environment and the growth of cultural influences contribute to changes in social behavior patterns. While these transformations, on the one hand, create opportunities for the development and modernization of societies, on the other hand, they increase the risk of weakening collective identity and traditional social values. Manuel Castells, in his studies on the formation of the information society, notes that global information flows create new transformations within systems of cultural identity and social relations.

The concept of social cooperation among Turkic states offers new perspectives in response to the challenges created by these transformations. The historical and cultural proximity existing among Turkic states creates a favorable basis for regional cooperation in the field of social policy and social protection. Such cooperation should not be limited only to economic and political spheres, but should also include the development of social protection and rehabilitation systems. Regional coordination of social rehabilitation programs can contribute to the more effective functioning of social protection systems and to the resolution of common social problems.

Within the framework of the concept of Turkic states, the regional application of the social rehabilitation model encompasses several important directions. First of all, this model envisages adapting social intervention programs to cultural and social contexts. The formation of social problems is connected not only with economic and legal factors, but also with social and cultural values. Pierre Bourdieu, emphasizing the role of the concept of cultural capital in shaping social relations, argued that people's behavioral patterns are linked to the experiences and collective memory acquired within their social environment. From this perspective, taking cultural values and social relations into account during the development of social intervention programs is of particular importance.

Within the framework of regional cooperation, the implementation of the social rehabilitation model can also contribute to the preservation and development of social behavior patterns. Social behavior patterns are among the important components of a society's system of collective values. These patterns encompass various social spheres, including family relations, concepts of social responsibility, and collective cooperation. In the social structures of Turkic peoples, these

behavioral patterns have historically played an important role and have served as key factors ensuring the stability of social relations.

Social cooperation among Turkic states can also function as an important mechanism for preserving collective identity. Contemporary globalization processes sometimes contribute to the weakening of national and cultural belonging. This situation is particularly visible among younger generations through the transformation of social and cultural values. Regional cooperation can create new platforms for the preservation and development of shared cultural values.

In this environment, the regional implementation of social rehabilitation programs can serve not only as a mechanism for addressing social problems, but also as an important instrument for preserving collective values. When social intervention programs are organized in accordance with the social and cultural values of society, their effectiveness and sustainability become stronger. This approach can ensure that social protection systems serve not only to address social problems, but also to preserve collective values.

Within the framework of the concept of Turkic states, the development of the social rehabilitation model can also create conditions for the emergence of new academic research directions. The regional coordination of research conducted in the field of social intervention and rehabilitation can facilitate comparative analysis of the experiences of different countries and contribute to the development of new methodological approaches. Cooperation among universities and research institutes can strengthen the scientific foundations of social intervention programs and contribute to the generation of new academic knowledge.

Regional cooperation can also positively influence the strategic development of social protection systems. The complex nature of social problems demonstrates that their solution should not be limited solely to programs implemented at the national level. Regional cooperation can create opportunities for the broader implementation of social intervention programs and for the more effective functioning of social protection systems.

Within the framework of the concept of Turkic states, the regional application of the social rehabilitation model creates important perspectives for the development of social protection systems. Cultural proximity, shared social values, and similar social problems provide a favorable

basis for regional cooperation. Such cooperation can make a significant contribution to the improvement of social intervention programs, the preservation of social behavior patterns, and the strengthening of collective identity. Social rehabilitation programs implemented at the regional level can serve not only as mechanisms for addressing social problems, but also as important instruments for preserving cultural and social values that may weaken under the influence of globalization.

#### **10.4. Recommendations and Future Research Directions**

The development of research and practical activities in the field of social intervention and rehabilitation plays an important role in increasing the effectiveness of modern social protection systems. The complex and multi-level nature of social problems necessitates the application of systematic and scientifically grounded approaches in this field. The implementation of social intervention and rehabilitation programs solely within the framework of practical measures is not sufficient to achieve long-term and sustainable outcomes. For this reason, the development of social intervention mechanisms is closely connected with academic research and the formation of methodological approaches.

Contemporary social sciences recognize that the effective resolution of social problems requires interaction between practical activities and scientific research. The development of social protection systems should be based not only on the organization of social services, but also on the establishment of their scientific foundations. In this context, identifying future research directions in the field of social intervention and rehabilitation and preparing methodological recommendations for scholars are of particular importance.

One of the future research directions in the field of social intervention and rehabilitation concerns the academic systematization of practical experience. In the Azerbaijani context, extensive practical experience exists within the system of social protection and social services. Various social programs implemented by state institutions, non-governmental organizations, and international organizations have generated important empirical material in the field of social intervention. However, the transformation of these materials into objects of academic research and their systematic analysis remains relatively limited. For this reason, one of the main directions of

future research should be the academic systematization of existing practical experience in the field of social intervention.

Another important future research direction concerns the adaptation of social intervention programs to cultural and social contexts. The emergence and development of social problems are connected with the social and cultural characteristics of each society. The effectiveness of social intervention programs depends on their compatibility with the social and cultural values of society. From this perspective, future research should focus on the analysis of social intervention and rehabilitation programs on the basis of cultural context.

Another important research direction in the field of social intervention concerns the study of the role of social behavior patterns and social relations in the rehabilitation process. Social behavior patterns constitute an important element of society's system of collective values. The transformation and change of these patterns may influence either the emergence of social problems or their resolution. For this reason, it is considered essential to take social behavior patterns and collective values into account during the development of social intervention programs.

One of the future research directions is related to studying the role of social connectedness and community relations in the rehabilitation process. Social connectedness reflects individuals' integration into systems of social relations and their interaction with the community. Social capital theory demonstrates that trust and cooperation existing within communities have a significant impact on solving social problems and ensuring social development. From this perspective, future research should focus on the study of community-based rehabilitation models and their integration into social protection systems.

Another important research direction in the field of social intervention and rehabilitation concerns the study and forecasting of social risks. In modern societies, the nature of social problems is changing and new social risks are emerging. Processes such as globalization, migration, and technological transformation lead to the emergence of new challenges within systems of social relations. For this reason, future research should focus on the development of methodological approaches aimed at the early identification and prevention of social risks.

One of the future research directions is also related to the development of monitoring and evaluation systems for social intervention programs. Evaluating the outcomes of social intervention programs solely on the basis of statistical indicators does not fully reflect their real impact. The effects of social intervention programs are often manifested through changes occurring in social relations, behavioral patterns, and community relations. Therefore, future research should focus on the development of new indicator systems for evaluating social intervention programs.

Another important research direction in the field of social intervention concerns the adaptation of international experience to the local context. Many methodological approaches used in the field of social intervention are based on models developed by international organizations. The implementation of these models in different countries requires their adaptation to local social and cultural characteristics. From this perspective, future research should focus on studying the possibilities for applying international methodological approaches within the Azerbaijani context.

One of the future research directions concerns the development of a multidisciplinary approach in the field of social intervention. Social intervention and rehabilitation processes cannot be explained within the framework of a single scientific discipline. The integration of knowledge from various scientific fields such as psychology, sociology, social work, law, and anthropology makes it possible to analyze social intervention programs in a more comprehensive manner. For this reason, future research should focus on the development of multidisciplinary approaches.

Strengthening cooperation between universities and social service organizations is also of great importance for the advancement of research in the field of social intervention. The practical experience of specialists working in social services can provide important empirical material for academic research. Such cooperation can contribute to a more systematic analysis of social intervention programs and create conditions for the development of new methodological approaches.

Another future research direction relates to the study of social intervention programs within the framework of regional cooperation. The existing social and cultural proximity among Turkic states creates important opportunities for regional cooperation in the field of social intervention. Such



cooperation can provide new perspectives for the exchange of experience and the development of methodological approaches related to social intervention programs.

In conclusion, future research directions in the field of social intervention and rehabilitation are of significant importance for the development of social protection systems. The academic systematization of practical experience, the study of cultural and social contexts, the forecasting of social risks, and the development of multidisciplinary approaches constitute the principal research directions in this field. Research conducted in these directions can make an important contribution to the more effective functioning of social protection systems and to the development of social intervention programs.

## **FINAL WORD FROM THE AUTHOR**

The preparation of this manual is not the result of случайный scientific interest. This work has been shaped through many years of practical experience in the fields of social protection, rehabilitation, and work with vulnerable groups, including observations, encountered challenges, and accumulated professional experience. Specialists working in the field of social intervention are often confronted with complex social problems, and the resolution of these problems is not possible solely through legal or institutional measures. Practical experience demonstrates that behind many social problems there are deeper social, cultural, and behavioral factors. It is precisely these observations that inspired the preparation of this manual and revealed the necessity of a broader and more systematic approach to issues of social rehabilitation.

For a long period, social intervention and rehabilitation programs were mainly implemented on the basis of international methodological approaches. Although these approaches produced important results in certain cases, practical experience has shown that when the social and cultural characteristics of a particular society are not taken into account, the effectiveness of social intervention programs may remain limited. Social problems cannot be explained solely by legal or economic factors. Social relations, cultural values, and collective behavioral patterns play a crucial role in this process. Therefore, taking into account the social and cultural environment of society during the development of social intervention and rehabilitation programs is of particular importance.

The main purpose of this manual is to scientifically systematize the existing practical experience in the field of social rehabilitation and social intervention and to present a new methodological approach in this area. The proposed approach envisages addressing not only the consequences of social problems, but also their social and cultural causes. This approach can create opportunities for the more effective and sustainable implementation of social intervention programs.

One of the important factors influencing the formation of the conceptual approach presented in this manual is the consideration of the social and cultural characteristics of Azerbaijani society. In Azerbaijani society, family and community relations constitute important elements of social life. These relations function not only as social institutions, but also as important mechanisms ensuring

the preservation of collective values. Taking existing social structures and collective values into account during the development of social intervention programs can be considered an important factor increasing the effectiveness of the rehabilitation process.

Modern globalization processes have caused significant changes in systems of social relations and forms of collective identity. While global cultural influences, on the one hand, create opportunities for the development and modernization of societies, on the other hand, in some cases they lead to the weakening of traditional social and cultural values. This situation is reflected in changes to collective identity and social behavior patterns in many societies. For this reason, when developing social intervention and rehabilitation programs, it is considered important not only to apply global methodological approaches, but also to take into account the local social and cultural environment.

One of the main objectives in preparing this manual has been to contribute, to a certain extent, to filling the existing academic gap in the field of social intervention and rehabilitation. Although extensive practical activities exist in the Azerbaijani context in the field of social intervention, the systematic academic study of these activities and their transformation into theoretical models remain relatively limited. This manual may therefore be regarded as one of the steps taken toward the academic systematization of practical experience.

The proposed approach is intended not only to improve social intervention programs, but also to contribute to the formation of new academic research directions in this field. Future studies in the area of social intervention and rehabilitation may further develop this approach and create opportunities for the emergence of new methodological models.

This manual is intended for specialists working in the field of social protection, including social workers, psychologists, representatives of law enforcement agencies, and researchers. It is hoped that the proposed approach will contribute to the more effective implementation of social intervention programs and to the development of social protection systems.

The presented work is also intended as an open platform for future research. The complexity and changing nature of social problems demonstrate that scientific inquiry in the field of social intervention and rehabilitation must remain continuous. New research and practical experience may contribute to the development of more effective methodological approaches in this field.

The main purpose of preparing this manual has been to present a new perspective in the field of social intervention and rehabilitation and to create a bridge between scientific and practical activities carried out in this sphere. The development of social protection systems is possible not only through institutional mechanisms, but also through the application of approaches based on the social and cultural values of society. Such an approach can create opportunities for the more sustainable and socially responsive implementation of social intervention programs.

## **1. Methodological Model for the Rehabilitation of Victims of Domestic Violence Based on Cultural and Social Codes**

The rehabilitation of individuals exposed to domestic violence cannot be regarded merely as a support mechanism limited to the provision of psychological and social assistance measures. Contemporary social work and trauma research demonstrate that the experience of violence is not only an event affecting an individual's psychological condition, but also a complex social process closely connected with disruptions in power relations formed within systems of social relations, the influence of cultural behavioral norms, and networks of relationships existing within family structures. Trauma theory emphasizes that the experience of violence undermines a person's sense of safety, control, and belonging, while also stressing that such experiences do not occur outside the social environment. Judith Herman explains trauma as the breakdown of power relations and the destruction of a person's fundamental sense of safety, noting that recovery from trauma depends not only on individual psychological intervention, but also on the restoration of social relations. At the same time, the social ecology approach demonstrates that human behavior is formed not only at the individual level, but also through the interaction of social environments at the micro, meso, and macro levels. These approaches show that the rehabilitation of victims of domestic violence cannot be based solely on individual interventions, but must also consider the victim's social environment, cultural behavioral norms, family relations system, and community structures.

Such an approach does not limit the main objective of the rehabilitation process solely to overcoming trauma. The rehabilitation model recognizes as its core principles the provision of safety for the victim, the protection of the individual's right to make decisions about their own life, and the sustainable implementation of social reintegration. Rehabilitation is not only a process of

psychological recovery, but also a long-term process of social transformation that includes restoring the individual's position within systems of social relations, developing economic and legal independence, and enabling life within a safe social environment.

From this perspective, the methodological model is based on phased intervention mechanisms. At each stage, social work, legal protection, medical and psychosocial support, economic empowerment measures, and careful assessment of community relations are taken into account. This phased approach forms a structured intervention system aimed not only at individual recovery, but also at ensuring the sustainability of social reintegration.

Existing international rehabilitation programs, particularly Western-centered models focused on trauma intervention, provide scientifically grounded and highly effective mechanisms of support. These programs primarily focus on overcoming the trauma experienced by the individual, restoring the psychological and physical harm caused by violence, and rebuilding the person's functional capacity for everyday life. Although this approach yields important results in restoring psychological stability, in societies where collective social structures remain strong, it does not always produce sufficiently sustainable outcomes. This is because, in such societies, human behavior is shaped not only by individual choices and psychological processes, but also by systems of social connectedness, family structures, and cultural values.

Within Turkic and Eastern family models, the individual is perceived not merely as an independent social actor, but as part of a broader system of social relations. In this system, a person's behavior and decisions are shaped through the influence of family members, relatives, neighbors, and community members. For this reason, incidents of domestic violence are often not perceived solely as conflicts between two individuals. Family and community members may become participants in this process in different ways. At times they may act as witnesses to the incident, at times as sources of social pressure, and at times as part of a cultural mechanism that normalizes violence.

Within such social structures, serious problems may arise when rehabilitation is limited only to the recovery of the individual. Even if the victim becomes psychologically stronger and gains the capacity to build an independent life, the social environment to which they return often does not provide a structure that supports this transformation. In such circumstances, the individual faces

two alternatives: either completely sever social ties and distance themselves from that environment, or continue living under the social and psychological pressure created by those ties. Both situations complicate the reintegration process and, in some cases, weaken the sustainability of the achieved outcomes.

Shelter and social service practice also confirms this reality. Practical work demonstrates that even when psychosocial and legal interventions carried out with the individual produce positive outcomes, if the social environment remains unchanged, the sustainability of those outcomes may weaken. Individual support measures alone are not sufficient for the survivor to live independently, achieve economic empowerment, and reconstruct their social role. Human behavior is determined not only by rational decision-making, but also by a sense of social belonging and cultural identity formed at the subconscious level.

This attachment does not arise solely from the individual's internal needs. Family members and the close social environment remind the individual in various ways that these ties continue to exist and influence the person's decision-making process. In some cases, the survivor herself seeks out her parents and relatives in order to obtain social support. However, the family system does not always play a protective role. Practice shows that in some cases parents and relatives encourage the woman to return to the environment of violence. This decision is often motivated not by ill intent, but by factors considered positive, such as preserving family reputation, avoiding social condemnation, or restoring stability within the family.

In such cases, the return process takes on a formal and technical character. During the process, no dialogue is carried out within the family, and discussions regarding the woman's safety, her right to make decisions, and her position within family relations do not take place. The primary aim of the return becomes the restoration of the previous social situation. In this process, various forms of psychological pressure may also be applied against the woman, and such pressure is often justified by family members as a means of protecting family honor or preventing social stigma. In this approach, cultural concepts such as "honor," "reputation," and "family unity" play a significant role. Alongside this, factors such as economic dependency, weak social protection, and limited alternative living opportunities also push women toward returning to violent environments.

At the same time, in some cases, the paternalistic approach displayed by parents and relatives may lead to unexpected consequences at different stages of the rehabilitation process. Initially, this approach is carried out with the intention of care and protection, yet in some instances it results in the rehabilitation process being interrupted either at the initial stage or even after positive outcomes have already been achieved. This is because the relationship of guardianship does not remain solely in the form of support and care; in certain situations, it transforms into a mechanism of control. Parents and relatives, with the intention of ensuring the individual's safety, interfere in their decisions and restrict their life choices, thereby indirectly weakening the individual's ability to build an independent life.

Of course, the protective and supervisory influences themselves are interpreted differently by the individuals who apply them. Such behavior is often justified through cultural categories such as shame, honor, and the preservation of family reputation. Parents and close relatives explain such control as a means of ensuring the woman's safety, protecting her from potential risks in social relations, and preventing situations that could damage the family's social status. Within this approach, concern about the woman not being psychologically and socially prepared enough to face possible risks in the social environment also plays a significant role.

Thus, protective behavior is connected not only with cultural norms and concepts of reputation, but also with fear and issues of trust. The basis of these fears is often anxiety related to the system of social relations within society. However, paradoxically, this distrust is not directed toward society itself, but is instead expressed toward the woman. In other words, although the problem is associated with the potential risks present in society, the management of these risks is carried out through restricting the woman's behavior. As a result, distrust directed toward the social environment becomes imposed upon the individual, making it more difficult to achieve the primary goal of the rehabilitation process — the formation of social independence.

Therefore, the rehabilitation of survivors of domestic violence cannot be limited solely to individual intervention programs. An effective rehabilitation model must be built on a systematic approach that предусматривает parallel intervention at the individual, family, and community levels. Such an approach should aim not only at the psychological recovery of the survivor, but also at the transformation of the social environment, the reassessment of cultural behavior models,

and the formation of sustainable social resistance to violence within the community. Such a model views rehabilitation not merely as a process of recovery, but as a broader process of social transformation involving the restoration of balance within the system of social relations and the provision of safe living opportunities consistent with human dignity.

The referral of survivors of domestic violence to shelters is carried out through multifaceted referral and direction mechanisms. These referrals may originate from various institutional and non-institutional sources. Practical experience shows that referrals to shelters are mainly made through hotlines, police authorities, healthcare institutions, local executive authority structures, the Social Services Agency, non-governmental organizations, and in some cases media representatives or other public intermediaries. In international practice, this mechanism is often evaluated as a multi-channel referral and guidance system and is considered an important protection mechanism ensuring survivors of violence access to safe services.

At the same time, practical experience shows that the initial information provided about a person referred to a shelter is often limited. The information presented during referral is generally confined to the fact that violence has occurred, a brief description of the incident, or the individual's current safety situation. However, a more comprehensive assessment of the survivor's social and family environment, psychological condition, and system of social relations is of significant importance for planning the rehabilitation process. In many cases, insufficient information is provided regarding the woman's family relationship system, her intellectual and emotional condition, the stereotypes present within her social environment, the structure of kinship relations, and the behavioral characteristics of the parties within those relationships.

In fact, such information is of critical importance for establishing proper initial communication with the person admitted to the shelter. This is because the planning of social work interventions should be based not only on recording the fact of violence, but also on understanding the survivor's social and psychological condition. In this regard, international social work standards consider the initial assessment stage as a process aimed at comprehensively identifying the person's safety situation, social support connections, risk factors, and individual needs.



In practice, however, the initial contact with a person entering a shelter is often carried out as a formal procedure concluding with a referral letter or transfer act submitted by the referring institution. Yet, in accordance with international shelter standards, this stage should be regarded not merely as an administrative procedure, but also as a stage of building safety and trust.

During the initial communication process conducted by the social worker, the urgent needs of the survivor are identified. At this stage, it is determined whether the individual has entered the shelter voluntarily, whether they are in need of food, clothing, and hygiene supplies, and whether there is a need for rest, sleep, or medical support. Meeting these initial needs is important not only for creating physical comfort, but also as a significant psychosocial factor in helping the individual feel safe and adapt to the new environment.

Practice shows that in some cases, newly admitted shelter residents may hesitate to accept the services offered and may consider searching for alternative places in order to ensure their safety. This situation is often connected with the sense of distrust created by the experience of violence and a cautious attitude toward the new environment. Therefore, during the initial communication stage, the social worker provides information about the shelter's activities, the services offered, safety procedures, and the individual's rights. Although this information is initially delivered mainly in oral form, international standards recommend that it also be provided in written form and explained in a manner understandable to the survivor.

At the same time, whether the decision for the survivor to be placed in a shelter was made voluntarily is also considered important information. The principle of voluntariness is one of the fundamental elements of international protection mechanisms and ensures the protection of the decision-making rights of individuals using shelter services. In some cases, individuals who have no prior knowledge about the shelter system may feel uncomfortable in the new environment, and building trust toward shelter staff may require a certain amount of time. For this reason, the establishment of trust-based relationships is considered one of the first and most important stages of the rehabilitation process.

The admission process to a shelter is accompanied not only by social and psychological intervention, but also by certain administrative procedures. At this stage, the following main procedures are carried out by the social worker:

- preparation of the admission report;
- obtaining a voluntary admission application from the survivor;
- official registration of the individual within the shelter system.

These procedures are important both for protecting the rights of the individual and for ensuring the systematic organization of shelter services.

The admission of a survivor to a shelter through police involvement is not intended solely for safety purposes. This mechanism is also important for maintaining statistical records, establishing a database on cases of violence, and ensuring coordinated cooperation among state institutions. Such information serves as an important source for planning future joint activities with law enforcement agencies, social service structures, and other relevant institutions.

Thus, the referral and admission process to a shelter should be regarded not merely as an administrative or technical procedure, but also as an important stage in ensuring the survivor's safety, establishing relationships of trust, and forming the foundations of the future rehabilitation process. Organizing this stage in accordance with international standards is of fundamental importance for the effectiveness and sustainability of the rehabilitation process.

From the perspective of international approaches to social work and trauma-informed practice, it is considered appropriate to provide survivors of violence with a certain adaptation period before beginning the rehabilitation process. Although the immediate involvement of a newly admitted shelter resident in legal and administrative procedures is consistent with international norms, practical experience demonstrates that rapid intervention carried out without considering the psychological condition of a traumatized individual may make it more difficult for them to consciously and actively engage in the rehabilitation process. Therefore, an adaptation period lasting several days is regarded as an important stage for helping the individual adjust to the new environment, develop a sense of safety, and establish initial trust-based relationships with service

providers. This stage is sometimes referred to as the “stabilization and adaptation phase,” and its main purpose is to reduce the individual’s psychological tension, strengthen their sense of safety, and create conditions for their voluntary and conscious participation in the rehabilitation process.

Following the adaptation stage, the person responsible for managing the individual case begins the documentation process based on the social worker’s initial observations and collected information. At this stage, the primary focus is directed toward the preliminary assessment of needs. The individual provides written consent for personal information to be included in a confidential information database, thereby enabling the systematic collection of data related to the individual case. Through the needs assessment questionnaire, information is gathered regarding the survivor’s experience of violence, family situation, the existence of children and their condition within the family, the number of family members, with whom the individual lives, educational level, employment experience, forms of communication within the family, and other social indicators.

After the collected information is consolidated, the assigned social worker, together with the shelter psychologist and legal advisor, conducts a comprehensive assessment of the existing situation. This assessment is regarded as the primary source of information for preparing the rehabilitation plan. However, practical observations demonstrate that the information obtained at the initial stage is not always complete and comprehensive. In some cases, the survivor may avoid recalling certain events due to the effects of traumatic experience, may forget some details, or may refuse to disclose them for various reasons. This situation is connected with psychological defense mechanisms that are common among trauma survivors and should be taken into consideration by social work professionals.

At the initial stage, the case manager provides the survivor with information about the services available within the shelter, their rights, shelter regulations, and access to medical assistance, and obtains written consent documents regarding these matters. However, this stage does not yet signify the establishment of full trust. This is because the survivor’s kinship relations and external social influences often remain strong even after entering the shelter. Concerns related to relatives, anxiety regarding family members, worries about the future of children, and fears concerning the reaction of the social environment continue to affect the survivor’s psychological condition.

At this stage, it is often impossible to obtain complete and objective information regarding all parties involved. The survivor may experience anxiety about how the surrounding environment perceives them, whether their relatives are facing danger, or whether a spouse or other individuals may be able to harm them within the shelter environment. Such concerns are characteristic of individuals emerging from traumatic situations and should be considered during the initial phase of the rehabilitation process.

Particularly difficult is the situation in which the survivor's children remain in the violent environment while the individual leaves home for safety reasons. In such cases, mothers are often primarily concerned with obtaining information about their children, understanding their psychological condition, and determining possibilities for removing them from the unsafe environment. Anxiety related to children remaining in a violent setting, fears that they may be neglected, or concerns that conflicts between parents may be directed toward the children have a serious impact on the survivor's psychological condition. These concerns may create significant obstacles both to beginning the rehabilitation process and to ensuring its continuity.

In Western countries, the more institutionalized structure of social service systems and legal protection mechanisms creates opportunities for regulating such problems to a certain extent. In these systems, ensuring the safety of children and the intervention of social services are carried out more оперативно. However, in societies where Turkish and Eastern family models are dominant, the structure of family relations and the strength of kinship ties make these issues especially significant in the rehabilitation process. In such social environments, the stage at which rehabilitation can begin often depends directly on resolving the survivor's concerns regarding their children.

For example, among women whose children remain in a violent environment, concerns about the children's safety, fear that the spouse's aggressive behavior may harm the children, anxiety about neglect, or fears that children may develop negative perceptions of their mother can create serious obstacles to the beginning of the rehabilitation process. In such cases, establishing communication with local social and administrative institutions may help reduce the survivor's concerns to some extent.

At the same time, maintaining the principle of confidentiality in this cooperation process is of special importance. Disclosure of information related to the survivor may negatively affect both their safety and social situation. Furthermore, in some cases, the actions of local institutions or community representatives based on existing stereotypes may create additional risks instead of supporting the rehabilitation process. Therefore, mechanisms of inter-institutional cooperation should be implemented only while ensuring the protection of confidentiality and safety principles.

In such situations, psychological support plays an important role in maintaining the emotional stability of the survivor, while legal assistance and the preparation of official applications are often regarded as the main steps necessary for initiating the rehabilitation process. Through legal procedures, ensuring the safety of children and protecting the survivor's rights may allow the individual to engage in the rehabilitation process with greater confidence.

Thus, practical experience demonstrates that the direct application of international rehabilitation standards may not always fully correspond to local social and cultural conditions. Therefore, when developing rehabilitation programs, relying solely on international normative frameworks is insufficient. It is necessary to determine additional stages that facilitate the survivor's integration into the rehabilitation process while taking into account their internal psychological condition, social environment, and family relations. Such an approach makes it possible to build rehabilitation programs in a more realistic, sustainable, and socially adapted manner.

## 2. Comparative Analysis of the Western-Centered Rehabilitation Model and Rehabilitation Criteria within the Turkish Cultural Context

No.	Criterion / Indicator	Western-Centered Rehabilitation Model	Rehabilitation Approach in the Turkish Cultural Context	Main Difference
1	Beginning of Rehabilitation	Structured legal and social procedures begin immediately upon entry into the shelter	An initial stage of adaptation and psychological stabilization is established first	In the Western model procedures are rapid; in the Turkish model psychological readiness is prioritized
2	Role of Individual Decision-Making	Individual autonomy is the fundamental principle	Family and social environment may influence decisions	Individual vs collective decision-making mechanism
3	Role of the Family	Family factor is often secondary in rehabilitation	Family structure and kinship relations have a significant influence	Collective family structure
4	Child Safety	State child protection systems intervene rapidly	Children often remain within the family environment and become the mother's primary concern	State system vs family reality
5	Social Stigma	Higher level of social support toward survivors of violence	In some cases survivors may face social blame and accusations	Difference in social stigma

6	Confidentiality Mechanism	Institutional confidentiality systems are established	In small communities and kinship networks, risk of information disclosure may be high	Community surveillance factor
7	Legal Intervention	Police and social services intervene actively at an early stage	In some cases internal family resolution is attempted first	Tempo of legal intervention
8	Social Support System	State and social service institutions play the primary role	Relatives and informal social networks play a major role	Formal vs informal support
9	Rehabilitation Plan	Standardized assessment tools and protocols are used	Flexible and individualized approaches adapted to the situation are applied by the social worker	Standardized vs contextual approach
10	Psychological Defense Mechanisms	Trauma therapy methods (CBT, TF-CBT, etc.) are systematically applied	Trauma factors are interpreted within social and family contexts	Clinical vs social interpretation
11	Safety Planning	An individual safety plan is developed for the woman	The safety of both the woman and children is assessed simultaneously	Breadth of the safety framework
12	Reintegration Stage	Independent living and economic autonomy are prioritized	Regulation of relations with family and	Individual vs collective reintegration

			community is also considered	
13	Social Control Mechanism	Legal and institutional control mechanisms dominate	Community and kinship relations function as mechanisms of social control	Formal vs informal control
14	Interpretation of Trauma	Trauma is evaluated primarily as a psychological and clinical phenomenon	Trauma is explained together with social relations and family structure	Clinical vs socio-cultural approach
15	Main Goal of Rehabilitation	Ensuring the individual establishes an independent and safe life	Restoring social and family balance alongside individual safety	Social harmony factor





### **3. Rehabilitation in the Cultural Context: The Impact of Shame, Reputation, and Belonging Factors on the Integration Process**

The rehabilitation of individuals exposed to violence is no longer regarded in modern social work and psychological intervention systems merely as a process limited to eliminating trauma at the individual level. Contemporary approaches demonstrate that trauma is not only a psychological phenomenon; it is also a complex process formed within systems of social relations, interpreted within cultural structures, and shaped through interaction with collective values. Therefore, the effectiveness of rehabilitation programs depends not only on the quality of psychological interventions but also on the cultural structure of the society in which those interventions are implemented.

Rehabilitation models developed in Western countries are primarily built upon individual-oriented social and legal systems. In these models, individual rights, personal safety, and autonomy are accepted as the fundamental principles. Within this framework, the survivor of violence is evaluated as an independent social subject who is, to a certain extent, separated from family and community relations. The primary objective of rehabilitation programs is to ensure the individual's safety, eliminate psychological trauma, and expand opportunities for establishing an independent life.

However, the structure of social relations in Turkish and Eastern societies is organized differently. In these societies, the individual is perceived not only as an independent social subject but also as an inseparable part of family, kinship, and community relations. A person's social identity is often determined not by personal characteristics alone but by the family, lineage, and social group to which they belong. For this reason, the rehabilitation of a survivor of violence is not limited solely to restoring psychological well-being at the individual level. The process simultaneously requires the reconstruction of social identity, the sense of belonging, and the individual's position within the system of social relations.

In Turkish and Eastern societies, concepts such as shame, honor, reputation, and belonging are regarded as important regulatory mechanisms of social relations. These concepts are formed not only as social norms but also as significant components of the individual's psychological structure.

From childhood onward, individuals begin to perceive themselves within systems of social relations not only through their own personal behavior but also as representatives of their family and social environment. This process directly influences identity formation.

The phenomenon of shame holds particular significance within this context. In Western psychology, shame is often evaluated as a negative emotional reaction of the individual, and overcoming it is generally recommended as a prerequisite for psychological freedom. However, within collectivist cultures, shame is not merely a negative emotional condition; it also functions as a mechanism that regulates social relations and preserves behavioral norms. From this perspective, the feeling of shame is closely connected with the concepts of social harmony and mutual responsibility.

At the same time, in cases of violence, the mechanism of shame may produce a dual effect. On the one hand, shame and social surveillance may make open discussion of violence more difficult and delay the victim's process of seeking help. On the other hand, these social mechanisms may also contribute to preserving certain behavioral boundaries within the family and community.

The concepts of honor and reputation are likewise important elements of these social structures. In Turkish culture, honor is not regarded solely as an individual characteristic; rather, it is perceived as the collective reputation of the family and lineage. For this reason, the situation of a person exposed to violence may sometimes be evaluated not merely as an individual problem but as a social event affecting the reputation of the entire family.

This situation creates a serious psychological dilemma within the rehabilitation process. On the one hand, the survivor seeks safety and psychological stability. On the other hand, the individual may not wish to become completely detached from the collective system of relations that forms the basis of social identity. This internal contradiction constitutes one of the most complex stages of the rehabilitation process.

Western-centered rehabilitation programs frequently define the establishment of an independent life as the primary objective of rehabilitation. Although this approach often produces effective outcomes, in collectivist cultures it may create certain gaps related to the individual's social identity. Despite the existence of extensive social support programs, some individuals who have

undergone rehabilitation may continue to experience internal emotional emptiness, a weakened sense of belonging, and crises of social identity.

This phenomenon becomes especially visible in the reintegration process of women exposed to violence. Even when women achieve social and economic independence, they may still experience difficulties in reconstructing their social identity and sense of belonging. Such conditions cannot be fully resolved solely through material and legal support programs.

In Turkish culture, the sense of belonging is regarded as an important factor for an individual's psychological stability. Family and community relations are not merely social connections; they also constitute sources of emotional security and social support. For this reason, the complete severance of an individual's social ties during the rehabilitation process may, in some cases, negatively affect psychological stability.

Within this context, the primary objective of rehabilitation programs should not be limited solely to ensuring the individual's safety, but should also involve creating a balanced approach that allows for the preservation of social identity and the sense of belonging. This approach constitutes the fundamental principle of the culturally contextualized rehabilitation model.

The culturally contextualized rehabilitation approach proposes that an individual's psychological condition should be analyzed not only through trauma symptoms, but also together with the person's social and cultural environment. In this model, the rehabilitation process encompasses not only individual psychological interventions, but also the transformation of social relations and cultural values.

The proposed approach demonstrates that the success of the rehabilitation process depends not only on the implementation of international standards, but also on the adaptation of those standards to the local cultural and social context. Since every society possesses distinct social structures, family models, behavioral norms, and collective values, rehabilitation programs must also take these characteristics into consideration.

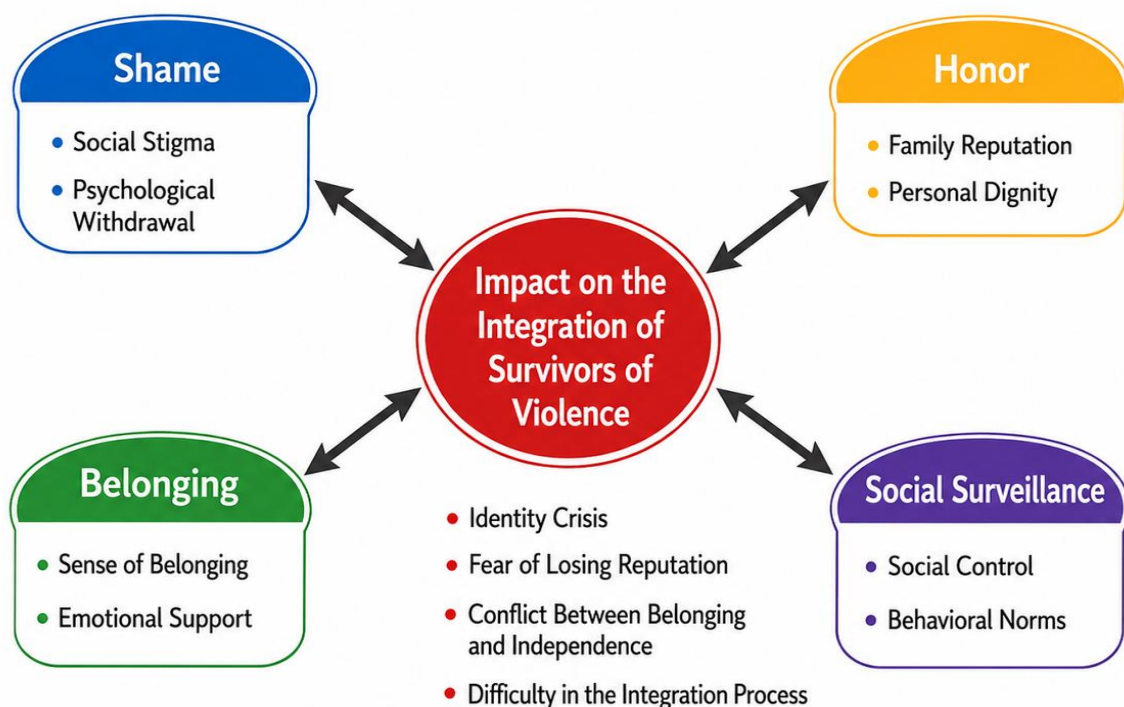
Thus, the rehabilitation of individuals exposed to violence does not consist solely of psychological and legal interventions. This process simultaneously requires the reconstruction of the individual's

social identity, sense of belonging, and position within the system of collective social relations. For this reason, rehabilitation programs developed without consideration of cultural context, systems of social relations, and collective values may have limited long-term effectiveness.

This approach demonstrates that the traditions, behavioral norms, family relations, and social psychology of every society constitute inseparable components of the rehabilitation process. Since the individual does not exist as a completely isolated and independent entity detached from these social and cultural structures, rehabilitation programs must be designed with consideration for the influence of those structures. This forms the principal scientific and practical foundation of the culturally contextualized rehabilitation model.

### **Shame – Honor – Belonging – Social Surveillance: Social and Psychological Impact Model**

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One of the most significant forms of state intervention in cases of violence is the legal prosecution of the perpetrator and, in certain circumstances, the deprivation of that individual's liberty through imprisonment. In modern legal systems, this measure is regarded not only as a legal response to a crime, but also as a mechanism for ensuring the safety of the victim and restoring justice. However, the social and psychological consequences of such intervention may take different forms within different cultural contexts.

In Western countries, the imprisonment of a person who commits violence is generally evaluated within the framework of the rule of law. Within this approach, violence is understood as an individual criminal act, and responsibility is assigned to the specific perpetrator. For this reason, the punishment of the offender does not directly affect the victim's social status or reputation. On the contrary, legal intervention is perceived as recognition of the victim's rights and as a means of ensuring personal safety. Within the broader social environment, such intervention is often interpreted as the restoration of justice and the protection of legal norms.

In societies characterized by collectivist social structures, however, the situation may develop differently. In Turkish and Eastern family models, social relations are formed not only between individuals, but also within broader family and kinship structures. For this reason, the legal prosecution of one family member may sometimes be interpreted not merely as an individual matter, but as an event affecting the social reputation of the entire family.

In such situations, although the imprisonment of the perpetrator may legally represent the restoration of justice, different reactions may emerge within the social environment. In some cases, a woman's appeal for legal protection may be perceived as an action that disrupts family relations. This phenomenon is particularly visible within traditional community structures.

The psychological foundations of this phenomenon are connected with the concepts of social belonging and collective responsibility. In collectivist cultures, an individual's actions are not viewed solely as matters of personal responsibility, but rather as social events associated with the reputation of the family and lineage. For this reason, bringing an incident of domestic violence into the legal sphere may sometimes create tension within the system of social relations.

In such circumstances, social pressure directed toward the woman may manifest itself in various forms. In some communities, a woman's legal complaint against her husband or other family members may be perceived as making a family conflict public. This, in certain cases, may lead to the woman being blamed or criticized within her social environment.

In some situations, despite being exposed to violence, a woman may hesitate to seek legal protection. One of the primary reasons for this hesitation is fear of the social reactions that may emerge within family and community relations. A woman may worry about how the punishment of the perpetrator could affect the future social standing of herself and her children.

This situation creates an even more complex psychological dilemma, particularly in families where children are involved. On the one hand, the woman seeks to ensure her own safety; on the other hand, she experiences anxiety about how the breakdown of the family structure may affect the social and psychological well-being of the children. This internal contradiction is regarded as an important factor influencing the rehabilitation process.

From the perspective of social psychology, this condition may be interpreted as a dilemma of identity and belonging. On the one hand, by appealing to the legal protection system, the woman attempts to defend her individual rights; on the other hand, she fears the disruption of relations with the social environment to which she belongs. This contradiction may, in some cases, affect the continuity and stability of the rehabilitation process.

When designing rehabilitation programs, the social and psychological consequences of legal intervention must also be taken into consideration. A woman's use of legal protection mechanisms should not result in her social isolation or exposure to social pressure within her community. For this purpose, the inclusion of psychological support, social mediation, and community dialogue mechanisms within rehabilitation programs may play an important role.

The culturally framed rehabilitation approach specifically requires consideration of these issues. According to this approach, the protection of a person exposed to violence should not be limited solely to legal measures; mechanisms must also be created to ensure the individual's safe and sustainable reintegration into the system of social relations.

From this perspective, the objective of rehabilitation programs should not be limited only to punishing the perpetrator of violence and ensuring the victim's safety, but should also involve creating a balanced approach that preserves the victim's social identity and sense of belonging. Such an approach makes it possible to establish equilibrium between legal intervention and the system of social relations.

Although the imprisonment of a perpetrator may legally be regarded as the restoration of justice, its social and psychological consequences may develop differently across various cultural contexts. For this reason, the development of rehabilitation models requires not only the application of legal mechanisms, but also the implementation of a comprehensive approach grounded in systems of social relations and cultural values.

### **Psychological Differences Between Western and Turkish Rehabilitation Models**

<b>No.</b>	<b>Psychological Indicator</b>	<b>Western-Centered Rehabilitation Model</b>	<b>Turkish / Collectivist Cultural Model</b>	<b>Main Difference</b>
1	Social position of the individual	The individual is perceived as an independent social subject	The individual is perceived as part of the family and community system	Individual vs collective identity
2	Interpretation of trauma	Trauma is interpreted mainly as an individual psychological event	Trauma is explained together with social relations and family structure	Clinical vs socio-cultural approach
3	Goal of rehabilitation	Building an independent life for the individual	Restoring the individual's position within the system of social relations	Independence vs social reintegration
4	Role of shame	Shame is evaluated as a negative emotional reaction	Shame is accepted as a mechanism regulating social behavior	Emotional vs social function



5	Honor and reputation	Connected with individual reputation	Connected with family and lineage reputation	Individual vs collective reputation
6	Attitude toward legal intervention	Punishment of the perpetrator is perceived as restoration of justice	Legal intervention may be perceived as a social event affecting family relations	Legal vs social consequences
7	Social support system	State and social service institutions play the main role	Family and kinship systems are the main sources of support	Formal vs informal support
8	Sense of belonging	Individual identity is more dominant	Family and community belonging are important for psychological stability	Individualism vs collectivism
9	Understanding of safety	Physical and legal safety are primary priorities	Social and family safety are also considered simultaneously	Legal vs social safety
10	Social stigma	Greater social support exists for victims of violence	In some cases, victims may face social condemnation	Difference in stigma
11	Rehabilitation decision-making	Decisions belong to the individual	Family and social environment may influence decisions	Individual vs collective decision-making
12	Emotional support	Therapists and social workers play the primary role	Family and community relations are also emotional support sources	Professional vs social support
13	Social control	Legal and institutional supervision mechanisms	Community and kinship relations function as social control	Formal vs informal control

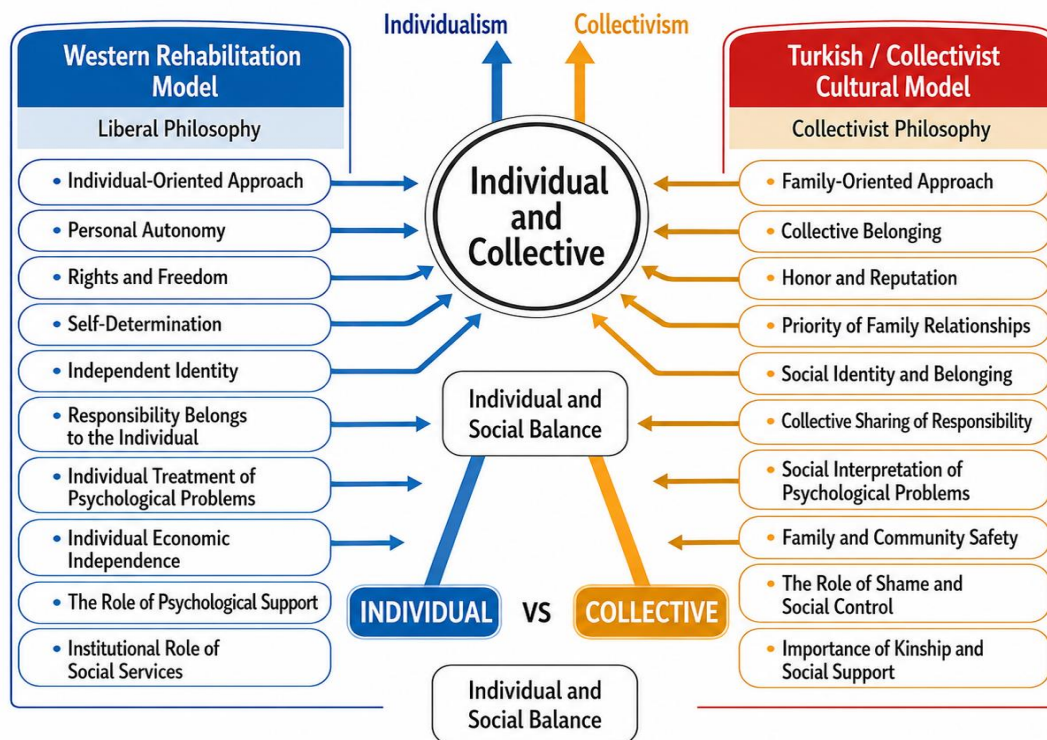
14	Identity formation	Individual identity is prioritized	Social identity and belonging are prioritized	Individual vs collective identity
15	Reintegration process	Return to independent social life	Restoration of the individual's position within family and community relations	Difference in social context
16	Psychological defense mechanisms	Individual emotional processing through therapy	Emotional stability through social relations	Clinical vs social regulation
17	Victim's social status	Victim is recognized as a legal protection subject	Victim's social position may be influenced by community relations	Legal status vs social status
18	Children factor	Protection of children is ensured by state structures	Children's condition becomes a major psychological factor within family relations	State system vs family system
19	Psychological risk of rehabilitation	Lower risk of social isolation	Social stigma and belonging dilemmas may emerge	Difference in social environment
20	Main principle of the rehabilitation model	Individual autonomy and rights	Social harmony and collective relations	Liberal vs collectivist model

The comparison demonstrates that Western-centered rehabilitation models are primarily based on an individual-oriented social protection system and are structured around legal intervention, institutional social services, and the principle of individual autonomy. Within this approach, the safety and psychological stability of the person exposed to violence are considered the primary priorities, and the rehabilitation process is directed toward enabling the individual to establish an independent social life.

In Turkish and other collectivist cultures, however, the rehabilitation process is closely connected to the individual's system of social relations. In these societies, family, kinship ties, and community relations constitute the main components of a person's social belonging. For this reason, individual psychological interventions alone are not sufficient during the rehabilitation process; the individual's social identity, sense of belonging, and position within the system of collective relations must also be taken into consideration.

These differences demonstrate that the mere application of international standards is not sufficient when designing rehabilitation programs. Programs must be adapted in accordance with local social and cultural realities. Such an approach makes it possible for the rehabilitation process of individuals exposed to violence to be implemented in a more sustainable manner and in greater harmony with the surrounding social environment.

#### Philosophical Foundations of Western and Turkish Rehabilitation Models: The Concept of Individualism and Collectivism





## NOTES

1. The concepts, approaches, and methodological frameworks presented in this study are based on the integration of practical social work experience, rehabilitation observations, and theoretical analysis within the fields of social intervention and psychosocial rehabilitation.
2. The comparative analyses between Western-centered rehabilitation models and Turkish/collectivist cultural approaches are intended for academic and methodological evaluation purposes and should not be interpreted as an absolute opposition between cultures or social systems.
3. The term “Turkish cultural context” used throughout the text refers broadly to collectivist social structures shaped by family-centered social relations, kinship networks, communal belonging, and shared cultural values observed across many Turkic and Eastern societies.
4. The rehabilitation model proposed in this work emphasizes that effective intervention processes should be adapted to local social realities, cultural codes, collective behavioral patterns, and community structures.
5. The discussions concerning concepts such as shame, honor, reputation, belonging, and social control are examined within a sociological and psychological framework and do not aim to legitimize violence, discrimination, or restrictive social practices.
6. The proposed cultural-context rehabilitation approach does not reject international human rights standards or contemporary psychosocial intervention methods; rather, it advocates their contextual adaptation within local social and cultural environments.
7. The examples and analyses presented in this study are intended to contribute to academic discussion, professional social work practice, and the development of culturally responsive rehabilitation methodologies.
8. The rehabilitation framework described in this work should be evaluated as a multidimensional social intervention model that includes psychological recovery, legal protection, social reintegration, community relations, and cultural dynamics simultaneously.

9. The concepts of collective identity, family relations, and community-based social support discussed in the study are approached as sociocultural realities influencing rehabilitation processes, rather than as fixed or universal determinants.
10. This work is intended as a methodological and conceptual contribution for researchers, social workers, psychologists, rehabilitation specialists, policymakers, and institutions working in the fields of social protection and violence prevention.

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