Western thought is often based on a linear or atomistic model of problem-solving – that is, we narrowly focus on one issue at a time – and this model is often reflected in the dominant culture’s system of social service delivery. A domestic violence shelter focuses on domestic violence. A sexual assault program focuses on sexual assault. A drug and alcohol treatment center focuses on substance use disorders. A mental health center focuses on psychiatric issues. A homeless shelter focuses on helping people find housing. And so on.

Sometimes this single-focus model works exactly the way it’s supposed to:

- A woman with a well-paying job, a stable life and no prior history of trauma decides to stop seeing a man she has been dating because of his controlling behavior. He does not accept her decision and begins stalking her. She understands the problem is not her fault. She seeks help from a domestic violence program to get an order of protection. Staff members work with her on safety planning and accompany her to court. The order of protection is served and, thankfully, the stalking stops. At this point, the woman has gotten what she needs from the program and moves on with her life.

- An otherwise healthy man goes to a walk-in clinic with a sore throat and a fever. The doctor diagnoses strep throat and prescribes a round of antibiotics. The man gets extra rest, he takes his medication as prescribed, and the problem goes away in a few days.

- A woman begins seeing a therapist because she feels depressed. Over the course of 10 sessions, the therapist helps her identify and sort through her feelings about her recent divorce. The woman tries some of the therapist’s suggestions and her mild depression begins to lift, even without medication.

However, this single-focus model does not begin to address the complexity of the situations facing people with multi-abuse trauma issues, who are often forced to negotiate a hopelessly fragmented system and obtain services from multiple sources in order to get their needs met.

The following hypothetical example illustrates the dilemma:

*Jane has recently been released from prison, where she served a two-year sentence for a drug-related offense. Upon her release, she returns to an abusive partner, because she has nowhere else to go. Her children have trouble adjusting, first to her extended absence, then her return. At the prison she was being treated for bipolar disorder, but she has run out of medication and cannot afford to refill her prescription. She is having trouble finding employment because of her conviction record. As she struggles to stay off*
illegal drugs, she also is beginning to have intrusive memories stemming from a history of child physical and sexual abuse.

If Jane lives in an urban area, she may be receiving services from any or all of the following providers simultaneously:

- **An advocate for domestic violence and childhood sexual abuse issues.** In some communities, an individual dealing with both domestic violence and childhood sexual abuse will have to seek appropriate services through two separate agencies.

- **A substance abuse counselor for her alcohol and drug dependence.** She may also choose or be required to attend 12-Step group meetings in the community.

- **A therapist for mental health concerns.** The therapist may offer counseling, then refer her to a psychiatrist for medication. Her children may be referred to a child welfare caseworker, a school counselor, or a separate program within the mental health agency for their issues.

- **One or more caseworkers for public assistance.** An individual applying for Temporary Assistance for Needy Families (TANF), food stamps and child care assistance may be required to register through three separate systems even if these benefits are all handled by the same government agency.

- **A parole or probation officer.** Prison policies in some states have prohibited social service providers who serve individuals while they are incarcerated from providing services to the same individuals once they are released.

If Jane lives in a rural community or an isolated, remote village, some or all of these needed services may be difficult to access or even nonexistent. If she is indeed able to receive services, she may hear conflicting messages and find herself overwhelmed.

Because the social service system is so fragmented, cooperation between providers from a wide variety of disciplines is essential.