SAFETY ISSUES AND MULTI-ABUSE TRAUMA

People with co-occurring issues such as a substance use disorder, mental health concerns, disability, societal oppression or poverty may find it harder to get safe from interpersonal violence or abuse. At the same time, inability to get safe or heal from interpersonal violence makes it harder to address other issues.

Co-occurring issues make it harder for victims of interpersonal violence to get safe in a variety of ways:

- The co-occurrence of domestic violence and substance use (or misuse) is well documented and associated with increased lethality rates and greater severity of injuries for people impacted by these public health risks. Severity of injuries and lethality rates climb for individuals who experience both substance dependence and battering (Dutton, 1992). Acute and chronic effects of alcohol and other drug use may prevent a victim from accurately assessing the level of danger posed by a perpetrator (Bland, 2007). Alcohol and other drug use may be encouraged or forced by an abusive partner as a mechanism of control, and abstinence and recovery efforts may be sabotaged (IDHS, 2000). For example, a domestic violence/sexual assault victim receiving methadone on a daily basis could easily be stalked.

- Psychiatric symptoms can have an impact on safety (Bland, 2007). Accurate assessment of danger may be impacted by thought disorder symptoms. Traumatic brain injury or psychiatric symptoms can impair judgment and thought processes (including memory), making safety planning more difficult. There may be reluctance on the part of the individuals with psychiatric symptoms to seek assistance stemming from fear of being labeled, institutionalized or medicated.

- Both mental and physical problems, whether temporary or more long-term, can diminish some people’s ability to work, participate in job training or education programs, or comply with government benefit requirements (Davies, n.d.). All of these factors can make it harder to escape violence.

- Some people with disabilities depend on caregivers – either a spouse, other family members, or paid assistants – for essential personal services. This can create a barrier to terminating an abusive situation because to do so would leave the victim without essential support services (Wayne State University, 2002).

- If someone has a developmental disability, cognitive and processing delays may interfere with the ability to understand what is happening in abusive situations. This problem is compounded by the fact that people with developmental disabilities are often not provided with general sex education, so they may not recognize what is happening to them in a sexually abusive situation (Charlton, et al., 2003).
• Members of an oppressed group may face additional safety issues. For example, some people of color may be reluctant to report violence because of their community’s negative experiences with police, while fear of exposure – or being “outed” – may prevent lesbian, gay, bisexual or transgendered people from seeking help to end violence (IDHS, 2000).

• A person experiencing poverty may find it much more difficult to implement a safety plan. People must be able to financially support themselves and/or their children after leaving an abusive partner. Most programs that provide housing, temporary cash assistance, child care, and free legal representation have limited funding or offer only short-term help, and many have extensive waiting lists. As a result, some low-income individuals simply are without the income, government support, or access to services necessary to fully implement a safety plan (Davies, n.d.).

• Fear of legal sanctions can interfere with safety as well. People victimized by violence may be reluctant to contact police or seek other assistance for fear of prosecution, investigation by a child welfare agency, or deportation – especially if they disclose illegal immigration status, use illicit drugs or have engaged in illegal activities such as theft or commercial sex to support an addiction (IDHS, 2000).

• Trafficking victims and people being exploited by the sex industry generally lack access to money, “systems” or those who could help them to escape. Trafficked persons may also be from outside U.S. borders, which may leave them in fear of deportation (Song & Thompson, 2005).

Inability to get safe or heal from interpersonal violence makes it harder to address co-occurring issues:

• For people in substance abuse treatment, failure to address current or past victimization can interfere with treatment effectiveness and can lead to relapse (SAMHSA, 1997). Someone in recovery for a longer period of time also may find the stress of securing safety leads to relapse.

• Abusers may try to prevent victims from keeping appointments for mental health counseling, obtaining public assistance, or seeking other services. Erin Patterson-Sexson, Lead Advocate/Direct Services Coordinator at S.T.A.R. (Standing Together Against Rape) in Anchorage, AK, says:

  “I think a lot of the people we see have partners that are keeping them intoxicated or encouraging them to over-medicate, not relaying our messages to the victims when we are calling them, not wanting to bring them into the office, or allowing them to come and then calling them five times on their cell phone as we are sitting together in a one-on-one session” (Patterson-Sexson, 2010).
References


