Barriers to Service for Survivors of Multi-Abuse Trauma

Very few programs provide comprehensive services for people impacted by multiple issues. Survivors of multi-abuse trauma are often invisible when in our programs, or are perceived as disruptive when co-occurring issues such as substance use or psychiatric symptoms become evident or unmanageable. Many times people with co-occurring or multiple abuse issues are missing from community programs altogether.

Victims of domestic violence and survivors of sexual assault who struggle with multi-abuse trauma often need our services the most. Yet, having multiple issues makes it harder for a survivor to access appropriate services in a variety of ways:

- **Confusion over how to access services.** One study found that people with mental health concerns are often confused over how to access and use available services. The more severe the psychiatric disability, the greater the level of confusion (Rosenheck & Lam, 1997). This can be an issue for people who have other co-occurring issues as well.

- **Lack of self-advocacy skills.** Not knowing how to advocate for oneself can pose a significant problem for people coping with multiple issues (Obtinario, 2010). A survivor shares:

  “I didn’t go to the doctor until several weeks after I was assaulted. And when I told them what had happened to me, they just sort of patted me on the head and said, ‘There, there.’ There weren’t any marks at that point. So it was like, ‘Let’s give her some Librium for a few days to calm her down. And give her some antidepressants.’ Five months later we found out that my neck had been broken. Because I did not advocate strongly for myself, and because I was docile and withdrawn, they weren’t very aggressive about checking out my health. That could have been very dangerous for me. So I think it’s very important for medical providers, when they learn that somebody has had domestic violence, to do a very thorough examination. Because I was incapable of being assertive for myself at that time, I didn’t get the medical care I really needed.”

- **Fragmented services.** For people who live in urban areas with many kinds of services, the system may be fragmented and they cannot receive everything they need from one provider (Akers et. al., 2007). An individual may need to go to one provider to access domestic violence services, another provider to obtain treatment for a substance use disorder, still another provider for mental health services, and several more providers to receive public assistance.

- **Hard-to-access or nonexistent services.** If someone lives in a rural or remote area, these same services may be extremely hard to access, or may not be available at all. Shirley
Moses of the Alaska Native Women’s Coalition points out the challenges faced by women who live in remote communities:

“There aren’t the services out there, or it is cost prohibitive. Most airline fares are $200-$300 per person one way, and most of the women have two or three children at least. Even if you have money to fly them out, there might be a storm like we had last week where you had everything close down because it was raining for four days. If it freezes you have planes sliding off the runway. Then there are snowstorms. She could be from a village that is out of the region, and if she is in a domestic violence situation, her family might be 500 miles away in a different part of the state where you have to come to Fairbanks, go to Anchorage, go to Bethel, and then get to one of the hub villages” (Moses, 2010).

- **Lack of family-focused services.** Services for parents and children may be fragmented. Funding streams, and program eligibility requirements for mental health centers and other services may limit participation to eligible adults or children, but not both. Services for adults and children may be provided in different locations. Programs or treatment settings may not allow adults to bring their children with them – e.g., emergency shelters or residential programs (Nicholson et al., 2001).

- **Conflicting expectations.** Each provider may have different rules, some of which conflict. For example, a substance abuse treatment program may require attendance at a group counseling session that extends until after the curfew at the domestic violence shelter where an individual is staying. A public assistance program may require applicants to be seeking employment, while some “half-way houses” may require the same individual to delay seeking employment until after completing other goals identified in treatment plans. Karen Foley, a behavioral health specialist and founder of Triple Play Connections in Seattle, offered the following example of how conflicting expectations can affect a person who must seek services from more than one agency:

“I had someone who was sitting at an inpatient treatment center, and her TANF money was sanctioned. When I took her to the local community service office to talk with her TANF worker, the TANF worker said they were available at a certain day, at a certain hour to discuss this and that’s it. So this individual is sitting in an inpatient treatment center where they are mandated, if they want to keep their children, to attend every treatment hour offered. They cannot miss a treatment hour.

A survivor of multi-abuse trauma shares her experience of not being taken seriously:

“I didn’t go to the doctor until several weeks after I was assaulted. When I told them what had happened to me, they just sort of patted me on the head ... Five months later we found out that my neck had been broken.”
There are only certain hours they can take care of business. If she wants to keep her child, she must attend treatment and if she wants to stay in treatment she has to follow these rules. At the same time, in order to stay in treatment, she needs to pay for it, and her child is charged $300 a month to be in treatment with her. If her money continues to be sanctioned, she doesn’t have the money to pay for treatment. So the inflexibility of the system in being able to work with her made it impossible for her to not continue getting sanctioned” (Foley, 2010).

• **Inability to afford services.** People may be unable to afford some mental health or substance abuse treatment services if they do not have insurance, or if they have insurance that doesn’t cover services adequately (a problem for an increasing number of middle-class people as well as people living in poverty). Even if services such as domestic violence advocacy, sexual assault counseling or mental health services are offered free of charge by advocates or other providers, some people may not be able to afford babysitting, accessible transportation, or (for people with disabilities) medical equipment or a personal attendant (Leal-Covey, 2011). A fragmented system makes services harder to access, particularly for someone who lacks accessible transportation.

• **Cultural barriers.** People from marginalized groups often find it harder to access social services – especially if most of the staff represent the dominant culture, or services are based on the values and customs and beliefs of the dominant group (Duran, 2006). A social service system dominated by Western ways of approaching issues may feel intimidating. There may be language barriers, or customs that feel alien to the individual. Even the food served at a shelter or residential facility may be alien. Erin Patterson-Sexson at S.T.A.R. in Anchorage offers an example:

  “In addition to a large Native Alaskan population, we have a lot of Hmong, Pacific Islanders, women from all parts of Asia, and most of the advocates here are Caucasian. Many victims are afraid of law enforcement, and see any kind of helping service as a betrayal of their family, a betrayal of their culture. So they don’t seek the services or they don’t continue with us beyond the crisis intervention phase.”

• **Lack of accessibility.** According to the National Coalition Against Domestic Violence and the National Coalition Against Sexual Assault, inaccessibility in shelters is a serious problem for people with disabilities. These programs generally operate on very thin budgets and covering the cost of accessibility modifications and services is a substantial challenge. One study found that only about a third of providers offered safety plan information modified for use by people with disabilities, or disability awareness training for program staff, and personal care attendant services were available in only 6 percent of abuse programs (Nosek et. al, 1997).

• **Housing discrimination.** Individuals and families across the country are being discriminated against, denied access to, and even evicted from public, subsidized, and private housing because of their status as victims of domestic violence or the abuse perpetrated against them. Landlords frequently turn away individuals who have protection orders or other indications of domestic violence (National Network to End
Domestic Violence, 2004). This means a person seeking services may need emergency shelter for a longer period.

- Restrictions on length of shelter stays. The average stay at an emergency shelter is 60 days, while the average length of time it takes a homeless family to secure housing is six to ten months. Many domestic violence shelters are unable to house families longer than 30 days to allow space for individuals in immediate danger. There are not enough federal housing rent vouchers available to accommodate the number of people in need. Some people remain on a waiting list for years, while some lists are closed (National Network to End Domestic Violence, 2004).

References


Foley, K., Triple Play Connections, Seattle, WA. Personal interview with Debi Edmund, July 2010.


