MULTI-ABUSE TRAUMA:
CHALLENGES FOR PROVIDERS

Co-occurring issues create challenges for shelter staff and other service providers:

- **Behavioral challenges.** Some behavior may pose challenges for staff (IDHS, 2000). For example, a person who suffers from depression may have difficulty achieving goals or performing tasks in a timely manner. A person with substance use disorder may repeatedly violate a shelter’s curfew or come back to the shelter intoxicated. A person with psychiatric symptoms may behave in ways perceived as disruptive to staff and other residents. Behaviors stemming from trauma, self-harming actions such as cutting, or suicidal threats may make group living challenging. Psychiatric issues, developmental disabilities or language barriers may make it harder to understand or follow certain rules.

- **Lack of cross-training.** Advocates and other providers often lack training on issues other than the one for which their own agency provides services (Akers et. al., 2007). When this is the case, they will have valid ethical concerns about working beyond their competence level (SAMHSA, 1997).

- **The complexity of the individual’s problems.** Services for people with multiple issues need to be intensive and personalized, and providers must focus on both short-term and long-term needs. This is not to say that specialized, single-focus agencies such as domestic violence shelters, substance abuse treatment programs or mental health centers don’t work. They do, for a lot of people. But a survivor of multi-abuse trauma usually needs more than what any one agency can provide, no matter how competent we are.

- **Funding barriers.** Social service agencies depend on continuous, reliable funding to remain in existence. Whether the money comes from government sources or the private sector, many funders want to see “numbers” and clear-cut “evidence-based” results. This system tends to benefit agencies who can help large numbers of people resolve their issues, once and for all, in a short period of time. Helping a survivor of complex trauma resolve multiple issues may require months or even years of intensive services (Courtois, Ford & Cloitre, 2009), and results may be difficult to measure short-term. A provider’s particular service may be only the first step for this person.

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A survivor of multi-abuse trauma shares:

“As someone who has survived domestic violence, there’s an antenna on my head that can detect who is sincere and who isn’t. ... I tested many, many people to see if they were going to be loyal and confidential.”
• Personnel shortages. Limited budgets, geography and weather often mean staff and resources are stretched to the limit. Shirley Moses of the Alaska Native Women’s Coalition discusses the situation in rural and remote areas of Alaska, where a quick response can mean life or death. Bad weather, long distances and a limited number of available law enforcement personnel might slow a response to sexual assault or domestic violence in a remote or rural community for hours or days at a time:

“We have four troopers for, I think, 20 or 30 villages here in the interior. Four full-time troopers, and they have to sleep sometime. And they have limited access to airplanes or even commercial flights to fly in, especially in bad weather. Lack of resources—money is always a problem. It costs money to pay for law enforcement and the state has a limited budget and a lot of territory to cover” (Moses, 2010).

• The desire for success stories. Both funding organizations and the public tend to want success stories, in which the success is evident in a form that is measurable. This can lead to the temptation for service providers to engage in “cherry-picking.” Because of the desire to show funders that one’s program is successful, a provider may either consciously or subconsciously pick participants deemed to have the best chance of succeeding, while screening out those who might “fail” or those who would take too long to succeed. This can work against survivors of multi-abuse trauma who are dealing with multiple issues that take longer to resolve.

• Manipulation by abusers. Naive, inexperienced or inadequately trained staff may fail to fully understand tactics batterers use or underestimate their willingness to go to whatever lengths are necessary to maintain control of those they perceive as belonging to them. This serious mistake can leave providers vulnerable to manipulation by batterers and subject to collusion. Failure to identify risk undermines treatment efficacy and victim safety. It may also lead to increased liability.

• Barriers to cooperation between providers. Cooperation between providers from a variety of disciplines is needed in order to address the multiple issues involved in multi-abuse trauma. Developing linkages or collaborating across these sectors is fraught with problems, and many barriers to cooperation exist. These include differing priorities, funding restrictions, lack of trust between providers with differing philosophies, and lack of cross-training in issues other than the issue addressed by a particular agency.

Karen Foley is the founder of Triple Play Connections, a Seattle-based non-profit organization comprised of mental health, domestic violence, sexual assault and chemical dependency providers working together to cross-train and network in local neighborhoods throughout Washington State. She says:

“I think the biggest barrier [to cooperation between providers] is a lack of understanding of the other issues. Each of us has our own priorities as to what is the most important thing to work on and how to go about that. And we’re very strong in our knowledge base. But when you have intersecting issues, you can do more
damage by believing your way is the only way, and by not talking to one another as providers” (Foley, 2010).

References


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

