TRAUMA FROM THE SOCIAL SERVICE SYSTEM

People with multiple co-occurring issues may experience trauma from the very social service system that was designed to help them. The inability to access appropriate services creates its own stress. The system itself thus adds to, rather than alleviates, their problems:

• When social service fragmentation leads to people getting passed around to numerous providers, these individuals may be left with the feeling no one cares about them or wants to deal with their issues.

• Each provider may have their own theory about what causes human problems. If people who seek help are pressured to adopt these conflicting theories, they may become confused and angry.

• As people with multiple issues revolve around the system, they may acquire multiple labels. They then become defined by their labels rather than viewed as human beings, and are thus dehumanized by providers in the system as well as by their abuser.

• The experience of being labeled, dehumanized, and passed around the system re-traumatizes people with multiple issues, making it even more difficult for them to address their issues.

• For many survivors of trauma who have disabilities or psychiatric issues, systems of care perpetuate traumatic experiences through invasive, coercive or forced treatment that causes or exacerbates feelings of threat, a lack of safety, violation, shame and powerlessness (NCTIC, n.d.).

• Intimate partner violence, substance abuse or dependence, and mental illness all may result in a person becoming homeless (NCH, 2006). Psychiatric symptoms and homelessness have become criminalized, and jails and prisons have become a dumping ground for warehousing people with mental health issues and people who are homeless (Treatment Advocacy Center, 2007).

• The tools a person uses to cope with trauma – such as substance abuse, commercial sex or running away from home (if under 18 years old) – are often pathologized or criminalized (Gilfus, 2002). An example of this would be an adolescent girl who runs away from home to escape incest and is forced into commercial sex or is incarcerated in a juvenile detention facility.

• The physical and psychological violence of commercial sex or sex trafficking, the constant verbal humiliation, the social indignity and contempt, can result in personality changes that have been described as complex posttraumatic stress disorder, particularly if the individual was forced into the sex trade (Herman 1997).
• People who become homeless find that homelessness itself is a traumatic experience. Individuals and families who are homeless are under constant stress, often unsure of where they will sleep tonight or where they will get their next meal (Barrow et. al., 2009).

• If people with multiple issues end up homeless or incarcerated, they may then suffer posttraumatic stress disorder from the homeless or incarceration experience (Wong, 2007). A person who has been incarcerated – especially if incarcerated more than once – may suffer from post-incarceration syndrome, a form of post-traumatic stress disorder stemming from the incarceration experience itself (Gorski, 2001).

• People experiencing multiple forms of abuse may actively hide what has happened to them, as well as their methods of coping. Thus, their experiences of multiple forms of abuse become invisible.

Policies and practices may deny or limit services for individuals who have been exploited by the sex industry or incarcerated, or who experience chronic homelessness. Shelter and other services may also be denied to people who currently experience suicidal ideation, use substances or have some other issue perceived as problematic.

This response silences those who seek services, drives these issues underground and rewards those who can cover up best. The secrecy and invisibility lead to more juggling, more trauma, more shame and greater risk for future harm as survivors increasingly fear revealing who they really are and remain invisible, silent and afraid to ask for what they really need beyond what is most pressing.

As one survivor shared, “When someone has a gun to your head, you are not going to tell the advocate on duty you just shot up. You’ll say anything to get in the door.” Survivors may want to please advocates rather than disappoint them. They may fear being judged, reported to authorities, kicked out, or labeled.

Additionally, some advocates may be afraid to ask survivors about indicators of substance use or other concerns, due to fear. This may be fear the advocate won’t know what to do, fear of how the individual seeking services will react, or fear the advocate will have to ask the individual to leave.

The resultant aura of invisibility maintains an uneasy status quo that can be shattered at any moment. Should a problem erupt, its exposure has the capacity to overwhelm a survivor’s ability to function – let alone experience safety, autonomy and justice. A punitive response could also lead to increased trauma, isolation and shame.

Behavioral health specialist Karen Foley of Triple Play Connections believes social service providers must cooperate and work closely together in order to avoid further traumatizing victims of violence who have multiple issues:

“Probably the biggest example that demonstrates this is when providers say, ‘We’re not equipped to deal with that issue.’ While we certainly don’t want providers to practice outside their area of expertise, we absolutely need to deal with it, and know
our local providers and refer to the experts, rather than denying access to services” (Foley, 2010).

Providers across disciplines have begun to agree that we all must broaden our focus to at least consider what other issues people may be facing when they come to us for services. Gene Brodland, of the Southern Illinois University School of Medicine, says:

“I think unless you have a very broad definition of who you are and what kinds of things you address, you become extremely limited in terms of what you can do to work with someone. When you only throw a drug at them, or you only throw alcohol treatment at them, or you only throw some other kind of service at them, and you don’t consider the other issues, you’re really letting them down. You’re going to miss the very essence of caring for human beings” (Brodland, 2010).

References


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


Herman, J.L. (1997). Trauma and recovery: The aftermath of violence from domestic abuse to political terror. New York: Basic Books.


