DISCUSSING CO-OCCURRING ISSUES

Advocates, counselors and other providers can easily miss issues that may need intervention or referrals if we don’t ask about these concerns in a non-threatening manner. Individuals may find it easier to talk about stress in their relationships or their partner’s substance use or mental health before talking about domestic violence, sexual assault, their own substance use, mental health or other personal issues.

Survivors are also more likely to feel safe discussing these topics when advocates explain, “We talk to everyone about these issues to see how we can best accommodate needs, offer options and support safety for the people we serve.” The statement, “You can share as little or as much as you want or tell us nothing at all if you do not choose to,” can be very reassuring.

Conversations about co-occurring issues should not be part of the intake process but part of an assessment of how to best advocate for the person we are serving after admittance. Following this policy helps advocates avoid conflict with Americans With Disabilities Act and Fair Housing laws.

When discussing any of these issues:

• Children should not be present during discussions about abuse issues.

• Conversations must be respectful, private and confidential. Make the individual as comfortable as possible and assure confidentiality of records when applicable. Confidentiality is extremely important. People experiencing domestic violence or suffering from substance abuse issues may have been told they will be harmed if they reveal what is happening.

• Understand that individuals may have a variety of reasons for not leaving their abusers including mental health and substance abuse coercion. Shirley Moses of the Alaska Native Women’s Coalition offers several other common reasons:

  “They may have a mom they are leaving, and they provide care or support to her. Or they have a job they can’t afford to leave. Or their partner, even though he is abusive, is the one – because of a lack of jobs – who hunts or fishes. Or they don’t have money to pay the rent or deposits to move in. They are pulling their kids out of school, and moving from a school that has 12 or 20 children to a school that might have 500 or 600 children. Or they are experiencing culture shock” (Moses, 2010).

• Validate the individual’s resourcefulness. Say: “I’m so glad you found a way to survive.” “You deserve a lot of credit for finding the strength to talk about this.” “You are here today and you are doing quite a bit right.” Credit each individual for finding a way to cope and offer options to make coping and surviving safer.
• At the same time, discuss risks in a respectful manner: “Drinking/drugging/cutting, etc. can kill pain for a while but there are safer ways of coping that can cause you less grief.” “Addressing these concerns can help you and improve your children’s safety and well-being, too.” Express concern about the risks of various issues for both the individual and any children. Provide objective information about possible legal and health consequences stemming from abuse concerns. A survivor shares:

“The advocate showed me this continuum of harm chart. The physical, it starts with this. The verbal, it starts with this. The emotional and the sexual starts with this, and this is what happens at the end. Death. I remember the “death” word. I had never thought of that. There was no way I thought it would ever get worse. I couldn’t even see past that day. I was just surviving. When I looked at that, and thought about my children, it eventually sank in.”

• Ask open-ended questions: “What have you done to keep safe/sober/well up until now?” “What have you been able to do to care for yourself and the welfare of your children?” “What has worked well for you and the children and what has given you problems?” “Many people tell me they have tried________. How often has this worked for you?”

• Validate concerns and use supportive statements: “I’m sorry this happened. It’s not your fault.” “Right now you may be feeling stress but there may be some safer coping tools you might like to consider.” “Give yourself credit. You’ve been doing your best in these circumstances.” Erin Patterson-Sexson, Lead Advocate/Direct Services Coordinator at S.T.A.R. in Anchorage, AK, says:

“Some women have been programmed from the beginning of their lives that they are not worth anything. What they are worth is a good lay, cleaning up after somebody or making babies. If you’ve been told one million times in your life that you are nothing, and that you are not worthy of love and affection, it’s going to take advocates two million times to reinforce that you have value” (Patterson-Sexson, 2010).

References
