EMPOWERING MULTI-ABUSE TRAUMA SURVIVORS

Understanding multi-abuse trauma and its impact on safety, autonomy and justice is critical to empowering people with multiple co-occurring issues. Advocates and their community partners should have training and skills to recognize signs of co-occurring issues such as intimate partner violence, sexual abuse, substance use problems, previous trauma, disabilities, and mental health concerns (for example, anxiety, depression, suicidal ideation, thought disorders, etc.).

Here are some additional ways to ensure adequate service capacity and empower people with multiple co-occurring issues:

• Develop policies and procedures to ensure program accessibility and non-judgmental, non-punitive service provision for people impacted by multiple abuse issues.

• Make it clear to the person (and to other providers) that nobody deserves violence or abuse, no matter what else is going on. Acknowledge the harm that has been done and say, “This is not your fault. Your children’s safety is important and so is your safety.” A survivor shares feeling confused about her reality:

  “Was I this spoiled kid who felt victimized by my parents, or did this stuff really happen? We always had smiles on our faces so it must not have been real.”

• Validate the frustration that can occur when accessing needed services is difficult.

• “Normalize” responses to traumatic situations, rather than pathologize the individual, and find a way to discuss co-occurring issues that is comfortable for both of you. A survivor shares:

  “Once I got through the frozen stuff, I got mad. I was mad at the world. When I got angry, they didn’t say, ‘Oh, sh-h-h-h-h-h, don’t be angry.’ They gave me room, framing it as, ‘Well, it’s normal to be angry when bad things happen to you. To feel hurt and to be angry about that is normal.’ I didn’t have to be ‘the good victim.’ I was an alcoholic. I was mad as hell. I was not what you’d call the nice, quiet, docile victim when I showed up for services. And I was still accepted.”

• Avoid overwhelming an individual with too many referrals. Gene Brodlund, a licensed clinical social worker with the Southern Illinois University School of Medicine, says:

  “When you get 12 different providers for one person, they get overwhelmed. If they’re not ready to see the mental health provider, or they’re not ready to deal with their childhood sexual abuse, referral isn’t going to make a difference” (Brodland, 2010).
WHAT HELPED US FEEL EMPOWERED?

Several survivors shared stories with us about advocates and other service providers who helped them feel empowered.

For one survivor, it was a willingness to explain things in understandable terms: “She was very gracious. And very clear – not giving demands, but laying out very clearly, ‘These are the steps. First you need to do this. And then you need to do this. You need to get a letter from your doctor. When you get the letter from your doctor, this is what you need to do. And then after you do that, this is what you need to do. And then I want you to call me. Let me know what happened.’ So she was not telling me what to do, but was explaining the process in very simple terms. She was not saying, ‘These are the rules and you will live by the rules.’ She was open, clear, considerate, and communicated that she cared.”

Another survivor shares how a service provider recognized that small, scared child inside: “She told me how old my inner child was. I think that was what opened up the door for me. She had all these answers that I didn’t have. Then I started feeling like a two-year-old sponge. I was soaking up everything that she said.”

Still another survivor valued the validation of her parenting skills: “There was a little magnet from Head Start that said, ‘I am my child’s teacher.’ This magnet is still in my home. With my young children during this time, we had this very patient woman from Head Start who came and did home visits with us. She’s still part of our family today. She was just wonderful. She was a big part of my realizing that I have to teach my children.”

And, of course, a willingness to listen mattered immensely: “They were willing to listen to me and it was through those conversations, I began building a community around myself. That was what was so helpful.”

• Be flexible – allow people who seek our services to tell us what they need and when they need it, rather than taking a cookie-cutter approach. The relationship between the provider and the person seeking services should be more like a dance – with the provider following the individual’s lead. Gene Brodland says:

“This readiness factor is so critical. I have never changed anybody in my life. But I’ve seen people who are ready to change make some unbelievable changes. The question to ask is, ‘What is your priority right now? What do you think would help you the most?’ Getting a job may be down a ways on her priority list. Getting food may be her top priority” (Brodland, 2010).
• If you have had experiences similar to those of the person you’re serving, avoid projecting your own experience onto the other person. (“This is what worked for me, so you must do it too.”) Bethel advocate Daisy Barrera says:

“It’s critical, it’s a must, not to project our own experience onto another person, because each person experiences something individually. So I’ve practiced not to say to a person, ‘Oh, I went through that. I understand.’ I can’t say that, because it develops a shutdown. When someone comes to me and says, ‘I understand,’ in my mind I’m thinking, ‘You don’t.’” (Barrera, 2009)

• Provide intensive service coordination should an individual request it. Ensure that people impacted by both interpersonal violence and co-occurring issues know about available resources. Explore options such as shelter, counseling, gender specific treatment, support groups addressing multiple problems, safety planning and linkage to other providers. Also discuss financial options, insurance and services for children.

• Change your attitude if you think leaving is the only answer. A victim of violence may have religious, economic, family or other reasons for remaining in the relationship and it is not our role to tell this person what to do. Likewise, harm reduction methods or choosing not to use medications may be controversial but also are options people with substance abuse or mental health issues may choose to explore. Karen Foley, advocate, behavioral health specialist and founder of Triple Play Connections, says:

“I think the biggest thing that providers need to keep in mind is, what does this person want as a goal? We are not the experts on what people want. We need to ask them what they want and how we can help, rather than tell them, ‘this is what you need’” (Foley, 2010).

• Affirm autonomy and the right to control decision-making. Affirm the individual’s choices and explain the benefits of safety planning, stopping or reducing the use of alcohol or other mood-altering drugs and seeking wellness. Advocates and other providers should offer respect, not rescue; options, not orders, and safe advocacy or treatment rather than re-victimization. Advocate Daisy Barrera says:

“No matter how many fancy words you may use, or come up with, a person will never take the first step on a healing journey until they’re good and ready to open that door themselves. The door will remain shut. It’s an individual decision. I help her to open her door” (Barrera, 2009).

• Approach teaching and learning as a two-way street. Fully understand that we can learn as much from the people we help as we teach.

• Try not to judge a person’s response as appropriate or inappropriate. Some behaviors may begin to make more sense when seen as responses to trauma – for example, some people who have been traumatized may use humor as a coping mechanism, while others may have a “flat affect” – that is, little reaction at all (Trujillo, 2009). A survivor shares:
“I would be talking to you about the rape as if it happened to someone else. I would not be outraged about what had happened. And I would have thought it was my fault. I would not have made eye contact with you. It would have been a struggle for you to get information from me.”

References

Barrera, D. Advocate, Barrow, AK. Personal interview with Debi Edmund, November 2009.


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