HOW TO AVOID RE-TRAUMATIZING
THE PEOPLE WE SERVE

People with multiple trauma issues who seek help from social service agencies sometimes end up being re-traumatized by the very system that was supposed to help them. Difficulty accessing appropriate services creates its own trauma. A survivor shares:

“In one situation, where I went through a domestic violence kidnapping, I ended up having to report my case to the state patrol, and then two different county sheriff’s offices that were two hours away from each other. First I reported to the state patrol. I went through all this spiel, thinking I’m getting help. It’s so hard to tell your story anyway. In a nutshell, he basically said, ‘I’m sorry that happened to you, but you need to tell this story to the County Sheriff’s Department. So then I’ve got to get up the gumption and the transportation and the fortitude to go to that county sheriff’s office and then report it. So I went there and they said, ‘Well I’m sorry that happened, but you need to report that to the county where you were abducted to.’ That was two hours away. When I go to report for the third time, they said, ‘I’m sorry that happened to you, but do you really want to face him in court? Because all we can get him for is damage of your property and stealing of your leather coat and your stereo. And do you really want to face him in court over that?’ Now keep in mind that this man had forced me to drive, had his arm around my neck, his foot over my foot on the accelerator, and we were driving on winding logging roads, and then he was pulling the emergency brake and making the car spin out. On one side was a very deep lake, and on the other side of the road was the side of a mountain. But the other thing they could get him for was theft and damage. He broke my windshield. I finally ended up getting away from him when he got intoxicated. I snuck away, and got away from him and that’s what they told me. So when I had domestic violence later on in my life, was I going to call the police right away? I think not. It took nearly a year after my domestic violence assault before I reported it to police.”

When social service fragmentation leads to people being 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. A survivor shares:

“I couldn’t seem to find a provider who would hear my entire story. It was like, ‘We can deal with this little piece of you, but please don’t bring in all these other things, because it’s too complicated.’ Well, by golly, people are complicated. If you’re trying to get what you need from the social service system, you can begin to feel like you’re being cut into little pieces.”

As individuals revolve around the system, acquire multiple labels and become defined by those labels rather than viewed as human beings, they find it even more difficult to address their issues.
For many survivors of trauma who have psychiatric issues, or who have other disabilities, 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.). Some practices may even seem to replicate the behavior of the original abusers.

Here are some things to keep in mind to avoid re-traumatizing people coping with both interpersonal violence and other issues:

- Avoid judgmental attitudes. People do not choose to develop multiple abuse trauma issues. Believe that domestic and sexual violence, substance use problems and mental health issues are traumatic and painful. Believe that people do their best to survive. Assume the attitude that people who seek your help are doing the best they can and want what is best for themselves and their families (Trujillo, 2009). A survivor shares:

  “My mom is a very private, very proud person and is only going to accept certain types of help. That help came from a church and our school. And the reason she accepted them was because they recognized her strengths. So they approached her by saying, ‘We can tell that you care a lot about your children. We know that you want them to have a good education and we can help you with that through free tuition. We can help you get them uniforms for school. We can help you get textbooks for school. We can help you by providing them breakfast if you bring them to school early.’ Because they approached her that way, it made her feel like they were helping her help us. Not that they thought she wasn’t doing a good job. That was really, really important to her.”

- If lack of appropriate training or credentials prevents you from answering a question or providing a certain kind of assistance, explain this to individuals seeking your help. Make an appropriate referral and emphasize that they are not wrong for coming to you with this particular problem. Make it clear that you will help them figure out who can provide the needed help and are happy to explore options with them.

- Acknowledge controversial issues. When advocates and other providers are in conflict with each other over theoretical issues or philosophies, people with co-occurring issues can get caught in the middle. When program staff refuse to acknowledge the controversy – or worse, accuse an individual of manipulating by pitting one advocate or provider against another – this creates frustration and confusion for the person seeking help.

- Find ways to integrate or reconcile the philosophies employed by many substance abuse counselors, mental health providers, victim’s advocates, social workers and other providers to ensure that people coping with interpersonal violence (e.g. domestic violence, sexual assault, stalking), past trauma and various co-occurring issues can use services safely and without confusion.

- Provide clear communication. If there is any kind of sanction or consequence imposed by staff for doing or not doing something a certain way, then we are talking about a rule,
a requirement or a policy and should not use language that implies “optional.” Referring to a rule as a guideline or a recommendation can be confusing, especially to people on the autism or FASD spectrums, who may tend to interpret language literally (Attwood, 2007). A survivor of multi-abuse trauma shares:

“I think most people – including people seeking services from a social service agency or a shelter – are willing to abide by a few reasonable rules, with the emphasis on ‘a few’ and ‘reasonable.’ Authoritarian, to me, is when we have dozens of these rules, there are no exceptions, even when one is clearly called for, and we’re told we don’t need to know the reasons for them.”

• Developing program guidelines is generally more empowering than enforcing a litany of rules. However, the term “guidelines” implies flexibility. Such terminology should not be misused to mask authoritarian practice, nor to disguise or hide a rule. Doublespeak is a tactic of abuse. Use the term “guidelines” only when your policy truly provides a range of options. A survivor shares:

“There are few things more infuriating than being punished or sanctioned for not doing something that was supposedly ‘optional!’ I think it’s good to have staff who want to avoid being authoritarian. However, instead of using ‘hedge’ language, staff worried about sounding authoritarian may wish to actually keep their rules or requirements to a minimum and ask themselves how many of these are really necessary. If a policy does seem necessary, then be willing to explain why and be willing to make an exception where one is called for.”

References

