

A CLOSER LOOK AT CO-OCCURRING ISSUES

Some people who come to domestic violence and/or sexual assault programs have issues besides interpersonal violence. Among these issues are complex trauma, substance use disorders, mental health concerns, disabilities, societal oppression, intergenerational grief and historical trauma, poverty, homelessness, sex trafficking and incarceration.

Advocates and other service providers are sometimes reluctant to ask about certain issues, lest they appear to be blaming victims for violence perpetrated against them. One of the fundamental principles of the advocacy movement, after all, is the belief that individuals do not experience violence or abuse because of mental illness or because of some kind of problem, behavior or pathology on the part of the victim (Ferencik & Ramirez-Hammon, 2011).

Advocates may also be anxious about the stigma attached to certain co-occurring problems, as well as the potential consequences to the survivor if knowledge of the issue gets into the wrong hands. For example, there is the risk that an abuser could use the situation in court in an attempt to gain custody of children.

It is vitally important to emphasize that people who experience domestic violence, sexual assault or other violence neither “ask for” nor deserve violence or abuse – no matter what else is going on. The most important message you can give a person whose experience includes multiple abuse issues is, “This is NOT your fault.” This message is especially important if individuals were under the influence of alcohol or drugs, were experiencing psychiatric symptoms, or were coping with other co-occurring issues at the time an abuser took advantage of and hurt them.

However, this does not preclude us from addressing co-occurring issues. If we do not acknowledge and address other issues an individual may be facing, we miss crucial opportunities to help the people we serve to get safe and heal from violence and abuse. And we can – by our silence – inadvertently contribute to the sense of stigma attached to certain issues, as well as to the re-traumatization from the social service system experienced by a survivor who is unable to access the right kinds of help.

Survivors are 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.

Advocates must be very mindful of confidentiality concerns and a survivor's right to privacy, autonomy and safety. When addressing co-occurring issues, providing advocacy, accommodations and referrals can be very helpful. But it is important for advocates to refrain from listing a specific referral or making notes in someone's chart that are labeling, diagnostic or that could be used against the individual.

Reference

Ferencik, S.D. & Ramirez-Hammond, R. (2011). *Trauma Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs*. Available from Ohio Domestic Violence Network at www.odvn.org.