

CONSEQUENCES WHEN CO-OCCURRING ISSUES ARE NOT ADDRESSED

Advocates and other providers who work with survivors of multi-abuse trauma agree it is hard to meet higher-level needs such as emotional healing when basic needs such as food and housing are not met. Erin Patterson-Sexson at S.T.A.R. (Standing Together Against Rape) in Anchorage says:

“It’s like Maslow’s hierarchy of needs. You can’t deal with those intellectual and emotional needs until the basic needs are met. We are not getting anywhere if we are trying to address emotional needs when her rent is overdue and her heat has been turned off” (Patterson-Sexson, 2010).

When a multi-abuse trauma survivor’s issues are not adequately addressed, serious consequences may follow:

- Physical and medical problems can develop. “I’m a firm believer that when you’re in so much hurt and so much pain, you cannot go beyond a certain volume,” says Daisy Barrera, an advocate from Bethel, AK. “Your body’s going to break down” (Barrera, 2009).
- Ability to maintain employment, housing, health insurance or child custody may be threatened by current or past substance use disorders or mental health problems (Akers et. al., 2007). Societal attitudes tend to view substance use disorders and psychiatric symptoms as moral failings rather than as health problems. This can lead to isolation and shame, which may be compounded when domestic violence and/or sexual assault co-occur with these other issues.

A survivor of multi-abuse trauma shares:

“I thought simply stepping back and not saying anything would help me. It didn’t. My body shut down to the point where I almost died, because I kept everything to myself. It turned medical, with pneumonia, which resulted in asthma, because I held that garbage. I carried that around in me without ever revealing it to somebody.”

- People with multiple issues may believe they have no other choice but to return to an abusive situation again and again, because they have nowhere else to go where they feel welcome or safe.
- Individuals may bounce in and out of the system, moving from one social service

agency to another, resulting in a revolving door syndrome in which underlying problems and issues are never adequately addressed (Akers et. al., 2007).

- Survivors may develop coping mechanisms such as substance abuse or eating disorders to deal with continuing trauma, or to self-medicate post-traumatic stress disorder stemming from interpersonal violence or abuse (Bland, 2007).
- Inability to access appropriate services makes it more likely that trauma of all kinds will continue, resulting in even more trauma. “The traumas just keep compounding and compounding,” says Gene Brodland, a licensed clinical social worker at the Southern Illinois University School of Medicine (Brodland, 2010).
- Ultimately, an individual may end up on the streets, homeless, or even incarcerated. A survivor shares how the cumulative effect of domestic violence on top of her history of trauma affected her:

“How did it affect me? In every way possible. It interfered with my sobriety. I ended up relapsing after many years of being clean and sober. I ended up losing my career. I lost the place where I lived. I became homeless. I was physically injured with permanent effects. My ability to form relationships with people suffered – my gosh, I already had trust issues. I still do, and I’m 55 years old.”

Meanwhile, abusers are not held accountable for their actions and benefit from lack of services for victims with multiple abuse issues. Abusers also benefit from the stigma and discrimination survivors with multiple abuse issues face. This stigma and discrimination is often fostered by abusers who use substances to induce debility and better control their partners (Hampton, 2005). Abusers may encourage, trick or force a targeted individual to use substances to facilitate rape, to undermine their victim’s credibility, their access to their children and their access to support of any kind.

References

- Akers, D., Schwartz, M. and Abramson, W. (2007). *Beyond Labels: Working with Abuse Survivors with Mental Illness Symptoms or Substance Abuse Issues*. Austin, TX: Safe Place.
- Barrera, D. Advocate, Barrow, AK. Personal interview with Debi Edmund, November 2009.
- Bland, P.J. (2007). Working at the intersection of substance use disorders, psychiatric disabilities and violence against women. Workshop presented at the Vera Institute of Justice Project. Directors’ Meeting and New Grantee Orientation for 2007 Grantees conference in St. Louis in Nov. 2007.
- Brodland, G.A., Southern Illinois University School of Medicine, Springfield, IL. December 2010.
- Hampton, S. (2005). Understanding and responding to men who batter women with disabilities. Personal communication to P. Bland, October, 2007.
- Patterson-Sexson, E., S.T.A.R. (Standing Together Against Rape), Anchorage, AK. Personal interview with Debi Edmund, December 2010.