

NOT DAMAGED, NOT BROKEN

Exploring Mental Health &
Substance Use with Adult
Survivors of Child Sexual Abuse



02 Help not Lead

by Leah Green

Not Damaged, Not Broken: Exploring Mental Health & Substance Use with Adult Survivors of Child Sexual Abuse

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Help not Lead

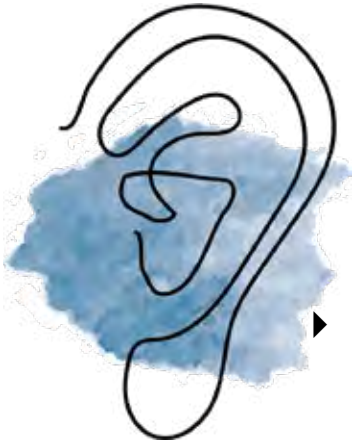
The Advocate's Role



Introduction

Our role is to collaborate with the survivor to discuss and discover the path forward together. The following principles of advocacy may seem simple, but that does not mean they are easy. In fact, we often must go against our instincts to implement these principles when what we really want to do is fix everything for the survivor. We cannot fix the pain a survivor is experiencing. What we can do is support a survivor as they find the solutions for themselves.¹

¹ For more, see [Building Cultures of Care](#), [Throw Away the Menu](#), and [Strengthening Our Practice](#)



- ▶ **Listen:** The advocacy we provide starts with deep conversations with the survivor to explore the impacts of trauma, the realities of their life, and hopes for the future. Advocacy always starts with listening. When we hear the areas of a person's life that were harmed by the trauma, then we can start to see the areas to explore for healing. Listen for the pain so you can see the opportunities to heal.²
- ▶ **There is No Normal:** Mental health and how it is experienced will be different for every survivor. That's why diagnosis and labels are unimportant (and often, very dangerous) compared to how a survivor is instead describing what they're feeling/seeing/hearing/etc. As an advocate, use the same wording and descriptions a survivor is using throughout your conversations to help them feel heard and supported.

2 [Tips for Active Listening](#)

- ▶ **Build Trust:** Trust is the backbone of the advocate/survivor relationship. We build trust by being consistent, transparent, and nonjudgmental. We also build trust by not requiring anything from the survivor to access services. This includes not requiring sobriety or therapy to access shelter or advocacy services. When we require sobriety or therapy, we are telling the survivor that they can't bring their whole selves to us or that they have to make themselves worthy of our care. Review your internal policies and procedures and do away with any that work against this value.
- ▶ **Let the Survivor Lead:** Childhood sexual abuse, and the environment in which it happens, disrupts how a survivor learns to emotionally regulate. One possible outcome of this is that a survivor will look for other external ways to regulate including things such as smoking, drinking, drug use, or binge eating. In every culture, there are many things people do to cope and regulate that have been labeled as "good for you" or "bad for you." An advocate's role is to suspend all judgment and social expectations of good vs. bad, and let each survivor decide how they want to move forward for themselves. Often our discomfort or unease at a survivor's coping mechanism is based in our own internal biases based in racism, ableism, and classism.³ So, this now becomes our affirmation: The survivor is the only person who can decide what is a problem in their life. If they haven't said it is a problem, it isn't a problem.

3 [Curiosity & Compassion: A Tool for Self-Reflection](#)

- ▶ **Explore and Expand:** Holding nonjudgmental space for the survivor to explore their feelings about their mental health and substance use is invaluable support. Our programs can be a safe space for survivors to name the deep sadness they feel or talk about how their drinking habits have changed. It is never our place to diagnose but through our words, actions, and physical spaces we can signal to survivors they can safely explore their feelings with us.

After deep exploration with the survivor, we can help survivors expand their toolbox of coping and healing strategies. We can help them identify people, places, and activities that make them feel safe and explore grounding, self-care, and self-soothing techniques, using resources like [Grounding](#), [My Healing Resources](#), and [Working Through Triggers](#).

- ▶ **Open-Ended Support:** Offer continued support to the survivor for as long as they need, however they need. Trauma doesn't arise only during scheduled appointments, but can bubble up at odd hours and on weekends. Be sure they know they have access to the 24-hour helpline for grounding, support, or even distraction whenever they need. Offer accompaniment as folks explore options and community resources. Let survivors know that they can access our services whenever they have a need, including years from now. Provide robust training to your staff who answer the 24-hour helpline. Review your internal policies and procedures and do away with any that work against this value.

- ▶ **Know the Options:** If a survivor has identified a need for mental health or substance use-related services or support we can then share the resources in the community. We can share the formal institutions that exist like local mental health providers, practitioners who can prescribe psychiatric medication, substance use treatment facilities, etc. We can also share informal community resources like 12-step or other recovery groups, sobriety mentors, needle exchanges, Fentanyl test strip programs, peer mental health respite programs, community mental health groups, support groups, etc. Often it is these informal community resources that survivors find the most helpful because they offer some form of peer-based support.

Closing Thoughts

Not every resource is a good fit for every survivor. We can only provide good referrals if we research and get to know the resources in our communities. Try using [Community Partnerships](#) and [Community-Based Healing Resources](#) to plan and organize your outreach.