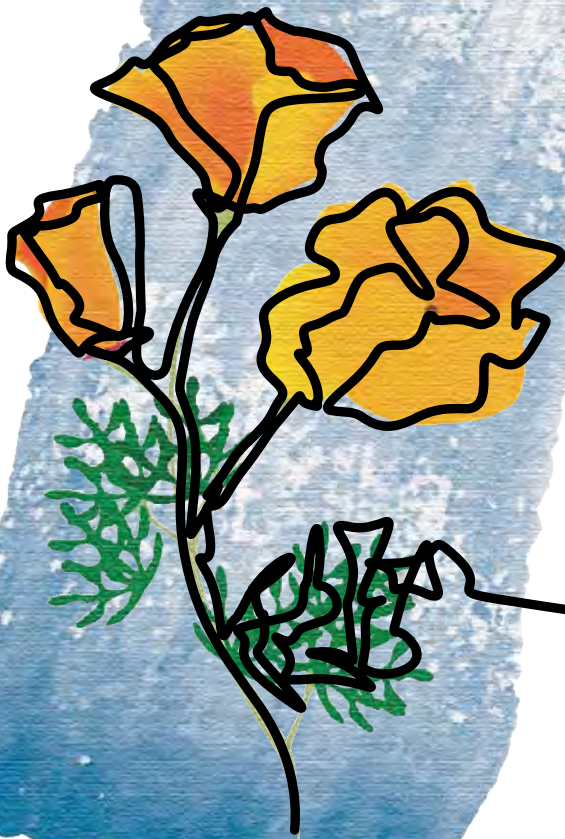


NOT DAMAGED, NOT BROKEN

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



03 Curiosity &
Compassion

by Kris Bein

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

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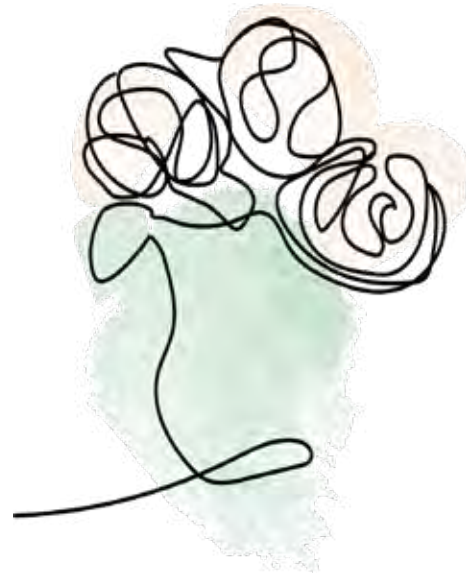
**“Respect and openness to survivors is grounded
in our self-awareness.”¹**

¹ From [Strengthening Our Practice](#)

03

Curiosity & Compassion

A Tool for Self-Reflection



Introduction

Advocacy is a specific type of relationship, and like all relationships, it is colored and shaped by the individuals in it. Your advocacy is colored by your experiences in life, both professional and personal. And it is shaped by oppression and privilege: the systemic ways people are treated because of their gender, ethnicity, class, and more. Racism, ableism, and other forms of oppression shape societal ideas about emotions, care, body autonomy, relationships, spirituality, conduct and all other aspects of our lives. We live in a society that stigmatizes mental health disabilities and substance use, which affects everyone in their personal lives and in advocacy services.

Your experiences are like a lens through which you see the world, yourself, the survivors you serve, and the social systems in your community. It's important to take some time to assess and understand this lens so that you can bring your full curiosity and compassion to advocacy, without distortion. Every advocate can learn and grow.

How to Use This Tool

This tool will help you understand how your experiences, beliefs, and values about mental health, mental health disabilities, and substance use show up in your work with survivors.

There are questions about your professional experience as well as your personal history. For some advocates, it might be painful or triggering to think about these personal experiences. Please take care of yourself as you complete these reflections and seek support as you need or want it.

There are no right or wrong answers and no grades for this assessment. The RSP will not collect any results from assessments. It is purely a tool to help you reflect on your advocacy practice.

You can use this assessment on your own or in conversation with co-workers. If you choose to do the assessment together, we encourage you to talk about boundaries and privacy as you begin.

A note to program directors or team managers:

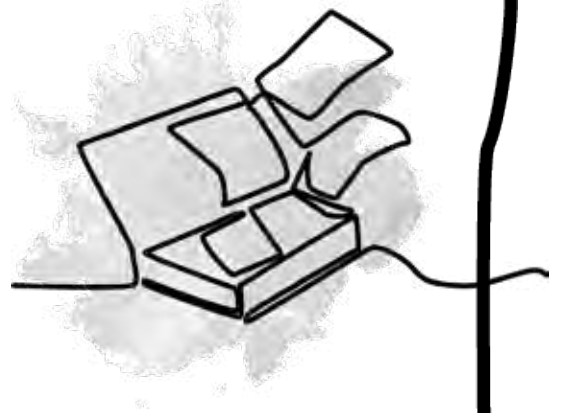
This assessment is designed to encourage honesty and deep evaluation, and this can only happen in a safe, trusting environment. If you plan to use results for any purpose other than reflection and supportive growth, we recommend that you clearly explain these intentions before staff complete the assessment.

Exploring Concepts

Word associations

What associations do you have with these words? What do they make you think of?

- ▶ mental health
- ▶ mental illness
- ▶ mental health disabilities
- ▶ disabilities
- ▶ substance use
- ▶ substance abuse
- ▶ chemical dependency
- ▶ therapy
- ▶ psychiatry
- ▶ anxiety
- ▶ dissociation
- ▶ depression
- ▶ hallucination or hearing voices
- ▶ self-harm



Unpacking the associations you have with these words and concepts is another way to gain self-awareness and curiosity in your work. Your thoughts and feelings about these words could, for example, keep you from being fully present with a survivor, affect the information and/or referrals you give, or give you more openness to the reality that a survivor lives in.

- ▶ When you think about your associations with these words, how might they show up in your advocacy work?

Reflection Prompt #1

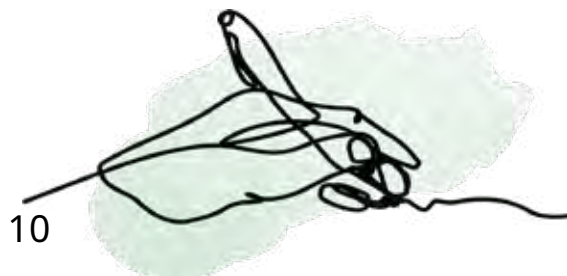
“Nobody exists outside the context of their culture or life experiences. Every day, we each have different experiences and struggles with various forms of oppression: racism, sexism, classism, homophobia, able-ism, etc, as well as places of privilege. These experiences of oppression shape our worldview, and the world’s view of us. They also shape our access to resources and systems. Sexual violence happens in this context of real people’s lives. The intersection of individual experiences of sexual violence and oppression is a dangerous and isolating intersection. As advocates, we must understand and account for survivors’ experiences of oppression in our work” ([Strengthening Our Practice](#), 2016).

- ▶ How do racism, classism, and other forms of oppression affect those struggling with mental health disabilities and substance use? How do they show up in your program and other community services? How do they affect your own advocacy practice?

Reflection Prompt #2

“Ableism is discrimination against people with disabilities...Ableism means that people with disabilities as a group are treated unfairly because of our disabilities” ([Ableism and Violence: A Plain Language Guide](#), n.d.).

- ▶ How does ableism affect those struggling with mental health disabilities and substance use? How does it show up in your services and other community services? How does it affect your own advocacy practice?

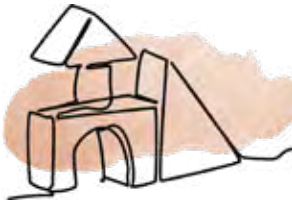


Exploring Your Own Experiences, Feelings, and Thoughts

Many advocates know someone who struggles with mental health and/or substance use, or they have these struggles themselves. And many advocates have experienced violence, sexual abuse, and emotional harm in their own childhoods. It can be uncomfortable or painful to reflect on these personal experiences, but it's important to think about how they affect your work today. And, perhaps, reflecting on this now can bring some insight and healing to you.

Life Experiences

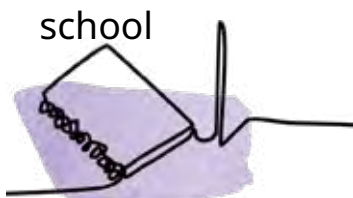
What have you been taught about mental health, mental health disabilities, and substance use? Consider:



childhood
experiences



work experiences



school

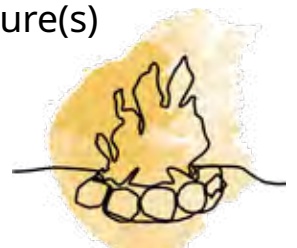


faith community(ies)

media



culture(s)



Early childhood influences

Your parents or primary caregivers had a big influence on how you recognize and experience emotions and mental health. Today, this can influence how you support survivors and recognize their emotions. Take a moment to think about your parents/primary caregivers and mark the choices below or make your own notes. You can choose as many things as are accurate for you.

My parents/caregivers:

- ☐ Never discussed emotional wellness, mental health struggles, or substance use
- ☐ Pushed me to ignore or suppress my feelings and emotional needs
- ☐ Discussed or displayed their own struggles with their feelings, mental health, and/or substance use
- ☐ Encouraged me to be open about my feelings and struggles
- ☐ Were negative or cruel to me about my feelings and struggles
- ☐ Gave me emotional support when I had struggles

Consider...

Reflect on these lessons and influences on mental health struggles and substance use.

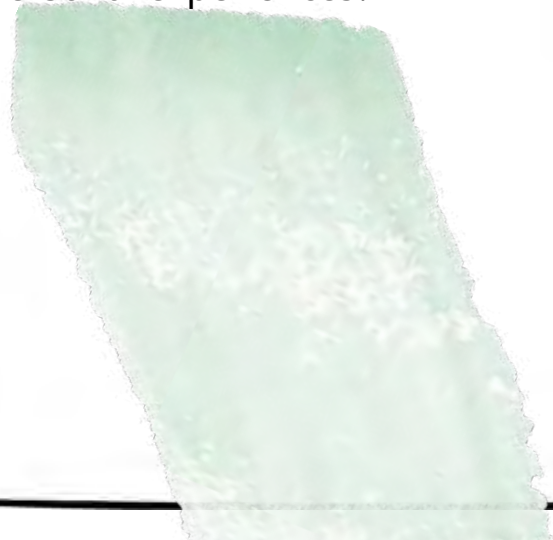
How has or hasn't your understanding changed over time?



What values or beliefs were attached to what you were taught as a child, and what values or beliefs you hold today?

What biases, discomfort, or fears might you bring to advocacy from your personal experiences?

What insights or confidence might you bring to advocacy from your personal experiences?

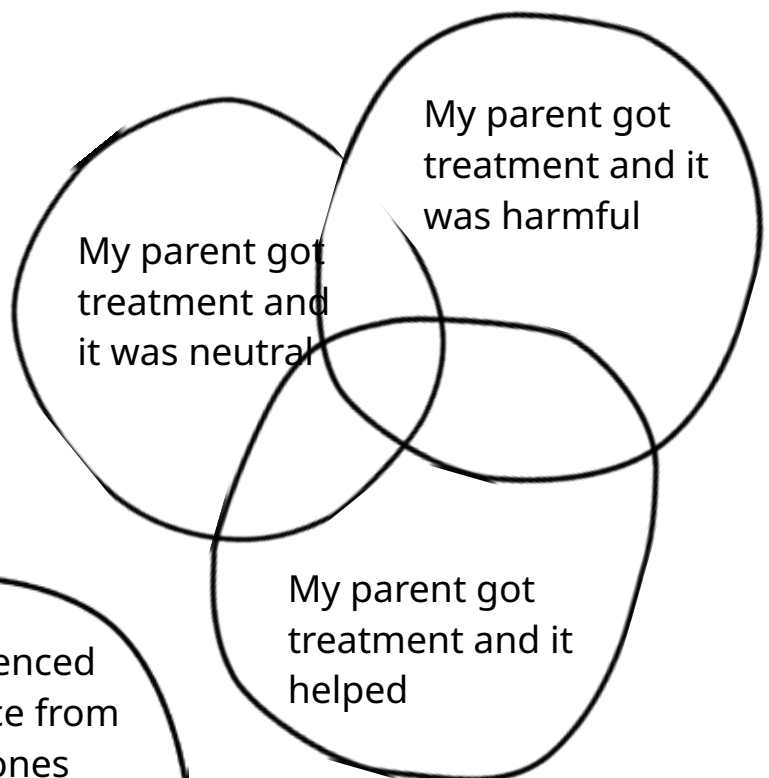
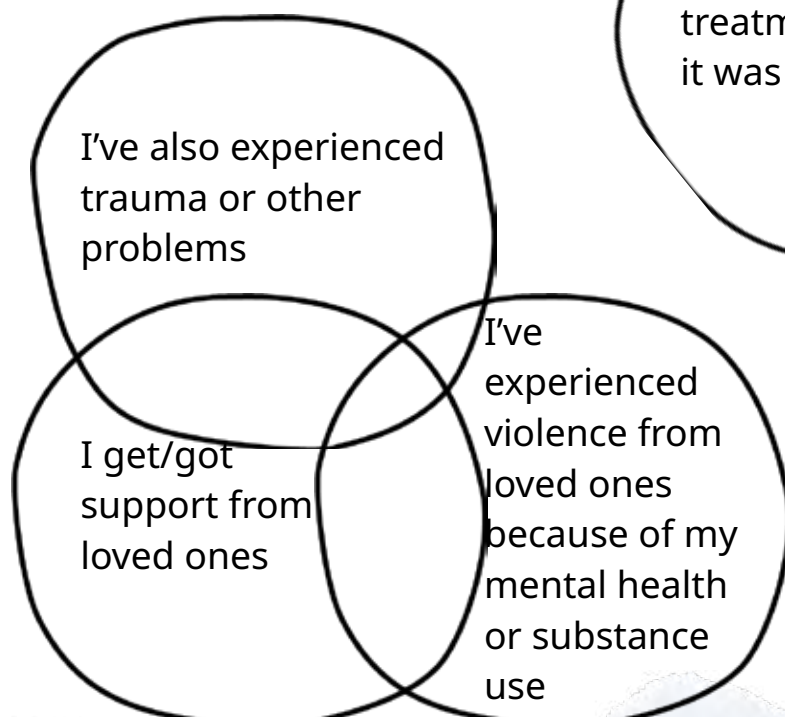
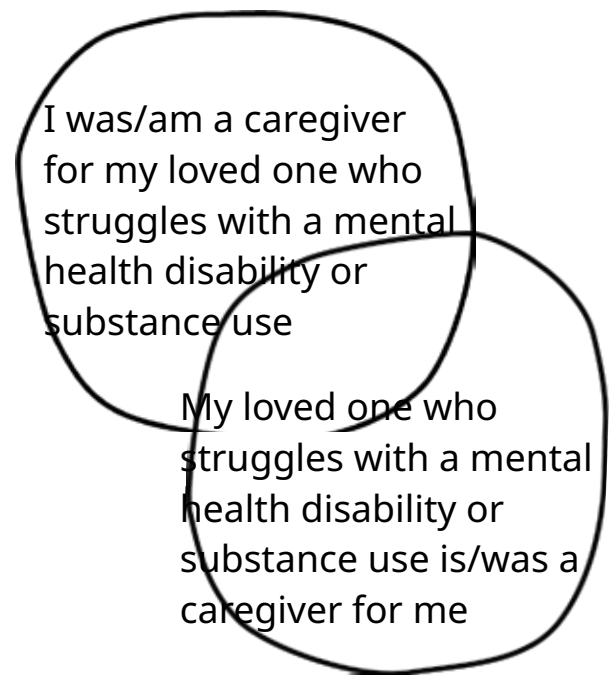
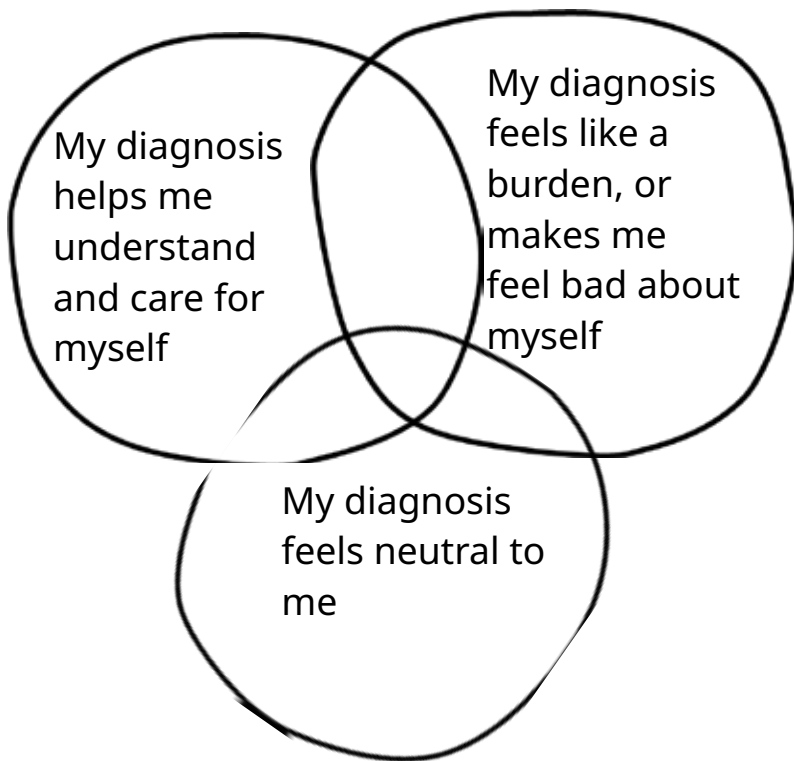


Visualizing Your Relationship with Mental Health and Substance Use

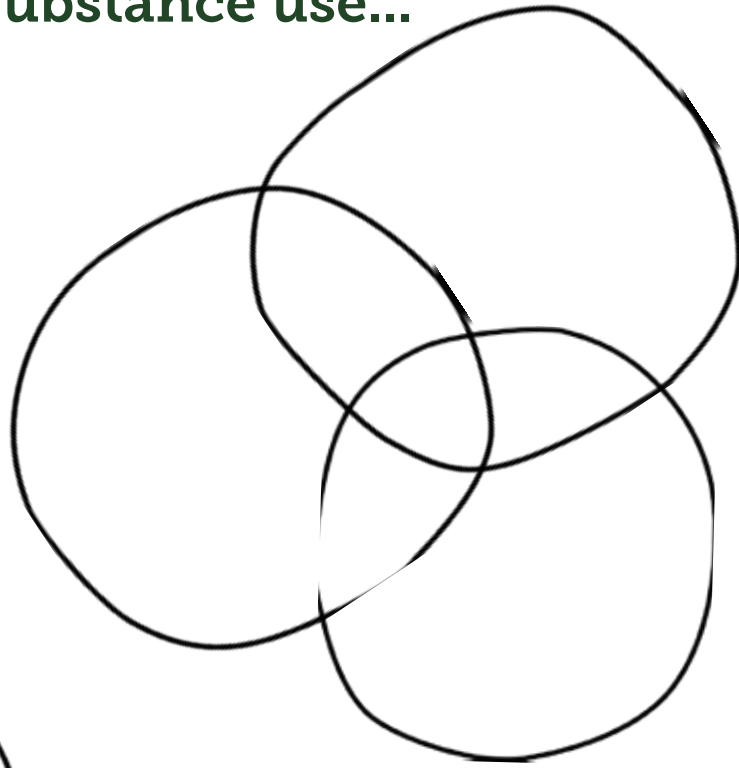
There are a lot of things that can be true about your experience with mental health and substance use. For example, you or a loved one could have a mental health diagnosis and find it both helpful and hurtful. The following tools will help you explore the contradictions, complexities, and interdependencies of your experience and how they may impact your advocacy with other survivors. It is a space to honor your multiple truths.

After looking at the examples provided, if you or a loved one have struggled with mental health and substance use, you can fill in your own diagrams with whatever words make most sense for you. If you find that this activity does not apply to you, you can skip it. If this activity does apply to you and you choose to complete it, please take your time, and take care of yourself while doing this reflection. You may prefer to complete this section on your own, rather than with colleagues, as you might not be comfortable disclosing such personal information with them.

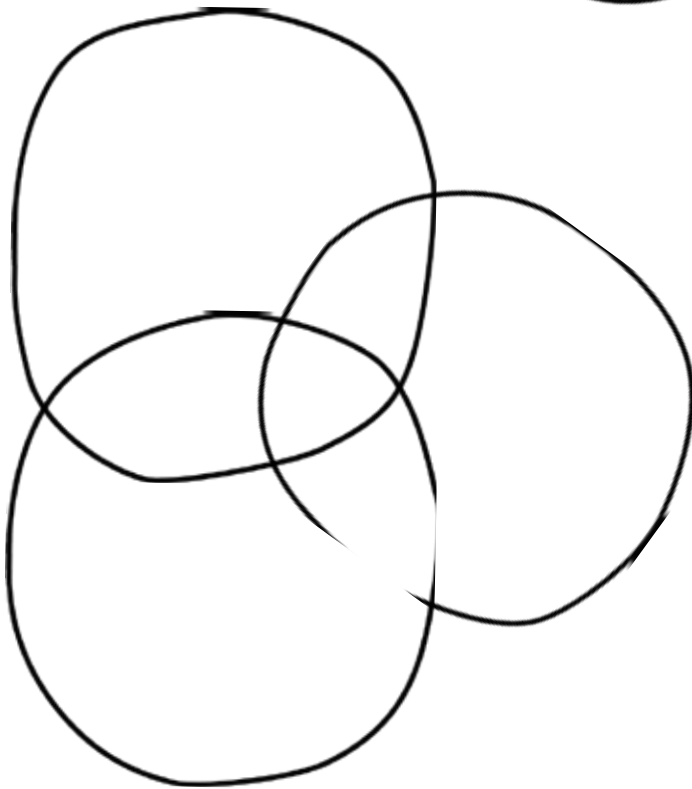
If you'd like to add notes or more images, please do! This is for your reflection, so you can make it what you want.



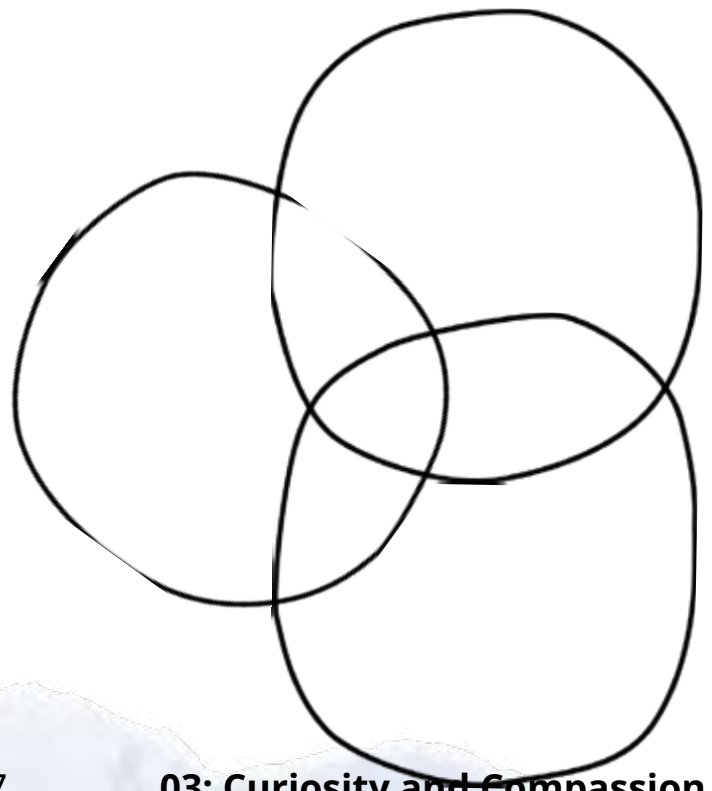
My family or loved one struggles with mental health and/or substance use...



What do I feel or think as I look at these diagrams?

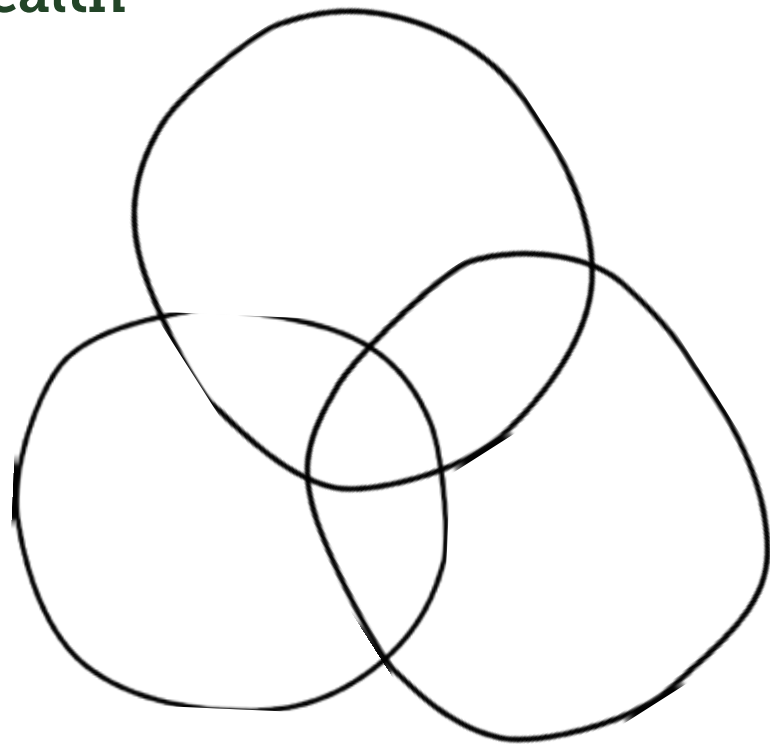


When I think about this part of my personal experience, how might these experiences show up in my advocacy?

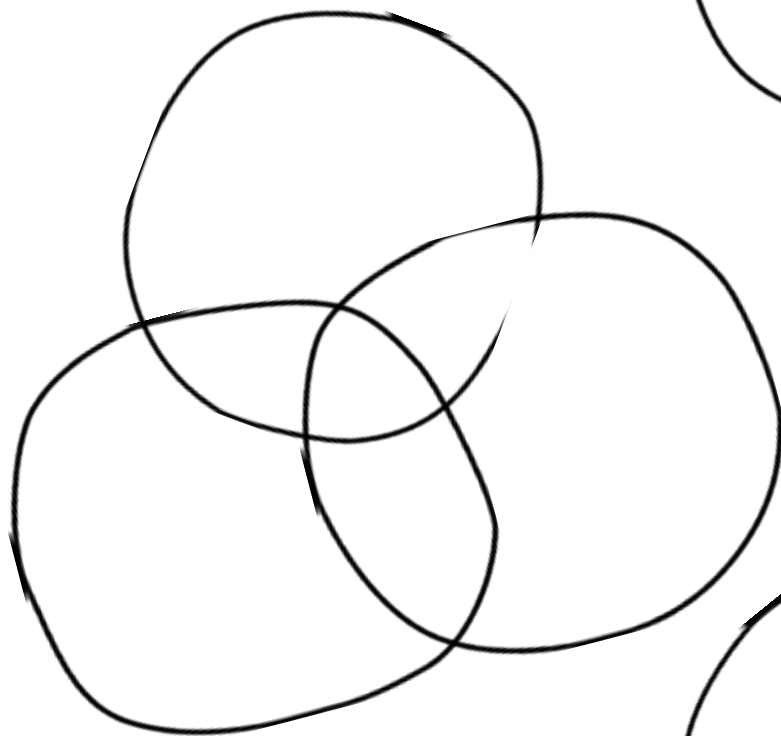


I struggle with mental health and/or substance use...

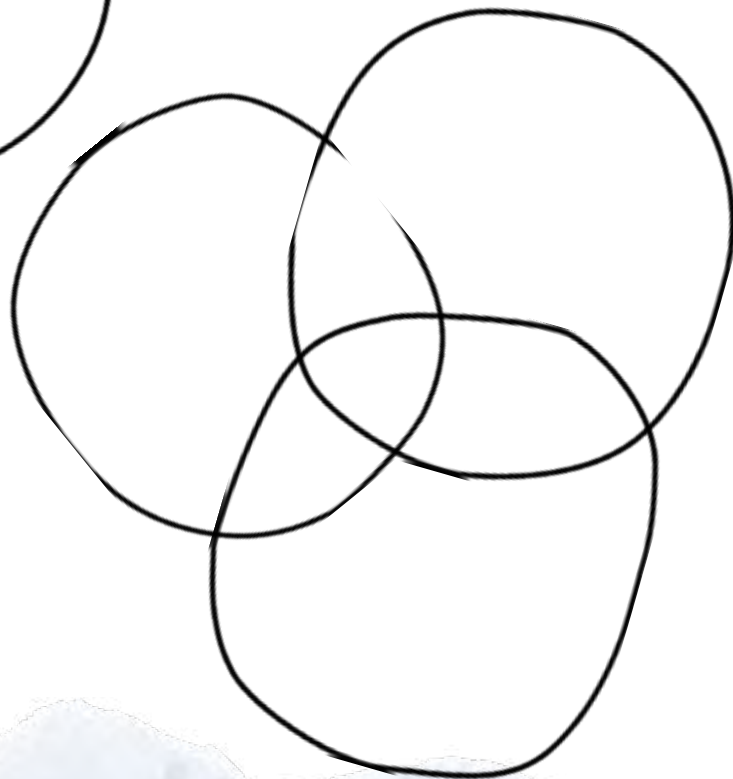
If you or a loved one have struggled with mental health and/or substance use, fill in these diagrams with whatever words make most sense for you. It is a space to honor your multiple truths. Please feel free to skip the activity, go slow, or stop at any time.



Are there ways these experiences make me a stronger advocate? How so?



Are there ways these experiences may be a barrier to my advocacy, or even cause harm to survivors I serve? How so?



breathe



Exploring Your Advocacy Practice

Advocates “warmly welcome and receive survivors’ whole self, including cultural identities, strengths, and trauma.”¹

One of the most common reasons advocates start thinking about mental illness is when confronted with coping and communication strategies that they find challenging. Humans use an infinite range of ways to communicate, or to hide, our pain and needs. Some coping and communication methods are more socially acceptable than others (and this, of course, intersects with oppression), and some are more visible or considered more severe than others. Some coping and communication methods that survivors use might make sense to you, and some might make you uncomfortable, confuse you, or trigger your own trauma. A few examples include yelling when upset or angry, talking with someone that they see but you don’t, drinking alcohol before an advocacy appointment, and rocking back and forth.

1 From [Advocacy Skills: Working with Adult Survivors of Child Sexual Abuse](#)

Advocacy practice reflection questions

- ▶ Think about the survivors you've served. Did any of them communicate their pain and needs in ways that were uncomfortable, confusing, or triggering to you? How did you handle that? Is there anything you wish you could have done differently?
- ▶ Some people accept or embrace their own mental health disability or substance use. How do you feel about that? How might your beliefs and attitudes affect your service to survivors who don't see their mental health disability or substance use as a problem?
- ▶ How do your experiences with or knowledge of mental health disabilities and substance use affect your advocacy today? Is that the effect you want? Why or why not?

Advocacy Skills Self-Assessment

Check the description that feels most accurate for you, regarding both survivors with mental health disability and those who struggle with substance use.

Description	Mental Health Disability	Substance Use
I'm scared of or worried about interacting with someone who has this struggle, to the extent that I would prefer to refer them to a colleague or other service provider.	<input type="checkbox"/>	<input type="checkbox"/>
I don't really know anything about this, and I don't think I could be a good advocate for a survivor in this situation.	<input type="checkbox"/>	<input type="checkbox"/>
I don't know much about this, but I feel confident in my advocacy skills.	<input type="checkbox"/>	<input type="checkbox"/>
I know a lot about this from lived experience, but I haven't thought much about how that might show up in my advocacy.	<input type="checkbox"/>	<input type="checkbox"/>
I know a lot about this from school, but I haven't thought much about how I will need to use that information differently in advocacy.	<input type="checkbox"/>	<input type="checkbox"/>
I know a lot about this, and I feel confident that I could show up in this situation with compassion and curiosity. In this situation, I am completely in my element.	<input type="checkbox"/>	<input type="checkbox"/>

Advocacy Skills Self-Assessment Reflections

All advocates have room to grow, based on their unique strengths and characteristics. You may wish to continue your reflection with [Advocacy Skills: Working with Adult Survivors of Child Sexual Abuse](#). This tool will help you think about some of the core skills that advocates use as they assist survivors in navigating their healing. As you reflect on what you've learned in this assessment, consider:

What I Learned About Myself and My Advocacy Skills	Topics and Tools I Want to Explore Further	One Goal I Have for Changing My Advocacy Practice
---------------------------------------------------------------	-------------------------------------------------------	--------------------------------------------------------------

By 3 months:



By 1 year:



Assessment Group Discussion Questions

If you and coworkers choose to compare what you've learned in this assessment, discuss together:²

What I Learned About Myself

**What I Learned About My
Coworkers**

**What We Can Learn from
One Another and Ways Our
Different Experiences Can
Help One Another**

2

Adapted from [Picturing Your Program](#)

Closing Thoughts

Assessing your advocacy work is both challenging and inspiring. It's an opportunity for you and your program to grow. [Organizational Support for Creative & Compassionate Advocacy](#) will also help your program think about how to develop advocates' abilities and strengths in providing flexible and comprehensive advocacy. You do not need to attempt this work in isolation! Your [state](#), [territory](#), or [tribal](#) sexual assault coalitions is there to support and guide your efforts. And the [RSP Rural TA Coordinators](#) are here to help.