# NOT DAMAGED, NOT BROKEN

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

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

July 2023

This publication was written by Leah Green, Kris Bein, and Tiombe Wallace, with contributions from the Building Resilience team: Resource Sharing Project, Activating Change, Just Detention International, Minnesota Indian Women's Sexual Assault Coalition, the North Carolina Coalition Against Sexual Assault, and Olga Trujillo, J.D.

A special thank you to Ellie Van Dam, LISW and Linda McFarlane, MSW, LCSW for their contributions throughout this toolkit as well.



Graphic and Publication Design by Norio Umezu Hall, RSP.

This product was supported by cooperative agreement number 2019-V3-GX-K040, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U. S. Department of Justice.

Resource Sharing Project

# Contents

# 01

# Groundwork

## For Understanding Mental Health & Substance Use

# Introduction

If you work regularly with adult survivors of child sexual abuse, you likely have questions about how to best hold space for survivors struggling with mental health, mental health disabilities and/or using substances to cope with the impact of trauma on their lives. For many survivors, child sexual abuse, mental health, and substance use are a tangled knot they are unsure how to navigate. This resource is about this connection and your role as an advocate.

## What We Know

First, let's start with what we know about survivors and healing:

- Trauma doesn't go away. Healing doesn't have an end point.
- Survivors are whole and capable human beings.
- What each survivor is experiencing is a normal response to the harm and threat of sexual violence.
- Survivors do not need to be fixed by advocates. They can benefit from an advocate's support as they access their own strength and resilience.
- Survivors do not need advocates to provide solutions. They do need to have advocates meet them where they are, listen to them, explore different options, and validate their experience.

# Definitions

## What do we mean by mental health?

"Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make…choices."[1]

**Everyone, including you, has mental health that they are trying to support.**

Mental health disabilities are specific conditions that have been diagnosed by a trained mental health provider, and "substantially limits one or more major life activities."[2] Mental health disabilities are sometimes called 'mental illness,' 'psychiatric disorders,' or 'psychiatric disabilities' but we prefer the term 'mental health disability.'

It is never an advocate's role to diagnose. Instead, advocates help survivors explore what they need or want for their mental health.

---

1 https://www.cdc.gov/mentalhealth/index.htm

2 https://adata.org/factsheet/health. See also https://nami.org/Your-Journey/Individuals-with-Mental-Illness

## What do we mean by substance use?

Substance use is a spectrum. Almost everyone uses substances to regulate themselves; for some, the use becomes debilitating or an obstacle to their health and happiness.[3] Legal substances can include nicotine, ibuprofen, caffeine, alcohol, and prescription medications. Illegal substances can include cocaine, heroin, and LSD.

Some substances are legal or socially acceptable based on where you live, like marijuana and psylocibins. Some substances are legal or socially acceptable based on if they have been prescribed to you, like Ritalin or Fentanyl. The social acceptability and response from the criminal legal system to substance use is unfortunately dependent on class, race, ability, and other social factors.

**It is never an advocate's role to set the goal of sobriety for a survivor. Instead advocates explore with them the ways that they use substances to regulate themselves, and how they feel about it.**

3 https://www.samhsa.gov/find-help/disorders, https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health, and https://www.cdc.gov/dotw/substance-use-disorders/

## How are child sexual abuse, mental health, and substance abuse connected?

The connection between child sexual abuse, mental health, and substance use is complex and unique to each survivor. In response to the trauma in childhood, survivors will experience impacts to their mental health such as stress, hyperarousal, anger, sadness, grief, and nightmares. These responses to trauma, such as depression, anxiety, post-traumatic stress disorder, and disordered eating often continue into adulthood.

It is not uncommon for survivors to start using substances in childhood, and continue in adulthood, as a direct response to their trauma. They may not know it, but by using substances they are regulating their nervous system. Legal or illegal substances may be helping them sleep, calm themselves, control their appetite, manage nightmares, and more.

## Why don't survivors just use legal medications and "healthy" means to regulate?

- Legally prescribed medications can be difficult to obtain if a survivor does not have easy and consistent access to health insurance, mental health providers, a pharmacy, and money to pay for medications. Because of recent disruptions in the pharmacy industry due to the pandemic, even having access to these resources does not always give a survivor consistent access to medications.

- Prescription medications can also come with unpleasant side effects which are difficult to manage on top of the impact of trauma.

- The medical community has a lengthy and abusive history of harming and experimenting on patients of color. We can't overlook the deep impact this history can have for survivors who are wary of medical providers.

- When survivors stop using illegal or socially unacceptable ways to medicate themselves, the impacts of trauma return in full force. This can have negative impacts on their finances, employment, relationships, and more.

## Closing Thoughts

By the time a survivor of child sexual abuse has reached adulthood, they are experts at coping with the long-term effects of trauma. They are not broken. They are moving through the world the best way they know how: resourceful, adaptive, and strong. What survivors need from advocacy programs is choice – whether that's a reminder of all the things they already get to choose or expanded options that your advocacy programs can provide. And that is something that all advocates can offer.

# 02

# Help not Lead

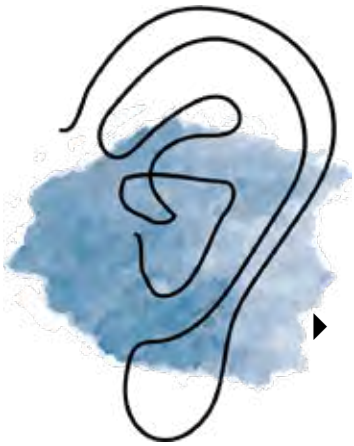
## The Advocate's Role

# 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 sai 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.

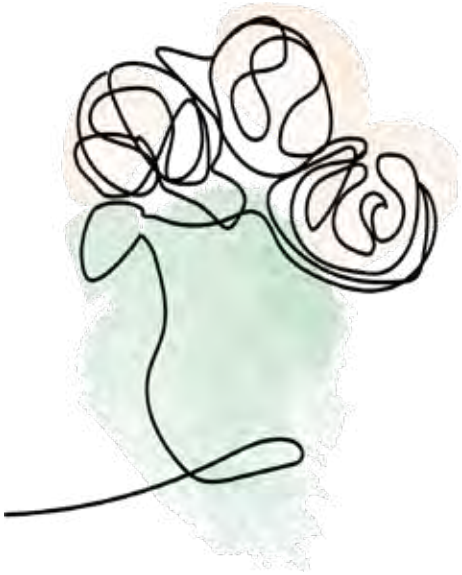
**"Respect and openness to survivors is grounded in our self-awareness."[1]**

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:

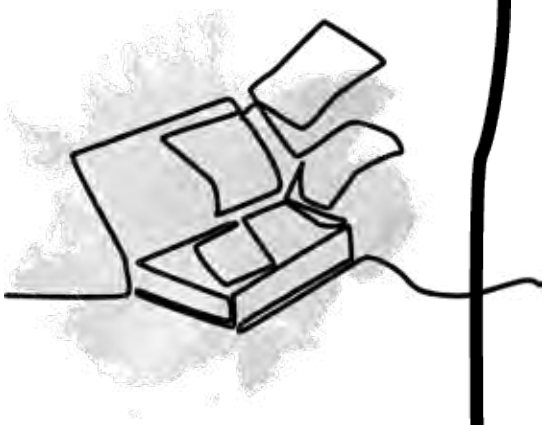
This assessment is designed to encourage honesty and deep evaluation, and this can only happen in a safe, trusting environment. If you plan to use results for any purpose other than reflection and supportive growth, we recommend that you clearly explain these intentions before staff complete the assessment.

# 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

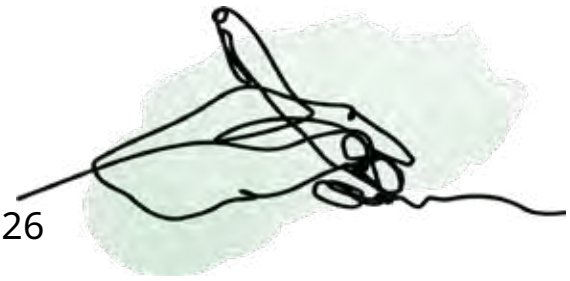
"Nobody exists outside the context of their culture or life experiences. Every day, we each have different experiences and struggles with various forms of oppression: racism, sexism, classism, homophobia, able-ism, etc, as well as places of privilege. These experiences of oppression shape our worldview, 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?

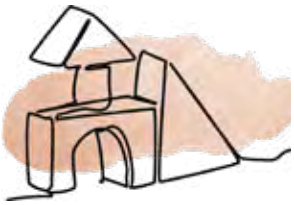


## Exploring Your Own Experiences, Feelings, and Thoughts

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

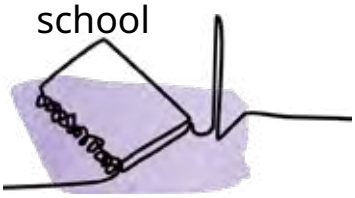
What have you been taught about mental health, mental health disabilities, and substance use? Consider:



childhood experiences

work experiences

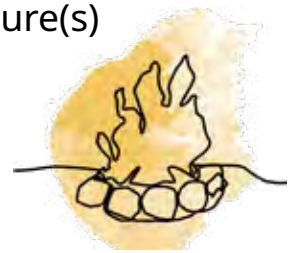
school



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...

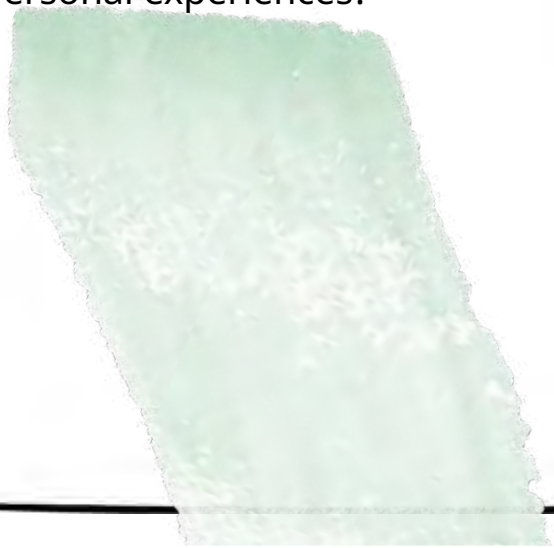
Reflect on these lessons and influences on mental health struggles and substance use.

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?

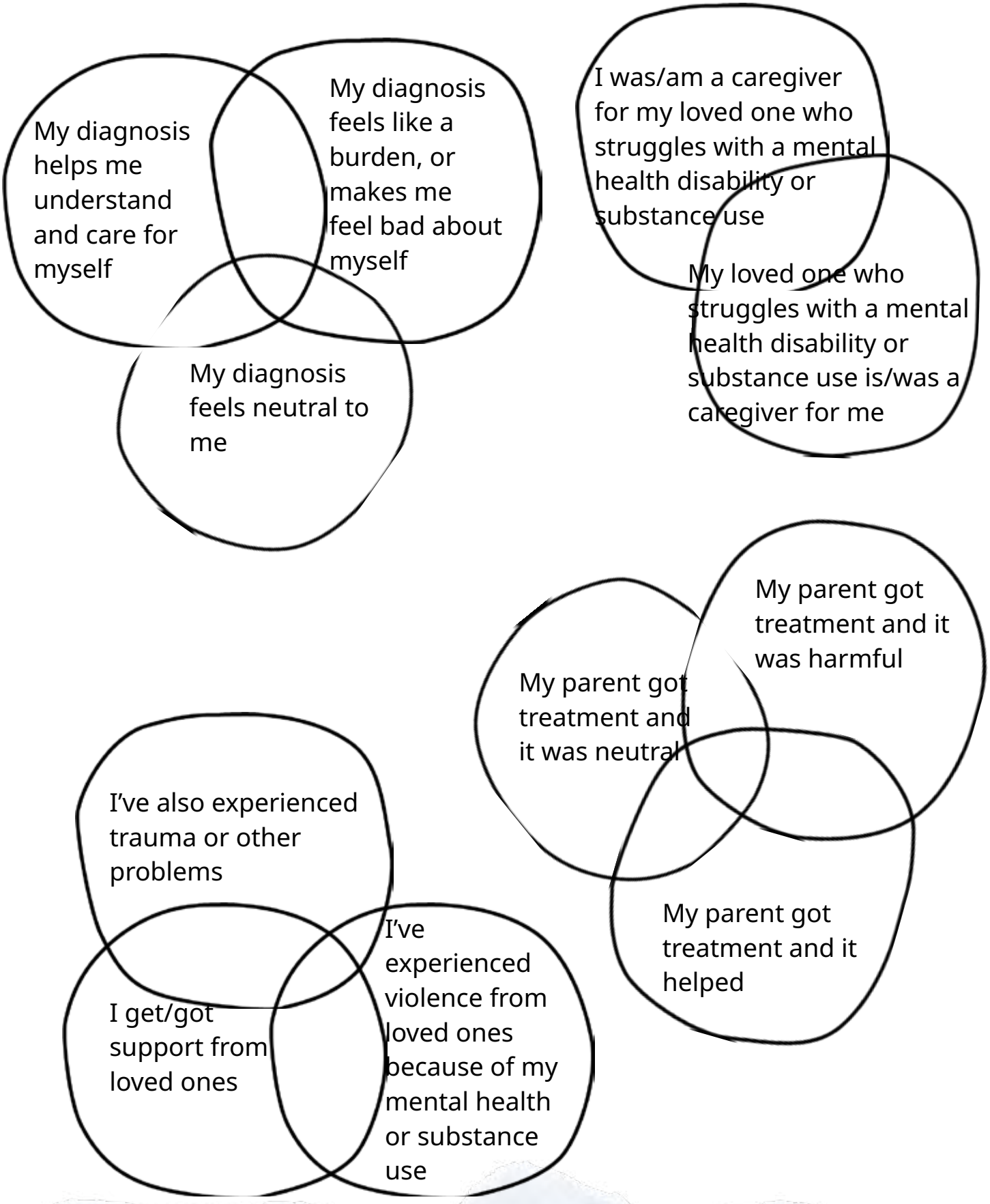


## Visualizing Your Relationship with Mental Health and Substance Use

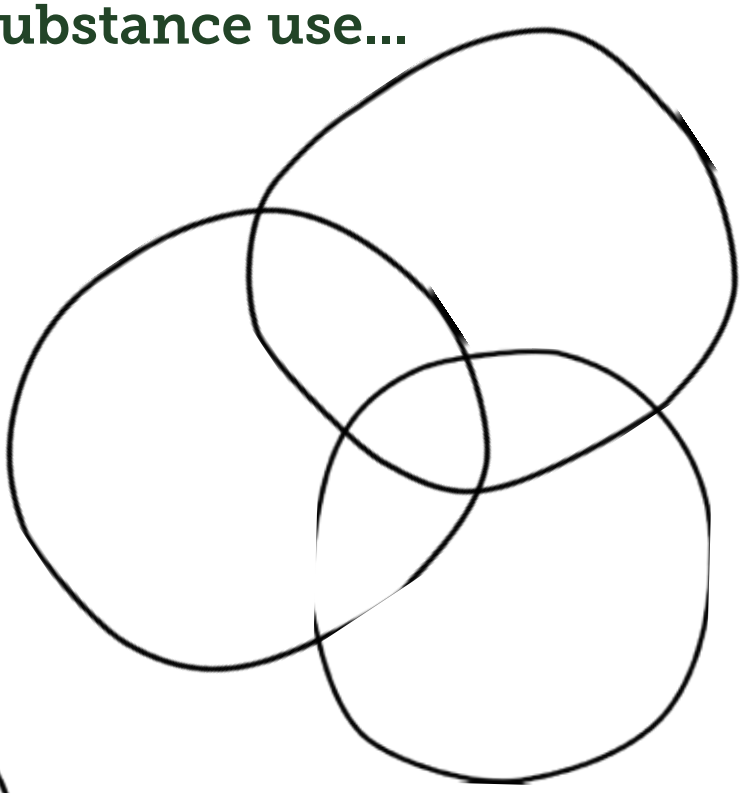
There are a lot of things that can be true about your experience with mental health and substance use. For example, you or a loved one could have a mental health diagnosis and find it both helpful and hurtful. The following tools will help you explore the contradictions, complexities, and interdependencies 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.

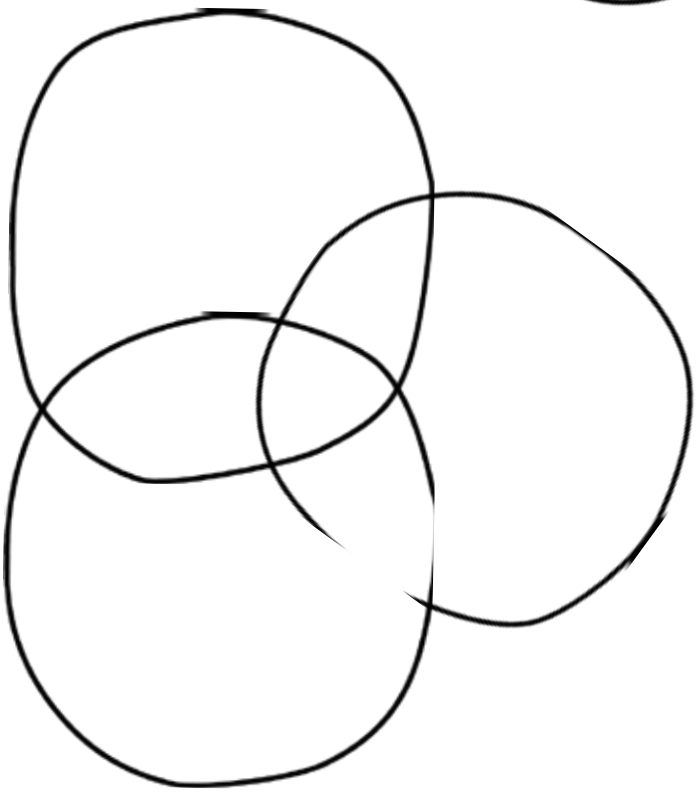
If you'd like to add notes or more images, please do! This is for your reflection, so you can make it what you want.

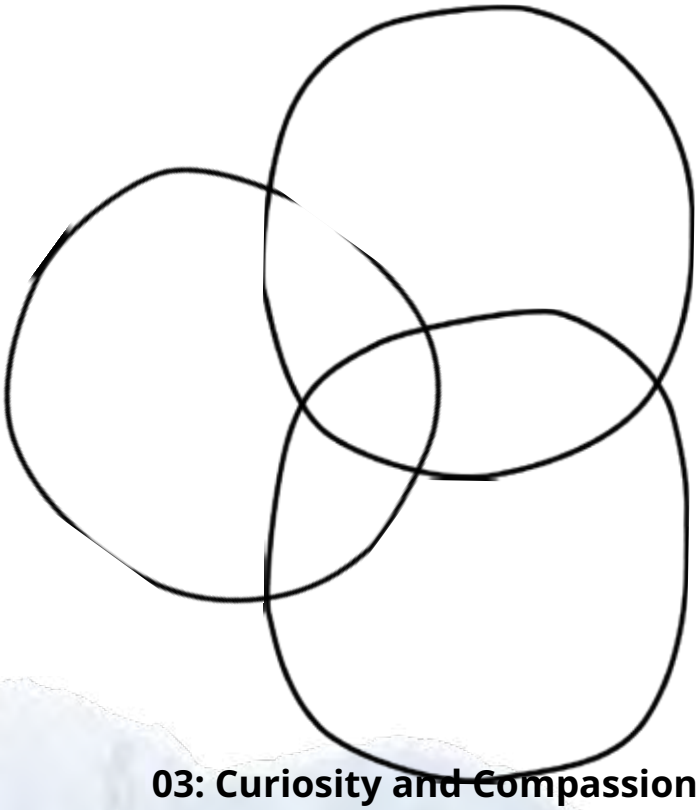

My diagnosis helps me understand and care for myself
My diagnosis feels like a burden, or makes me feel bad about myself
My diagnosis feels neutral to me
I was/am a caregiver for my loved one who struggles with a mental health disability or substance use
My loved one who struggles with a mental health disability or substance use is/was a caregiver for me
My parent got treatment and it was harmful
My parent got treatment and it was neutral
My parent got treatment and it helped
I've also experienced trauma or other problems
I get/got support from loved ones
I've experienced violence from loved ones because of my mental health or substance use

## 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?**

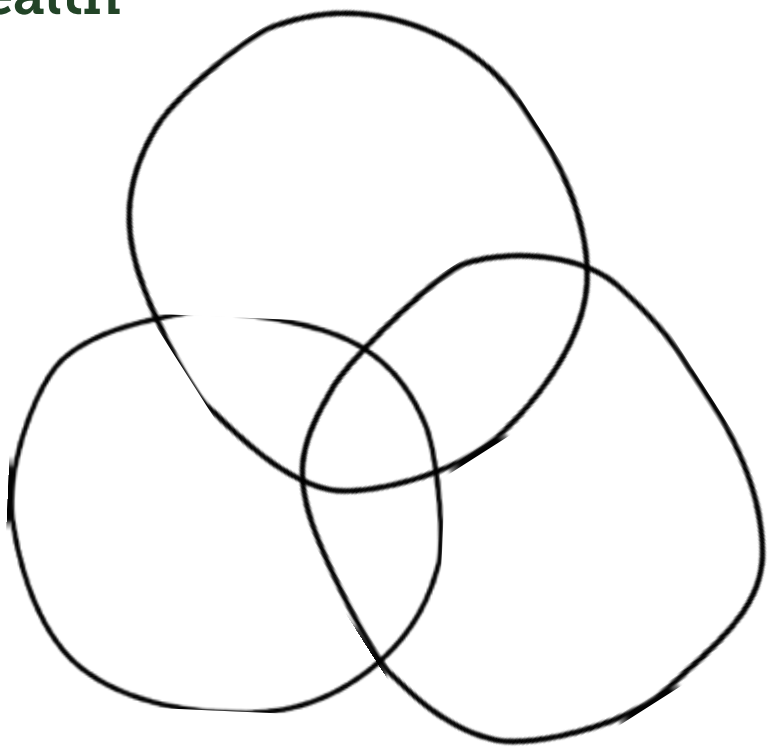




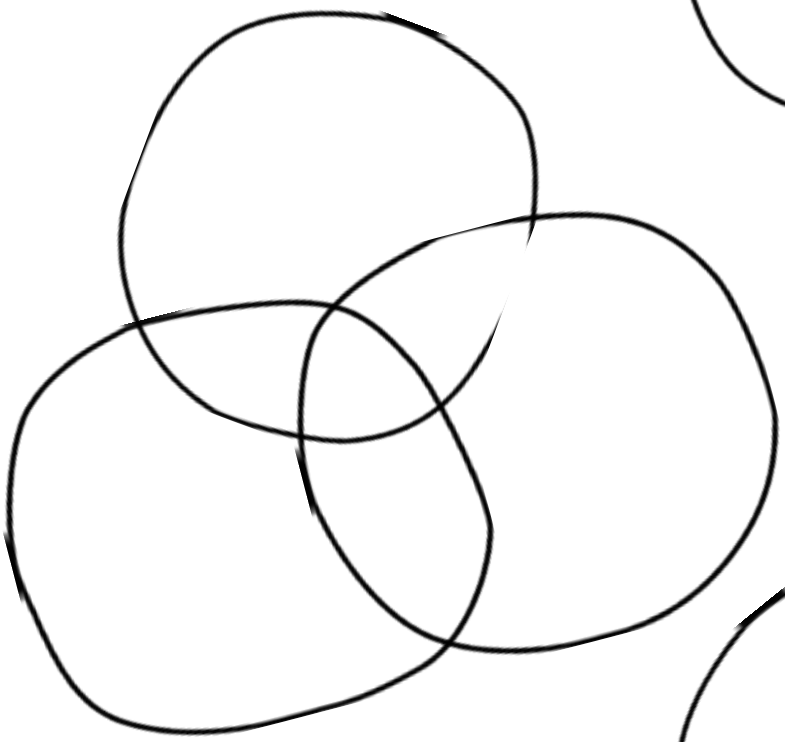
**When I think about this part of my personal experience, how might these experiences show up in my advocacy?**

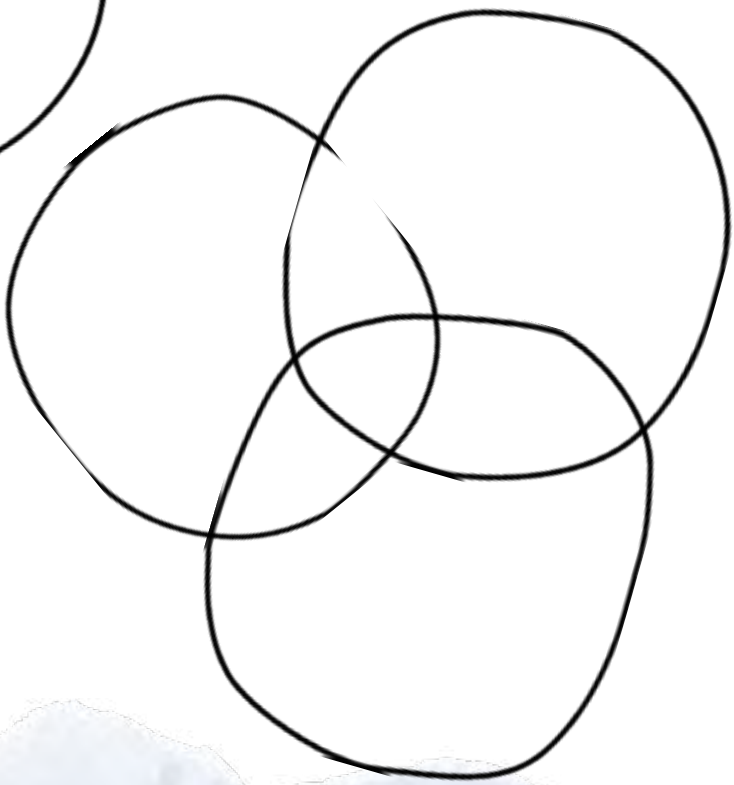
# I struggle with mental health and/or substance use...

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. | ❐ | ❐ |
| 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. | ❐ | ❐ |
| I don't know much about this, but I feel confident in my advocacy skills. | ❐ | ❐ |
| I know a lot about this from lived experience, but I haven't thought much about how that might show up in my advocacy. | ❐ | ❐ |
| 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. | ❐ | ❐ |
| 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. | ❐ | ❐ |

## 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:<br><br>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.

pause

**"Our organizational habits and policies are more powerful than we sometimes realize. Each conversation with a survivor—what advocates say and how they say it—happens within the context set by the organization."[1]**

1 From Opening Our Doors

# 04

# Critical Curiosity

## A Tool for Organizational Reflection

# Introduction

The context of each program's services is shaped by the community's cultures, geography, and relationships. 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.

# Instructions

This tool will assist you in understanding how your program's beliefs and values about mental health, mental health disabilities, and substance use show up in your services to survivors and support for staff. There are no right or wrong answers and no grades for this assessment. The RSP will not collect results of the assessment. It is purely for your program to reflect on your services and approach.

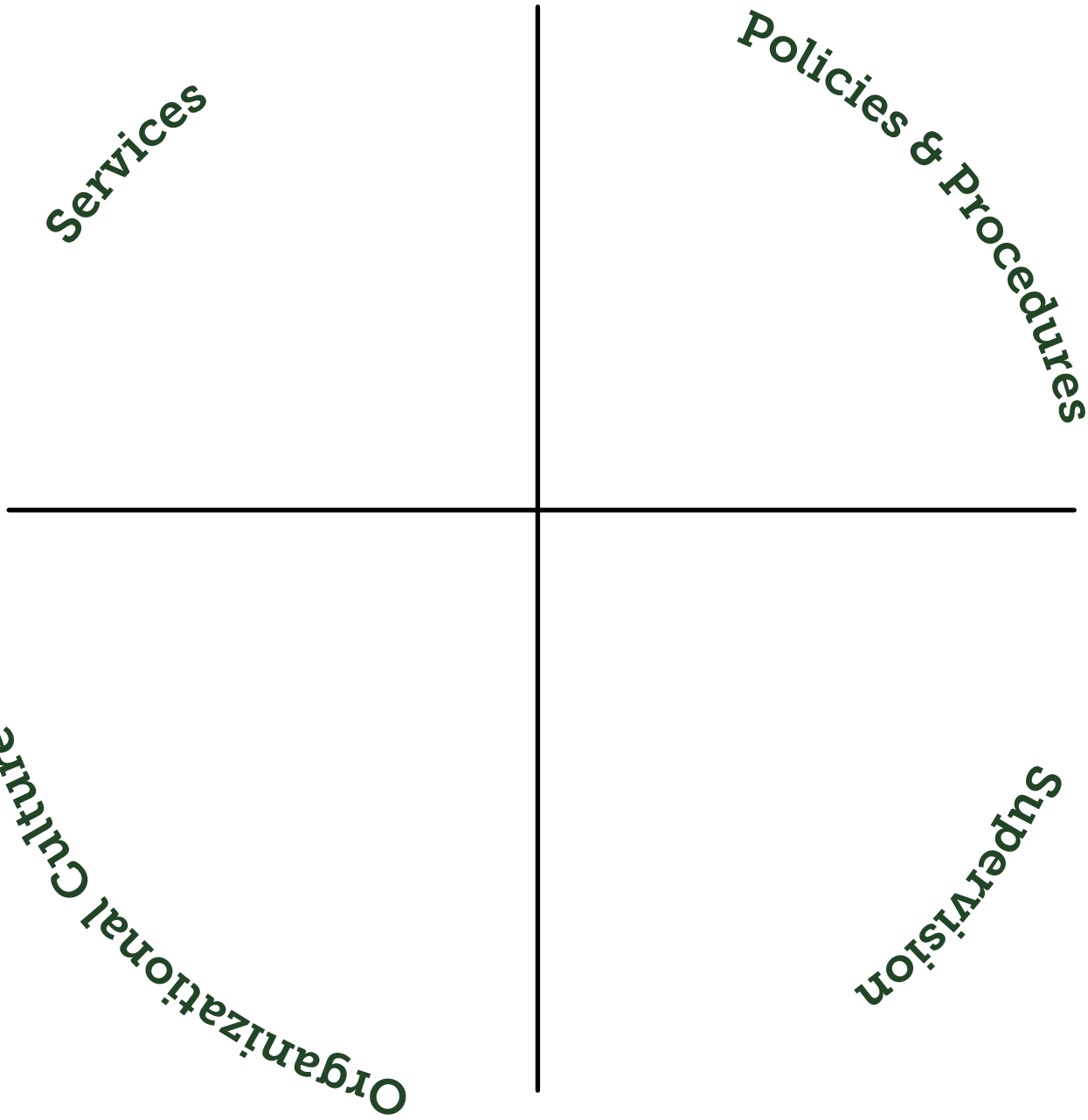
Everyone in your program brings different and important perspectives to organizational change. These questions are designed to be used with stakeholders throughout the program to give you the most comprehensive picture possible. Every program is different, however, so each one will want to determine who to include in this assessment.[2]

If you plan to complete the assessment together, you can download an Excel or Google Sheets version of the worksheets in this tool, or you can compile your answers in the chart on page 53.

2 See Picturing Your Program for more guidance

## Organizational Assessment Questions

What does it mean to us to value mental health in our work? How does that affect our services? Policies and procedures? Supervision? Organizational culture?



## Centering Racial Justice

"Racial justice is the systematic fair treatment of people of all races that results in equitable opportunities and outcomes for everyone. All people are able to achieve their full potential in life, regardless of race, ethnicity or the community in which they live."[3]

What does it mean to us to address mental health and substance use struggles from a place of racial justice? How do we do that in our daily work? Is it Working? How do we know? How could we continue to improve?

3 https://www.aecf.org/blog/racial-justice-definitions

## Addressing Ableism

"Ableism is discrimination against people with disabilities…Ableism means that people with disabilities as a group are treated unfairly because of our disabilities."[4]

How does ableism affect survivors struggling with mental health disabilities and substance use? How does it show up in our services and other community services? How do we know? How could we continue to improve the ways we serve survivors struggling with mental health disabilities and substance use?

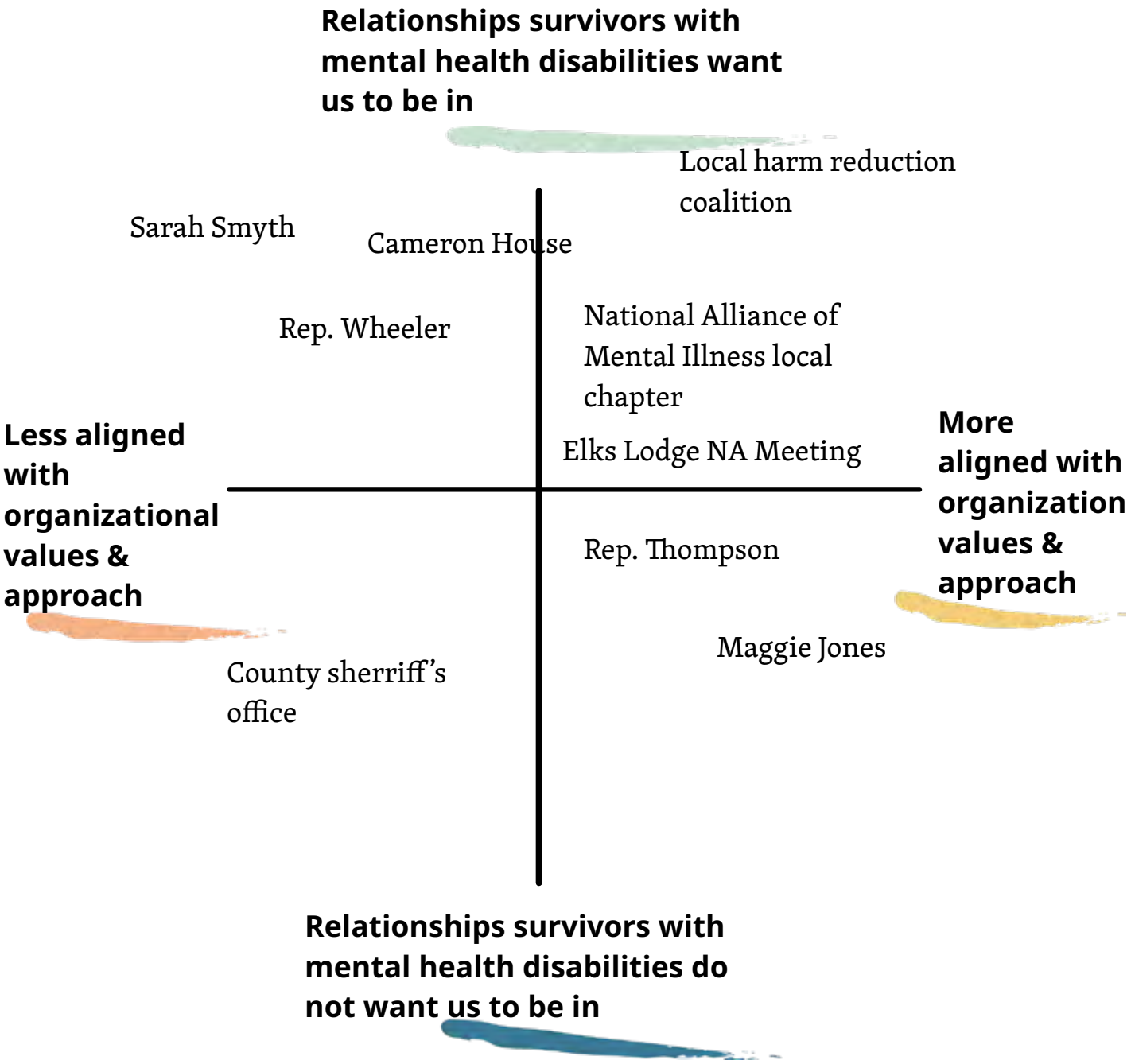
4 From Ableism and Violence: A Plain Language Guide

# Evaluating Policies and Procedures

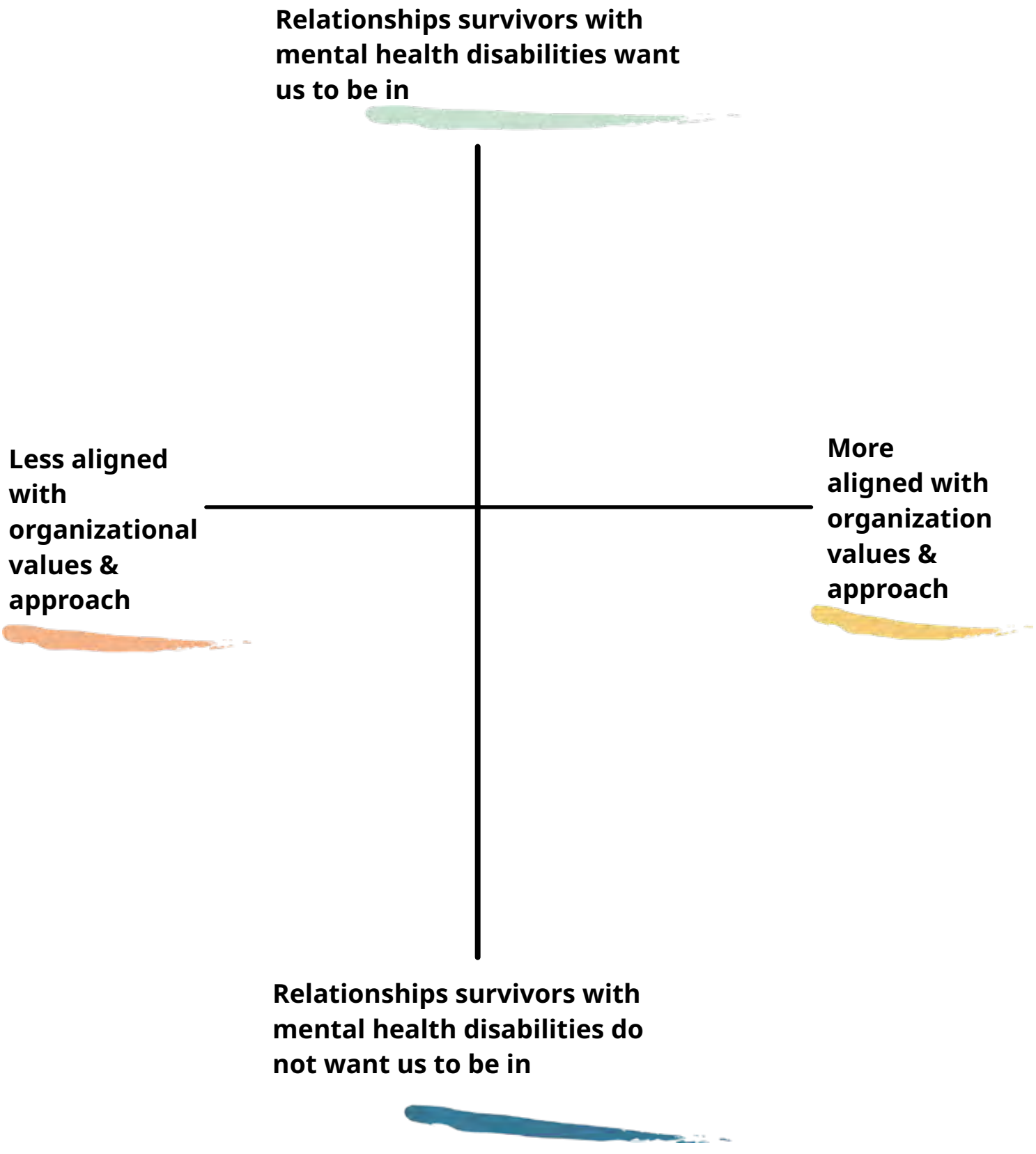
| If a survivor has a mental health crisis or is using drugs or alcohol while with one of our staff, what do we do? What happens next? | What do our policies and procedures say? | How do these actions support the survivor? | How might these actions harm the survivor? |
|---|---|---|---|
| | | | |

# Evaluating Community Partnerships

Who are our community partners on mental health disabilities and substance use? How do these relationships align with our approach and values? Are these the relationships that survivors with mental health disabilities want us to be in?



View the sample chart and then use the blank copy to map your own community partnerships.




**Not Damaged, Not Broken**

## Evaluating Community Partnerships Worksheet

## Reflecting on Community Partnerships Evaluation

- How do we all feel about what we see on the chart? Why?

- What policies, practices, or behaviors led to the distribution of relationships?

- What next steps can we take to increase the quality of relationships in our “relationships survivors want us to be in + more aligned with our organization” quadrant?

- What next steps can we take to reduce the harm of any relationships in our “relationships survivors don’t want us to be in + less aligned with organization” quadrant?

## Evaluating Advocate Training Topics

What training (both initial and ongoing) do advocates receive on mental health disabilities and substance use? Does our training match what survivors with mental health disabilities want advocates to receive?

| Training Topic | Matches | Don't Know | Doesn't Match | Next Steps or Notes |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Analyzing Your Organizational Results

As you analyze the findings from this assessment, consider:[5]

- Did people have different perspectives or experiences of the program? Why might that be?

- If people did have different perspectives or experiences of the program, what are some examples of those differences? Are those places your organization wants, or is ok with, people having different experiences?

5 Adapted from Picturing Your Program

# Summary of Organizational Assessment Results

What did you learn about your program? Transfer what you learned from each activity to this chart to help create a roadmap for organizational change.

| Area of Program | What We Learned | Potential Next Steps |
|---|---|---|
| Organizational assessment | | |
| Centering racial justice | | |
| Centering ableism | | |
| Policies & procedures for crisis | | |
| Community partnerships | | |
| Advocate Training | | |

## Planning for Growth

All programs have room to grow, based on their unique strengths and characteristics.

What is one goal you have for changing your services in the next three months? In the next year?

### In Three months...

### In One year...

What topics or tools do you want to explore further as you change or enhance your services?

# Closing Thoughts

We encourage you to continue your learning with Picturing Your Program; the tools on Making Survivors' Pathways Visible and People to People could be especially useful. You may want to tweak those tools slightly to specifically address survivors who struggle with mental health or substance use. Organizational Support for Creative & Compassionate Advocacy will also help you think about how to develop advocates' abilities and strengths in providing flexible and comprehensive advocacy.

Organizational assessment work is dynamic and requires a great deal of capacity, engagement, and commitment. 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.

rest

05

# Connect & Listen

## Tips for Advocacy in a Mental Health Crisis

# Advocacy In a Mental Health Crisis

## What therapists want advocates to know*:

"We want survivors to find someone they feel comfortable and safe with. We do not take it personally if folks reject us and choose another provider. We do not want clients to take care of our feelings, we just want folks to take care of their own feelings."

"We don't know more about trauma than you do. Therapists rely on advocates for information about trauma and sexual violence. Trust yourself and your advocacy knowledge."

"There is still a lot of stigma in this country around accessing mental health systems. Often when you make a referral to a mental health provider it can feel like the end of the relationship with a survivor. They can internalize it as a punishment or dismissing them. The way you talk about this referral can change how this lands with survivors."

## Things to avoid

Don't argue about reality or belief statements. Debating the reality of what someone is experiencing may increase trauma.

- Don't use psychiatric jargon.
- Don't offer mental health referrals before providing advocacy.
- Don't immediately make a psychiatric referral
- Don't laugh or make fun, appear shocked, or try to dismiss or minimize.

## Remember

- You are not here to fix it. You are here to support and listen.
- They are having a natural reaction to an extreme amount of stress.
- You are collaborating to explore their feelings and situation with curiosity.
- It is okay to slow down and offer encouragement and gentle regulation tools.

## Supporting survivors, step-by-step

**Prepare yourself.** If you meet the survivor with anxiety, fear, or other extreme emotions they will feel those feelings too. Calm yourself so you can bring calm to the survivor.

**Connect.** Make contact with the survivor. Get consent. Ask before trying to help: "would you be open to me sitting with you?" "Is it okay if we stay on the phone as you are feeling this wave of big feelings?"

**Encourage regulation.** In a state of stress or distress, it's helpful to calm the nervous system; this is regulation. We can regulate the body and mind with breathing, validation, and listening.

**Practice regulation together.** With consent, offer to coach or teach gentle ways to soothe the nervous system. Remind them they are the best expert on what works for them. Validate that they are having a natural reaction to extreme stress.

**Wait to offer new material.** Problem solving, tangible support, or strategizing after regulation.

Resource Sharing Project

*from interviews with Ellie Van Dam, LISW; Linda McFarlane, MSW, LCSW; and Tiombe Wallace, MS, MFT