

## Secondary Trauma: the families need care too....

I have spoken often in this column about the high number of incidents of abuse and sexual assault upon persons with disabilities and their significant vulnerability. While the statistics are alarming about the incidence of abuse and its damaging effect on the victim there is little if any research to date devoted to the secondary trauma of (non-perpetrator) parents and other family members of the person abused. Much of the literature on parents of victim/survivors and other family members instead addresses the response of these family members to the disclosure of the abuse, and to the victim/survivors themselves. The literature states that, following the sexual assault of a family member or loved one, family and friends often experience considerable emotional distress and physical and psychological symptoms that can disrupt their lifestyles and family structures. Responses of family members to the abuse, include shock, helplessness, and rage, which can parallel the affective responses of the victim in the acute post-traumatic period. Experts say that both the victim/survivor and their families have the same sense of isolation and estrangement from others. They both feel violated and different. They often lose their sense of community and belonging and both victim/survivors and family members may feel a sense of devaluation and guilt. These feelings may be reflected in both self-blame and blame directed toward other members of the family. Overall, the literature emphasizes that the family suffers almost the same effects as the victim of the abuse.

Unfortunately, there are huge gaps in the services for those family members. All too often they are overlooked in the system of care that has been developed for the victim/survivor. We can barely meet the needs of the primary victim and have scant resources in place for the family, who professionals agree, have needs that are significant and should not be ignored.

As we journey at the intersection of abuse and disability, we must begin to think of the whole family as a unit requiring our support and intervention.