

Chapter 5

Meeting Women's Basic Needs



New Partnerships for Women

Meeting Women's Basic Needs*

In the last two sections, we discussed how continued stress and adverse life circumstances could heighten psychological trauma and the severity of our symptoms. However, we also shared with you our belief that healing and recovery are possible and that positive life changes, positive thinking, and other healthy choices can help to reduce the effects of trauma in our lives.

Struggling to meet our basic needs, or not having them met at all, is a definite source of continued stress in many of our lives. We believe that struggling with poverty and its consequences are major problems with which women need and want help. This section provides information on how our experiences with trauma affect our basic needs and offers some tools for locating and securing resources to better meet those needs. We believe that meeting our basic needs is one way of taking good care of ourselves. Therefore, meeting our basic needs is another tool we can use to help us manage our symptoms, address the effects of trauma, and live healthier and happier lives.

Definition of Basic Needs

The term “basic needs” is most commonly used to refer to food, shelter, and clothing. These are considered the *most basic* of needs because of their link to survival. We are going to use the term basic needs a bit differently here. When we talk about basic needs, we are referring to any need we may have that is necessary for either survival *or* a decent quality of life. We do not believe that it is enough just to *survive* in this life; rather we believe each person is entitled to *thrive*—to have a quality of life that is worth living. As each of us is unique, we may each identify different needs as basic; in this way basic needs are subjective.

Using this framework for thinking about basic needs, the workgroup that developed this handbook identified several basic needs that seemed significant to our participants. These included food, shelter, clothing, transportation, medication, a decent income, meaningful work, education, training, and access to needed services, including dental and physical health care, and substance use, trauma, and mental health treatment. Our workgroup felt that each of these needs is basic to both survival and quality of life. We have provided you with readings and/or resources covering many of these topics in this handbook.

It is important to understand that underlying all of these needs is the need for safety. We firmly believe that every woman, every person for that matter, deserves to be safe in her own home, community, or anyplace in the world.

Since each of us is unique, we may each have different needs that we consider to be *basic* to our survival and/or general well-being. We hope that the information we have provided touches on a few of your basic needs and gives you the tools you can use to seek out other resources that we have not covered here.

* Text written by Jolanda Sallmann and Heather Hazelwood based on the ideas generated by the NPW Consumer Curriculum Development Workgroup in 2001-2002.

Economic Adversity and Basic Needs

As we discussed earlier, economic adversity and its consequences are major problems with which women need and want help. Many studies have found that poor people have higher rates of mental health and substance use problems than people who are not poor. Although there is debate about the causal nature of this relationship, we believe that the stress poor people experience in struggling to meet their basic needs significantly increases the risk of many mental health problems.

It is stressful enough to struggle to find housing, food, clothing, and transportation. But often, economic hardships prevent us from taking care of ourselves in other ways. Many of us do not have health insurance, or not enough coverage to practice good preventative care. Most of us have problems affording a dentist, or finding one who will accept Medicare or Medicaid. And, even if we can find free or low-cost mental health, substance use, or trauma treatment, we may find that not having enough money means not getting as much help as we would like for our problems. Because we do not have enough money, or insurance, to meet these needs, we are often forced to neglect our physical or emotional health. In these ways economic adversity prevents us from taking the best possible care of ourselves. Neglecting these needs obviously does not help the problems go away, rather it often increases the intensity of the symptoms we experience. For more information on some of the effects of economic adversity in women's lives, and women's suggestions for how the community can meet those needs, please see the suggested reading.

Suggested Reading:

- *Meeting Basic Needs: Addressing Economic Adversity in Women's Lives* by Joy Newmann

Trauma and Basic Needs

Our experiences with trauma affect our basic needs in both immediate and long-term ways. Some of the initial, or immediate, basic needs we may have as a result of experiencing trauma include physical health needs related to the physical or sexual abuse we have experienced, such as bruises, broken bones, cuts, dental problems, or gynecological problems. If we decide to leave the abusive relationship or run away from home, we will need to find safe housing or shelter, a new job or source of income, childcare, and replacements for the clothing and furniture we were forced to leave behind. If we stay in the household, we have to address safety needs related to the possibility of more abuse.

We become more vulnerable to economic adversity when we run away from home or leave an abusive relationship. For many of us, our economic well-being and insurance are tied to our abusers' incomes or jobs. When we leave an abusive household, we lose that income, and oftentimes our health insurance. Even in cases where we may still be eligible to use that insurance, we fear that our abusers will be able to track us down if we submit insurance claims. We may even lose our social status and/or credit history. In these examples we can see how trauma both creates new needs that have to be addressed (we may need medical care, shelter, income,

etc.) and leaves us vulnerable to not meeting our basic needs (a loss of income, insurance, housing, etc.).

Whether we stay or leave an abusive household, previous trauma may also make us more vulnerable to experiencing more trauma. If we stay, there is the risk that the abuse will continue. If we leave, we are more vulnerable to increased economic adversity. This sometimes means being homeless, living in a shelter, or finding housing in a poorer neighborhood—in each of these cases the housing may feel unsafe and expose us to more violence.

Trauma also has long-term effects that relate to our basic needs. In Chapter 3 we discussed the long-term effects of trauma on mental health and substance use problems. Trauma can also affect our physical health. Our bodies experience harm through physical and sexual abuse. Head trauma survivors may experience the long-term effect of what is commonly known as severe migraines. Many other after effects of trauma will cause various health risks that are often unnoticed by a regular doctor. Dental problems are a large concern. Grinding and clenching of the teeth because of anxiety and fear will harm the joints within the jaw. Some medications that are prescribed for mental health symptoms often have severe side effects on both the teeth and gums. If we are using drugs or alcohol to cope with our pain, that use may also be affecting our physical health. Additionally, we risk becoming addicted to these substances as we use them as coping mechanisms. Addiction itself brings along its own physical health problems.

Another long-term effect of trauma is that it has prevented many of us from addressing particular basic needs. Many of us have avoided going to our medical providers, not only because we didn't have the money to pay for services, but also because we experienced these appointments as retraumatizing. This means that the experience reminded us of past abuse. Two of the most common examples of this are going to the dentist or to the gynecologist. Both of these experiences can feel very intrusive for many trauma survivors and many of us have experienced flashbacks during these appointments. In these ways, the effects of trauma become a barrier to taking the best possible care of us.

Let us return for a moment to our definition of symptom management. Symptom management refers to a diverse set of skills and techniques that we use to ease the intensity of a symptom. It is taking the best possible care of ourselves so we are no longer harmed by our trauma. We can think of avoiding appointments with our doctors or dentists as one of the symptoms of the effects of trauma on our lives. Avoiding is one of the behaviors that we developed as a response to trauma. Learning to manage the overwhelming feelings we experience during these appointments is a form of symptom management. It is taking the best possible care of ourselves, by seeking the medical care we need to stay or become healthy, so that we are no longer harmed by our trauma. There are also some simple tools that many of us have found helpful in dealing with these experiences. The suggested readings offer suggestions for how to talk with your medical providers about the traumas you have experienced as well as techniques to help you get through a dentist or doctor's appointment.

Prioritizing Basic Needs

We have a variety of basic needs that are important to us. We might be homeless, struggling with a drug or alcohol use problem, feeling suicidal, dealing with flashbacks, and trying to be good parents. Sometimes one or more of our needs can prevent us from getting the other needs met.

For example, if we are really being affected by our drug or alcohol use, we may not be able to hold a job. We may lose our housing because of constant altercations with the landlord or because of the police being called frequently. We may lose custody of our children because we have not been able to care for them. If this is the case, our unmet needs for substance use treatment are preventing us from meeting other needs that are also basic for our survival and well-being.

On the other hand, if we are homeless or do not have adequate transportation, these unmet needs may prevent us from being able to schedule or make it to appointments with our mental health, trauma, or substance use providers. Trying to find affordable housing may be so stressful and time consuming that we do not have the time or energy to meet some of our other needs. If this is the case, then our unmet needs for housing and transportation are preventing us from meeting the rest of our basic needs.

Many of us have found it most helpful to have support systems, particularly formal support systems, that can help us find ways of meeting both our treatment and other types of basic needs at the same time. But, some of us have found that we really need to focus on meeting one type of need first, such as getting sober or finding housing, before we can focus on our other needs. Remember, you are the best expert on yourself. Trust yourself to know how to best prioritize your needs, but also remember to discuss your priorities with your therapist, care provider, and/or case worker, as well as with your support systems.

Stigma and Shame

In the last chapter, we discussed the importance of self-esteem. Many of us were repeatedly told by our abusers that we were “no good,” “ugly,” “unloved,” and responsible for the violence inflicted upon us. We began to believe in and “internalize” these messages over time. Low self-esteem, in turn, leaves us feeling perhaps we do not deserve to feel better. In a sense, the process of internalizing these terrible messages becomes an additional barrier to managing our symptoms.

Internalized messages can also prevent us from meeting our basic needs. Most of us have been labeled with one, if not several, mental health or substance use diagnoses. Oftentimes we have been treated differently than women who do not

Suggested Reading:

- *Discussing Trauma and PTSD With Your Doctor* by Pamela Swales and Joe Ruzek
- *Information on PTSD for Women's Medical Providers* by Erica Sharkansky
- *Afraid of the Dentist?* by Patricia Deegan

have these problems because people see our diagnoses before they see us. In this way, we often feel stigmatized, or branded, by these labels.

People do not always treat us in these ways because they want to be mean, rather they have often internalized many of the stereotypes that exist about mental illness and substance use. Some of these stereotypes are based on the assumption that persons with mental health or substance use problems are: “crazy,” “irresponsible,” “dangerous,” “manipulative,” “dumb,” “weak,” “liars,” “untrustworthy,” or “fakers,” just to name a few. Many of us have repeatedly heard that we are “just doing that for attention” or “being manipulative” by people that don’t have an understanding of how trauma has impacted our lives. When we hear these messages repeatedly, or feel that people are treating us differently because of our labels, we too begin to believe these messages about ourselves.

In this way, we feel the stigma of being a trauma survivor or of having a mental health or substance use problem—sometimes we may even feel that we wear a mark or brand that visibly identifies our problems to outsiders. When we internalize this stigma, we feel shame. We believe that there is a personal shortcoming that is responsible for our problems.

Both stigma and shame can prevent us from meeting our basic needs. Stigma often prevents us from meeting our basic needs because those in positions of power view us as undeserving (because they have come to believe the stereotypes). Shame prevents us from having our basic needs met because we have internalized these stereotypes and feel unworthy or undeserving. However, as we noted earlier, we can let go of this shame once we accept the fact that our problems are not a result of personal shortcomings. We developed these behaviors and emotions in order to survive. There is no shame in that! For more information about how stigma and shame affect our ability to meet our basic needs, please see the suggested reading.

Suggested Reading:

- *The Cause and Effect of Stigma and Shame* by Jessica Barton

Basic Needs Resources

Now that we have discussed many of the barriers that prevent us from meeting our basic needs, we would like to provide you with some tools to help you identify resources in your own community or county to meet your needs. In 2002, our staff at NPW created a resource guide of agencies and programs in Madison, Wisconsin and other areas of Dane County that addresses many of the basic needs we have been talking about, either for free or at very little cost. We want to share with you the steps we followed in developing this resource list so that you can do the same in your state, county, or local community, perhaps with the help of friends.

The process of developing these lists is rather simple, it just takes some initiative, determination, and perseverance. Below, we describe the steps we took to develop a list of low cost dental services in Dane County as one example you might want to follow:

- 1) First, we asked service providers and consumers we work with if they knew of any existing resource lists for low cost dental clinic services in Dane County.
- 2) We received one list from Catholic Charities, a local organization.
- 3) We found contact phone numbers for each resource listed on the Catholic Charities sheet and called their offices. When we talked to each of them, we explained that we were updating and expanding a resource list for our project, we had them verify the services offered, and we let them know which other resources we had listed and asked if they knew of any others we should add.
- 4) We followed up by contacting the additional resources to clarify services they offered, making changes and additions as necessary to the existing resource list.
- 5) We then called the United Way of Dane County's First Call for Help line, 2-1-1, (608-246-7548 for out of area or cell phone callers), explaining our purpose and inquiring about additional resources we may have missed.
- 6) We contacted additional resources suggested by First Call for Help and found out about the services they offered.
- 7) We continued making changes and additions to our existing resource list until we felt confident we had a complete, up to date, and finalized list of dental resources.

We found that the process of developing these lists was not only educational, but also empowering. While each of us had felt that we knew little about basic needs resources as individuals, the more people we talked to, the more we learned about where and how to get our needs met. We know you can do it too in your community. We wish you good luck in the process.

Some Closing Thoughts

We believe that trauma can have many serious effects on our lives, which we have discussed in the prior chapters. We do so with the goal of helping you examine and begin to deal more effectively with the adverse effects, while celebrating whatever good may have come from your experiences. This does not mean that this Study Guide is a replacement for professional therapy or treatment. Rather, it is a self-help tool.

We want to remind you that if the materials trigger thoughts, memories, feelings, or emotions that may be related to abuse or other traumas you have experienced, this can be a natural experience. If you find yourself feeling overwhelmed by your feelings or emotions, or find yourself physically reacting to what you are reading, we suggest that you seek professional assistance.

Please remember that the women who put this Study Guide together are just like you. We don't claim to be experts on anyone's lives but our own. If there is

anything in this Study Guide that you have found offensive or feel does not apply to you, feel free to disregard it. We included it because it was important to someone in our workgroup.

We hope that you have learned, or nurtured, compassion for yourself by reading the materials in this handbook. Whatever coping mechanisms we have used, or continue to use, we developed in order to survive the traumas we have experienced.

Finally, we hope that we have succeeded in providing you with hope for the future, hope that your own healing and recovery *are* possible. Remember, we have seen these changes in our own lives and believe that you can also affect positive change in your life by using the information and skills we have provided in this handbook. Taking the initiative to read these materials is already a step you have taken toward taking the best possible care of yourself on your journey to recovery. We are glad that you have chosen to join us on this journey. Remember, this is hard, but very rewarding work and each of us is worth it.

We turn to our final chapter on self-advocacy. We hope it offers you a final set of tools to care for, and advocate for, the things you most need to lead a full and happy life.