This manual is designed to help you provide trauma-informed peer support. But what if the women you work with don’t identify or even recognize themselves as “trauma survivors?” In this chapter, you will have a chance to think about how people come to recognize the impact of trauma on themselves and others. By examining potential sources of trauma in your own life, you will become aware of the ways in which the women you work with might have been affected by trauma, whether or not they talk about it.

IDENTIFYING AS A TRAUMA SURVIVOR

Everyone experiences pain and suffering, so how do you know if you have been traumatized? Often, when a person is experiencing violence—especially as a child—they have no way of knowing that it isn’t normal. An abused child may grow up believing that the world is a hurtful place, that they are unworthy and deserve whatever they get. They may feel uncertain of themselves and look to others to define what is “normal.” It may take a long time for them to realize that they have a right to be safe and happy, and even longer to develop the skills of self-care.

Even adults can have a hard time recognizing abuse and trauma. Many women who experience date rape, for example, are unsure how to categorize their experience. They might think because it wasn’t a stranger and he didn’t hold a gun to their heads, that somehow it didn’t “count” as rape. Or they might blame themselves for accepting the date. Women who experience violence at the hands of an intimate partner may see such events as an expected part of their relationship. Others may see certain types of violence as an unavoidable part of life in their family or neighborhood, something to be endured and not discussed. Sometimes women only begin to see themselves as abuse survivors when they get a chance to share their stories with other women.

Even when women recognize that the violence they experienced was wrong and was not their fault, they may find it very hard to talk about—especially if they have been silenced, blamed, or shamed in the past for speaking out. There may be cultural differences in how violence is defined and talked about. It is important to pay attention to how the women you support describe themselves, and to respect the language they use. There are different views and core values about self-identity, and some of these are culturally based. For example, one woman who has experienced violence may describe herself as an Asian woman, a parent, a daughter, and an advocate. When she shares her journey of healing from violence and emotional distress, she may not use terms like “trauma survivor,” not out of shame, but because these terms do not hold meaning for her. As peer supporters, we need to be clear about how we self-identify, so that we can be aware of when our views and experiences may be influencing how we understand the women we support. Specific strategies for holding a conversation about trauma will be discussed in later chapters, but it is important to remember that defining one’s own experience in one’s own terms is essential to healing.
Words do matter, and words that describe our identity matter a great deal. Many of the women you work with have received a psychiatric diagnosis at one time or another. For some, that diagnosis may be helpful, even comforting. For others, it is harmful and disturbing. The same thing holds true for people who have experienced violence and trauma in their lives. How they choose to talk about it—or if they choose to talk at all—is a very personal matter. It is important that peer supporters make it safe for women to share their experiences.

“Coming out” as a trauma survivor may have a profound effect on a woman’s identity. For example, women refugees coming to the U. S. after the war in Kosovo often defined themselves as “freedom fighters” injured in the struggle for liberation rather than as “rape survivors,” although most had been brutally raped and beaten by their captors. This had cultural significance for them as Muslim women and personal significance, giving a sense of meaning and purpose to their experience. Often, simply using the term “survivor” rather than “victim” can make a difference in the way people think and feel about what happened to them and how they envision the future. On the other hand, sometimes a woman chooses to use the term “victim”—for example, to emphasize that she was both powerless and blameless.

As a peer supporter, you play an important role in ensuring that people can choose the words they want to use to define and describe their experience and their identity and helping other people in the system respect those choices. But it is also your responsibility to give people space to look at what has happened to them throughout their lives and to begin to think about how those events might have impacted them.

TRACING TRAUMA IN YOUR LIFE AND THE LIVES OF YOUR PEERS

Take a few minutes to review the possible sources of trauma in your own life. Notice if there are potential sources of trauma that you have never considered before.

**Historical trauma.** We usually think of historical trauma as resulting from mass acts of violence against an entire group: slavery, or the genocide of Native Americans, or the Holocaust, or the internment of Japanese Americans during World War II. But it can also occur in more individual ways. If your parents or grandparents were immigrants, belonged to a religious group that was persecuted, or came from households that used extremely harsh physical discipline, you may feel the impact of the violence and trauma they faced even though you never directly experienced it. Think about your own family tree. Do you think you might have patterns of historical trauma in your family? Have you ever discussed it with anyone?

**Social violence.** Social violence such as ongoing poverty, racism, dislocation, or living in severely polluted or degraded environments can also have a traumatic impact over time. Have you ever experienced the impact of social violence? If so, do you think that it might have affected the way you think, feel, or act?

**Childhood trauma.** Children may be traumatized through emotional, physical, or sexual abuse; witnessing domestic violence; incarceration of a family member; family separation; physical or emotional neglect; gang violence; bullying (including cyber-bullying or “sexting”); or witnessing violence in the streets. Think about your own childhood. How many different types of childhood trauma did you experience? At the time, what did you think or feel about these events? Have you ever thought about the impact that these experiences might have had on you as an adult?

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Interpersonal violence. Adults, especially women, experience interpersonal violence in many forms, including domestic violence, rape and sexual assault, sexual harassment, workplace bullying, and experiencing or witnessing violent crime. Have you ever experienced interpersonal violence? Have you had an experience where you felt shamed or fearful or coerced into doing something you didn’t want to do, but weren’t quite sure if it “counted” as abuse?

Institutional trauma. Institutional procedures such as forced medication, involuntary commitment, transportation by law enforcement, and seclusion and restraint are often traumatizing. Medical interventions and certain aspects of routine institutional care, such as inflexible rules, authoritarian staff, and even the use of certain words or labels may be traumatic in less obvious ways. Think about your experience with institutions. Did anything ever happen that felt abusive? At the time, did you consider yourself as surviving a traumatic experience? Did the staff? Would you consider them traumatic now?

Other traumatic events. Natural disasters like Hurricanes Katrina and Rita, acts of terrorism like 9/11, and wars can affect us—even if we are not immediately present. Groups and organizations can also be traumatized by events such as a death or staff injury or even an unexpected layoff or reorganization. Have you ever experienced trauma from a natural disaster or war, either directly or indirectly? Has a group or organization you were a part of ever experienced a severe shock that affected you deeply? Have you ever thought about how these events affect your life?

Do you consider yourself a “trauma survivor?” Why or why not? What about the people you work with? Do you think they consider themselves trauma survivors? Why or why not?

THE POWER OF LABELS

In the following excerpt by Pat Deegan, she refers to herself, or is referred to by others, as “a schizophrenic,” “multiple personality disorder,” “an abuse survivor,” and “chronically mentally ill.” Consider the implications of each of these labels for Pat and for staff working in the system.

Before We Dare to Vision, We Must be Willing to See
by Patricia E. Deegan, PhD

. . . Stay with me. See with me. It is breakfast time. The same 6-year old girl is in the kitchen. Her mother is in a quiet but dangerous fury at this early hour. There is cereal on the table, some bowls and spoons strewn about. The other kids, dad, and grandma are in and out of the kitchen in the morning hustle to get off to work and school. The mother takes a bottle out of the cabinet. The 6-year–old child knows the bottle well. The mother removes a large pink pill from the bottle. The girl begins to feel ice cold in terror. A nausea grips her innards. The pink pills are amphetamines. Adult dosages of amphetamines. The mother places a bottle out of the cabinet. The 6-year–old child knows the bottle well. The mother removes a large pink pill from the bottle. The girl begins to feel ice cold in terror. A nausea grips her innards. The pink pills are amphetamines. Adult dosages of amphetamines. The mother places one pink pill on the table. It seems so big. The mother is afraid that someday the child may become fat. The mother is obsessed with this fear. She turns to the 6-year-old girl. “Here, take this.” The child’s eyes fill with tears. A hushed, whispered plea—“Please, not today. Please mommy, not today.” The words fall on deaf ears. No one hears. No one helps.

“Take the pill. It’s for your own good. I love you. You don’t want to get fat, do you. I love you. Take the pill. Here, try this . . . “ She takes a spoon and shows the 6-year-old how she will crush up the pill and make the big pill “go away” by mixing the powdered amphetamine in a small glass of milk. But the 6-year-old child already knows this trick—the milk is scary. “Drink it,” comes the command. Every fiber in her body

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screams against the order but she obeys. There is no choice. The liquid amphetamine slides down her throat and enters her stomach. Mommy is happy.

Everyone sits down and eats some cereal. Except for me, the 6-year-old girl. I go into an alcove in the living room. It’s small place with walls that are close enough to hold me in. And soon I begin to feel the rushes of adrenaline inside my body. I begin to whine quietly to myself. I pace around and around in a small circle. My heart begins pounding. I shake my hands in some spastic rhythm to somehow get the terror out. The drug is roaring through my body now. I feel like I am dying and I don't know if it will ever end. But I remain quiet, too afraid of what will happen if I make a noise, going around and around, shaking and heart pounding until my body quakes. And then I feel my body get so huge and it feels just like my skin has disappeared and nothing is there to hold me together and my skin just evaporates so that I no longer have an inside or an outside and I just come apart. I just disintegrate. I'm gone . . .

I was forcibly drugged with adult doses of amphetamines between the ages of 6 and 16. The “breakfast scene” as I described it happened more times than I can count. I was scared and no one soothed me. I was a child and no one protected me. I was visible but no one around me was willing to see or to say what was happening . . . And then I broke. When I was 17 and a senior in high school, I just broke—snapped into a thousand pieces that did not come back together again . . .

Come, dare to see with me: a female nurse approaching me with two cups of liquid. In one cup was clear liquid Thorazine and in the other orange juice. She poured the clear liquid into the cup with the orange juice. She told me to drink it. She said it was medicine and that it was good for me and that the orange juice would make it taste better. And I stiffened, and felt the cold chill and the nausea grip my bowels.

But I did not resist. I knew all about this. I drank the “orange juice.” The nurse was very happy that I drank it. That was on a Friday afternoon. I did not return to consciousness until Sunday evening when they roused me from my drug-induced coma. And when I woke up I found I was gone. I was gone again. I drooled and choked and walked like a zombie and passed out and I could feel nothing and think nothing and say nothing . . .

There seems to be a two-tiered caste system and service delivery system developing in the mental health arena. One set of services is for people we once called the “chronically mentally ill” and who we now refer to as the “severely and persistently mentally ill.” The second tier in this emerging caste system is the proliferation of specialized service, often in private hospitals, for survivors of abuse.

I have experienced this emerging trend on a firsthand basis. Between the ages of 17 and 39 I was labeled and treated as “a schizophrenic.” When they said I was “a schizophrenic,” the first thing I always got offered was drugs . . . But then after 16 years of being labeled “a schizophrenic” I got a new diagnosis during a hospitalization in 1988. Now I am labeled as having multiple personality disorder. And the change in how I am perceived by mental health professionals is extraordinary! Now everyone wants to know what my voices are saying! Now there are no particular drugs people think I should take. Now all the clinicians agree the treatment of choice for me is insight-oriented, long-term psychotherapy. . . . Of course the irony is that I have been the same person all along, no matter what diagnosis I carried.

Excerpted from keynote address, Dare to Vision Conference, July 14-16, 1994, Arlington, VA. Reprinted with the author’s permission. For more by Pat Deegan, see:

http://www.patdeegan.com/
CHAPTER SUMMARY: KEY POINTS

- Children who are abused may grow up believing the world is a hurtful place. It may take time for them to realize they have a right to be safe and happy, and to identify the impact of trauma on their lives.
- Adults may also blame themselves for the things that happen to them or minimize the impact of violence they have experienced.
- Even women who recognize the impact of trauma on their lives may find it difficult to talk about.
- Defining one's own experience in one's own terms is essential to healing. Women from different cultures may use different words and frameworks for talking about violence.
- Peer supporters play an important role in ensuring that people can choose the words they want to use to describe their experience and help other people respect those choices.

RESOURCES


Deegan, P. (1994). *Before we dare to vision, we must be willing to see*. Keynote presentation at Dare to Vision Conference, July 14-16, 1994, Arlington, VA.
