COMMUNITY RETRAUMATIZATION

Trauma Survivors Speak Out About How They Are Re-traumatized Within Community Mental Health and Substance Abuse Service Systems

From *"In Their Own Words: Trauma survivors and professionals they trust tell what hurts, what helps, and what is needed for trauma services"* (1997) Jennings, A. and Ralph, R.

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"With abuse, you suffer loss of soul, loss of self and loss of meaning"
"In the system, you must fight every day, every minute, to keep from feeling worthless - to keep your spirit alive" K.W. (Survivor)

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Community Re-Traumatizations

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In Their Own Words

I. Environmental Insults and Insensitivities - Re-convey Messages of Worthlessness and Inferiority

- Different bathrooms for clients and staff
- Professional has cup of coffee, does not offer one to client
- Keeping people waiting, sometimes for hours, or all night at ERs
- Assuming individual is willing to ride all day to get to clinic
- Humiliating and lengthy process of trying to get social security entitlements and other financial assistance- forcing person to live with no income, no housing, and to have to go to a shelter

II. Denial, Discreditation, Ignoring, Minimizing or Silencing of Abuse - Re-enacts Past Trauma

- "Professionals don't want to hear about or deal with sexual abuse"
- Casting doubt on the validity and seeking to discredit what the survivor says about her/his memories and experience of abuse is extremely traumatizing - and is exact replication of a most painful part of original childhood abuse experience.
- Failure to initiate discussion of sexual abuse sends message that such abuse does not occur or does not matter, confirms persons belief in the need to deny the reality of the experience, and maintains guilt and isolation of person.
- Conceptualizing recollections of abuse as psychosis, characterological manipulations, or oedipal fantasies colludes with the family's denial of the occurrence and impact of abuse, or with the victims sense of guilt and defectiveness.
- Results in misdiagnosis, misinterpretation and maltreatment
- fragmented memories and logical anger and fear get viewed as insanity
- accommodations developed to deal with the abuse and with the systems failure to address it, are labeled dissociative, psychotic, affectively disordered, inappropriately distrustful, etc. and are seen as pathology

III. Exerting Power and Control Over Client - Replicates Power Imbalance of Original

Trauma

- Exerting your will onto client in any way - "for their own good" - unless he or she has given you explicit permission in advance to do so. (ie. advance directive in case of emergency)

- Any behavior which does not demonstrate respect for the client's wishes and which deprives her or him control over the interactions: e.g.:
  - not asking permission before making a home visit.
  - arranging to ride in a car, or attend a recreational activity uninvited
  - forming treatment plans which impose perceptions and desires of others on client

- Foisting services on unwilling clients - risk creating atmosphere like that in which a controlling adult asks a vulnerable child to do something that the child knows she does not want to do, in effect replicating the very dynamics of the trauma itself.

- Insistence on being "in charge". Because abusers use power to threaten and intimidate victims, clients are wary of worker who has lots invested in being in charge. For some, any relationship in which a power imbalance exists may be reminiscent of the abuse relationship.

- Not recognizing the power imbalance inherent in staff/client relationship, especially between psychiatrist and client.

- A contract should be a two-way agreement. the way it is done, you do all the contracting - and they make no contract with you regarding what they will and will not do.

- Language of oppression: replicates abuse
  - My - that was an angry feeling
  - Remember, you've already lived through the worst
  - Nobody can hurt you now
  - Use of rhetoric, jargon, e.g.
    - the therapeutic "milieu"
    - your behavior is inappropriate
    - your affect is not appropriate
    - your affect is blunted
  - The therapeutic "we": e.g.
    - How are "we" feeling today?
    - We're going to have a nice bath now
    - We're going to eat something now
    - We won't have any negativity
    - My, we're in a hostile mode today
    - Shall we join the group?

- Withholding services

IV. Not Accommodating the Vulnerabilities of the Trauma Survivor - is Revictimizing

and Retraumatizing

- Placing perpetrators and victims in same groups, day programs, group homes, etc. Person stuck in same day program group as person she had protection order against. She protested and was rejected from group.

- This is often as important for the perpetrators (who are frequently survivors of childhood sexual abuse themselves) as it is for the victims

- Insensitivity to gender issues:
    - eg. Assigning male case manager to victim of male perpetrator (unless given permission)
    - eg. Assigning woman therapist when perpetrator was female or where woman is perceived as failed protector and target for rage.

- Involving family members without clients explicit willingness and permission

V. Housing Without Privacy, Control and Safety - Reenacts Abuse Environment and Is Retraumatizing

- Lack of secure, private sleeping space problem for survivor whose bedroom was violated by intruders in the past.

- Rules mandating when and where people sleep imposed by residential staff create a problem for survivor who learned only safe time to sleep is during the day, and that beds are unsafe places in which to sleep

- Housing in marginal neighborhoods where break-ins, rapes, and murders occur.

VI. Repression of Emotions - Hinders Recovery and Replicates the Abuse Mandate of Silence

- Expressing any intense feeling is viewed as dangerous behavior or "disruptive to the therapeutic milieu" - you are punished usually by take-down and being involuntarily committed

- Medicating any sign of powerful affect in person - causes affective numbing and contributes to survivors belief that her feelings are bad and dangerous and should not be felt.

- Prohibiting and punishing clients feeling fully and expressing powerful emotions of anger, pain, and sadness - is destructive of the process essential for recovery.

- Ascribing guilt and wrongness for emotions -

- "oh you shouldn't feel that way..."
- "its about time you got over it..."

- When person is in pain, trying to "fix" it, turn it off, make it go away.

- Unwillingness to just "be with" person in distress - be a witness. The essence of survivor is being alone with no witness.

VII. Being Pathologized and Blamed - Replicates the Abuse By Making It "Your Fault"

- Everything gets interpreted as "symptoms" of "mental illness", rather than as normal and creative responses to abnormal circumstances, like being raped at age 2

- Fragmented memories and understandable anger and fear of survivors get viewed as insanity

- Accommodations and skills developed by survivors to cope with the traumatic impact of the abuse, are pathologized and labeled dissociative, psychotic, affectively disordered, inappropriately distrustful, etc.

- "It hurts to hear myself talked about in pathological terms and to know I'm not seen as me, but as a disorder, a pathology."

- Attempts to struggle against hurtful power imbalances are interpreted as pathological and punished. eg:
  - "Case manager came to my house uninvited. I asked him to leave and he wouldn't, so I slammed the door. I got labeled "violent"."

- When you are trying to get help, you are said to be "playing angles" and "manipulating", eg:
  - being told "Its a game, cut it out"
  - being told, "We're not going to put up with the game plan"
  - "My arms were all cut up, and I had no sense of how or why it happened. I was labeled "borderline" and said to be playing games"
  - "I asked the same questions of two different staff members and was said to be manipulating"

- Staff commonly share client's trauma through countertransference, including feelings of anger, guilt, helplessness, fear, even dissociation. Often the client is blamed for these feelings and called manipulative.

- Telling the truth gets you punished.
  - "If I say I don't remember doing something, I'm accused of lying, manipulating, or of not being safe, so they lock me up"

- Calling a client "noncompliant", "treatment-resistant" etc. rather than taking responsibility for failing to better help him or her, or for not knowing what to do or how to understand.

- Accusing clients of "splitting" staff rather than staff taking responsibility for splitting themselves. Most of what passes for "splitting" is simply the person asking different people for what she/he wants, hoping for an alternative answer or an ally.

- "Your history follows you no matter what you do in the present. I only got assaultive one time and that was when they tore the head off my stuffed doll that I had had for a lifetime. Now providers tell me I'm dangerous and I terrify people. My history follows me"

    - "It hurts to read my records and see how I'm described- like some evil thing"

    - It tears down your self-esteem. I fight all the time to keep from feeling worthless.

VIII. Failure to Listen, Take Seriously, Learn From Survivors - Conveys Worthlessnes Replicates the Abuse

- We <u>know</u> what works for us and what we need, but no one will listen or take us seriously.

- Providers don't trust or respect what I've learned works from my experience.

- Providers won't do what I and my therapist tell them I need, because they say it "perpetuates the disorder", "encourages negative coping", and is "counter-productive toward therapy". They use jargon that makes no sense.

- Professionals look to others for information when I have the experience and I am there and can answer their questions with the most authority. Like I have nothing to offer.

- When you are physically ill or have a physical complaint, you are discounted, your statements are not taken at face value. Everything is made psychological and open to the interpretation of hidden messages, like making reality other than what it is. I would have an allergy and break into hives, and its viewed as psychological

- My reports when there are uncomfortable side effects of medication, are ignored

- I spent months at Sheppard Pratt Hospital and learned the medications that worked for me so I could still work on the trauma. The psychiatrist back home refused to give them to me. He would not respect what I told him worked for me

IX. Using Diagnosis as Labeling, - Shames and Stigmatizes, Replicates Abuse

- Problem with diagnoses, is it stamps you forever. With the labels, you lose credibility
- Having your identity taken away from you by being labeled "a schizophrenic", "a borderline" – hurts
- Being deprived of hope by being called "chronic" – hurts
- Clients are "named" - given diagnosis, marked as having behaved a certain way at one point. Once "named", 15 years can go be and client is still "named" and treated the same way. We need to educate people that situations and individuals can change
- Professionals have a "compulsive labeling disorder" (CLD). They should continually check in with themselves regarding how they are thinking about the people they are supposed to be helping.
    - Providers can't get past "borderline" stigma. The ER won't treat because you're "borderline". We can't help you because you're borderline. You can be suicidal and have overdosed, and you can't get help because you're "borderline".
    - I get discriminated against because of my diagnosis of borderline. I get refused treatment. I get thought of as difficult and unhelpable.
    - the label "borderline" is used by providers as such a weapon against the consumer that I may not diagnose it even if it is there.
    - Being labeled borderline - means "you are the problem".

X. Misdiagnosis Invalidates Experience Of Survivor - Leads To Maltreatment and Is Retraumatizing

- Diagnoses that do not recognize the possible role of abuse experience in the development of symptoms, may invalidate survivors' perceptions by releasing their families from responsibility for their pain. Disorder is conceived as intrinsic to the clients themselves rather than as having external roots. Again, victim is blamed.
- Misdiagnosis results in hurtful or not helpful medications and treatment.
- Misdiagnoses of Borderline and Schizophrenia deny and disconfirm the abuse experience. Survivors should be given diagnoses such as Post traumatic Stress Disorder or Dissociative Disorder, which not only characterize their symptoms but also correctly recognize the etiology.

- Denial of abuse as central to etiology, diagnosis and treatment, and disbelief in abuse related diagnoses - results in misdiagnosis and inappropriate or damaging treatment.
    - I was in system for 25 years and was not correctly diagnosed for MPD until 1991. I was diagnosed schizophrenic, borderline, obsessive/compulsive disorder, major depression, manic depression - all incorrect, all not my experience of myself.

    - Due to disbelief that MPD exists, clearly dissociative patients with trauma histories are misdiagnosed as partial complex seizures or temporal lobe epilepsy

    - Getting no response when I say I have DID and PTSD – hurts

    - Asking "what is your diagnosis", and if you say PTSD or MPD, recording something different than what you say – hurts

    - When they don't believe in DID, MPD, we must pretend to get into the hospital. We have to say we're going to kill ourselves, even when we're not.

- Denying and discrediting person's perception of self by:

    - eg. Saying there is no such thing as MPD

    - Ignoring or refusing to take seriously clients knowledge of diagnosis which reflects their experience of self as survivor of abuse. Persisting in assigning diagnosis client opposes.

XI. Lack of Mental Health Professionals Who Understand Your Experience and Can Help You - Leaves You Alone and Desperate As You Were As A Child

- I can't find anyone to work with who understands what is going on with me, who knows what they are doing and can help me work on trauma. Those who can don't qualify for Medicaid.

- Its hard to find psychiatrists who understand the physiological effects of trauma and who will work <u>with</u> you regarding meds.

- Sometimes its better to have no one at all then to be with people who don't know what they're doing

XII. Being Treated As If You Aren't Intelligent, As If You Don't Have a Brain - Conveys Inferiority and Replicates Abuse

- "I may be "crazy", but I'm not stupid!"

- You must not laugh or answer "incorrectly" when you are asked questions, or you will get into trouble. So you "think" your own answers in your head, for example:

    - "When you listen to the radio, do you hear voices?" (Not when I turn it off, depends on if the music is playing...)
    - The doc looks at his watch to see what date it is, then asks "Do you know what day it is? " (Yeah, if I look at your watch!)
    - "Do you have spiritual hallucinating?" (Thats the only way I stay on this planet!)

- You're treated as if you are at kindergarten to 2nd grade level intelligence, then are asked questions to prove your competency, like "how many oceans are there, how many continents?"

XIII. Using Helpful Techniques and Theories In Hurtful Ways - Replicates Childhood Abuse

- Being global in treatment, as if one recipe works for all. (Misuse of Linehans program)

- If you don't fit their latest favorite theory or program, you're out of luck

- Use of behavioral modification in a perverted, twisted way

- I didn't feel I had an identity as Mrs. Jones, so I asked to be called "Jennifer". They responded "No, we want to treat you with respect". But they needed to respect my way of asserting identity and control

XIV. Being Expected To Trust People Who Have Hurt Me or Who Have Allowed Others To Hurt Me - Replicates Relationship With Abuser And Those Who Should Have Protected

- I don't feel safe with people in a profession that has done so little about the oppression that goes on in every psych unit in this country. That does not bother about how humane their treatment is, inpatient and outpatient

- I don't feel safe where a culture of violence exists and is allowed to continue in public mental health institutions. Where abusers are allowed to keep their jobs and no one protests.

- I don't feel safe where human rights are always put aside.

- I don't feel safe where psychiatry maintains its extra legal power

- I don't feel safe where mental health professionals base what they do on belief in their own expertise and not on consulting with clients

- I don't feel safe when I've been abused in mental health settings and no one believed or helped me
    - Sexual revictimization of clients by mental health professionals. Recent study found 50% of clients had been sexually abused.

- As soon as I learn to trust someone in the system, they move to another job

- I got traumatized because of trusting people, so asking me to make a contract with you demands I trust you - which I can't.

XV. Being Afraid Of Being Hurt In Mental Health Services If I Tell The Truth - Reenacts Original Abuse

- In Crisis Services: feeling controlled, patronized, or scared that staff will do something to hurt me. ie: If I tell them that I'm not in control and not safe, are they going to lock me up? This is worst, because "freedom is all you have".

- I hide symptoms like hearing voices, so I will not be labeled schizophrenic.

- I cover up when people ask if I'm suicidal. Because they'll think you're going to kill yourself and then will commit you.

- I got off meds and felt I had come back to life. Two weeks later I went back to the mental health center and told them I was no longer taking meds. They then "noticed" I had opinions, and labeled me "opinionated and noncompliant". I shouldn't have told them

- Telling the truth about your feelings and thoughts will get you locked up, medicated, restrained. So you don't tell.

    - Confiding your intense feelings and needing to talk to someone about them, gets you carted off to the ER.

- Abuse or mistreatment within mental health agencies, staff and clients are scared to talk about it

XVI. Lack Of Privacy and Violation Of Confidentiality - Replicates Childhood Abuse

- What you tell the psychiatrist and other professionals is not kept private. Information

about client is talked about openly with other clinicians, treatment team members, etc. without the permission of the client. Psychotherapeutic intervention should be limited to relationship with trusted therapist.

XVII. Unrealistic Expectations : Being Set Up For Failure - Not Understanding Impacts Of Trauma

- Expecting me to achieve what I cannot possibly achieve. Expecting:
  - that you can "get better" fast
  - that you should "make progress" by going from one step to the next upwards, when recovering from trauma is a cyclical process.
  - that you succeed in voc rehab programs, placements, residential places, which don't accommodate for cyclical nature of recovery

- Being expected to "pull yourself up by the bootstraps"

- Being expected to be independent - to do for yourself, at times when you really can't because of new memories, flashbacks, overwhelming fear, etc.

  - Insisting a person contract for safety: in the presence of dissociation, even the most earnest contract can fail.

- Holding person responsible for things beyond his/her control

- Professionals need to accept their own limitations. They need to recognize that they can't "fix it", we have to do that. When they try to "fix" us and we don't get "better" according to their expectations Vs the reality of what we are capable of, they give up on us, or get angry at us, and don't want to work with us anymore.

XVIII. Professionals Who Have Not Dealt With Their Own Childhood Abuse -

- May be hurtful to survivors or threatened by them.
  - I could hear if she would say, "I think you should work with someone else, I can't deal with these issues."

XIX. Not Having Opportunities To Be Productive or To Help Others - Tears Down Self-Esteem and Exacerbates Sense of Being Worthless

- I'm kept away from helping others because I'm thought of as being mentally ill.

XX. Protocols That Make No Sense and Rules That Are Made And Changed Arbitrarily By Providers - Replicates Environment of Abuse

- Protocols cause you to avoid getting the help you need, out of fear.

- Suicide protocol that comes out a depression model, produces anger, and makes no sense to trauma survivor. Asking "Are you feeling safe? Do you have a plan? is meaningless. Of course you have a plan. I have several, one for Monday, one for Tuesday etc. If you are obsessed with killing yourself, your mind is on it all the time, because in 5 minutes you may not want to live.

- Being involuntarily committed when I just need someone to talk to.

XXI. 12-step programs are sometimes very shaming and retraumatizing for both male and female abuse survivors - May Replicate Abuse

XXII. Medical Procedures With No Understanding Of Trauma - Can Replicate Childhood Abuse

- GYN gave DNC without preparation or without knocking me out.
- Dentist forced my mouth open to work on my teeth – like oral sex

XXIII. Poverty Is A Set Up For Revictimization

XXIV. Distancing and Objectifying - Replicates the Original Abuse and Prevents Healing Relationship

- Beginning of "us and them" starts with training.

- Use of professionalism as a cloak, to keep distance from you - hurts.

- They look at you and treat you like you are a bug, an object. Clinical reviews, team meetings. You feel like a specimen on view. It frightens me that professionals, especially psychiatrists, are in this as a business. They are fascinated by people as "subjects".