Culture, Religion, and Lifespan Issues in Trauma Recovery
Trauma always happens within a context, and so does healing. To understand the impact of trauma means being acutely sensitive to the environment—to the conditions under which people grew up, to how they live today, and to the journeys they have taken along the way. This chapter provides basic information about how cultural considerations impact the meaning we make of our experiences and can affect both the experience of trauma and the development of peer support relationships. We hope to help you become aware of ways in which your own cultural experience may affect your attitudes and behaviors towards others. We will also explore how assumptions about others can affect peer support, and how services sometimes fail women of color, refugees and immigrants, people who live in rural areas, and women viewed as “different” because of sexual orientation, religion, or other cultural factors.

Racism and Cultural Biases
Culture affects every aspect of a woman’s life and identity. Culture determines views about seeking help: where to go, who to see, what is helpful. The assumptions made about culture can become barriers to working effectively in peer support relationships. For example, race can be the most recognizable aspect of a woman’s cultural heritage and can set the stage for how people work together, but many times the assumptions we make about race are wrong.

As a peer supporter, it is important to look at your own attitudes and behaviors. We all have stereotypes and misinformation about groups different from our own. It is common for these stereotypes to influence the work we do and the judgments we make about people.

If asked, most people would not identify themselves as racist or as participants in discrimination. However, they may tolerate existing disparities or be passive when witnessing injustice. Recent research suggests that about 85% of European Americans hold unconscious “aversive biases” toward people of color, even though they do not hold overtly prejudiced beliefs. These unconscious beliefs and feelings may affect your relationships and interactions with your peers, who may pick up these feelings even if you don’t!

Similarly, in the United States, European Americans and men experience “white privilege” and “male privilege”—benefits and advantages that result strictly from their social status. In her article, “White Privilege: Unpacking the Invisible Knapsack,” Peggy McIntosh identifies over twenty ways in which she has benefited from white privilege. Regardless of your cultural background, you may have benefited from an education, from having a steady job, or from having other forms of advantage. People who have always been in a favored position—whether it comes from gender, race, education, money, high-status jobs, or position within a group—may assume that they can do what they want without interference, and that the systems, structures, and rules of society are there to support them. Most people have some mix of privilege and disadvantage.

1 Many of the concepts in this chapter are drawn from work by Cathy Cave of Advocates for Human Potential, Inc. Some of her work can be found at http://www.unlimitedmindfulness.com/

Often, because people have grown up with certain advantages, they forget that they have them. Our position—in groups and in society—can create “filters” that determine how we see the world.

Acknowledging your own advantages and recognizing racial or other cultural biases may be difficult or feel shameful, but having honest conversations about these issues can help you to build effective peer support relationships. This is particularly important when working with trauma survivors, who are often skilled at detecting dishonesty and who have good reason to be attuned to issues of power and authority. Also, it is essential that you recognize any areas that create a sense of powerlessness in you, whether they are related to trauma or to discrimination. Topics that touch on your own history with oppression can be particularly challenging.

As a peer supporter, failure to recognize when you are acting from a position of power, or feeling powerless even though you have authority, can make you ineffective and may cause you to do harm to others in your peer support relationships. Your anger, frustration, or hurt may affect your ability to think clearly, stay respectful towards others, and act within the guiding principles of peer support. It is important to be able to say, “I can’t do this right now,” and just as important to return when you can to discuss the challenge.

Community Perspectives

We know from the research discussed in Chapter 1 that the impact of trauma and toxic stress accumulate over time, affecting every aspect of an individual’s life. Violence and trauma have similar effects on communities. In order to understand the experience of the women you support, it is critical to understand the communities they grew up in, as well as the communities they currently call home.

Historical Trauma

Maria Yellow Horse Brave Heart, a pioneer in the field, defines historical trauma as: “Cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma.” As a peer supporter, it is important to recognize that the people you work with may carry deep wounds from things that happened to their people, rather than or in addition to what happened to them as individuals.

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Many groups have a legacy of historical trauma. In addition to Native Americans, families of Holocaust survivors, and descendants of enslaved Africans, many cultural groups carry historical trauma—either from violence in their home countries or from what happened to them when they arrived here. For example, there are 24 Asian and 19 Pacific Islander ethnic groups in the United States, each with a unique history. Southeast Asians often arrived as refugees; Japanese-Americans may have been incarcerated in internment camps during World War II; Hawaiians and Pacific Islanders were colonized by the United States. Similarly, Latinos/Latinas in the United States trace their origins to 20 Latin American and Caribbean countries, Spain, and Portugal; their presence predates the Pilgrims and their history is replete with oppression and trauma. Members of many religious groups have also suffered persecution. Historical trauma, coupled with present-day racism, creates the context for many groups.

Historical trauma has a particularly devastating impact on women and children. Historical trauma, racism, and poverty combine to create health disparities and may contribute to high rates of interpersonal violence. For example, American Indian/Alaska Native women experience intimate partner violence at twice the rate of any other group, they are raped or sexually assaulted 2.5 times as often as others, and the suicide rate among children and youth is almost 300% higher than that of whites.4

Some people assume that the impact of historical trauma is largely in the past. But reactions to trauma and violence often become embedded in social behavior, while their original context may be forgotten. A parent who uses harsh child-rearing practices may be unaware that she is acting from a historical legacy, either from her culture or from her family. Similarly, “helping systems” that may seem benign to the dominant group may be deeply re-traumatizing to groups that have been persecuted in the past.

Gender, Culture, and Sexual Orientation

Women often face “multiple oppressions,” such as gender discrimination compounded by discrimination due to their racial or ethnic group, religion, sexual orientation, or poverty, as well as living with ongoing violence. While many of us may think of extreme violence as an aberration, for some women, violence is the norm. Hate crimes, racial profiling, and gender-based violence are still far too common. If the people you work with seem to be in a constant state of hyper-vigilance, remember that they may live in a state of chronic stress, which is itself a profound source of trauma.

Refugees, immigrants, and others who have been displaced face the additional stress of cultural dislocation, which can be severe. Women and girls from countries involved in war are likely to have significant violence in their backgrounds. Women and children now make up over 80% of all war casualties. Women are at high risk for torture, rape, and gender-based violence during war, migration, or in refugee settings. They may have experienced violence and trauma in their home countries, and the violence

often does not end at resettlement. For some refugee women, the stress of being in a new country—and not knowing if they might at any moment be sent back—is more traumatic than the violence they originally fled.

However, it is important not to assume that women are always victims. Many women overcome the most severe forms of violence and trauma with courage and strength, going on to become leaders in their communities. Sometimes women are reluctant to disclose the violence in their background because they fear that their identity will be overwhelmed by a pervading sense of “victimhood.” As a peer supporter, you can help overcome this fear by consistently responding to and acknowledging the personal strengths and the cultural identity of the women you support.

Unfounded fear and misinformation about sexual orientation is another source of potentially traumatizing discrimination, overt hostility, and violence. The Urban Justice Center reports that 30% of lesbian, gay, bisexual, transgender, queer or questioning, intersex, and two-spirited (LGBTQI2S) youth experience abuse or neglect from their families of origin; almost that many are forced to leave their families; and 100% of LGBTQI2S youth in NYC group homes report being verbally harassed. LGBTQI2S youth may also engage in high-risk behaviors known to be associated with trauma: They are twice as likely as straight youth to report binging on alcohol, smoking cigarettes, or using marijuana. They also are three times more likely to try other drugs (cocaine, inhalants, hallucinogens, depressants, stimulants), to have eating disorders, or to attempt suicide. Unlike many other cultural groups, LGBTQI2S women also risk losing contact with their family and support systems when they “come out.” For a woman of color, there will likely be support from her community to address race-based violence. But if she is a lesbian, she may quickly lose that support, leaving her isolated. For peer supporters, it is important to consider these aspects of oppression and talk with each woman about her experiences.

**Culturally Relevant Healing and Support**

Cultural competence involves using information from and about individuals and groups to transform our skills and behaviors to match the health beliefs and practices of the people we support. One of the most basic ways of providing culturally responsive healing and support is to ensure that the individual can interact in their language of choice. People have a legal right to an interpreter provided at no charge—a right that sometimes gets forgotten in peer support environments. It is important to be sure women know they have that right and to make it possible for them to participate in their own language. The United States Department of Health and Human Services’ Office for Minority Health’s Culturally and Linguistically Appropriate Services Standards and the website for the National Center for Cultural Competence can be helpful.

There are an infinite number of cultural considerations that can affect an individual’s identity and outlook. It may be where she is from that is most important: rural or urban, north or south, east coast or west coast. It may be her spirituality, values about education, or her ability to parent children. It could be that what is important today may be more or less important next time you meet. One vital thing you can do as a peer supporter is to assume nothing and to create space in your conversations for each woman to explore and define her own cultural identity.

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It is important for peer supporters to stay open and curious about someone else’s culture and experiences and to develop a habit to “check in” about cultural considerations regularly as part of developing peer support relationships. Staying curious allows for exploration of what has happened, what it means to the individual’s grieving, and what healing approaches make the most sense. Any “facts” you think you know about a cultural group should be checked with the person you are working with to see if they apply to her life. Most people are happy to tell you about their cultural experiences, beliefs, and values when you become a trusted support.

For example, in some cultures, the good of the family or the community is considered a higher value than the good of the individual. For people whose culture values individual empowerment, it may be challenging to remain nonjudgmental and supportive when women embrace values that appear not to be in their individual best interest. Finding a way to honor and respect the women you support, despite apparent differences, is fundamental to your role.

As a peer supporter, it is also part of your role to help women connect to culturally relevant supports and healing resources in the community. In your community, you may find resources that attract specific groups. For example, perhaps there is a women’s center, a community center that provides services for women and their children, or maybe a housing program for people who are homeless that offers a monthly Native American Healing Circle. Several of the Peer Recovery Centers mentioned in Chapter 3 serve a majority of people of color. These programs often incorporate healing rituals and social norms that are important to the community, like hospitality and authenticity. One program described their emphasis on learning how to be honest with each other, noting that “truth telling” might not have been the norm for some people during the time when they were actively misusing substances.

In remote rural areas, community resources may be scarce and hard to access. Women may live in isolated settings without access to transportation or to the Internet, confidentiality and anonymity may be difficult to maintain, and the impact of labeling may be magnified. Often, the general healthcare practitioner plays a key role as confessor, counselor, and problem-solver. Faith communities may play a significant role in organizing social, as well as spiritual, activities. In these situations, it is particularly important to offer opportunities for people to come together through safe, less stigmatizing activities such as art, writing, wellness, or children.

In some communities, specific resources exist for refugees and immigrants. There are close to a hundred ethnic community-based organizations called Mutual Assistance Associations (MAAs), in 25 states. MAAs are self-help groups that assist refugees in a variety of ways, providing cultural preservation and social activities, religious services, resettlement and social services, business and economic development, and advocacy and political action. All build on a mutual support model, connecting people with their peers, sharing resources and information, and encouraging integration and self-sufficiency.

NEW YORK ASIAN WOMEN’S CENTER (NYAWC)

NYAWC was founded in 1982 by a group of volunteers from the Asian community who recognized that Asian immigrant women had nowhere to turn when faced with domestic violence. They work to overcome violence and trauma by empowering women to govern their own lives. Currently NYAWC includes a multilingual hotline (with 11 different languages), shelter services, advocacy, a children’s program, and public awareness.

One special focus is on helping survivors of human trafficking to regain their freedom and recover from trauma. Project Free coordinates with law enforcement and legal services and provides emergency shelter, trauma counseling, and case management.

Human trafficking—modern day slavery—is the fastest-growing criminal industry in the world. An estimated 17,500 foreign nationals are trafficked annually in the United States, many of them forced into the sex trade. The majority of victims of human trafficking are women and young girls from Central American and Asian countries.

For more information, see: www.nyawc.org.

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In many communities, cultural healers are highly valued: shamans, natural healers, herbalists, medicine men, “curanderos” (folk healers), or others to whom people turn in the context of their own culture for help and healing. Music, dance, storytelling, and art may be deeply healing, helping people to reconnect with their own cultural traditions. You can also add a cultural dimension by encouraging the women you work with to learn more about their own history. Maria Yellow Horse Brave Heart and the Takini Network\(^\text{10}\) have developed an intervention to heal historical trauma by working through four stages: 1) Confronting the trauma and embracing history, 2) Understanding the trauma, 3) Releasing the pain, and 4) Transcending the trauma. In this model, understanding one’s history is a key to healing, because it helps people to become aware of

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**GRANDMA ETTA’S STORY**

As a child, I frequently dodged the bricks thrown by my elderly great-grandmother, a small, dark, wiry woman, as she guarded her front porch. By professional standards, Grandma Etta was probably mentally ill, suffering from extreme paranoia and an intense hatred of white people. On the days that I could get close to her, I could hear her muttering about blue-eyed devils, and her favor target of attack was a blond-haired, blue-eyed teacher who frequented my family’s restaurant, which unfortunately was attached to her house. In her mid-seventies, my great-grandmother was moved to a nursing home after it was determined that she was completely blind (and probably had been for some time). She died less than two weeks after being admitted to the nursing home. Her death did not surprise me because I could not imagine her being contained in any space that she did not control.

I was young then, wrapped up in my own life and struggling with the embarrassment I felt when people made fun of Grandma Etta by calling her “crazy.” It was years later that I began to look through boxes of family pictures and see the world of rural Missouri where she grew up. I really thought about the fairness of my grandmother’s skin and wondered if there was some connection with my great-grandmother’s hatred of “blue-eyed devils.” I visited her hometown many years later—afraid to get out of my car in this rural, white world—and wondered how her “paranoia” may have kept her safe in this hostile territory.

I start with my grandmother’s story because it reminds me of the importance of understanding a person’s history before judging behavior. Context is everything, and that is a poorly understood principle in the history of psychiatric treatment. Grandma Etta escaped the oppression of a psychiatric label and the treatments that are frequently imposed after the labeling process. Other members of my family, myself included, were not so lucky. I offer libations to Grandma Etta for escaping the bonds of psychiatric labeling and to my sister, Michelle Yvette Jackson, who was not so lucky and who committed suicide in June 1984 after a four-year struggle with depression and life.

— Vanessa Jackson, *Introduction to In Our Own Voice: African American Stories of Oppression, Survival and Recovery in Mental Health Systems*

**Discussion Question**

1. Discuss the various forms of trauma that occur in this story. How many of them were labeled as trauma?

2. Do you think Grandma Etta was paranoid? Mentally ill? Why do you think she might have hated the “blue-eyed devils” so much?

3. How did Grandma Etta’s experience affect her children, grandchildren, and great-grandchildren?
This model also encourages the use of traditional mourning and grieving ceremonies. The western concept of “trauma” may not make sense in all cultures, but every culture has ways of handling loss and suffering. Reclaiming these rituals and ceremonies can be deeply healing.

**Common Cultural Mistakes in the Trauma Field**

Below is a chart showing some of the most common cultural mistakes and alternative responses to the same situation. Read through the chart and consider how you can make your own peer support relationships more culturally sensitive. Notice that using these “alternative” responses can help you be more trauma-informed in your interactions with all the people you work with, not just those from other cultures.

<table>
<thead>
<tr>
<th>COMMON CULTURAL MISTAKES ABOUT TRAUMA</th>
<th>MORE CULTURALLY SENSITIVE APPROACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assuming everyone who has experienced violence needs professional help</td>
<td>Assuming people are resilient and giving them many opportunities to tell you if they need help</td>
</tr>
<tr>
<td>Focusing on the most extreme instances of violence as the most damaging</td>
<td>Allowing the individual to define what aspects of her experience have been most traumatic and recognizing that this may change over time</td>
</tr>
<tr>
<td>Assuming that violence is unusual, an aberration, and generally perpetrated by individuals</td>
<td>Recognizing that violence is perpetrated by groups and institutions, not only individuals, and may be so common that people become desensitized to it</td>
</tr>
<tr>
<td>Applying norms and standards of behavior without considering political and social context</td>
<td>Recognizing that political and social oppression may affect priorities and values; allowing the individual to define the meaning of what she has experienced</td>
</tr>
<tr>
<td>Relying on DSM diagnoses or lists of trauma “symptoms”</td>
<td>Recognizing that trauma responses are varied and that different cultures express grief and loss and understand trauma differently; learning how this person and her culture expresses distress</td>
</tr>
<tr>
<td>Assuming that one woman’s story represents the “typical” story for the group</td>
<td>Recognizing that “one woman’s story is just one woman’s story”</td>
</tr>
<tr>
<td>Inadvertently highlighting the stories of women that fit cultural stereotypes</td>
<td>Providing opportunities for many women to share their stories, and noticing what is unique; making sure many points of view are represented</td>
</tr>
<tr>
<td>Assuming that if people speak English, you don’t have to worry about an interpreter or translated documents</td>
<td>Recognizing that some topics are very difficult to talk about in anything other than your first language; knowing and acting within the law about provision of language assistance services</td>
</tr>
<tr>
<td>Assuming that people always (or never) want to tell their stories and that if people want help they will ask for it</td>
<td>Being aware that self-disclosure and help-seeking vary widely across cultures and may be dependent upon whether a woman feels safe with you; learning from each woman what her cultural norms and expectations are</td>
</tr>
</tbody>
</table>
CHAPTER SUMMARY: KEY POINTS

• Culture affects every aspect of a woman's life and identity, shapes how she makes meaning of her experiences, and often determines her view about seeking help: where to go, who to see, what is helpful.

• Acknowledging your own racial or cultural biases and having honest conversations about these issues is particularly important when working with trauma survivors.

• Historical trauma, coupled with ongoing racism and poverty, has a devastating impact on women and children.

• Women often face “multiple oppressions:” gender bias compounded by discrimination due to their racial or ethnic group, religion, sexual orientation, poverty, or conditions of ongoing violence.

• One important thing you can do as a peer supporter is to assume nothing and to create space in your conversations for each woman to explore and define her own cultural identity.

• As a peer supporter, it is also part of your job to connect the women you support to culturally relevant supports and healing resources in the community.
Spirituality is likely to be important to many of the women you work with. Some people talk about the importance of spirituality in their recovery, while for others, religion is a source of turmoil. Some are confused about the distinction between spiritual experiences and what some clinicians call “symptoms of religiosity.” Some don’t embrace a formal religion or consider themselves to be particularly “spiritual,” but wonder what it has to offer. Others might describe themselves as spiritual but not religious, and find spiritual connection through art or nature. Still others find that spirituality or religion plays no role in their lives of beliefs.

In this chapter, “religion” refers to an organized faith tradition with accepted theology, practices, and structure, while “spirituality” refers to an individual’s sense of connection with the wholeness of the universe. While there is some overlap between the two, there are also differences. Many people are not sure how to talk about religious issues, or are concerned that it might be a violation of the separation of church and state to bring the subject up in a public setting. Discussing religion requires considerable sensitivity, especially for people who have experienced religious abuse or for whom religion is a defining aspect in how they understand their experiences. This chapter will provide information, tools, and resources to help you address issues of religion and spirituality in peer support contexts.

Why is this Subject Important?
Chances are good that many of the women you work with have an active religious or spiritual life. According to the Pew Foundation, 87% of people in the United States define themselves as “religious” and 57% regularly attend a worship service.1 While most are Christian, roughly 44% have changed affiliation at least once. People who describe themselves as “spiritual, but unaffiliated” are the fastest growing group, especially among youth. For many people, religion or their own inner spiritual beliefs guide every aspect of their life.


SPIRITUALITY AND TRAUMA HEALING

As a very young child, I was quite ill and suffered from what I now know was medical trauma. I also grew up in a home with a parent who had a severe mental illness. These experiences were at the core of many traumatic events that continued to occur over time. When I reflect back on my life there were many things that contributed and detracted from my healing process. In my early adolescence, I was asking hard questions of my religious community. I wanted to know why things were so hard for me, why God could let me live in so much pain. I prayed for faith, for peace, for healing. I had conversion experiences and still the pain didn’t go away. I would have profound moments of connection with God and no way to sustain them, no matter how hard I prayed or how “good” I was. I searched in all types of spiritual communities. I began to experience peace only when I finally understood that it wasn’t religion that would save me but the spiritual quest of knowing and loving myself. I wanted the church to have answers, but I found that the answers were inside. Spiritual teachings were a way for me to get to know myself and to become comfortable in the universe. Through connections with other people and nature I found the connection to myself. As I began daily prayer and meditation, I began to make meaning of the things that had happened to me. Having a connection to my spiritual self has helped me bring all the parts of my life together; my willingness to learn to love myself has been the glue that holds it all together. Spirituality has helped me reframe my life from living through the lens of grief and loss to one of wonder and awe at the power of the human spirit, including mine.

– Cheryl Sharp
There is a long tradition of using religious and spiritual practices in recovery. In a recent survey of alternative recovery practices, the four most frequently reported practices were meditation (73%), massage (48%), yoga (33%), and prayer (28%). Many of these practices were originally associated with religious traditions. For example, many meditation techniques were developed by Buddhist monks, and yoga is an ancient Hindu practice. In recent years, these practices have been separated from their religious origins, and have been renamed “alternative coping strategies” or “relaxation exercises.” While they do affect the physical body, their original intention was to help people connect with the divine. People who are interested in these techniques should have the choice of pursuing them as independent coping strategies or studying them in the context of their associated traditions.

Religious communities can be a major source of community support. There are over 300,000 religious congregations in the United States, making them the most widespread of all social institutions. In fact, Americans are far more likely to turn to religious leaders than to behavioral health professionals for help in times of trouble. Because they are embedded in mainstream society, faith communities can play a significant role in helping women transition out of institutions. For example, they are often very effective in helping women reintegrate into the community after being incarcerated in jail or prison.

On the other hand, many people have been traumatized by religion, and religious communities have sometimes been damaging to people in recovery. There are often mixed messages about acceptance. For example, some religious communities proclaim that everyone is welcome, but shun those who are lesbian, gay, bisexual, or transgendered unless they change their identity and their behavior. Some churches have judged those perceived to have “mental illness” as being possessed by evil. Misunderstanding and discrimination against people who are different persists in many religious traditions.

People with psychiatric histories have written extensively about the beneficial impact of religious practices, and some see healing as a spiritual journey rather than a psychological or medical process. As we will discuss in Chapter 9, “making meaning” of what happened is a key aspect of recovery for many people. This process is often experienced as a spiritual journey or as a struggle to resolve deep philosophical questions. Several inspirational essays and articles written by people with psychiatric histories are listed in the resources section at the end of the chapter and can serve as an introduction to the topic.

Religion and spirituality can also be important in creating a culturally sensitive environment that respects all religious traditions of the members, as well as creating space for people who do not want to associate with any religion. While strong religious beliefs are not limited to particular racial or ethnic groups, there are major differences between groups in the form and meaning of religious expression. For example, in some African American communities, the church plays an extremely significant social role, dating back to slavery and the civil rights movement. It is very common for religious practices to interact with local cultural traditions, creating unique forms of religious observance tied to cultural identity.

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As a peer supporter, it is critical to be aware of the differences that exist within religious traditions. For example, a growing number of Hispanics practice a unique form of charismatic Catholicism which differs in many ways from Roman Catholicism.\(^5\) In Islam, as in Christianity, there are many different schools or traditions (including Sunni, Shi’a, Sufism, and others) and the form of Islam practiced in many parts of Africa incorporates beliefs and practices of indigenous African traditions. Newcomers to the United States may be accustomed to societies where church and state are not at all separate, and they may want to bring religion into peer support relationships in ways that are unfamiliar to most of us. As peer supporters, you need to be curious about the women you encounter and partner with them to understand the role spirituality or religion has in their life. Learning about the religious and spiritual beliefs and concerns of the women you work with is an essential part of becoming culturally sensitive.

**Raising the Issue**

Many people find it healing to talk about their religious or spiritual beliefs and experiences and, by creating a safe environment for people to discuss these issues, you can serve as a resource to help women explore and heal from past trauma. Some people are concerned about violating the principle of separation of church and state, but as long as you do not promote one religion over another or allow your personal beliefs to cloud your ability to offer peer support, you will not be in violation of the “separation clause” of the Constitution.\(^6\) In fact, the Joint Commission on the Accreditation of Healthcare Organizations mandates that the spiritual component of a person’s life be considered in health care. People who have experienced trauma deserve to have every potential resource for healing made available to them. It’s like any other issue—all you have to do is ask.

Even so, many people are uncomfortable with this topic. Very few people other than religious leaders receive training in how to talk about religion. Many people using behavioral health services have learned to avoid the subject altogether, since professionals are sometimes uncomfortable with discussions of these topics. Some fear that mentioning the topic could “destabilize” an individual.\(^7\) In a peer support context, however, it is important to see people’s experience not as sick or symptomatic, but as part of being human. From this perspective, it really doesn’t matter if a particular belief is “rational” or “true”—if it has meaning to the individual, it is worth exploring.

People have a wide range of emotional responses to religious and spiritual concerns. For some people, their higher power (whether they call it God or something else) is a benevolent, forgiving, and healing force. Others may focus on the harsh, critical, or punishing aspects of God. People who have experienced violence and trauma may come to question their faith, or their faith may be strengthened. As a peer supporter, your role is to accept the person’s belief system as valid for them, to be open to the different ways in which people explain their own suffering, and to help them find within themselves the beliefs and practices that are most healing.

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\(^{6}\) The “Establishment Clause” of the First Amendment states that “Congress shall make no law respecting an establishment of religion.” This is usually interpreted to mean that the government (construed broadly) is prohibited from establishing a national religion or aiding one religion over another.

Avoiding Re-traumatization

As a peer supporter, you may encounter individuals who have been traumatized by religious practices and it is important for you to know how to engage in healing dialogue about this subject. As we discussed in earlier chapters, one of the most fundamental principles of trauma-informed practice is to be constantly vigilant about possible sources of re-traumatization. One of the first things you need to do is to put aside your own religious or spiritual beliefs, even beliefs that have become so much a part of your worldview that you don’t think of them as spiritually based. For example, the statement that “everything happens for a reason” may seem obviously true to one person, but be deeply offensive to another. We will discuss some ways to do this in the next section.

It is important to remember that some of the women you work with may have been directly traumatized by religious practitioners. Since 1983, repeated clergy child sexual abuse scandals have rocked institutional religion in the United States and across the globe. Catholic Church experts estimate that 6-12% of all priests have engaged in illegal sex with children under the age of 16, affecting hundreds of thousands of children. Sexual abuse of minors has also been reported in a wide range of other organized religious and spiritual communities. In some American Indian and other indigenous communities, entire generations were traumatized by being removed from their homes and sent to religious schools where abuse was the norm.

Sexual abuse committed by religious leaders is a lot like incest—it involves the betrayal of a beloved and trusted authority figure. But it also involves a misuse of spiritual power, and it involves fear, awe, and respect for clergy based on religious faith and training. The results can be devastating. Religious communities often deny the abuse, attempt to cover it up, or blame the victim. This can result in an acute sensitivity to authority figures, to cover-ups, and to the abuse of power, wherever it occurs.

While much media attention has focused on clergy sexual abuse of boys, girls and women are frequently victimized. Religion is sometimes used to justify child abuse or domestic violence. Abusers may act without consequences because they are part of a hierarchical structure that endorses their position of power and/or relegates women to prescribed roles. Some of the women you work with may have been coerced into religious practices by families or religious schools. Others may have experienced distorted versions of theology. For example, the concept of surrender to God or a higher power can easily become submission to authority, forgiveness can be used to excuse abuse, and suffering itself can be justified as spiritually desirable. While some women may have found support in religion to overcome trauma or to leave abusive situations, it is critical for a peer supporter to be alert to ways in which women may have been harmed.

As we discussed in an earlier chapter, a trauma-informed peer support environment will always be cautious about any trappings of power or authority. Introducing religious or spiritual material into peer support environments must be handled with caution. The use of sacred texts, practices, or symbols; working directly with clergy or spiritual leaders; or being in environments with incense, candles, stained glass windows, prayer rugs, or religious music are all potentially re-traumatizing. No religious or spiritual elements should be introduced in a peer support setting without asking permission from everyone who might be affected.

It is important to remember that some of the women you work with may have been directly traumatized by religious practitioners. Since 1983, repeated clergy child sexual abuse scandals have rocked institutional religion in the United States and across the globe. Catholic Church experts estimate that 6-12% of all priests have engaged in illegal sex with children under the age of 16, affecting hundreds of thousands of children. Sexual abuse of minors has also been reported in a wide range of other organized religious and spiritual communities. In some American Indian and other indigenous communities, entire generations were traumatized by being removed from their homes and sent to religious schools where abuse was the norm.

Sexual abuse committed by religious leaders is a lot like incest—it involves the betrayal of a beloved and trusted authority figure. But it also involves a misuse of spiritual power, and it involves fear, awe, and respect for clergy based on religious faith and training. The results can be devastating. Religious communities often deny the abuse, attempt to cover it up, or blame the victim. This can result in an acute sensitivity to authority figures, to cover-ups, and to the abuse of power, wherever it occurs.

While much media attention has focused on clergy sexual abuse of boys, girls and women are frequently victimized. Religion is sometimes used to justify child abuse or domestic violence. Abusers may act without consequences because they are part of a hierarchical structure that endorses their position of power and/or relegates women to prescribed roles. Some of the women you work with may have been coerced into religious practices by families or religious schools. Others may have experienced distorted versions of theology. For example, the concept of surrender to God or a higher power can easily become submission to authority, forgiveness can be used to excuse abuse, and suffering itself can be justified as spiritually desirable. While some women may have found support in religion to overcome trauma or to leave abusive situations, it is critical for a peer supporter to be alert to ways in which women may have been harmed.

As we discussed in an earlier chapter, a trauma-informed peer support environment will always be cautious about any trappings of power or authority. Introducing religious or spiritual material into peer support environments must be handled with caution. The use of sacred texts, practices, or symbols; working directly with clergy or spiritual leaders; or being in environments with incense, candles, stained glass windows, prayer rugs, or religious music are all potentially re-traumatizing. No religious or spiritual elements should be introduced in a peer support setting without asking permission from everyone who might be affected.

Art is a spiritual medium—a means of learning to appreciate and work with the emotions that afflict us. We can take our blackest depression, and smear it on the page for all to see. We can draw out our anger with sharp lines and angles, and put it into a design with the cloud of the depression. Added to that, we can portray our deepest yearnings with waves of color. If we allow ourselves to express these feelings honestly and creatively, our work will at the same time reflect our pain and become something beyond it, something good and beautiful. We can take the actual cause of our suffering, the conflicting emotions and, by expressing their essential qualities, transform them into liberation.

— Sally Clay, Transforming Poison

www.sallyclay.net
Creating a Safe and Inclusive Environment

One of the most essential things you do as a peer supporter is create a safe and inclusive environment. When it comes to religion and spirituality, it is important to make sure that people of all faith traditions and spiritual paths, as well as those who are not religious or spiritual, feel welcome and respected. It is important to establish some ground rules when opening this conversation, including:

- No proselytizing (trying to convince people to endorse a specific religion).
- A non-judgmental attitude is essential. Regardless of what you might have been taught in your religious upbringing, while in the group, the assumption is that no religion or faith tradition is better than another.
- Atheists and others who do not believe in God or a higher power are welcome to reflect their own philosophy of life.
- Differences in belief and practice, like other forms of diversity, are something to learn about and celebrate, not to avoid or ignore.
- Every person’s experience is unique and important. People need to feel free to express both positive and negative experiences with religion and spirituality without implying that others should feel the same way.

One way to help establish a safe and inclusive environment is to make sure that the women you support are the ones making decisions about what spiritual activities they engage in. Of course, you also need to ensure that nothing occurs in a group setting that is offensive to anyone. The arts are one way to help people explore their inner dimensions. People can write about their personal spiritual journey, or draw their lifetime spiritual “timeline” or “map” using whatever art supplies are available. In drawing their maps, people portray their spiritual journey visually, illustrating key turning points (like getting baptized or initiated, engaging in religious study, joining a group, or having a particular inner experience). They can also illustrate the relationship between their spiritual journey and other aspects of their lives, including trauma healing. All of these techniques allow the individual to explore their spiritual experience and, if they choose, to share it with the group in a nonjudgmental way.

Connecting with Religious and Spiritual Supports

Many possibilities exist for incorporating religious and spiritual practices into the trauma healing process. All of the world’s religions and “wisdom traditions” offer important insights about suffering and healing, and many include concrete strategies for managing thoughts and emotions. The first step is to become familiar with the resources in your community and to discuss with the women you support whether or not they want to explore spirituality and, if so, how. A number of spiritual tools and practices are listed in the sidebar. Helpful materials can be found in many communities and online. For example, the Capacitar website has instructional materials for a variety of healing techniques based in indigenous religious tradition—and they are available in 13 different languages (see Resources).

While some of the women you work with may choose to discuss their religious and spiritual issues with you or with their peers, others may prefer to develop relationships with religious teachers or faith groups in the community. They may want the support of a like-minded community outside the human service system, be comforted by the traditional rituals and environment of an organized religious setting, or seek wisdom from acknowledged spiritual teachers. Helping the women you support to establish a faith connection in the community—perhaps with a local church, synagogue, ashram, mosque, or traditional healer—is an important step in community integration. Although all faith traditions deal with suffering, many religious leaders are uncomfortable with extreme states and may need some coaching on how to work effectively with trauma survivors. If possible, see if you can develop a partnership where you can learn about the wisdom within the religious tradition and, at the same time, teach the faith community about trauma-informed care. Several resources listed below can assist in helping religious leaders become more trauma-informed.

9 “Wisdom tradition” is a term used to describe the inner core or mystic aspects of a religious or spiritual tradition without the trappings, doctrine, and power structures that are associated with institutionalized religion.
SPIRITUAL TOOLS, PRACTICES AND RESOURCES

MEDITATION. Many forms of meditation are available, and teachers and ongoing meditation groups exist in most communities. Some are associated with Buddhist centers and others are unaffiliated. Meditation is simple to learn, can be practiced alone or in a group, and has been shown to be helpful in managing stress and intense emotions.

CHANTING, DRUMMING, MUSIC, DANCE. Many spiritual traditions use rhythm and repetitive movements to help people connect with the divine or other forces, in part by controlling unwanted thoughts and emotions. Mantras or sacred phrases, circle dances, and drumming are often used in indigenous religions and in the mystical traditions of Hinduism, Christianity and Islam. “New Age” and unaffiliated teachers also give instruction in these techniques. Religious music such as hymns can also be deeply healing.

YOGA, T’AI CHI, BREATHWORK. Many trauma survivors benefit from practices that focus on the body, like yoga, t’ai chi and breathwork. Yoga is based in Hinduism, T’ai Chi comes from Taoism, and the breath is of fundamental importance in many religious traditions. Teachers can be found in most communities, and there is a growing body of evidence that these practices are effective in stress management and trauma healing.

STUDY OF SACRED TEXTS. Reading sacred texts as a source of ancient wisdom is a fundamental practice in the Abrahamic faiths—Judaism, Christianity, Islam and the Druze religion—which are also called the “religions of the book.” Studying the Torah/Bible/Koran can be done individually or in a group, with or without a teacher. For many people, it can be deeply healing. For people who consider themselves to be “spiritual but not religious,” a huge variety of more modern writings on spiritual healing exists.

TRADITIONAL HEALING. Traditional cultural healers can be powerful additions to the peer environment, particularly if you serve women who are newcomers to the United States or who are deeply embedded in a particular cultural tradition. Making connections with traditional healers can help the peer program to become more culturally sensitive.

PRAYER, SPIRITUAL SERVICES. Individual prayer is helpful for many people, as is attending services at a church, synagogue, mosque or temple of their choice. Women should be encouraged and supported in these practices. However, if they want to do group prayer or hold a religious service within the program, make sure that there are options for other faiths. The same thing holds for observing religious holidays—if you decide to celebrate Christmas as a group, make an effort to also observe key holidays of other major faiths.

NATURE. For many people, connection with the divine can be felt most strongly in nature. Nature walks, retreats, or simply spending time in a beautiful place is often deeply healing. As a peer supporter, you can make sure that people have opportunities to spend time alone in nature or even arrange for group ceremonies or rituals in places of natural beauty.

TWELVE-STEP GROUPS. For some people, twelve-step groups provide an essential spiritual grounding in a higher power. A variety of groups and locations are available in most communities. Twelve-step groups can be effectively used either as a substitute for or as an adjunct to traditional religious practice.
CHAPTER SUMMARY: KEY POINTS

• Chances are good that many of the women you work with have an active spiritual life, considering themselves either “religious” or “spiritual.”

• Many common trauma healing practices were or are associated with religion or spirituality, including meditation, massage, yoga, and prayer.

• As long as you do not endorse one religion over another or allow your personal beliefs to interfere with your ability to offer peer support, you will not be violating the principle of separation of church and state if you are involved in discussions about spirituality or religion in the context of peer support.

• It is important to be vigilant about possible re-traumatization in discussions of religion and spirituality, since some of the women you work with may have been traumatized by religion.

• Some of the women you support may choose to discuss their religious and spiritual issues with you or with their peers, and others may prefer to develop relationships with religious teachers or faith groups in the community.

• It is important to recognize that, for many people, religion or spirituality plays no role in their lives, and that must be honored and respected.
TRAUMA-INFORMED PEER SUPPORT ACROSS THE LIFESPAN

As a peer supporter, you are likely to encounter women from across the lifespan—from adolescents to elders. While the basic principles of trauma-informed peer support remain the same, the experiences of youth and older women may differ significantly. Women of different ages are vulnerable to different forms of trauma and their trauma histories may affect them in different ways. Their experiences and needs may also be affected by the defining events and prevailing norms of their generation. Regardless of your own age, it is helpful to be alert to ways in which your relationships can be affected by age. This chapter provides an overview of developmental, generational, and inter-generational issues, as well as suggestions for specific peer support strategies for working with women across the lifespan.

Developmental Issues

The impact of violence is determined in part by the developmental stage at which it occurs. Unfortunately, violence against children in our society is extremely common. A recent survey showed that 60% of all children 17 years or younger experience some form of direct or indirect (witnessed) violence in a given year.¹ Children who experience trauma at a very young age, when the primary developmental task is to develop trust, may have their sense of safety shattered or develop problems with attachment. Adolescent girls who are raped may come to fear or avoid intimate relationships. For women who are trauma survivors, the violence they experienced may become the pivotal point in their lives, around which the rest of their lives are organized. Or, it may be forgotten or repressed, only to reappear later in life when new challenges emerge. Older women who experience trauma may find that it compounds a sense of isolation and powerlessness.

Younger Women

For adolescents and young women, the development of sexual identity and the formation of intimate relationships are two critically important developmental milestones. Childhood abuse, especially sexual abuse, may be a barrier to developing intimate relationships. This period of development is also fraught with the possibility of violence and trauma (see sidebar). Girls who have experienced childhood abuse are particularly vulnerable. Adolescent girls need to be informed about dating violence, date rape, and abusive power tactics in relationships. They also need to understand the role of alcohol and other substances in interpersonal violence, particularly since trauma survivors often turn to substances as a tool for coping with the consequences of their abuse. For example, a high percentage of rape victims are intoxicated at the time of assault; many perpetrators use alcohol or drugs to incapacitate their victims.² Many helpful resources are available online, including documents like a “Dating Bill of Rights” and guidelines for dating safety (see, for example, the National Center for Victims of Crime).


GIRLS ARE AT RISK

- One in three high school girls will be involved in an abusive relationship.
- Forty percent of girls ages 14 to 17 know someone their age that has been hit or beaten by a boyfriend.
- Teen dating violence most often takes place in the home of one of the partners.
- In 1995, 7 percent of all murder victims were young women who were killed by their boyfriends.
- One of five college females will experience some form of dating violence.
- In a survey of 500 women ages 15 to 24, all participants had experienced violence in a dating relationship.
- One study found that 38 percent of date rape victims were women aged 14 to 17.
- More than 4 in 10 incidents of domestic violence involves non-married persons.
- Teens identifying as gay, lesbian, or bisexual experience the same rates of dating violence as youth involved in opposite sex dating.

Girls and young women who are lesbian, bisexual, transgendered, intersex, or who are questioning their sexuality may face additional social discrimination and exclusion, or may be targeted for violence. Well-intentioned efforts to address trauma and prevent sexual violence—like separating residential units, showers, or bathrooms by gender—may overlook the possibility of same-sex violence. Young women who have been diagnosed with psychiatric or substance abuse disorders, or who have been in the foster care or juvenile justice systems, may face overwhelming isolation and multiple sources of discrimination. For girls with these experiences, peer support is particularly crucial.

Young women are also vulnerable to other forms of interpersonal violence, such as bullying. While the stereotype of a bully is a larger boy, girls with trauma histories may end up either being bullied or bullying others. Peers who are supporting young women should be familiar with the many resources available on girls and bullying.3

Young women also face the formidable challenge of becoming more independent by leaving home to attend college or to begin a job and a career, entering new environments where power dynamics need to be negotiated. If the women you work with are moving into the world of work—whatever their age—they might want to consider the “triggers” that they may encounter. For example, a boss, a room, or a smell can unintentionally bring back memories of trauma and abuse which occurred at the hands of an older person in a position of power.

Additional challenges for young women may arise in partnering. Making a life commitment to a partner may be difficult for a woman whose ability to trust and form intimate relationships has been affected by trauma. If one of her parents was abusive, she may find herself being triggered by her in-laws or other new parental figures. If they resemble her abuser in any way, the possibility for re-traumatization is high.

For some sexual abuse survivors, getting pregnant, giving birth, and raising children may be both the biggest challenge and the biggest blessing of their lives. Every aspect of gynecological care and parenting may be re-traumatizing, from pelvic exams to delivery to breastfeeding. Women who grew up in families or communities where abuse occurred may be highly motivated to break the intergenerational cycle of violence, but they may need help in doing it. Trauma survivors may not have had good role models for effective parenting and may need to learn the basics of how to support and nurture their children. They may have difficulty bonding, even with their own child. They may have trouble with certain aspects of child

3 See, for example, the National Crime Prevention Council’s website: http://www.ncpc.org/topics/bullying/girls-and-bullying
rearing, such as discipline; being firm and setting limits can easily remind a trauma survivor of “discipline” that was abusive. And they may be so fearful of losing their children that they avoid reaching out for help, especially if their own childhood included separation or abandonment. Finally, it is not unusual for a child’s behavior to bring back memories of long-forgotten or repressed abuse, especially as the child approaches the age at which the abuse happened.

Despite these challenges, raising healthy and happy children can be a deeply healing and rewarding experience. Unfortunately, too many trauma survivors lose custody of their children due to lawyers and courts that are not trauma-informed. If the women you support have children—or want children—there are many resources available that can help them to be the best parents possible. For example, the nationally recognized TAMAR (Trauma, Addictions, Mental Health, and Recovery) program provides information on trauma, the development of coping skills, pregnancy and STDs, sexuality, and role loss and parenting issues.

Other women may be unable to have children due to the trauma they experienced, which may cause deep grief and mourning. As a peer supporter, you can be there as a witness to the grief and to help women find ways to move forward despite their loss. For example, you may be able to help find other ways to be an important adult in the lives of children, for instance as an aunt, a godmother, or caregiver for a friend’s children.

**Women at Mid-life**

Mid-life—generally considered the period between 40 and 60—is a time when many women come into their own, feeling grounded, independent, and satisfied with what they have. However, while some women experience a new sense of adventure, for others, especially those with few resources, mid-life may be a tumultuous period. It is a time of personal reassessment, shifting relationships, and physical changes. Parents may die or become dependent, children may leave home, and intimate relationships may come to an end. All of these events can have particular impact on women with trauma histories.

Health problems that women were able to ignore in youth may now demand attention. Many sexual abuse survivors avoid routine preventive services, such as gynecological and dental care, and women in mid-life may find themselves facing invasive exams (for example, mammograms, colonoscopies, and rectal exams).

Respiratory problems and chronic pain—both related to adverse childhood events—may also become harder to ignore as aging occurs. As a peer supporter, you may want to help the women you support find health care providers who are trauma-informed, or role-play ways of minimizing the re-traumatization of a physical exam.

Women who enter peer support in mid-life may also be in the process of reviewing their lives for the first time in decades. They may voice a sense of disappointment, loss, or grief over years spent abusing substances, in institutions, or in destructive

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**Doing a Life Review**

A “life review” is one way to put experiences in perspective. It can help people to examine the trauma that has occurred over their lives and to reassess or reshape its meaning. The following questions can be used to start the conversation.

**Have you lived a good life? Do you consider yourself a good person?**

What things did you consider in answering these questions?

Is this list different that it would have been when you were younger?

**Where do your views come from?**

Think about the negative things that happened in your life. Did anything good come out of them?

Is there anything in your life about which you have felt ashamed, embarrassed, or guilty? Have your feelings about these events changed over time?

**What things are you most proud of?**

Are there any things you would like to do that would make your life feel more complete?

**What new directions might you take from here?**

(Adapted in part from Judith Lyons, 2008)

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relationships. Both situational and hormonal changes may trigger the emergence of old memories. However, the remembrance of old traumas can be healing, if it is done in a spirit of reflection; taking stock of one’s life; and developing new directions, relationships, and activities. A peer supporter can help by encouraging women to focus on their strengths and survival skills. The sidebar on “doing a life review” illustrates one possible set of questions to start the discussion.

Elders
With age often come experience and wisdom, and many women find themselves enjoying new freedom as family and work responsibilities diminish. Others may face new struggles, such as living on a fixed income, being alone, or raising grandchildren whose own parents are not in a position to parent. As we age, coping strategies that worked in the past may not work as well anymore. Developmental milestones or the circumstances we find ourselves in as we get older may remind us of traumas that we thought had long been put to rest. Elders are also at risk for abuse at the hands of family members or caretakers. Peer supporters need to be alert to the signs of elder abuse and be prepared to intervene, if necessary. These life changes can provide challenges to peer support relationships, but they can also provide new opportunities for healing.

Slowing down is a natural part of the aging process. For trauma survivors who have used active physical coping strategies, like physical exercise or staying busy at all costs, new physical limitations may unleash old trauma responses. Some trauma survivors literally work themselves to exhaustion in order to sleep through the night, and slowing down may cause sleep disturbances or intrusive nightmares. Even retirement can be a problem, as newfound leisure time allows old thoughts and memories to surface.

The aging process may recreate conditions that surrounded the original trauma, such as dependency, isolation, or weakness. Women institutionalized in nursing homes may be re-traumatized by rigid rules and hierarchical structures, especially if their original trauma occurred in an institutional setting. The onset of dementia can also contribute to this process. Sometimes, traumas that were long forgotten or repressed come to consciousness for the first time as people begin living more and more in the past. It is important to honor these revelations and not dismiss them as a product of a failing memory.

Aging may also bring significant changes in family relationships and responsibilities. When a woman becomes a grandmother or a great-grandmother, or as she begins to prepare for the last stages of her life, there is a natural tendency to look back and consider her legacy. She may become acutely aware of how her own actions and experiences have affected her children and grandchildren. In whatever ways the women you work with approach the process of aging, it is likely to be both a challenge and an opportunity for healing.

Generational Issues
Has anyone ever asked you where you were when JFK or MLK was assassinated? Or when the Berlin wall came down? Or on 9/11? Are there particular personal or social milestones that you use to measure your life? It is common for people to divide their lives into periods marked by major events. To understand the women you work with, it is important to understand the historical circumstances in which their lives unfolded.

An obvious generational difference between women who grew up in the 1930s-1960s and those who grew up after that is the status of women in society and the accepted norms of behavior for women and children. Earlier generations often believed that one should tolerate whatever your parents did to you, that protecting the family’s reputation was of primary concern, that women belonged in the home, and that children should “be seen and not heard.”

For example, the generation that grew up during the Great Depression may harbor deep fears about having enough to eat. They lived through the Holocaust and internment camps and the McCarthy years and the Cuban missile crisis. And although they may have experienced domestic violence when their husbands returned from WWII or Korea, war was seen as heroic—and it was fought, of course, by men. They may be uncomfortable with technology and with globalization and feel powerless as the world changes around them.

In contrast, women born in the United States since the 1970s grew up in an interconnected global economy where events that happen on the other side

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5 National Center on Elder Abuse, http://www.ncea.aoa.gov/ncearoot/_Main_Site/_About/_What_We_Do.aspx

of the globe have consequences here. They grew up in a world where women’s rights were already established, at least on paper. And while they grew up in a society of plenty, the chasm between the rich and the poor, between the privileged and those who are marginalized, widened steadily during their lifetimes. This created new distinctions between the haves and the have-nots. For example, those who cannot afford computers or smart phones, or who live in rural areas where internet access is limited, do not have access to the benefits these new technologies can offer.

Young women who can afford these devices may be comfortable with technology, although it opens them up to new forms of violence, such as cyber-bullying and sexting. They are used to being connected with friends at all times, even over huge distances. The Vietnam War was probably over before they were born and, for the most recent generations, wars are fought by women as well as men. Their formative years may have been shaped by school shootings, the events of 9/11, the “war on terror,” and the devastation of Hurricanes Katrina and Rita, as well as other major disasters at home and across the globe.

Obviously, the issues that arise in peer support relationships will be profoundly affected by these differences. Younger women may have had traumatic experiences that are completely outside the understanding of older women, and vice versa. The experience of women soldiers is a good example. Some of the younger women you work with might be veterans, and some might have served on combat missions, a situation essentially unheard of in earlier generations. The number of women in the military has steadily increased over the past two decades and women now make up 15% of the armed services.

Since 2001, more than half of female service members have been deployed, 85% of them to a combat zone. During the same period, over 21% of all female VA hospital patients screened positive for Military Sexual Trauma (MST), defined as “psychological trauma resulting from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment that occurred while a Veteran was serving on active duty.” A woman who experiences sexual assault in the military faces particular challenges, since the perpetrator is often in her own unit. She may hesitate to report the assault or seek help if the perpetrator is of a higher rank and or is otherwise in a position to affect her career. War trauma often compounds other forms of trauma. Women veterans are nine times more likely to be diagnosed with Post Traumatic Stress Disorder (PTSD) if they have a history of military sexual trauma, seven times more likely if they have a history of childhood sexual assault, and five times more likely with a history of civilian sexual assault.

Military culture is very different from civilian life, and women veterans may experience a difficult readjustment period after discharge. Soldiers often benefit from a high level of interpersonal support and camaraderie with unit members, and may feel acute social isolation on returning to civilian life. The

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structure of military life may also make civilian life seem chaotic and unpredictable. Women who have left young children at home during deployment may find they have missed major phases of their child’s development or that their child no longer relates to them as a parental figure. Women who return from deployment are also at risk for losing their children for a variety of reasons, including homelessness, unemployment, substance abuse, or marital strife. These reintegration issues can be compounded by trauma. As a peer supporter, you need to be aware of the possibility that military life may be part of the experience of the younger women you support.

**Strategies for Peer Support**

Being aware of lifespan issues will broaden the way you think about peer support. Many young people with trauma histories are gathering in their own groups and forming their own organizations, determined to create their own identities. Although they may never label themselves as trauma survivors, they use performance art, poetry, music, and political analysis as healing tools (see, for example, We Got Issues!). Other young women are using open mike nights at local hangouts to do spoken word performances. By working with young women in settings of their own choice, you can support them in creating the lives they want.

Older women may prefer not to talk directly about their trauma histories because their generation was raised not to discuss personal matters in public. Instead, they may find support in simply gathering to do something together, for example, book clubs or community service activities. Some older women may take in younger family members whose own parents are not

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**INTERGENERATIONAL HEALING: ONE FAMILY’S JOURNEY**

Usually, healing is assumed to be an individual process. But trauma ripples out, affecting a widening circle of people. What if there was a way to go back in time and heal some of the “collateral damage” caused by trauma?

Ann Jennings is a mother of five and a grandmother of eight. Her third daughter, Anna, was severely sexually abused as a young child, starting at the age of 3. Anna’s abuse was unseen, ignored, and discounted by the many systems she came into contact with. She committed suicide at the age of 32 in the back ward of a state hospital. Anna’s story is powerful and has been a force for change in the mental health system. But what happened to Anna’s siblings? What did they experience during the 29 years of Anna’s life after the abuse began?

Ann recently began a process of intergenerational healing with her other four children, now grown with families of their own. She started by asking each child’s permission to raise the issues. She then interviewed each of them, using the following four questions:

1) **What was it like growing up in our family?**
2) **What was it like having Anna as your sister?**
3) **What was it like for you when Anna took her life?**
4) **How does this impact your life today?**

Ann taped the interviews to ensure that her own memories and feelings did not distort what she heard from her children. She then asked permission to transcribe the interviews. One person said no, preferring to keep the process private for now. The others gave permission and also decided to share their recorded interviews with each other. Their conversations—still ongoing—are supporting and enhancing their own individual journeys.

The interviewing process also took Ann to new levels of understanding about her family of origin. She began to see patterns from her own childhood that had affected her and her eight brothers and sisters, and she began conversations with several of them. Revisiting her own childhood has helped her to understand herself better—if not yet to completely forgive herself—for unconsciously carrying these patterns into the raising of her own children. It has also deepened her relationship with several of her siblings.

During this process, Ann realized how important it was to seek help and support for herself. She sought out and engaged in a body-based healing process. She states: “So much of this is unconscious and is stored in my body. I just can’t say it, or even get to it, in words. Regaining my body memories brings back aspects of my childhood that were long buried, and has been tremendously healing.”
able to raise them, and pass on their years of wisdom by teaching them to protect themselves and preparing them to survive in their neighborhoods. Elders may also use political organizing as a tool for healing themselves and the world (e.g., the Raging Grannies, http://www.raginggrannies.org). Helping to connect the women you support with groups like this can be a wonderful step towards meaningful community life and personal healing.

CHAPTER SUMMARY: KEY POINTS

• Women of different ages are vulnerable to different forms and manifestations of trauma.
• Children who experience abuse or neglect at a very young age may have their sense of safety shattered or have attachment problems.
• Teenage girls who are raped may come to fear or avoid intimate relationships.
• In mid-life, health problems may emerge for trauma survivors who have avoided routine preventive care.
• Elders may face the re-emergence of trauma issues that they have not thought about for years.
• Some of the younger women you work with might be veterans, and some might have served on combat missions, a situation essentially unheard of in earlier generations.
• Being aware of lifespan issues can help broaden the way you think about peer support.
“This course was developed from the public domain document: Chapter 5: Culture and Trauma, Chapter 6: Religion, Spirituality, and Trauma, Chapter 7: Trauma-Informed Peer Support Across the Lifespan - National Association of State Mental Health Program Directors (NASMHPD).”