

Dear Survivor:

This booklet is about the experience of being hurt on purpose by other people, and the changes in your life that it leaves behind.

You may wonder if what happened to you was bad enough to be called abuse. If you have to ask that question, it probably was. If you cannot remember large parts of your life, it almost certainly was.

I am sorry you are having to read this out of a paper... These things are better dealt with face-to-face. The effects of violence are best helped by different and more positive experiences with people. This is hard to do when you are looking for help on your own.

Take your time reading this. Use whatever parts seem helpful in your situation. Be patient with yourself. It will take time and work, but you can feel better.

Take care,

Joe Parker, RN

POST TRAUMATIC STRESS DISORDER

(PTSD)

WHAT DOES POST TRAUMATIC STRESS DISORDER MEAN?

Post is the Latin word for "after".

Trauma is the German word for "nightmare", but in English, it is used for any kind of injury, physical or psychological.

Stress is a force that changes the shape of things (including people).

Disorder refers to things that are a problem in a person's life now.

To understand PTSD, it is necessary to tell two stories.

Once upon a time, several blind men wanted to understand about elephants.

An elephant was brought to them, and they all approached it from different directions.

One felt the tail, and said "an elephant is like a rope"!

Another found a leg, and said, "no, an elephant is like a tree trunk".

A third walked into the side of the elephant, and said, "really, an elephant is like a wall .

Others found the ear, the trunk, a tusk, and each felt his part of the elephant was the real elephant.

Each blind man was right about his part of the elephant, but none of them really understood about elephants.

The story of Post Traumatic Stress Disorder is similar.

PTSD was first recognized after the American Civil War. Doctors noticed that some soldiers who had been in heavy combat complained of having attacks of fast heartbeat, chest pain, difficulty breathing, and fear that they were dying or going crazy.

The symptoms were similar to heart attacks. Not having the scientific equipment to investigate further, they assumed the attacks were a form of heart disease. They called it "soldiers' heart".

We now know the attacks are not heart disease. They result from rushes of adrenalin, triggered by bad memories or nightmares.

A few years after the war, most people forgot about the problem, but the part of the elephant they had found was real.

World War I was the first time very large numbers of explosive shells were used in battle.

It was noticed that some combat veterans, afterward, had trouble with feeling somewhat dazed or confused, and with poor concentration and memory.

This seemed similar to what happened in many brain injuries. It was thought that the concussions of the shells caused tiny spots of bleeding in the brain. They called it "shell shock".

Eventually, a lot of autopsies were done on soldiers who had died of other causes, and no such bleeding was found. It was recognized that the symptoms resulted from extreme stress, not brain damage.

It should be remembered that many people with PTSD, especially from child abuse and domestic violence, have had damage from blows to the head. Both symptoms of brain injury and effects of overwhelming stress may be present in the same person.

A few years after the war, the matter was again dropped, but they had found another part of the elephant.

When World War II came, it took until June of 1944 to redevelop the treatment methods used in 1918.

In that war, they learned two important things. The severity of a person's symptoms was directly related to how much stress he or she had undergone, over how much time.

It was calculated that of 100 men in continuous combat, every single one would break down within 189 days. They called it "combat fatigue", or "combat exhaustion".

It also became clear that there is no such thing as a stress-proof person. Certainly some people break before others, but with enough stress and enough time, everybody breaks. They had another part of the elephant.

After World War II, it was assumed (never investigated, just assumed) that symptoms of traumatic stress went away in 6 months or a year, after the war was over. They were greatly mystified at the large number of alcoholics who came out of that war.

Only after the Vietnam War did it become clear that PTSD symptoms could appear at any time, during or after the war. The symptoms could go on, better or worse from time-to-time, all of a person's life.

The severity of the symptoms is influenced by how much emotional support a person has available during and after trauma.

Veterans of an unpopular war, such as Vietnam, were clearly affected by the fact that nobody wanted to talk about it later.

Survivors of child abuse and domestic violence are more severely affected because family or friends, who normally would provide support, are the perpetrators of the violence.

In the late 1970's feminist writers began publicizing the fact that far more child abuse, sexual abuse, and domestic violence were occurring than previously admitted.

Studies began to reveal that domestic violence is a problem in about 25% of all families, regardless of race, religion, income or education. About 16% of all girls and 8% of all boys are

sexually abused before the age of 18 years. Rapes reported to the authorities may represent less than 10% of those that actually occur. About 10% of the adult population is alcoholic. Inclusion of other abusable substances may raise the figure to double that.

Very few people are directly involved in wars, but most people have a family.

Unlike in times past, the feminists and Vietnam veterans have not shut up and gone away. Post Traumatic Stress Disorder is now an official diagnosis in the diagnostic and statistical manual.

Consciously or unconsciously, the brain remembers everything. Trauma really happens, and it changes who you are. You cannot seriously hurt human beings and expect them to forget it and be alright afterwards.

People who have Post-Traumatic Stress Disorder often worry about whether they are "crazy".

The word "psychotic" (or crazy) usually means experiencing or believing things that are not real: being "out of touch with reality".

People with PTSD have essentially the opposite problem. They are in too much contact with reality, and in contact with realities that most people have the privilege of not knowing about.

It is just as possible to be sick from too much contact with reality, as from not enough.

That is the whole elephant.

The official definition of Post Traumatic Stress Disorder includes a combination of the following:

1. An extreme, painful experience, which would be severely stressful for almost anyone.
2. Continuing psychological "re-runs" of the events, including:
 - a. frequent thoughts and memories about what happened, even when trying to avoid them.
 - b. repeating nightmares about the trauma.
 - c. suddenly feeling or acting as if the events were happening again (flashbacks).
 - d. strong, painful feelings set off by things which are in some way related to what happened.
3. Ongoing attempts to avoid memories and feelings by:
 - a. becoming generally numb to everything, by cutting off most feelings, both good and bad.
 - b. avoiding activities or situations which may bring back memories and feelings.
 - c. loss of large areas of memory about past life.

- d. loss of interest in things most other people care about, feeling different and cut off from other people.
 - e. lack of any sense of having a future.
4. Continuous extreme physical alertness, including:
- a. constantly watching for signs of danger, with "startle responses", and trouble sleeping.
 - b. trouble concentrating on business in the present world.
 - c. irritability, outbursts of anger.
 - d. physical reactions similar to what happened during past trauma (tremors, sweating, nausea etc.)
5. These symptoms continue for more than a month and can begin anytime from immediately to years after the trauma.

PSYCHOLOGICAL ABUSE

Children come into the world knowing nothing about themselves: whether they are smart or stupid, good or bad, lovable or unlovable. They can only learn these things from family, from people around them. If they are given "poison information", they have little choice but to believe it.

For the abuser psychological abuse has several advantages:

1. It leaves no physical marks. Unless the child becomes extremely depressed or psychotic there is no evidence to show in court.
2. It is safe. There is no risk of accidentally killing the child and being sent to prison. There is no problem with the child getting big enough to physically fight back or use a weapon.
3. It is easy. Psychological abuse can be kept up for years, wearing away at a child like rust. There is no great amount of energy or time involved.

Psychological abuse takes several forms. They are usually used together - it is rare for an abuser to use only one type.

1. Rejecting

"I hate you, you ruined my life". "You are not my child" Nothing the child is or does is ever good enough.

2. Isolating

Keeping the child away from any people other than abusers. This prevents the child from learning anything about him or herself except the "poison information" provided by the abusers.

3. Ignoring

Not responding to anything the child is, says, or does. Psychologically/emotionally "not there" for the child.

4. Corrupting

Involving the child in crimes, early alcohol/drug use, sexual activities, etc. that leaves the child unable to be part of normal society.

5. Terrorizing

Keeping the child constantly in fear of being hurt, making the child watch others being hurt, keeping the child emotionally out of control most of the time.

PHYSICAL ABUSE

A large part of the "normal population" consider it legitimate to use physical force to discipline children. "Spanking" with an open hand is commonplace in our society. Abuse, fueled by uncontrolled anger or intoxication, goes far beyond ordinary discipline. Abusers almost always blame their violence on the child or spouse who is the victim. This is confusing to survivors, who need to know what level of violence qualifies as "abuse".

Abuse includes some combination of the following features:

1. Severity of injury. Cuts, bruises, broken bones, being strangled or knocked unconscious.....and sometimes death.
2. Weapons. Clubs, knives, guns and other instruments capable of causing severe injury or death. Life or

death for the child depends totally on how well the abuser controls the weapon.

3. Use of pretexts. A child is punished for anything or nothing. The "rules" are made up as the abuser goes along, and change without warning. The child is never safe.
4. The abuser is out of control. Through alcohol/drugs, mental illness or personal choice, the abuser does not control amounts of force used. The child may be crippled or killed at any time.

It is sometimes useful, to understand the severity of a survivors current symptoms, to put together a lifetime total assault history. Multiply the total number of each type of assault per day/week/month by the total amount of time exposed to the various abusers. Be sure to count both assaults in childhood and in adult life. The total number sometimes explains a lot about why you are having so many symptoms.

Finally, estimate the number of days on which the survivor could be sure of not being hurt. Sometimes this number is painfully small.

Adults who recognize their actions toward children as abusive often fear to tell anyone, out of fear they will go to jail or lose custody of their children. In reality, many social services agencies work with parents who have abused, or fear they may abuse their children, to learn to stop the violence and keep their children. Parents Anonymous is free and a good place to start.

SEXUAL ABUSE

Normal sexuality is the exchange of pleasure between two freely consenting people. Abuse is the wrongful use of a human being, as a thing, for the pleasure of another. Sexual abuse commonly involves:

1. Use of force or threat to control a person who is not consenting. The threats may be against the victim, ("Do what I want or I'll kill you..."), against others, ("If I don't get what I want from you, I will just go after your little sister..."), or against the abuser himself, ("If you tell anyone, I will have to kill myself, and it will be all your fault...").
2. Use of lies to overcome resistance, ("I'm doing this to teach you, for your own good", "Everybody does

this", "You want it, I know you do".). Lies can take the place of open violence.

3. Secrecy. Normal sexual relationships may go on in private, but they are not themselves secret. The demand for secrecy almost always indicates wrongdoing, and usually includes some kind of threat. ("You won't be my special girl anymore", "It would break your mother's heart", "You will be put in an institution".).
4. Betrayal of responsibility. Children have to depend on older people for protection, for food, clothing, shelter, and for truthful information about how to get along in the world. An adult who uses a child's natural needs in order to use the child's body, is committing a crime. Sometimes the betrayal hurts more than the fear, the isolation or the injuries.

The most basic drives of human beings, and of all animals, are to survive and to reproduce. The use of power to control a child is ultimately based on the threat to hurt, abandon, or kill. The child does whatever is necessary to survive. Energy that should go into growing up, is spent on trying to just get by, day by day.

Use of sex as a weapon strikes a child's basic ability to relate to, and trust, other human beings. It attacks a person's sense of being connected to other people, both in the present world, and to past and future generations.

Sexual abuse is like any other serious injury: some people survive and do well, some people only get by, and some end up not surviving at all. Good help and the right choices can make your life more nearly normal, and much happier than it might otherwise have been.

To be hurt, especially on purpose by other people, makes everyone sad and ashamed. In thinking about their lives and symptoms, most people tend to underestimate the severity of their experiences, and overestimate the amount of control they had over what happened.

HISTORY

The brain has mechanisms like "circuit breakers" which block out memories too bad to handle at a given time. The memory loss is usually "spotty", not complete, and gets better or worse depending on a person's stress level and how much help is available.

Trying to force the memory, by emotional pressure, drugs or hypnosis, often hurts rather than helps. If the brain needs to block out a memory, it usually has good reason. People tend to "face reality" as fast as they can. Pushing becomes just another form of violence.

It is common to have to work on plans for recovery with incomplete information. Often, some of the most important facts come out only quite late in the process.

Because the traumatic experience really happened, and really hurt, PTSD symptoms tend to continue, better at some times, worse at others, most of a person's life. Careful planning and use of recovery skills can greatly increase the amount of "good time" and make the bad times less frequent and less severe.

Putting together a written history of your life, and understanding the effect the traumatic parts had, usually helps make sense of many things that have happened in your life, during the abuse and after. It is very important in making plans for your recovery. Making the most complete possible history is a long term project. Memories come back in bits and pieces. Information from other people and from records also will come in bits and pieces. Some things may never be known.

This will be a stressful process, both in the effort spent in trying to remember, and in the energy needed to cope with what is remembered. Sadly, insight into what happened usually improves symptoms, but seldom completely removes them.

It helps to keep written notes, to avoid losing hard won information to the ups and downs of memory. Putting it in writing also seems to help keep things real, when so often they seem unreal, or even impossible.

1. Lay out a "life line", beginning with your birth. Put in any markers that will keep track of time: places you lived, where you went to school, births, marriages, deaths, institutions you were in, etc.
2. Talk to family, friends, teachers, ministers, neighbors and anyone else who may have information about your life.

Keep in mind that some of these people truly did not know, some did not want to know, some knew but did nothing, and some may have profited in some way from what happened. (For example, as long as the violence was directed at you, it was not aimed at them.)

3. If you decide to talk with the perpetrator, be very careful of your safety. Many are still dangerous. Be

clear about what you are trying to do. If you want the perpetrator to confirm memories you can barely believe yourself, be prepared to be called a liar, crazy, or to be told you wanted or deserved what happened. Try not to hope for too much: most perpetrators do not admit responsibility or say they are sorry.

If your purpose is to confront the perpetrator with your anger and your knowledge that what was done was wrong, then, other than being careful for your safety, how the person reacts is not very important.

If the perpetrator is confronted in the process of warning other family and friends about the danger he or she presents, be aware that some other people may react in much the same way as the perpetrator might.

You cannot afford to attach your sense of self worth to the reactions of other people, because their responses have to do with who they are, not who you are.

4. Pay special attention to periods of time you cannot remember, or that others will not discuss with you. The more hurtful the experience, the more likely it will have been blocked out.

Sometimes it is possible to work backward from things that are known: who was living with us at the time, who was drinking at that time etc.

5. Send for copies of any hospital or institution records that may be available. Although you have a right to see and copy most records pertaining to you, sometimes the help of an attorney or health care provider may be needed. Be aware that many professional people are careful not to ask questions they do not want to hear answers to. Some of the records may be in a sort of code, that is: "chaotic family life" may mean drunken violence on a daily basis, and "sexually molested" may cover rape, sodomy and torture.

Put your notes in a safe place. You may wish to add to them from time to time, as you find new information. Sometimes reviewing them will help you understand some new problem in your life.

LIFE CHANGES

Extremely hurtful experiences, ones that produce more fear, pain and anger than anyone can handle, leave behind five ongoing sets of behaviors. These are not so much "scars" as attempts to cope

with trauma. Like any kind of treatment, if carried too far, they can become part of the problem, not part of the solution.

1. You begin intense, continuous study of the experience, trying to understand why those things happened, and how to keep them from happening again.

This involves constant thinking about the events, to the point it may interfere with other activities. You may have repetitive dreams about the events which may be so intense as to interfere with sleep and set off adrenalin reactions. The feelings can be so powerful that it can seem as if you are living in two different "movies" at the same time: the "bad old days" and "now".

Once you understand how the process works, you feel less disoriented, less out of control, and more able to cope. Learning more information about trauma does help. You can take classes, read about it, and talk with others who have been through similar things.

2. You learn to constantly scan the environment for signs of danger. The scanning is compulsive - you cannot turn it off so you have to plan for it.

Recognizing signs of threat may trigger strong reactions, sometimes as strong as the original events did. These reactions may be completely out of line with what is going on in the real world at the time.

Sometimes, you may well be aware of the connections between the present "trigger" and past experiences, even if you cannot control your reaction. At other times, the connection may be unconscious. You first become aware of your reaction, and may or may not later be able to connect it with the past.

The responses may be so intense as to feel like the trauma is actually happening again, that you are back in the bad old days. This is called a flashback. It can feel very crazy to find yourself feeling, saying, or doing things that do not relate to the present world.

To begin to control various kinds of flashbacks, it is important to map out your usual triggers, where they are likely to be encountered, and what your usual reactions are. Some triggers can be avoided almost completely, and should be. Others may be harder to avoid, or you may have good reason to take the chances involved in running into them.

Survival planning may include ways of minimizing exposure, arranging for support ahead of time, developing a "cool down" procedure, and concrete emergency plans in case of losing control.

3. Your body goes on chronic "red-alert", always ready to fight or run. Physical symptoms include extreme muscle tension ("the shakes"), headaches, high blood pressure, involuntary startle reactions and trouble sleeping. You feel afraid all the time, even when you have no present reason to.

It is in attempting to control these symptoms that so many people with PTSD get involved with alcohol and illegal drugs. Expert use of legitimate medications can control most physical symptoms of PTSD. They do not produce a high, are not addicting, are legal, and are much safer than street drugs.

The medications most commonly used to treat PTSD are the antidepressants. They may help with depression, anxiety, sleep loss, and sometimes chronic pain. The older less expensive meds have been the most useful; amitriptyline (elavil), imipramine (tofranil), and doxepin (sinequan).

Drawbacks include various unpleasant but not dangerous side effects, and having to wait 3-4 weeks for full effect.

Rapid, intense mood swings may be controlled with medications used for manic-depressive illness; lithium and carbamazepine (tegretol).

Severe "adrenalin flashes" and rage attacks sometimes are helped by the blood pressure drug propranolol (inderal).

Pure anti-anxiety drugs such as diazepam (Valium) and alprazolam (Xanax) have been less useful because they are addictive and not powerful enough.

Antipsychotic agents such as haloperidol (Haldol) often have been given to PTSD patients in the belief that their experiences were not real. Since the experiences were real, these drugs usually produce only a little sedation and a lot of side effects

Occasionally chlorpromazine (thorazine) is used as an emergency med for people who have rage attacks extreme enough that they fear killing someone. It is taken only to control an attack, and is much safer than the usual alternative, alcohol. These medications are given as examples. There are numerous others which may be useful.

Each person responds differently to different medications. There is no way to tell ahead of time, what will work and what will not. It is also common to use combinations of drugs. It is most important to find a medical care provider who is willing to try a variety of things, and who will listen to you when you describe what is working for you and what is not.

As survivors move forward in recovery, some may no longer need medication, others will need it only during bad times, and some may need it always.

Serious trauma can change the way a person's nervous system works, sometimes permanently. Even after allowing for the effects of brain damage and other injuries from violence, PTSD is a physical illness.

4. You are continually prepared to be hurt again, to lose again. The difference between the way life was supposed to be, and the way it turned out for you is a chronic stress.

You learn to avoid getting involved with other people for fear they will turn on you. You try not to care about people, animals or possessions, because sooner or later you expect them to be taken from you. You go so numb that you cannot feel anything, including good things. Being that numb hurts. Being cut off from good things, including people, makes you sad.

Emotions may swing like a pendulum, from overstimulated, hyperalert, fearful and angry, to depressed, numb and out of contact with the world around you. The extreme feelings often come and go in waves, and at times you actually may be out of control. Stabilizing this swing is a central goal of a recovery plan. Such a plan may include:

- a. Mapping triggers and arranging your life to avoid recurring flashbacks.
- b. Learning to recognize and avoid hurtful people.
- c. Avoiding the use of drugs which temporarily improve symptoms, but make them worse on the "rebound". If needed, symptoms can be controlled with legitimate medications.
- d. Reducing your exposure to new injury. (For instance, stay out of places that serve alcohol...)
- e. Stopping current patterns of behavior which may be replays or reenactments of your own previous trauma, such as prostitution, fighting, child abuse.
- f. Actions to make the real world safer are much more helpful than just trying to cope with your feelings about what might happen. Good locks and a dog are more helpful than lying in bed trying not to be afraid.

5. When you could not physically escape harm, you may have learned to escape inside your head, by "disassociating" from

what was going on. You learned to disconnect from feelings such as pain, fear and anger, and even to block out memory of whole events, all while looking quite normal to other people.

This skill produces effects ranging from brief "spacing out" under stress, to things as complex as multiple personality disorder. It becomes a problem when:

- a. Your life experience is cut up in pieces, with a lot of missing time and whole experiences "walled off" from memory,
- b. It becomes such an automatic habit that you dissociate frequently in non-threatening situations, or
- c. It so effectively blocks out your reaction to ongoing abuse that you fail to take action to protect yourself.

Since most dissociation occurs unconsciously, you cannot just turn it off when it gets in the way. Dissociation is reduced by making your real-world life as safe as possible, and by working with a counselor, carefully, over a long time, to deal with the things that have been walled off.

There is no way to stop or cure dissociation as if it were a disease. You can only improve your life until that defense is rarely needed.

DEALING WITH OTHER PEOPLE

Extreme traumatic experiences, especially if they happened at a young age, can make you different from most other people. Of special interest are two groups of people who may seem very strange to you: predators and normal people.

A person's usual everyday approach to life and to other people is called a personality. A personality is made up of a person's biological inheritance (genes), the total set of things that have happened in the person's life, and the history of choices the person has made.

Every life is like a hand of cards. Some people play whatever they get well, others badly. Only a small number of people choose to hurt others. Even among people abused as children, 70% do not choose to hurt others.

Predators come in three forms:

1. Non-controllers:

All people have angry feelings, and all people have the impulse to hurt someone at times. Some choose not to control those impulses. Many choose to use alcohol and drugs, and let the chemicals block their impulse control. Others do whatever they feel like, sober or otherwise. Their attitude is: "I feel like shit, so somebody's going to pay..."

People who are loaded occasionally have the bad judgment to pick on somebody tougher than they are, but most, sober or not, are quite careful to act out their impulses on people who cannot effectively fight back.

2. Users:

Some people act as if they were the only real human being in the world, and other people are more like plants. If they want something, they simply take it, as if they were harvesting vegetables. Users have no sense of other people's rights and feelings, and do not consider that a problem.

It is not that they have something that other people do not. Rather, users are missing something most people have: a conscience, and, internal personal limits on what they do. Any control of their behavior must be provided by others, and often by force.

3. Sadists:

People who enjoy humiliating and hurting others, and who do so while in full control of themselves, may make up as much as 10% of the population. They are found in all parts of society, with all levels of education and income. For some, other people's pain is sexually stimulating. Others like the feeling of power that comes with hurting people who cannot stop them.

The definition of sadism includes ongoing pattern of:

- a. Using physical violence, threats or lies to control another person and inflict pain.
- b. Humiliating and degrading a person in front of others.
- c. Using a position of authority such as that of a parent to inflict unusually severe "discipline".
- d. Being fascinated by violence, weapons, torture etc.

- e. Finding the suffering of other people and animals funny, pleasurable or sexually stimulating.

Some sadistic people are very obvious. Others are so subtle that all you notice is that you feel bad when around them. Abuse survivors have had to learn to ignore their own feelings just to survive. Learning to recognize, and trust, your feelings and to take rapid action to protect yourself, sometimes takes a lot of work.

Cruel people often are quick to notice people who expect to lose, and will move in fast. They avoid people who look like they know they have rights, and have people who love them, because they are likely to fight back.

It is necessary to learn to act like a person with value and rights, long before you can really feel it. In time, it will become real, not an act.

Many survivors spend years trying to understand why the abuser did what he or she did, and never reach that understanding. The reason seems to be that sadists are simply "wired wrong". If you are one, their behavior makes perfect sense. If you are not one, you will never understand, even if you spend the rest of your life trying.

Normal people:

To deal with normal people, you must understand that the world they live in is very different from yours. They are not afraid all the time. They can feel many more things than pain, fear, and anger.

1. They have rarely felt so much pain that they have lost control of themselves, and certainly have not had that kind of pain caused intentionally by another person.
2. They do not assume they are at fault any time anything goes wrong.
3. They expect to be treated fairly, to be respected, and to love and be loved.
4. They can feel pleasure without drugs, they are depressed only occasionally, and do not know what being numb is about.
5. They expect to have a fair amount of control over their lives, and expect to live to be old.

With time and effort, you can learn to deal with people whose lives have been luckier than yours. One barrier will probably always remain: most normal people do not want to live in the

world you know. Many will block you out so they can stay comfortable, not because you are doing something wrong. It is important not to reject all normal people, because there are always some who will work quite hard to understand how your life has been, even if they have had no similar experience themselves.

FINDING PEOPLE YOU CAN TALK TO

Think of how long it took you to put together the pieces of your history, make an accounting of how the abuse changed your life, and deal with your emotional reactions to that. You never had a choice about facing that because you had to live it.

Finding someone to talk to about it is not quick or simple. Some people will listen because they have had to live with abuse too. They may or may not be able to tolerate terrible stories at a given time. Listening to your story may bring up feelings they find too painful to deal with.

Others will listen because they are unusually committed to helping other people, or care a lot about you personally. Finding people who can listen is a key part of surviving. It involves several specific steps:

1. Talk with them about some part of your life that is fairly ordinary, and see if they really listen. If they listen poorly to the very ordinary, they certainly will not hear the really ugly. If they listen, then:
2. Choose a "medium bad" part of your story, one not too hard to handle if things go badly, and tell that. If they change the subject, turn mean, or drop a relationship, they probably are not worth any more effort.

If they get panicky or go numb, you may have found another person with an abuse history. Keep in mind that they may or may not consciously recall the experience. Given plenty of time and personal space, these people may talk with you. Just as it was with you., pushing hurts rather than helps.

3. Once you know a person really well, you may choose to tell him or her the very worst things that happened, the ones that would really hurt if not handled with gentleness and respect. After you tell another person the very worst, and are met with kindness and respect, the memories never have quite the same power over you again.

4. Sometimes you will know people you care about, and very much would like to talk to, but you really feel they could not tolerate the ugly details. You may choose to tell them only some of the story, or even none.

It is not fair that you should have to spend your energy to protect them from hearing about what you had to live, but occasionally it is necessary.

TRIGGERS

Human beings are creatures that learn, and keep on learning all of their lives, whether they want to or not.

They learn to recognize danger by noticing signs that were associated with past hurtful experiences. If the past experiences were severe, there may be a strong physical or emotional response, even if the conscious mind does not know what set it off.

These signs are called "triggers". People who have a good understanding of what situations set them off, can plan to avoid them, or to deal with the reactions. They come to feel much more in control of themselves.

Triggers can be internal, that is, can be a thought or a memory, as well as an outside event. Triggers take several forms:

1. Single Triggers: One sign alone is enough to set off a reaction. Examples: beer breath, body odor, being yelled at, seeing someone else hurt, violence or happy family situations shown on TV.
2. Compound Triggers: Several things, coming together, will set off a reaction, when each would not have been enough if each appeared alone. Examples: being touched, by someone who is angry, and has beer on his breath; or blood, on bed sheets, in the morning.
3. State-dependent triggers: One or several things which set off a reaction only when a person is tired, alone, in pain, intoxicated, etc. Without the changed mental and/or physical state! the particular signs are not enough to set off a reaction.

It is helpful to keep a log of what is happening around you, and what you were thinking about, just before your body and emotions "went off". Because of memory loss caused by stress, finding the trigger that set off a reaction can take time. Tracking down a trigger may also bring back lost memories. At other times,

putting together more personal history will help identify triggers you had not recognized before.

BRAIN INJURY

Alcohol exposure before birth, blows to the head in childhood and as an adult, and heavy drug/alcohol use are all likely to leave some degree of brain damage. In some people it is so minimal as to go unnoticed. In others,, it may make building a new life much harder. You may notice:

1. Trouble with your memory, especially remembering things over 5-10 minutes,
2. Less control of your emotions than before injury. Your reactions are more extreme and go on longer,
3. Trouble putting your thoughts into words, or trouble understanding what you read or what others say to you,
4. Thinking more slowly than before.

These "deficits" vary from time to time, and are worse when upset or tired. It is hard to build a picture in your own mind of gaps in your mental functioning. Often it feels like "climbing a staircase, and suddenly stepping off into nothing".

A rough rule of thumb is that 85% of improvement after a brain injury occurs in the first 6 months, with the rest occurring in the next 2-3 years.

Because brain injuries accumulate, it is vital that your new life be arranged to avoid further injury (e.g., alcohol, violent people etc.)

FORGIVENESS

Abuse survivors often are pressed to "forgive" the perpetrator. The pressure may come from others, especially family members, or from the survivor's own beliefs about what should be done.

Forgiveness is a word for something that does not exist in the real world. There is no way to go back and act as if nothing ever happened, which is what most people want and most people think forgiveness means. People other than the survivor made bad choices, with terrible outcomes, and became worse human beings as a result.

The survivor may choose not to seek revenge, may choose to continue some contact with the abuser, and may try to support any positive change that the perpetrator may attempt, but there

is no way the survivor can control what the abuser chose to do. If the survivor had been able to control other people's decisions, there would have been no abuse.

Children want very badly for their family to be good people, even in the face of strong evidence that they are not. They will blame themselves for things other people did. They will claim that they were somehow in control, rather than face the fact that they were helpless and that the bad choices were made by others. Survivors have nothing to be given forgiven for, because they did not make the choices.

The abuser can choose to give up violence, take responsibility for the damage, and work toward rebuilding a family. Failing that, the survivor may have to piece together a family out of whatever is left, without the abuser.

A LAST WORD

A new family can be built out of the people who choose to be part of your life, whether or not they were born into it. A real family is something people do together, not something they are.

Building a new life may take terrible faith and courage. Some days it will seem easy, on other days, impossible. You go on living, with the unwanted knowledge of what evil people have done and can do, including what you yourself may have done and can do. Sometimes it takes all the courage you have just to get up and get dressed in the morning, knowing what can happen.

I wish you luck and courage on your journey. You will always have my respect.

Joe Parker, RN

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