It's My Time to Live

Journeys to Healing and Recovery

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Executive Summary

In 1998, the Substance Abuse and Mental Health Services Administration (SAMHSA) funded the national Women, Co-occurring Disorders and Violence Study (WCDVS). This was the first large-scale research study to address the effects of trauma in a comprehensive fashion. In addition to a quantitative outcome study, several participating sites added qualitative interviews to better understand how women heal. A select group of ten women agreed to extensive interviews to provide researchers with greater insight into their experiences and their healing.

The monograph is organized into six chapters. Chapter 1 describes the interviews; the characteristics of the women in the study; the impact of trauma across the life span; and considerations for recovery and healing. Chapter 2 introduces the ten women whose voices are presented in this monograph. Chapter 3, entitled "Why Now? Moments of Transformation," captures the essence of the moment of transformation; when women decide to live, and not to stagnate or die. Chapter 4, entitled "What Made a Difference: Resources for Sustaining Wellness," describes the resources and supports women say they need to sustain the positive changes they make in their lives. Chapter 5, "Challenges to Recovery," presents the common struggles and pitfalls of recovery, including the intergenerational effects of trauma and provider and system barriers. The final chapter challenges us to develop communities and systems of care that truly support the many pathways to recovery.

One of the most difficult questions to answer in the process of recovery is "Why now?" Why did one woman choose this particular moment to get sober or to leave an abusive relationship? Why today and not yesterday or two years from now? The explanation is not as easy as "hitting bottom" or a miracle. Sometimes there is no "bottom" and women die. Moments of profound change occur, but not without hard work. The moment of transformation that moves a woman from a downward trajectory toward illness and despair to an upward path toward recovery and wellness is unique to each person.

While each woman's path is unique, each also shares common elements. As a whole, these women speak about three components of change: a shift in the way they think about themselves or their lives; an external event or personal influence that motivated them; and a concrete change in behavior. None of the individual elements alone is sufficient to make lasting change. Cognitive shifts occur in various forms, from self-forgiveness, to the inspiration of a grandmother, to a new found spirituality, to an understanding of the connection between the terrible things that have happened to her and the choices she makes in her present life. External influences, whether positive or negative, create the motivation for change. Motivating factors could be a death or a birth, the loss of health, or someone simply valuing and validating the person. Commonly, concrete behavioral changes are based on decisions to stop using alcohol or other drugs, begin or end relationships, keep away from negative environments, set boundaries, or take care of oneself.

The transformation of a woman's life toward wellness is difficult. Intention and dedication can carry her through the initial months of transition; then the hard part begins. This is the time when women must combat the lessons and behavior learned over a lifetime. The struggle is daily and continues for a long time until negative beliefs and actions are replaced with beliefs and actions that will sustain recovery and healing. These women recovered when they surrounded themselves with positive relationships, practiced techniques to care for their physical well-being, and developed and enhanced systems of meaning and spirituality.

- These stories provide a conceptual framework for transformation and sustaining recovery. The women in this monograph report that most of the journey of recovery occurs on the inside. The moment of transformation requires first that a woman *believes* that she can recover. An external influence, then, gives her a *reason* to recover. Finally, she must change her *behavior*. Behavioral change is always embedded in a network of relationships: setting limits, avoiding certain friends, taking time for self. Invariably, the moment of transformation occurs in the context of human interaction.

- The resources women need for healing and achieving their potential are also mostly informal— personal practices that help a woman cope with stress, philosophies and spiritual practices that give meaning, the emotional support of friends and family, and valued work or activities. The treatment community plays a special role in this area. Trained and caring professionals can help women develop concrete strategies to address specific concerns, help women to understand how past events and current problems are related, and listen.
- Healing and curing are different things. Dispensing a diagnosis and a prognosis, reducing symptoms and curing a condition are, at best, only a tiny portion of the healing journey. The essence of healing resides in each individual's connection to her interior self and to the others in her life.
- Addiction, depression, anxiety and other emotional problems, and trauma reactions cannot be disentangled. As a result, the word "recovery" takes on a greater meaning. These women do not talk about recovery *from* something, they talk about transformation of the whole self—changes in identity and self-understanding, in world view, and in behaviors and coping strategies.
- Once begun, transformation is never really complete. An initial change is made and some time later, each woman finds herself revisiting where she has come from and where she needs to go. Memories, flashbacks, and self-deprecating thoughts never really go away, but with each cycle and each new gain, their power lessens. At some point, women take "the bad thing that happened" and turn it into an asset—a strength.
- Finally, a critical question emerges from these stories: How can we create environments that support recovery? Treatment does not transform, but individual practitioners may be the catalyst. Influence and coercion are counter-productive to healing. Authentic human compassion and the willingness to bear witness support healing.

Table of Contents

Preface

In 1998, the Substance Abuse and Mental Health Services Administration (SAMHSA) funded the national Women, Co-occurring Disorders and Violence Study. This was the first large-scale research study to address the effects of trauma in a comprehensive fashion. In addition to a quantitative outcome study, several participating sites added qualitative interviews to better understand how women heal.

A select group of ten women involved in the Women, Co-Occurring Disorders and Violence Study (WCDVS) agreed to extensive interviews to provide researchers with greater insight into their experiences, their healing, and their world. Through these interviews, the women opened their hearts with the hope that such sharing would improve the lives of women abuse survivors who came after them.

The stories of these women, in their own words, are presented here. These ten women represent a diverse group, but also one with a great deal in common. They represent diverse races and ethnicities—African American, Asian, Caucasian, and Hispanic—and live in different parts of this country, some in cities and others in rural areas. Some are employed while others are disabled; most have been burdened by financial hardship. Most of the women who speak here have children. All have high school educations; some have gone to some college. Most of the women are heterosexual, a few lesbian; some are married, others divorced or separated, some single. Many of these women have lived in poverty, some have been to jail. All have had someone close to them die. None of these women ever had their parental rights terminated—although several had been separated from their children against their will. All of the women have experienced great losses in their lives.

Many of these ten women have been stalked and have witnessed acts of violence. All have used alcohol and/or drugs abusively; all have been labeled with a mental health diagnosis. Each has struggled to find ways to medicate and mediate the tremendous pain, fear, and outrage that comes from surviving the brutality of interpersonal violence.

Every woman here has survived emotional abuse or neglect and physical abuse. Each has been beaten or bloodied, the target of someone else's violence. All have been sexually assaulted. Some have been raped by abusive spouses. For most, these abuses began in childhood and continued into adulthood. There has been little peace in their lives. Most of these women have been engaged in a great struggle to survive and are just beginning to live their own lives.

The names of the ten women have been changed to ensure their anonymity. The selected names are in no way related to the women who participated in the Women, Co-occurring Disorders, and Violence Study.

"In our sleep, pain which cannot forget falls drop by drop upon the heart until, in our own despair, against our will, comes wisdom through the awful grace of God." —Aeschylus

I. Introduction

Overview

"Violence changes everything…" This is how one author framed the impact of trauma on the lives of adult women. We now know that violence, particularly early childhood abuse, has pervasive impacts in all of life's domains. It shapes the early mind and body, forcing children to create a reality that preserves their emotional and physical integrity in the face of overwhelming harm. Chronic physiological arousal appears to result in chronic physical health problems, while the struggle to modulate emotions appears to result in the adoption of risky behaviors, in turn resulting in multiple health problems and early death. Violence fractures relationships, confidence in the self, and challenges the belief in a fundamentally safe and just world. It is not uncommon for women who experience violence across their lifespan to have emotional problems ranging from the inability to form and sustain healthy relationships to depression and anxiety and other more serious mental health problems. It is the rule, rather than the exception, for women to adopt addictions to moderate and displace the emotional pain of trauma. These same women often find themselves in homeless shelters, jails and prisons, psychiatric facilities, and detox centers. Often they are perceived to be a burden to the treatment and social service systems. Yet in the face of overwhelming odds, some women find a path to healing.

In 1998, the Substance Abuse and Mental Health Services Administration (SAMHSA) funded 14 sites to develop comprehensive services to respond to the many needs presented by women who have diagnoses of mental and substance use disorders and who also experienced physical and/or sexual abuse at some time during their lives. This initiative provided insights not only into the effectiveness of treatment responses, but also into the many techniques and strategies women use to live happy and productive lives.

This chapter provides the background on the Women, Co-occurring Disorders and Violence Study and its site-specific methodologies, on the women and their characteristics, and on the impact of trauma, with considerations for recovery and healing.

The Women, Co-occurring Disorders, and Violence Study

The Women, Co-occurring Disorders and Violence Study (WCDVS) was the first major research study to address the significant lack of appropriate services for women with co-occurring mental health and substance use disorders who have experienced physical and/or sexual abuse (SAMHSA, 1998). This study was jointly sponsored by the Substance Abuse and Mental Health Services Administration's three Centers: the Center for Mental Health Services, the Center for Substance Abuse Treatment, and the Center for Substance Abuse Prevention. The WCDVS, initiated in 1998, comprised two phases. During the two years of Phase I, the fourteen participating sites each developed a services integration intervention to address the multiple needs of women with co-occurring disorders and histories of violence. As participants in a cross-site initiative, each site created interventions within guidelines established by a Federal Steering Committee. Under these guidelines, interventions were gender-specific, culturally competent, trauma-informed and trauma-specific, comprehensive and integrated, and involved consumers / survivors / recovering persons (C/S/Rs) in substantive and meaningful ways. Each site developed strategies for integrating services at the level of individuals in the clinic and at the system level. Within this framework, sites created programs that were responsive to the strengths and needs of their own communities.

At the same time, the sites and Coordinating Center, through the Federal Steering Committee workgroups, laid the foundation for the Phase II outcome study. During that time, the Federal Steering Committee refined selection criteria, identified the scope and parameters of the research, developed hypotheses and the data collection methodology, and created a cross-site interview protocol. Nine of the original fourteen sites were selected to participate in Phase II. The primary goal of Phase II was to test the effectiveness of integrated strategies and service intervention models for the target

population of women. This goal was accomplished through a multi-model intervention study with quasi-experimental (non-random) comparison groups using a common interview protocol at baselines of 6 months and 12 months.

Phase II objectives were to: 1) document and compare models for providing services to women with co-occurring disorders and histories of violence; 2) identify and measure the relationships between components of the integrated services and document the strategies used to achieve services integration; 3) measure the effectiveness of these innovative service models as compared to one another and to services as usual on outcomes for individuals and participating organizations; 4) examine specific factors within these integrated service models, such as trauma treatment approaches, C/S/R integration, costs, parenting interventions, and cultural or other sub-group variations and their impact on observed outcomes; and 5) synthesize lessons learned regarding models of services provision, strategies for services integration, innovative accomplishments regarding factors within integrated service models, and summarize local, state, and national public policy impacts that are project-related.

In addition to the cross-site protocol, each site was encouraged to add evaluation components that would reflect local concerns and needs.

All participants in the WCDVS were women at least 18 years old, with self-reported histories of physical and/or sexual abuse. Additional eligibility criteria were that each woman had co-occurring mental health and substance disorders, with one of the disorders being active within the prior thirty days and the second disorder being active within the prior five years. (It was required that the mental health disorder met the criteria for a DSM-IV Axis I or II diagnosis.) Finally, it was required that all women in the study experienced two or more treatment episodes for either substance abuse or mental health disorders.

Participating WCDVS Sites

Three of the nine Phase II sites elected to conduct in-depth interviews with a subset of women from their sites: The Women Embracing Life and Living (WELL) Project (Cambridge, MA); Allies: An Integrated System of Care (Stockton, CA); and the Franklin County Women's Research Project (Franklin County, MA). The Cambridge and Stockton sites conducted these interviews with women who had participated in the WCDVS services during Phase II of the study. The Franklin County participating women met the eligibility criteria for the Phase II study, but were interviewed in Phase I prior to Phase II implementation. Each site had is own goals and methodology for conducting these in-depth interviews and drew women from varying backgrounds. In all cases, the interviews were audio-recorded and later transcribed.

The WELL Project – Cambridge, MA

The WELL Project (Finkelstein & Markoff, 2004) drew women from three dually licensed substance abuse and mental health service agencies in Massachusetts. The communities in which the women lived were quite diverse, with urban, rural, and suburban districts. WELL Project women (as were those in the communities) were primarily Caucasian (85%), although 8% were African American, 7% Latina/Hispanic, and 5% Native American. Sixty percent of the women had children. Most of the women were poor, and 72% were unemployed. Although many of the communities in which the women lived had services available, transportation to services was a frequent barrier.

The purpose of the in-depth interviews at the WELL Project was to acquire information about the women's perceptions of how they had changed over the course of the project and what had been helpful in bringing about those changes. WELL women had participated in the project's intervention services, and were nominated for these in-depth interviews by the Integrated Care Facilitators (clinical case managers) who had worked with them. The Integrated Care Facilitators were asked to nominate four or five women whom they believed had moved forward in recovery over the course of the project. They were asked to nominate women from diverse backgrounds, at least some of whom had children. The Integrated Care Facilitators asked the women for permission to submit their names, explaining that they then might or might not be contacted by a research interviewer. The Research Manager gathered the nominations and, attempting to balance the demographics, chose two or three women from each of the three sites to be interviewed. The interviews were taped and transcribed. Women were paid for their time. In all, eight interviews were conducted.

In addition to questions about how they felt they had changed over the course of the project and what had been helpful in bringing about those changes, the women participating in these interviews were also asked about their self-care, their relationships, and how their children had changed over the course of the project, as well as what they felt had brought about these changes. Women were also asked what recovery meant to them, and a number of questions about their spirituality.

Allies – Stockton, CA

The Allies Project (Heckman et al., 2004) was implemented within county-run substance abuse and mental health services in San Joaquin County, a rapidly growing semi-urban county in Northern California. Stockton, San Joaquin's County seat, has a highly diverse population and is the urban center for several rural agricultural communities. While a slight majority of the Allies women were Caucasian (54%), almost a quarter were African American (23%), 26% identified themselves as Hispanic/Latina, 9% were Native American, and 2% were Asian. A large majority were mothers (94%). Close to half (43%) of the women were receiving food stamps and 85% were unemployed when they entered the study. As with the WELL women, transportation to services was a significant barrier.

The primary goal of the in-depth interviews at Allies was to learn more about the factors that promote healing. Thus, the primary eligibility criteria for participation were that the women had been involved in the intervention services and that they were doing relatively "well" in their healing and recovery. Secondary eligibility criteria were used to identify women with diverse backgrounds in terms of ethnicity, age, parental status, extent of mental health and substance abuse problem, and type and duration of abuse.

Each eligibility criterion, with the exception of "wellness," was objectively determined based on quantitative data collected throughout the duration of Phase II. Determining "wellness," however, was significantly more subjective. Several steps were taken to assess "wellness." First, the research interviewers were asked to identify women from their caseloads whom they viewed as doing particularly "well" in their healing. Once this list was compiled, the research interviewers phoned the potential participants and explained the nature of the interviews, asking each woman if she would be willing to participate if she was ultimately determined as eligible. Women who expressed an interest in participating were asked a series of structured questions pertaining to their current living situation, recent alcohol/drug use, recent treatment or hospitalization, custody status (if a mother), and the degree that they were experiencing difficulty in various aspects of their lives (household responsibilities, school, experiencing satisfaction with life, etc.). Their responses to these questions were later coded; women with high "wellness" scores were identified as eligible. The secondary criteria were then applied and the final pool of fifteen women was selected.

Each of the fifteen women participated in two (and sometime three) 1.5-hour individual interviews, with each follow-up interview two to four weeks following the earlier interview. During these interviews women were asked open-ended questions that explored their spirituality, their perceptions of services, their support networks and systems, and any advice they might have for service providers regarding how best to support women in their healing and recovery. Of those who were mothers, they were also asked about how their relationships with their children were evolving and the types of supportive services that were needed and/or available for their children. The interviews were tape-recorded and transcribed. Each woman received department store gift cards (totaling approximately $60 across the interviews) as an expression of appreciation for their participation.

Franklin County Women's Research Project – Franklin County, MA

Franklin County is largely rural with a total population of approximately 71,000 people spread across 30 towns and nearly 1,000 square miles. The racial, ethnic and cultural diversity of Franklin County is similar to poor, rural population pockets throughout New England, with 96% of the population being Caucasian. Franklin County residents have the lowest per capita income of all counties in Massachusetts. Rates of assault, rape, and child abuse are among the highest in the state. Isolation is a profound problem, particularly in the outlying towns, where dwellings are spread out and transportation is limited. Health and behavioral health services are sparse. In fact, the federal government has

designated Franklin County as medically underserved, based upon four criteria which affect access to primary care: percentage of the population below the poverty line; percentage of the population over 65; the infant mortality rate; and number of primary care physicians (Veysey et al., 2004).

The Franklin County ethnographies comprised a series of in-depth interviews with 18 women who met the criteria for the larger WCDVS study. The participants for these interviews were selected from a stratified sampling frame of women currently using services. The sample was stratified by portal of entry (i.e., substance abuse, mental health, domestic violence, and homeless services), race/ethnicity, and motherhood status. Persons consenting to participate were interviewed every three months for a total of four interviews.. Each interview focused on a different aspect of recovery. The first interview focused on how women take care of themselves during difficult times and their experiences with supports and services that have and have not been helpful. The second interview addressed what it means to be healthy or well, what are the necessary supports or factors, and how people heal from trauma. The third interview investigated what women do to respond to the physical consequences of trauma, including the use of behavioral health, medical and dental services, and the use of alternative care and informal physical wellness techniques, such as acupuncture, massage, and relaxation. The final interview asked women to discuss how they have come to terms with, or understand, the violence that happened to them. This interview focused primarily on life perspectives, personal philosophies, spirituality and religious practices. Interviews consisted of open-ended questions and varied in length from one to two hours.

Field researchers were trained in techniques of interviewing, observation, and taking field notes. Teams of two interviewers conducted the interviews. All of the interviewers were women and had personal and/or clinical knowledge of trauma, substance abuse, and mental health problems. The inclusion of interviewers with a history similar to the women's was intended to foster an atmosphere in which the women felt that they would be heard and understood. Interviews were held in a location that the women felt comfortable with and conducted in private; most were conducted at a local women's drop-in center.

Characteristics of the Women Whose Stories Are Presented Here

Across the three study sites, 41 women participated in in-depth interviews. In order to select the ten women whose stories would be presented in this document, the authors reviewed all 41 transcripts and selected a subset for further consideration based on the detail and level of reflection these women demonstrated. From this smaller pool, the authors selected the final ten women based on the diversity of their demographic and other background characteristics. The goal was to allow the voices of very different women to be heard and to understand the common threads of their experiences.

All of the women whose stories are presented here experienced both physical and sexual abuse at some point in their lives; as children, eight experienced physical abuse and seven experienced sexual abuse. Five of the women were on disability and seven were unemployed when they entered the WCDVS study. Of these ten women, six are Caucasian, two are African American, one is Asian, and one is Hispanic.

A Note on Cultural Issues

Because of the small number of women who share their stories in this document, the authors were concerned that confidentiality could be breached if the racial and/or ethnic backgrounds of the individual women were identified. As a result, the cultural backgrounds and contexts within which these women lived are not presented here. Although this is a limitation of this document, maintaining the anonymity of each participant was paramount. It should be noted that the similarities of these women's experiences crossed racial and ethnic boundaries.

The Impact of Trauma[1]

The impact of interpersonal violence is profound, shattering trust and safety, fragmenting relationships, and narrowing hope. Interpersonal violence, including physical and sexual assault, such as rape, incest, battering, and murder, is so common for women, regardless of cultural affiliation and socioeconomic class, that it has been described as a "normative" part of female experience in the United States today (Salasin & Rich, 1993). Nearly one-third of American women reports experiencing sexual and/or physical abuse during their lifetime (Commonwealth Fund, 1997; Mowbray, et al., 1998). One million women report episodes of domestic violence each year in the U.S. (Manley, 1999), and most women who are victims of domestic abuse were also abused as children (Alexander & Muenzenmaier, 1998; Crowell & Burgess, 1996; Walker, et al., 1999). Frighteningly, these numbers are a low estimate of the prevalence of violence, since the silencing that results from fear, shame, and stigma creates a forbidding barrier to reporting (Alexander & Muenzenmaier, 1998; Commonwealth Fund, 1997). Violence for many women is rarely a single event, but rather an ongoing nightmare.

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The violence that women experience has profound effects. Early childhood sexual and physical abuse rips at the core of an individual's developing sense of self, violating fundamental assumptions about the integrity and control of one's body and identity. The world no longer appears to be safe, just, and orderly (Carmen & Rieker, 1989; Herman, 1992;). It is difficult to accurately portray the breadth of developmental adaptations children must make to survive—to describe what a child must do to endure repeated rapes by a trusted adult or beatings that are so severe to leave the child with broken bones or unconscious—and believe this to be "normal."

In addition to the developmental consequences, childhood trauma is associated with mental health problems, addictions, and health problems. Recent research from the Adverse Childhood Events (ACE) study, has found that abuse, neglect, and other traumatic events are related to the adoption of risky behaviors, such as the abuse of alcohol and other drugs, smoking, multiple health problems, and early death (Felitti, et al., 1998). Among the mental health problems are depression (Bassuk, et al., 1998; Commonwealth Fund, 1997, 1998; Miller, 1990; 1994; 1996); post-traumatic stress reactions (Bassuk, et al., 1998; Commonwealth Fund, 1997, 1998; Haswell & Graham, 1996; Miller, 1996; Miller & Guidry 2001; Mueser, et al., 1998; van der Kolk, 1996); suicidal ideations and attempts (Bassuk, Melnick and Browne, 1998; Dubo, Zanarini, Lewis & Williams, 1997; Miller, 1996; Miller & Guidry, 2001); poor self-esteem (Alexander & Muenzenmaier, 1998; Glover, et al., 1996; Herman, 1992; Higgins, 1994); eating disorders (Herman, 1992; Janes, 1994; Miller, 1996, 2000); self-inflicted injury (Alexander & Muenzenmaier, 1998; Dallam, 1997; Haswell & Graham, 1996; Miller, 1996; Miller & Guidry 2001; Rea, et al., 1997; Zlotnick, et al., 1997). The prevalence of chronic medical conditions such as pelvic pain, gastrointestinal problems, fibromyalgia, epilepsy, migraines, respiratory-related ailments, and cardiovascular problems are also elevated in later life (Bassuk, et al., 1998; Felitti, et al., 1998; Green, et al., 1997; Miller, 1994, 1996; van der Kolk, 1996).

Herman (1992) suggests that early childhood abuse leads to coping strategies, such as dissociation, unrealistic world views, splitting of personalities, suppressed affect, and hypervigilance that assist in a child's survival. As a child ages, he or she may engage in other behaviors meant to suppress feelings and memories directly related to earlier or current abuse, including risk-taking (e.g., frequent or dangerous sexual behavior and running away), self-injury, eating

Footnote

[1] This section was adapted from the Alcoholism Treatment Quarterly Special Issue "Responding to Physical and Sexual Abuse in Women with

disorders, and alcohol and other drug use. This suggests that trauma is central and causally related to addiction and symptoms of traumatic stress, which are often misunderstood as symptoms of non-trauma–related mental illnesses (Alexander & Muenzenmaier, 1998; Amaro & Hardy-Fanta, 1995; Miller, 1996; Miller & Guidry, 2001).

Many of the adaptive strategies women use to cope with physical and sexual violence ultimately work against them (Miller, 2000) causing them to be labeled and devalued and placing them at high risk for further sexual and physical violence (Alexander & Muenzenmaier, 1998; Bassuk, et al., 1998; Rachbeisel, et al., 1999; Walker, et al., 1999). Role loss resulting from labeling and involvement in the mental health and substance abuse treatment systems is harmful to a woman's sense of self and consequent recovery (Alexander & Muenzenmaier, 1998; Mowbray, et al., 1998). Women and their allies in homeless (Susko, 1991) and battered women's shelters (Warshaw, 1995), correctional systems (Galbraith, 1998; Veysey, 1997), substance recovery programs (Miller, 1994), and psychiatric systems (Dare to Vision, 1995; Dende, Duca, Hobbs & Landis, 1997; Harris & Landis, 1997; Jennings, 1997; Jennings and Ralph, 1997) testify in compelling detail about the negative impact of labeling and subsequent loss of credibility to bear witness to their own lives. As their credibility is challenged, the risk of loss expands to such areas as child custody (Stefan, 1998), autonomy, employment, and safety.

What is Healing and Recovery?

Despite the considerable movement treatment providers have made to respond to the needs of women with co-occurring disorders and histories of violence, the concepts of healing and recovery are not well integrated into a treatment paradigm. The recent Center for Mental Health Services sponsored Summit on Recovery underscored the idea that treatment is one of many resources supporting recovery and healing, and not the other way around. This emerging view of treatment and recovery is central to SAMHSA and its mission.

SAMHSA publications now carry the statements "A life in the community for everyone…building resilience, facilitating recovery."[2] This mission statement represents a significant paradigm shift in point of focus away from deficit- or symptom-based responses; acknowledging that persons who struggle with mental health and substance use problems are members of every community and have the same goals and desires as every community member—meaningful work, a safe home, and strong social ties. Both CMHS and CSAT have been working on identifying the elements of recovery. This important step reflects a significant departure from a problem-focused approach and acknowledges that many life domains are affected by trauma, mental illness, and substance abuse. This principle also normalizes individuals' experiences and acknowledges the wisdom and expertise of those who are in the recovery process.

Within this general context, several issues remain unresolved. First, no one has asked the question, "Are the process and desired outcomes of 'recovery' the same for trauma, mental health, and substance abuse?" The word recovery has been in use in substance abuse circles for decades. Mental health professionals are only now embracing the concept (although the groundwork was established in the 1980s). In terms of trauma, the discussion is different. When persons are exposed to abuse or other adverse events in childhood, there literally is no pre-injury state to recover. Children's personalities and coping styles are developed within violent environments and as adults, these same individuals must embark on a much more extensive journey, not only to overcome the adult consequences of abuse, but to develop social and practical skills they did not learn in childhood to support them in a "good" life.

Humans possess a great potential for growth. Disabilities do not in and of themselves restrict this growth potential. Recovery therefore cannot be measured in terms of single outcomes or even symptom reduction. The way individuals

Footnote

[2] SAMHSA's full mission statement "focuses attention, programs and funding on promoting a life in the community with jobs, homes and meaningful relationships with family and friends for people with or at risk for mental and substance use disorders. The Agency is achieving that vision through an action-oriented, measurable mission of building resilience and facilitating recovery."

measure recovery are unique to each person. Some women may consider that recovery means having a family, a home and a job; in other words, the American dream. Others set their sights on living a loving, joyful life; quieting the internal voices of self-contempt and self-hatred, and living without pervasive fear. An outsider cannot place an objective value on these two different goals. The valuing must come from each and every woman's own journey and be self-identified.

The general lack of consensus about what recovery means is in part due to the use of the term for both a process and an outcome. It is also clear that persons "in recovery" believe strongly that recovery has no end point (i.e., "I have recovered"). Moreover, for persons who experienced abuse as children, there is no pre-abuse state to "recover." Recovery as a state may be better defined as wellness, or as some people say, "living a good life." What makes for a fulfilling life does not differ by diagnosis or problem area. It is the same for all human beings. The challenges, barriers, and the forms of stigma presented by violence, mental health problems, and addictions are different—as are the challenges presented to women, children, persons of color, and those living in poverty.

The shared aspects of wellness that emerge from the literature are having a positive self-identity, having meaningful things to do (i.e., valued social roles and routine activities), altruism and having opportunities to give back, having supportive social relationships, having pastimes, methods of stress reduction and relaxation, and having an encompassing world view, life philosophy, or spirituality that gives meaning to life experiences (Higgins, 1994; Stenius, et al., 2005; Stenius & Veysey, 2005). These aspects address the self, the self in relation, and the self in the universe, and support the human needs of the body, mind, and spirit. Pathways to recovery vary from person to person, and are shaded by the length of time in recovery, life experiences, treatment portal, and other socio-demographic factors.

This Monograph

This monograph is intended for all who are interested in recovery: survivors, clinicians, administrators, family members, and friends. It is meant to be a testament to the strength and resilience of persons who have lived through terrible violence and to the wisdom of those who survived and thrived. The women who speak through this monograph give hope to others about the possibility of healing. They also challenge and caution others that the path is not always clear or easy.

The monograph follows the common themes of recovery that emerged from the interviews. Prior to the presentation of how women heal, an introduction to the women themselves is given. The section entitled "Why Now? Moments of Transformation" captures the essence of the moment of turning; when women decide to live, and not to stagnate or die. In all of the stories, three things occur. These women state that something changed in their internal perspective; that something external to them happened to make them want to change; and that they made some concrete change in their behaviors. The next section, entitled "What Made a Difference: Resources for Sustaining Wellness," describes the second aspect of recovery. Everyone needs supports to sustain the positive changes they make in their lives, but they are not the same for everyone. The resources for recovery address the needs of the whole person—body, mind, and spirit—and include relationships, identity, and self-perception, spirituality, methods of self-care, and treatment. The final section, "Challenges to Recovery," presents struggles and pitfalls along the way, including the intergenerational effects of trauma and provider and system barriers.

II. The Women: Their Stories

Overview

The women whose voices are reflected in this monograph give us all an invaluable gift—a glimpse into the struggles and victories of their lives. These women's words ring with the courage of survival. Their stories reflect the resilience of their spirits and their efforts to heal from unspeakable brutality.

This chapter provides brief descriptions of some of the life events that brought these women to the WCDVS. These life descriptions are given to provide a backdrop for understanding the painful life journeys that brought these women to this point in their lives, and to give a sense of these women's strength, resilience, and truly heroic changes they made. Their stories make it abundantly clear that no one is so hurt or damaged to be considered hopeless or "incurable."

Introductions

Dawn

Dawn remembers seeing a lot of violence in her home when she was a very young child. She also says that she was emotionally abused and neglected. She remembers, "*My mother used to tell me all the time, 'You're ugly. You're fat. You look just like your dad—you're never going to amount to anything. I should have had an abortion.'*" Not only did she experience physical and emotional abuse, but she has also been the repeated victim of sexual abuse and rape. She first experienced sexual abuse during her elementary school years and was raped more than once, beginning before she was a teenager.

Dawn started smoking at age 12. When she was 14, she started using alcohol and marijuana and at age 15 began using other illegal drugs. She remembers, "*[I was] trying to hide all my feelings, you know, by covering them up with drugs, all my traumas, you know. Drugs covered up the pain. Any kind of hurt or rejection or anything, drugs covered them up. For me, [drugs were] my shelter.*"

"Drugs covered up the pain. Any kind of hurt or rejection or anything, drugs covered them up. For me, [drugs were] my shelter."

Dawn was first admitted to a psychiatric ward when she was 23.

Upon joining the WCDVS in her mid-40s, she had regularly used drugs for 34 years. She is divorced and the mother of three grown children. She completed high school and one year of college. At the time of the interviews, Dawn was unemployed due to a serious physical illness. She says that her health is poor and she is having severe financial problems.

Julie

Julie was a child imprisoned in a very scary home life.

"Like when I was a kid, it's like I couldn't control my mother mentally abusing me. I couldn't control my father physically abusing me, and I couldn't control my brother sexually abusing me....I couldn't control anything...."

She says the physical and emotional abuse began when she was very young and occurred a lot as she was growing up. As a pre-teen, she was sexually assaulted and raped. As a young child, she tried to find a safe place, "*But I remember even younger than that, hiding under the stairs, hiding in the fireplace…[but of course] you can't hide in a fireplace….I'd like go up in trees. High up in the tree.*" That strategy was not very effective and she soon learned another. She remembers, *"It just got to the point where it was either move out or check out. And I couldn't move out as a little kid, so I just got high. And that was just easier to deal [with]*." She began smoking when she was six and got drunk for the first time when she was nine years old. At age 11, Julie started using marijuana and other illegal drugs. When Julie entered the WCDVS, she had used drugs regularly for 28 years.

As an adult, Julie has been physically abused and stalked. She reflects on how she got to where she is now.

"I [was] self-medicating myself because of the bi-polar and [I wasn't] on proper medication. I had physical and sexual abuse, you know and then my drug career introduced me to physically, mentally, and sexually abusive people. And then I [got into] abusing the shit out of myself."

She also has experienced some of the most hurtful aspects of the mental health system where she was strip-searched and forcibly restrained by mental health providers.

Julie never remembers a time when she didn't have emotional problems and when she began the study, she had thought of dying as a way to end her misery.

"I didn't trust anybody. I did everything on my own.…I fought my way through life."

Julie has never been married nor does she have any children. As with Dawn, when Julie joined the WCDVS she was unemployed due to a serious physical illness and described her health as poor. She also struggles with poverty. Now in her mid-30s, Julie is involved in a significant intimate relationship.

Rosalie

Like Julie, Rosalie remembers seeing violence between her family members when she was very young. She also recalls that she was neglected and abused emotionally a lot when she was in elementary school. To this day, she still has to fight her early learning. She says, *"No matter how I try, I still feel like I'm no good, you know?"* During this early period, Rosalie said that she was also physically abused a lot.

As a teenager, she was raped several times.

Rosalie began smoking when she was age 13, used marijuana first at 14, and got drunk for the first time at age 15. Rosalie also said that it was at age 15 when she first knew that she had some emotional problems. When Rosalie was age 17, she began using other illegal drugs; she said crack was her biggest problem. At the time she entered the WCDVS, Rosalie had used drugs regularly for almost 19 years.

Rosalie was receiving mental health services when she entered the WCDVS and had been treated in a psychiatric inpatient ward within the prior year.

At the time of the interviews, Rosalie was 35 years old and involved in an intimate relationship. She is the mother of four children, all under the age of 18. Upon entering the WCDVS, Rosalie was in substance abuse treatment, mandated by criminal court, although she has never been sent to jail or prison. She is one of the fortunate ones who was never separated from her children against her will because of her problems. Unlike the other women who share their stories here, Rosalie also said that she has never suffered from severe financial difficulties.

Anna

Anna remembers growing up in a violent home. She recalls:

"My mother was a very battered, very suppressed wife, and every day I grew up...my father would scream: '[Mother's name], where're my shirts? God damn it, what do you do all day?' You know, [he] just put her down every single day. And one day, I got up enough nerve and said, 'When are you ever going to say something nice about mom?' I think I was like seven or something, and I got whipped big time. That was the last time I spoke up for a while."

Anna suffered physical and sexual abuse as a child. She was beaten and raped by her father. She was also physically and sexually abused later on as an adult.

Anna is in her early 40s and has never had children. When she entered the WCDVS, she was unemployed due to her disabilities. When Anna entered the WCDVS, she was not currently participating in substance abuse treatment, although she had, within the prior month, participated in mental health services.

Serena

Serena says, "*[My] situation…started [for me] as a child. Now maybe [it was] the neglect, maybe the depression, I don't know. I have depression in my family. My grandfather was depressed, my grandmother killed herself, my aunt killed herself, my uncle tried multiple times, my father was on anti-depressants, and then my mother's crazy. I say crazy 'cause she's like delusional and all this other stuff.*"

She had been physically and sexually abused as a child and then later also as an adult. Serena started using drugs at age 11. She remembers, "*I was acting out in school. You think they would have picked up on it. [I was] hiding bottles in my locker, smoking weed all the time, doing acid…they knew I was high. I mean the Vice-Principal [was] screamin' at me because he knew I was high….*"

She continued to use drugs until she was 37, when she entered the WCDVS. At the time when she was interviewed she was employed. During the month before joining the WCDVS, Serena was participating in mental health, substance abuse, and trauma services. She is a mother.

Isabella

Unlike the other women, Isabella did not experience physical or sexual abuse as a child. She shared that she first witnessed physical violence between her family members when she was a pre-teen. However, as an adult she has experienced a lot of physical abuse and some sexual abuse. Isabella also said that, as an adult, she has experienced discrimination that was highly distressing and that she has been stalked.

Unlike the others, Isabella did not start using drugs or even smoke until a much later age. She began smoking when she was 25 and began using illegal drugs at age 35. The substance that creates the greatest problem for her is heroin. She says, "*I used [the heroin] for the pain.*"

Isabella is in her mid-40s. She is the mother of six children and is divorced. Three of her children are under the age of 18 and the other three are young adults. When Isabella joined the WCDVS, one of her children was living with her. At that time she had been mandated by the Department of Social Services/Child Protection to participate in substance abuse treatment.

Just before she entered the study, Isabella had experienced multiple losses: she was having serious financial problems, she had lost custody of some of her children, a person close to her had died, and a family member had been incarcerated. She herself has a serious physical illness and describes her health as poor. Also at that time, she was receiving mental health services.

Maria

During Maria's elementary school years, she witnessed physical violence among her family members. As a young child, Maria remembers that she was physically, sexually, and emotionally abused. She also says that she was neglected as a child. She was raped once as a teenager. As an adult, Maria was once stalked and had been physically assaulted.

Maria said that she first became aware of having emotional/mental health problems when she was 10 years old—the same age at which she first drank alcohol. Maria started smoking when she was 12 and became drunk for the first time at 15. Maria first used marijuana at age 18, but she has not used other illegal drugs.

These things all became a part of her day to day life.

"I've been dealing with substance abuse, mental illness, and trauma all my life. I had my first drink when I was 10. I was always depressed...so, I found the ways to cope. I've always had these things in the background."

In the six months before entering the WCDVS, Maria had been admitted to a psychiatric ward three times, twice against her will. When Maria entered the study, she was receiving mental health services and said that she thought of dying as a way to end her misery.

Maria is in her early 40s and has three children, one of whom is under the age of 18. None of Maria's children live with her. When Maria entered the WCDVS, she had lost custody of her youngest child and had been mandated by the Department of Social Services/Child Protection to participate in substance abuse treatment. At the time of the interview, she was employed part-time, but recently had been homeless and financially strained.

Emily

Emily remembers seeing violence in her family and her parents separated when she was young. She also remembers being emotionally abused and neglected as a young child.

"It was really hard. [I thought I had] a normal life [with] normal people. You know, it's normal for [people] to come home half drunk and pass out on the floor and throw up and shit. [But then I realized] it wasn't [normal]....I lived in a project and everybody lived like that….I thought it wasn't dysfunctional because I had my mommy and my daddy….All four of us had the same daddy, so we were high class out there…we [all] had the same father. We were normal people and everybody else was screwed up. Later on it was kind of a sad reality shock to me….[I felt] kind of like shattered. We weren't normal; we were fucked up people. My mom and dad weren't these great parents I thought they were."

When Emily was 16 years old, she started smoking and got drunk for the first time. At age 21, Emily began using illegal drugs, and heroin was her drug of choice. When she entered the WCDVS, Emily had used drugs regularly for 11 years.

Although Emily was not physically or sexually abused as a child, as an adult, she has been physically abused and raped repeatedly. She has also been stalked repeatedly.

At the time she was interviewed, she was receiving mental health services and participating in substance abuse treatment.

Claire

Claire is in her late 40s and has children. She was physically abused both in her childhood and as an adult. Claire has been raped several times. When Claire entered the WCDVS, she was unemployed due to a disability and within the prior month had participated in mental health and trauma services. Claire was not currently participating in substance abuse services.

"I started having [really bad] rape memories in 1999. It was the whole flashback thing, and it was I woke up from a dream, and I shook and was just hysterical, crying. I was home alone. I couldn't even say a whole sentence.…I still have no interest in men. I still have no libido."

Brandi

Brandi remembers witnessing physical violence within her family during her preschool years and that this occurred a lot as she was growing up. It was also during these young years when Brandi was first sexually abused and raped. These were not single incidents, but occurred often as she was growing up. She was also physically abused during her elementary school years.

"I shared [recently] with my mother that it felt like, when I was a child, I had "abuse me" stamped on my forehead. She said she'd never thought of it that way…[but now that I mention it…it did seem] like it was stamped on my forehead."

She concludes with her own disturbing discovery: "*[My mother also said] that it felt like [abuse me] was stamped on her forehead too."*

She says that she knew she was having emotional problems when she was four years old. She used marijuana and got drunk for the first time when she was seven years old. At eight years of age, Brandi started using other illegal drugs; she started smoking at nine. When Brandi entered the WCDVS, she had been using drugs regularly for 26 years. Her major substance problem was heroin.

Brandi says she sometimes thinks of dying as a way to end her misery.

Brandi is in her late 30s and is the mother of one young child under the age of 18 who lives with her. Earlier in her motherhood, she had lost custody of her child. Although Brandi is unemployed due to a disability, she describes her physical health as good. At the time of her interview, she was receiving mental health and substance abuse services.

She says that she also had serious financial challenges within the six months before entering the WCDVS.

The Impact of Trauma through a Woman's Eyes

Sexual assaults and physical beatings leave profound wounds long after any physical damage begins to heal. The legacy of violence often is a life that is filled with fear and anxiety, confusion about one's own worth, sorrow and depression, a great struggle to understand oneself, and confusion about relationships with others and the world itself. To understand how women are struggling to heal, it is imperative to comprehend that from which they are trying to recover. Abuse wounds people in many ways. Trauma can disconnect the victim from herself, and can greatly color her relationships with others. The repercussions of abuse experienced during childhood can weave their way throughout adulthood.

Many abuse survivors do everything they can to keep the pain of abuse at a distance. Some harden themselves, others work very hard to achieve at least an illusory sense of normality—which they hope will last.

Brandi: "*I was real hard because[of] the environment I grew up[in]. I had to be hard and tough. [When] that wasn't working any more...[when my hardness and toughness] went away, I was open. I felt vulnerable and a lot of pain. I didn't know where I was any more. I was scared.*"

Serena: "*I was very traumatized.…[I had a] posture that I [was] able to maintain for so long…thinking I was fooling everybody, that my life was just fine. [But then] it started to crumble; there wasn't any mask I could wear any more.*"

While substances are often used to self-medicate the aftereffects of abuse, the use of them frequently brings more violence.

The trauma of abuse does not simply go away with time. People cope with its repercussions in many ways. Some people cope by using dissociation, whereby they seek to protect themselves from their environment. Dissociation serves to distance the person from an experience that is overwhelming. While a useful skill to have when abuse is occurring, it often continues as a means of coping later on.

Claire: "*I [have been very good at] completely dissociat[ing] all of the rapes and the violence associated with them....[When I realized this], it really amazed me that I could dissociate so well.*"

Julie: "*I was finally clean consistently at that time because I was in a safe environment and I really couldn't use. And all the feelings and the flashbacks and the dissociating and all that memories were all like nailing me. I mean I was flooded....*"

Flashbacks of abuse are not uncommon, particularly when individuals stop using the drugs or alcohol that had medicated their emotions and memories.

Anna: "*When [my father who raped me] was dying...I was so uncomfortable I couldn't even be in the same house with him until he was eighty pounds and couldn't get out of bed.…Even though it wasn't a rational thing…I was so afraid I was flashing back and re-triggered that he was going to come and hurt me.*"

While substances are often used to self-medicate the aftereffects of abuse, the use of them frequently brings more violence.

Julie: "*I had physical and sexual abuse…and then my drug career introduced me to physically, mentally, and sexually abusive people.…So it's like I had it my whole life.*"

Sexual abuse, particularly when it occurs in childhood, often has a profound impact on self-esteem. It also may cause confusion regarding the role sex has in one's later life, and sometimes results in permanent physical wounds that may affect the ability to bear children.

Serena: "*I really was craving touch so badly that I would go and pick up a stranger in a bar and take him home....*"

Claire: "*Because of the rapes, my bladder had been ripped from the pelvic wall.…My rectum had [also] been ripped from the pelvic wall [which] caused my colon to become prolapsed....All my rectum muscles were like mush.*"

Trauma influences relationships with other people. It greatly impacts a person's ability to trust others and influences the choices about with whom to associate.

Anna: "*[The abuse] has affected every relationship I ever had. It's affected my ability to relate to people, my ability to trust people, my ability to form intimate relationships. I mean I've never been in a committed relationship, which is the greatest sadness of my life.*"

Serena: "*I'm being asked to construct for the first time a belief system of my own capacities and to build a sense of self-esteem, which I've never had. [If I'd had any self-esteem], I wouldn't have chosen this marriage…which [has been a continuation of the] victimization that started in early childhood.*"

Rosalie: "*Boundaries is huge in this, so—I knew nothing about boundaries and limits. And that…put me in painful situations.*"

Underlying all the other effects of abuse is the deepest wound—a mistrust of self and one's own perceptions and abilities. Abuse, whether physical, sexual, or emotional, wounds people at the core of their beings, it assaults the essence of who they are.

Serena: "*The hardest part about being a trauma survivor—especially when it's been at the hands of someone else, not like an earthquake or a fire—[is that] you don't trust your perception of where you are. I haven't been able to [trust my perception] for so long. I didn't trust any gesture that I made towards wellness because I wasn't sure that I had the strength and the consistency to follow it through to the end to really achieve something.*"

Summary

This introduction to the multiple wounds of trauma, and the impact abuse has on a person's emotional, physical, spiritual and relational life, is meant to provide insight into some of the struggles these women, and others like them, have had, thus enabling the reader to begin to comprehend the depth of their suffering, their resiliencies and strengths, the many pathways to recovery, and their need for healing.

Each of these ten women's stories is unique. Yet, uncountable numbers of women and children across the United States have similar experiences every day. Each of these women provides insights into what has supported—and truly made a difference—in her journey to healing and health.

III. Why Now? Moments of Transformation

Overview

One of the most difficult questions to answer in the process of recovery is "Why now?" Why did one woman choose this particular moment to get sober, or to leave an abusive relationship? Given the nature of the problem, why today and not yesterday or two years from now? The explanation is not as easy as "hitting bottom" or a miracle. Sometimes there is no bottom and women die. Moments of fantastic change occur, but not without hard work. The moment of transformation that moves a woman from a downward trajectory toward illness and despair to an upward path toward recovery and wellness is unique to each person. Every person can look back and point to the moments that changed her or his life. Sometimes it is a powerful event. Just as likely, it is something someone said in passing and it came at just the right time to have an enormous impact.

While each person's path is unique, each also shares common elements. As a whole, these women speak about three elements of change—a shift in the way they think about themselves or their lives, an external event or personal influence that gave them the motivation to change, and a concrete change in behavior. None of the individual elements alone was sufficient to make concrete and lasting changes. For example, many people decide to stop using substances, but fail over time. They cannot seem to sustain their recovery, and try over and over again. All of these things appear to be necessary. Julie describes this best: *"I was finally clean consistently at that time because I was in a safe environment and I really couldn't use. And all the feelings and the flashbacks and the dissociating and the all that memories were all nailing me…so I did Seeking Safety… and that helped me to realize that I had all that trauma because I had stuffed it for so many years with drugs that I forgot. …. And it helped you to kind of change your thinking that way. You know you're not being abused anymore today. You know you're in charge now. You're ok."* Julie needed both the external condition of being in a place where she was clean and couldn't use drugs (the external event) and she also needed to make the connection between her substance abuse and the violence she had experienced (the cognitive shift). She also needed to know that she was safe and was in control of her life. These two things provide the individual with the necessary ingredients to change her behavior (the third element) to overcome challenges and to have the confidence to achieve something that is really meaningful.

[T]hese women speak about three elements of change – a shift in the way they think about themselves or their lives; an external event or personal influence that gave them the motivation to change; and a concrete change in behavior.

The cognitive shifts take on various forms, from self-forgiveness, to the inspiration of a grandmother, to a new found spirituality, to an understanding of the connection between the terrible things that have happened to her and the choices she makes in her present life. The external influences can be positive or negative, but they create the motivation for change. It could be a death or a birth, the loss of health, or someone simply valuing and validating the person. Commonly, concrete behavioral changes were based on decisions to stop using alcohol or other drugs, begin or end relationships, keep away from negative environments, set boundaries, or take care of oneself.

This chapter will present the three core elements of change: cognitive shifts, external influences, and behavioral changes. The next chapter will discuss the resources women say supported and sustained their change.

Cognitive Shifts

The women who participated in this study were not often victims of single incidents of violence, but rather had survived long-term, repetitive, and severe physical and sexual violence. For many of them, the violence began in their early

years. For these women, the violence was a normal part of their day-to-day lives, forming how they thought about themselves, their place in the world and their belief about the inherent fairness of the universe. Because violence so often defined who they were, a transformative change in understanding or identity was a necessary step toward healing. In each of the women, there was a substantial cognitive barrier that had to change prior to beginning the journey of healing. For some it was the belief that she deserved what she got, or that there was no hope of ever creating a full life; for others it was the understanding of the connections between her rage, drug use, and the abuse she survived; and for others it was the discovery of a long-buried conscience. In these interviews, these cognitive shifts are organized into several themes: hope and belief that recovery is possible; recognition of trauma and its effects; forgiveness; and spiritual awakening and (re)emergence of conscience.

The Possibility of Recovery

Perhaps it is obvious that people must envision a goal to achieve it, but this seems to be a significant first step toward healing. It is important to note that these visions of wellness went far beyond common treatment goals. Treatment paradigms typically do not offer participants images of wellness and of good and productive lives as primary goals. More often they focus on not using substances, reducing symptoms, and learning to live with the deficits. The women in these interviews often made significant changes in their lives when they found hope and believed they really could achieve something better for themselves.

Sometimes this meant knowing what they wanted. For the most part this was described as taking control, setting boundaries, and placing the self first. Serena, Claire, and Dawn are examples of these three ideas.

Serena: "*No one can hurt me unless I allow them to hurt [me].*"

Claire: "*I feel blessed for every day I have. Finally last summer, through all the therapy [I've had], I realized that I have to put me first. Since I was pregnant seventeen years ago, I have never put myself first. I had to rearrange all these belief systems about how it's okay to put yourself first. That was a huge piece.*"

Dawn: "*I learned that I can choose to do what I want to do. I can choose to be around who I want to be around. I have the choice. Nobody can tell me, you know, what to do, you know, to use or not to use. It's my decision. If I don't want to, then I don't have to.*"

When a woman decides to make a concrete change, everything appears to shift and become more manageable.

This is an interesting point. Many women describe how powerless they have felt in their relationships, their drug use, and their inability to protect themselves. They also talk a lot about being out of control. Owning their lives, including their problems, gives these women all the strength they need to change their lives.

Sometimes the possibility of recovery was simply knowing what you don't want or what you know is hurtful. Anna says, "*I value my life.… I'm 42 years old and I want a different life than what I have. I don't want to be living with four drunk or stoned people who are unpredictable, that proposition me, that [have] friends [who] proposition me. They [play] drums and guitars until four o'clock in the morning. I don't want to live like this anymore.*"

Willingness and a desire to change their lives is certainly a necessary step toward real change. All the knowledge in the world, all the pressures from the outside encouraging a woman to stop using drugs or alcohol or change any other kind of hurtful behavior will have no effect until she herself decides that she wants to change. For example, Serena says, "*All the knowledge in the world at your fingertips—the computer, medical libraries—is not going to do any good until you're really willing to be right where you are when you're there, and acknowledge it, and figure out what it is that you need to do. Then to be able to keep your life together and still somehow process what it is that has been completely on hold.*"

In fact, when a woman decides to make a concrete change, everything appears to shift and become more manageable. Isabella speaks eloquently about what happens when she decided to change.

Isabella: "*But when you really want to change, the desire [to use] goes away. The thought is still there but the desire goes away. You'll say things like that when you're bored, you know, or things are not going fast enough as you want them to go, but recovery you'll learn is not a speedy recovery. It is slow. And if you wait, things will fall in order.*"

Recognition of the Effects of Trauma

The first step that many women took toward healing was to reframe what had happened to them in the past. Women commonly believed that they were responsible not only for their adult life circumstances, but also for the violence and rejection they experienced in childhood. For example, Emily recalls, "*This is the life I chose. This is the life I gotta live. I'm stuck with it.*" The reframing of the past meant that, at a minimum, women defined what had happened as violence or trauma, and then connected that to their lives and what they now understood as the consequences of trauma. For example, Serena states, "*I [don't] think that events have defined my life, but how I responded to them….Somewhere along the line in adulthood, after the kids were born, I started to look back and realized that the trauma defined my life in the way that I allowed it to.*"

As stated in Chapter 2, women recognize how trauma caused physical damage and health problems, depression and anxiety, and substance use. More importantly for the recovery process, women recognized how trauma affected their relationships. Particularly, many women recognized how they recreated their violent and abusive pasts in their present. For example, in discussing her adult relationship, Serena says, "*He could be so tender and then the next time I turned …there could be this rageaholic. It was a schizoid experience. In retrospect...I just recreated my life. I understand that.*"

"That's the hardest part about being a trauma survivor—you don't trust your perception of where you are."

Unfortunately, recognition of this fact does not solve the greater problem of lack of practical experience in developing and maintaining healthy relationships. Serena concludes, "*I'm realizing I'm not real well equipped to pick something different quite yet and that's my major goal in life.*"

Rosalie reflects in a similar vein, "*I didn't know who could have been triggering it and…how I reacted to it all the time, instead of knowing that I could take a step back and…look at my anger constructively instead of destructively and hurting people around me or hurting myself.*"

But she also states that the knowledge of the relationship between trauma and its consequences gave her the ability to recognize and anticipate situations and resolve them with new strategies. Rosalie concludes, "*And [Seeking Safety] helped me to look at some trauma, and find out some things that may have been triggering me in different ways [so that I could] handle those situations. To be aware of when the anxiety sets in and the fear sets in and something triggered me. Now I can look at a situation and I know if I'm gonna get triggered.*"

Brandi also was able to apply her new knowledge to old problems. "*I learned a lot about me. I learned that my survival skills had to change because I didn't need those survival skills anymore. It's like layers of me were falling away and I had to replace them with others.*"

Even with all the knowledge of trauma and its consequences, new skills and a renewed sense of empowerment, it must be noted that the healing process means navigating uncharted waters. This is the very difficult part of being a childhood trauma survivor. There is literally no experience to guide the way. Serena makes this clear on two occasions when she reflects, "*That's the hardest part about being a trauma survivor—especially when it's been at the hands of someone else, not like an earthquake or a fire—you don't trust your perception of where you are. I haven't been able to do that for so long. I didn't trust any gesture that I made towards wellness because I wasn't sure that I had the strength and the consistency to follow it through to the end to really achieve something....Here I'm being asked to construct for the first time a belief system of my own capacities and to build a sense of self-esteem, which I've never had or I wouldn't have chosen this marriage that I lived in, which continued a victimization that started in early childhood. And I just feel very strongly that I don't have the models. I think the models that I would choose are women that who have really triumphed through some things that are worse than I have.*"

Forgiveness

In the light of violence, forgiveness can be difficult. There are several aspects of forgiveness that the women in these interviews discussed. The first is self-forgiveness. This was related to women's transformation in thinking from being responsible for what happened to her to accurately and justly placing the blame on the perpetrator(s). The second aspect is forgiveness of the perpetrator. This is very complicated. When some women speak of this type of forgiveness they are describing more the fact that they understand why the people in their lives hurt them. It also acknowledges the fact that holding on to rage and anger comes at a high emotional cost and sometimes it is healing to let the anger go to preserve something more important. In no case does a woman claim that what happened to her was acceptable.

To move forward sometimes requires that the woman forgive herself. When she finally acknowledges that what happened to her was not her fault and that her life choices were rational survival decisions, she can let go of the past and embrace the future. Brandi, Emily, and Claire are good examples of this self-acceptance.

Brandi: "*I'm more comfortable with it, and I find that keeping secrets kept me sick all those years, so I'm gonna let it out. I'm not ashamed of it any more because it wasn't me that caused it. I know it wasn't my fault and there was nothing I could do. He was just a sick man.*"

Part of their journey towards understanding and letting go included experiencing compassion for the abuser.

Emily: "*I always felt guilty about the lifestyle I lived. I'd say this is the life I chose. This is the life I gotta live. I'm stuck with it. And [my therapist] would say, 'No, you didn't choose it. You made a wrong choice once, and with that wrong choice the life that you went through kept going, and before you knew it you were here. You didn't choose this life.' I was like wow, I didn't know that. That helped me a lot. That was like a lot of relief off of me because I was like I didn't do this to myself on purpose.*"

For some of the women, a part of their journey towards understanding and letting go included experiencing compassion for the abuser. For example, Rosalie felt that forgiving was necessary for her to move on.

"He's still my children's father [and], you know, he needs help too. Everybody does. I gotta forgive so I can go on. I can't hang on to anger. I just have to pray for him, realize that he's sick, and [pray that] maybe he'll get the help that he needs."

Yet forgiveness of those who, through their actions, have created great harm is controversial. Is real forgiveness needed for healing? Although Serena's statement below suggests that she experiences some compassion for her abuser(s), it also suggests that she does not feel obligated to forgive.

"I think the only way for my own personal salvation is learning to come to terms with my own forgiveness and unforgivenesses—finding out what it is in me that needs to heal because of what wasn't healed in someone else who came into my life."

Serena sums up how this transformative idea creates strength. "*[W]e were talking about past events and how they affect me now. They affect me differently because everything turns into wisdom. Pain turns into wisdom. It turns into a prescription for future behavior because it's all about experiencing a period in your life, for whatever reason where you were not capable of seeing or defending yourself from something that was potentially life-threatening or emotionally life-threatening at the hands of someone or at a natural event.…There's a depth to people who understand just how much fire they can walk on and eventually still be walking. This is the kind of moment when a woman takes the most damaged part of herself and re-makes it into a powerful resource.*"

Spiritual Awakening and the (Re)Emergence of Conscience

Many women talk about the importance of faith and church-going. They talk about a lifetime of participation in communities of faith. They went, good or bad, using or not using. For example, Isabella says, "*I grew up in a church house, and even though I did drugs, I always still went to church. Even wrong or right, you know, I was…involved with doing the work in the church, but I was also guilty because I had a drug habit and I knew that was wrong.*"

The faith community provided a consistency in women's lives, a point of inspiration and hope. Several aspects of the content of spiritual practice came through in the interviews. The first aspect is simply hope; that God will provide the necessary strength to make changes. The second aspect is the content of the message. God is always ready to embrace the person, regardless of the past or of current behavior. This unconditional love gives some women the space they need to build or rebuild fractured self-esteem. Third is that faith provides a woman with a sense of order and justice far beyond herself. In some ways, this is the same as good parents providing consistent, predictable, and safe environments. In this case, the knowledge that God or a higher being is always there, protecting and guarding, and balancing justice grounds women, particularly when life is at its most chaotic. The final aspect is practical and will be discussed in more detail in the next chapter. The practice of spirituality gives women a community and tools that are available at all times. Prayer and meditation can be done anywhere at any time, and God doesn't sleep.

Hope and the belief that things will get better underpins many of the comments women made about their healing. Isabella and Brandi both comment on this.

Isabella: "*I always got this when I went to church. This is the answer I always got from Him. He always said to me the best is yet to come, so…that just stayed in my head, stayed on my mind, and I said one day it's gonna come to me, and it did.*"

Brandi: "*I prayed, so I believe it was my spirituality, God gave me the strength.…All my life my mom…sent us to church, so I knew God at a young age and believed in Him.…It enabled me to take that first step to stop using drugs.*"

Sometimes the transformation comes slowly. Like the recognition of the effects of trauma, the knowledge that God cares and will provide the strength to overcome obstacles grows over time. For example, Isabella says, "*But the more I went to church or just stayed home on Sunday and listened to the church program, the more I wanted to be free of my addiction.*" Sometimes the transformation occurs so suddenly, some would call it a miracle. Dawn, Emily, and Serena each experienced a particular moment that changed their lives.

The knowledge that God or a higher being is always there, protecting and guarding, and balancing justice grounds women, particularly when life is at its most chaotic.

Dawn: "*I couldn't sleep one night, and so I was playing the channel changing game, and I happened to…turn to [the religious channel], and I was listening to [the pastor]. And I thought this man really knows what he's talking about because he's reading from the Bible. He's reading from this wonderful book and it's called the Bible.…This was the beginning of my recovery.*"

Emily: "*That's when my grandmother started telling me a lot of stuff like you got a reason for this, there's a reason for that. And my grandmother didn't speak very good English, and I'll never forget that conversation me and her had. I understood every word she said and she spoke it to me in English. I remember saying there's got to be a God because she never spoke that good of English for me to understand. All the things she said to me it had to be said that way to me. I remember that very clearly like it was just yesterday. It was really weird.*"

Serena: "*I had a near death experience...and you can't explain that to somebody else and know without a doubt that there is something that goes on after you're dead to someone else who doesn't know that. So those conversations were very empowering because the strength in surviving in a thing like that, you really have a strong, strong drive to create something to offer to other people. Because you're not like other people. You got a second chance and you chose to have a second [chance].*"

Persons with a belief in God or a higher power rely on their faith for guidance and strength. Not only is there a sense that God is ever present and always loving, but there is also deep gratitude.

Serena: "*Sometimes I feel so guided…and so blessed that it's hard to believe that there's not an intelligent entity.*"

Isabella: "*Just last week, I was waiting for the bus and there was a little boy; he couldn't have been more than seven. He was with his grandmother and was talking to me, asking if I had kids. I said, yeah. Then my bus came and he said, "Let God be with you today." He was only seven, you know, but…what he said had to be a message from God. I thought about that all day at work. It was [the] thought for the day on my mind.*"

Each of the women who spoke of the significance of spirituality in her life implied a tremendous appreciation of this heart-felt connection. Dawn, particularly, was very clear in her expression of her appreciation.

"*The first thing that I do when I get up is I get on my hands and knees and thank God for letting me wake up, that I didn't die in my sleep. I thank [Him] for letting me have my sanity and motivation to get moving, and to be able to think not in a confused state or a state where I have to fix first. I just tell Him that I love Him and thank Him for…showing me that the way I was living…was not living.*"

A belief in the inherent order and justice in the world is both grounding and healing. It gives meaning to the harm women have suffered and a promise that the perpetrators will be held accountable. Emily finds comfort in believing that there is a purpose to her experiences. "*When I was younger my faith was there but it wasn't strong, so it never really mattered when bad things happened because I really never thought about my faith then. But as I got older and when bad things happened to me I always started looking at it as, um, he's got his reasons now. I still get angry, you know, but I would look at it [that] there's reasons…for this to happen the way it did. Sometimes I don't understand why, but that's not my job either.*" This belief in the will of God also comes with a price. It also means that there are ways of being that are good and there are directions that are evil, and that individuals bear the responsibility of choice. For example, Dawn says, "*Everybody has to have guidelines, guidelines and limitations, you know. And the Bible to me gives me my guidelines and my limitations, tells me some of the things that I can do that are wrong, and the things that I can do that are right.*" Dawn recognizes the complexities of both giving over to God and choosing a positive path day by day:

"I know that everything is God's will…and it's God's will [that] it's time [for me] to stop [using drugs]…to go on with my life. I've been here trying to hide all my feelings…all my traumas, by covering them up with drugs....Drugs cover up my pain and any kind of hurt and rejection….But now, something inside me tells me, 'You're getting old and it's time to start living. You've wasted so much of your life.' [Now] I pray a lot. I'll ask…and tell Him [that I need help, and] I know that He'll give me the right clue as to what to do. I'll say please, just, any kind of sign [so] I don't do something to hurt somebody…I don't want to hurt somebody. I know what it's like to be hurt, and it's ugly."

Isabella likewise affirms that ultimately each person has the responsibility to choose to do the right thing:

"Either I was gonna be saved or I was gonna stay on the side of the fence.…It's really up to you because God can show you or tell you or whatever, but you have to do the footwork to save yourself. So, to me God [is] like my higher power, you know, and when I say I got saved I saved myself. He showed me, I just followed."

Similar to a spiritual awakening, two women discussed the re-emergence of a conscience. When this happened, they were able to use it to become better people.

Emily: "*Oh, man, that conscience thing …When I first found out about my conscience was about three years ago, and it just blew me away and I was mad. Where the hell did that come from?.…When I first started feeling it. When I first felt bad about doing something it was like, whoa, that was weird.… I lied to somebody about something…[and] I really felt bad about lying. I lied to [the counselor] in the program. She was the first one I felt bad about it. I told her, and I told my counselor afterward I don't know why, and she said, 'Your conscience is coming back,' and I said, 'What do you mean my conscience? It never left.' She said it must have because it's coming back now. She made me realize my conscience is coming back. It was like wow! It was good but kind of scary.*"

Dawn: "*Lately by not being under the influence of drugs so badly that I can't think for myself, I do have these very strong gut feelings, you know, about what's right and what's wrong.*"

External Influences

For so many women, the process of healing means that they must step away from a lifetime of reinforced behaviors embedded in a social network that often traps a woman. Positive intent, new knowledge, hope, and faith are too commonly drowned in the resistance of a woman's daily routines and others' needs. The other necessary component to transformation is an external reason to change. This influence can be a loss or a new opportunity. It can be deteriorating health, loss of custody, or a death. It can also be a new child, safe and clean environments, or supportive family,

friends, and professionals. This section discusses the influence of professionals and programs; children, family and other caring adults; and "hitting bottom."

Programs and Professionals

No one ever knows when they will say just the right thing at the right time. Over and over again, women in this monograph talk about the person who made a difference, and how positive regard and program strategies have changed their lives. Professionals, in particular, have the potential to make an enormous impact. The way that professionals and programs provide influence to change is not based in their specialized training, but in their humanity. The fact that a trained therapist or counselor who has a credential believes that a woman can get better gives credibility to the potential of healing. For example, Julie says of her program, *"If they found something in me worth saving, then maybe I'd better try doing it myself. Maybe there is something worth saving. So let me check it out because I didn't even want to be alive.…I didn't want to be sober.*" From these interviews, the characteristics of helpful interactions are positive regard and consistent support; empathy; validation; and the belief that a person could give something back to others.

One can try to imagine what life would be like where no adult seemed to care or appreciate the gift of a child. What would it mean to such a person for another human being to authentically care? Dawn describes her experience.

"It seems like it's taken me a long time to find people that really care.…It seems like [counselors] really care, you know, they really want to see me recover, you know.

[My counselor]…put a hold on me one time, and I couldn't dose until she came in. And so I had to sit there for an hour and a half until she came in. I told her, 'Please, Diana, please, I'm a grown woman who's trying to do well in her recovery. Please don't put any holds on me. I'm a grown woman. I know what I'm supposed to do and I know what I'm not supposed to do.' After that little talk with her she has never again put a hold on me, which makes me feel very good…she did do one thing for me. She made me feel grown up and responsible."

Relatedly, Julie described the importance of consistency.

"*The consistency with [my] seeing [my therapist] on a weekly basis and the time frame was unlimited.…That made a big difference.…I was so raw and so new and so it was like I was born again.*"

Empathy creates a bond between the giver and the receiver. By definition, it means that the giver shares a similar perspective. At this level of sharing, differences disappear—social distance, professional/patient distinctions, and background differences. Stripped of the social trappings, two human beings are left, leaving open the possibility of real connection and healing. Brandi describes this simple, but profound, experience.

"*When I first met her…she made me feel very comfortable that I just let it all out and talked to her about it, and she responded …very sensitive and understanding like she had been through it herself.*"

Many women discussed how isolated they felt because of their pasts and the secrets they kept. Knowing that others had experienced similar things and had created similar survival strategies helped them to realize they were not alone. Serena and Julie, in particular, talked about how this experience validated their perceptions and feelings and helped them know that they were not "crazy."

Serena: "*The doctors, at that point…believed I had posttraumatic stress. They believed I was so anxious that I couldn't function. They understood…they validated my experience. [The doctors] listened to me. They acted like I had a brain and that I did know what I was talking about.…They helped me embrace myself and start taking care of myself. So they did good things.*"

Julie: "*Seeking Safety…taught me how to take care of myself today. It taught me why I think the way I do, and I'm not going crazy.*"

Anna also describes the meaning of being validated.

"I can honestly tell you that since I've been going to [the program] and being in the trauma recovery empowerment group, I have definitely gotten stronger in who I am because I was definitely having some challenges prior to going to [the pro-

gram]….And for the first time I was validated when I went to my trauma recovery empowerment group. [I experienced] that [there] were other people who understood that I had been hurt and worse, in pain, and that I get re-triggered and I finally honored that."

Finally, the opportunity to give back to others was transformative. This changes the identity of the woman from recipient to giver; it increases self-esteem and gives meaning to the woman's life. Dawn and Maria describe their experiences:

Dawn: "*The first session she just opened up to me and I just felt so good, you know, that I could have this effect on people.*"

Maria: "*I was beaten down—thought I was worthless. [My therapist] made me feel like I could help someone else and that appeals to me.…I was extremely suicidal.…Having been in [the program] kept me alive. Knowing that somebody cared and knowing that I could make a difference. Eventually, I realized I had a life to live for.*"

Children

Children are the most frequently cited reason that mothers change their lives. Their relationships with their children serve as the cornerstone for their recovery. Part of the reasoning is the meaning that being a mother gives to the person, part of it is protection of the children. Brandi, Emily, and Serena speak of how their children remind them of their heart's priorities. The child is more important than the habit; their well-being requires attention, as Isabella says, "*[Being] a mother is a full time job when you got small kids. They need a lot of attention and care.*"

Brandi: "*My daughter [gives my life meaning]. Most of all [because of] her…I know God has a purpose for me. That gives me meaning.…Sometimes I believe if it wasn't for her I'd still be using drugs and I'd still be out there. But every time I would use I would feel real guilty…about getting high because she was always at the front of my mind.…I've had to change the way I think.…Being a mother has been a wonderful experience.*"

Emily: "*I always think about my daughter.…God was nice enough to let me have her after, you know, after all these years. The least I can do is be here for her. She's my year-old daughter. And when I got sick, it was like I was wanting to give up, and when I would see her, it's like I can't. That's what I think a lot. I remember one time [asking], 'What were you thinking, giv[ing] me a baby after all these years?' One day I sat here and a light went on. That's why He gave me this baby, because He knew I would just give up on life. She is my gift from God.*"

Serena: "*So, that's the biggest part about being healthy is having a reason to get out of bed in the morning. And I think being a mother, you're so consumed—and I was such a young mother—that those reasons were evident.*"

Not all women choose their children over their habits, nor do they always recognize that the choices they make hurt their children. For example, Emily recalls, "*[One time] I went to [a residential treatment program] and I didn't have [my kids with me]. My mother was still alive.…I hadn't really got[ten] to be a mother yet because I was using, so [being separated from my kids] didn't really affect me.…That's sad to say, but me being away wasn't really a [big deal]…I felt like I wasn't even there anyway.*" But at some point, each of the women realized that their life style was endangering the children and they needed to make a change, not for the sake of the self, but for the child.

Children are the most frequently cited reason that mothers change their lives.

Isabella: "*My [kids] never let me down…I just realized how much I was hurting them by having a drug habit. And so I wanted to change. I went into a drug rehab program, and I listened to what they had to say. As I listened, the more I liked what they had to say, and realized…I was gonna have to be through with drugs.…I wanted to change for my kids. Well, I didn't want to change for my kids. I wanted to stay the same person; I just wanted to get off drugs. So…we did have a better relationship. It's always better, you can always have a better relationship with your kids clean and sober than you can intoxicated.*"

Although Anna doesn't have children of her own, she finds that nurturing and giving love to children is nourishing to her soul, so much so that she someday would love to become a foster mom.

"My friends would say I'm great with children. That's a strength of mine, that I'm very good with children. I'm very respectful of children. I see them for who they are, and I don't talk down to them, and I don't ignore them. I really honor and empower them in any way I can. I feel like that's why I'm on this planet is to really see children for who they are. So my friends would say that I'm good with their children, that I'm [a] good parenting, adult model.

I seem to have a lot of friends who have children.…I'm very nurtured by [these] families, and I just love that I have this great connection with this [one] family….The support that's been helpful is nonjudgmental caring friends, playing with children when I've just been so blah. I go over to my friend who has a daycare place, and I just totally shift my focus to being with the children. My focus is completely on empowering and nurturing those children, and then I just feel much better….[My mother is] pretty upset that I'm thinking about being a foster mom. Because I haven't had children of my own. I think I'm going to do it slowly. I'm going to take parenting classes. Then I'll do the temporary foster care and see how that goes. If that goes [well], then I would think about being a foster mom, because on paper financially I could afford a mortgage on a house and I could really provide a house."

Family Members and Others

So many women feel trapped by their friends and family. Like Emily says, "*When you clean up everybody changes on you, everybody. They like you better loaded. Believe it or not they won't admit to it but they have more control over you when you're loaded, and they like that little bit of control they have. I would have liked to have been around a few people that are clean and, you know, let me know that I'm not the only one out there.*"

Sometimes, family and friends are the ones who offer new models and the space to try on new identities that are not driven by drugs and violence. Support from others is critical, as Isabella observes, "*So to me, it all depends on the type of people that you be around even in your addiction. Even in your addiction…and today you're clean, it's no way that they would even get loaded in front of you, offer you that or anything.*" Some of the motivation for change comes from specific interactions with family members or peers and some comes from the loss of an important relationship.

Positive regard and confidence and trust in the individual woman can have an enormous impact. Dawn says that part of her healing came from the change in her mother's behavior toward her. She says, "*My mother gave me a hundred dollars for my birthday, you know, and to me I just couldn't believe it because she would never give me more than five dollars in cash before. She wrote me a check and sent it to me for a hundred dollars.*" She goes on to recall, "*[My mother] said 'I am so proud of you.' She actually told me that she loved me.…This is like within like the past two years.…It was my mother used to tell me all the time, 'You're ugly, you're fat, you look just like your dad, you're never gonna amount to anything.'*" The change in trust and affection demonstrated to her that she was in a truly new place.

The intergenerational nature of violence scars mothers and children over and over again. It is hard for adult women to forgive or even understand their own mother's behavior and they have the same difficulty forgiving themselves when they are not good mothers. The secrecy of abuse denies women and their mothers the empathy they need to support each other in their recovery. Brandi discusses how important it was for her to both confront her mother with her own pain, but also to hear her mother's confession of hers.

Brandi: "*I shared with [my mother] that it felt like when I was a child that abuse was stamped on my forehead…She shared with me some things that went on in her life, and she said it felt like it was stamped on her forehead, too. She said she had never thought of it that way. But with her sharing that with me it lifted some weights that I wasn't alone. And for it to be my mother it was a shock. It felt good for her to share that.*"

In each woman's life, there are people who provide her with the love and support she needs to survive. Sometimes, it is a mother or grandmother, sometimes a friend or teacher. The wisdom shared early in life sometimes gets buried for years under the weight of addiction and violence. In several stories, the important lessons were remembered only after the loss of that loved one. For example, Emily recounts:

"I remember [asking] my Pentecostal grandmother, how can God have a plan for me now that I've ruined my life. And she said maybe that was part of the plan. And then I got angry because…why would He let me ruin my life to prove a plan? And

she told me He didn't ruin your life. You chose to live that lifestyle, now He's telling you, you have a choice to do something with the lifestyle to help somebody else not to do that lifestyle. That was something that always stuck in my head when she told me that because it was like maybe that's what it was that I was meant to do, you know what I mean, because she's always telling me something like that. She was a really amazing woman, my grandmother.

And then when I did finally clean up, my grandmother died, and then two months later my mother died and I was like I have to grow up. I was clean and I have to grow up, and I had a kid.…I cried. I told my counselor and my counselor said you're growing up, Emily. I said I should have been grown up. I'm 40 years old. She said not yet. So what not yet, pretty close you know. And then it was her saying by the time you're 40 you'll be grown up and clean. That was supposed to be my goal to be grown up and clean because I wanted to use so bad when my mom started making me wake up. That's exactly what happened, I woke up. It was like, 'Oh, my god, I've been asleep all these years thinking that I just knew everything.'"

Serena, too, had a grandmother who provided the inspiration to change. She says, "*My grandmother…taught me [things that are] still guiding my behavior. I feel her spirit so close sometimes. [She taught me to give] a shit enough to be really careful with [my] hygiene, washing – all the little things that say that I love and I care enough [about myself] to take the time to do.*"

Giving someone a second or third chance to succeed and believing that she could succeed is also a turning point. Serena's uncle took a chance on her and she rose to the challenge. She recounts the meaning of that opportunity.

"I wrote to my uncle and I said, 'Listen, I can never say thank you enough.'.… [The] self-esteem and the confidence that I gained from working in that world and going to New York every day and really dealing—it's progress. Like 42nd Street posturing—the clothes…I'm like I'm an imposter. And after a while I realized I wasn't an imposter. He kept telling me I was the smartest person that worked there. So that was a real affirmation."

Hitting Bottom

"This life was killing me… Either he was going to kill me or I was going to kill myself!"

One of the most commonly cited reasons for people to engage in their own recovery is "hitting bottom." This is not only true for recovery from addiction, but also to begin healing from lifelong trauma. "Hitting bottom" is really about losses. Individuals have different tolerances for loss. Some women must literally come to the brink of death before turning. For some women a less serious loss can move her in a different direction. Things either can't get worse or what has happened has frightened them. Ultimately, there comes a point when a woman must choose to live or die. The women in these interviews discussed health crises, out of control drug use, mental breakdowns, and escalating violence as the primary issues.

Health crises often emerge as consequences of long-term drug use. For example, Brandi and Julie describe their situations.

Brandi: *"My life started falling apart.…I lived to use and use and use. That's all I did, every day, and my health started deteriorating because of the use of drugs. I was getting abscesses and ending up in the hospital, so I had to go into the drug program to get off drugs.*"

Julie: *"I was still pretty out of control, so I then went into [the program]…but I was incapable of being sober or clean.…I was OD'ing constantly, in and out of the ER.*"

But health crises can also emerge as consequences of violence. Serena recalls, *"At the same point I had this tremendous health care crisis. I grew these huge tumors, I got mono when I was in nursing school, grew these huge tumors, fibroids that were as large as grapefruits, two of them and was in absolute agony, was anemic, bleeding to death practically and in the middle of all of that realized that I needed to decide if I wanted to live or die because the marriage was literally killing me. My immune system took such a dive, and I kept saying, 'I have an emotional immune system. This is ridiculous.'"*

Sometimes women reach an emotional end of their rope.

Serena: "*I went to the hospital for a couple of days because I couldn't decide if I was nuts. He was driving me nuts, he was driving me out. He was saying horrible [things]….All I know is that my solution was to find out, to talk to somebody and what the doctor said was, he didn't even give me medication, he said, 'Go home. You need to get out of this marriage.' He said, 'You know exactly what's going on.' I went home and before I went home I called him and I said you need to leave.*

I couldn't even dance…around [it anymore]....I couldn't control it anymore. I couldn't see it coming. It was always coming and at that point I realized that you know although as sick as it was, to spend your whole life sidestepping somebody's anger and somebody's violence.…I'd gotten sick myself enough to realize that I couldn't distinguish what was a real threat and what was [not]."

Finally, sometimes the violence is so severe as to be life threatening. At some point a woman must choose to leave in order to live. This, then, becomes a major turning point. As Serena so eloquently describes, "*Everything started to come to a head at the beginning of the end of our marriage. I think that I realized that it was killing me. So that was the beginning of the end of our marriage. This life was killing me. I couldn't do it anymore. I was going to die. Either he was going to kill me or I was going to kill myself!*"

Behavior Change

The first two elements of change relate to knowing that change is possible (cognitive shift) and having a reason to change (external influence). The third element is putting these two things into action. Interior change is certainly necessary, but has no effect unless there is an accompanying behavior change. The themes of behavioral change that emerged from the interviews are setting boundaries and placing self first, changing or enhancing relationships, gaining new skills, and adopting new roles.

Despite a lack of skills and a fear of the unknown, many women find new solutions to their life's challenges. With deeper awareness of self, these women describe the importance of setting firm boundaries, knowing their limits and putting themselves first. For example, Claire says, "*Finally last summer, through all the therapy [I've had], I realized that I have to put me first. Since I was pregnant seventeen years ago, I have never put myself first. I had to rearrange all these belief systems about how it's okay to put yourself first. That was a huge piece.*"

Part of putting oneself first is setting limits on what the individual is willing to tolerate within herself and what she is willing to tolerate from others. Rosalie had to understand what made her well and what put her in danger. She says, "*I look at things with a new set of glasses, and I'm aware when things start to creep up on me. [Like] when I need to leave a situation [or] when I need to leave my family. When I need to be with supportive people [who] are going to…identify with the way I'm feeling at that time.*"

Serena, on the other hand, had to set limits on her mother's behavior. "*And there was me again, a little kid…being hurt because of [my mother's] problems and realizing that my [own] kid [was at risk of being hurt by my mother]. [It] was [at that] point where I said my mother will never be in my house again when [what she really] needs is to go into the hospital—I will shake down the whole freakin' world if it means getting her the help she needs.*"

These women also learned skills that helped them to step back from feelings, modulate them, tolerate them, look at them, and choose how to respond. Rosalie learned some of these skills in trauma and/or parenting groups, while Anna learned techniques of a healthy lifestyle from alternative sources.

Rosalie: "*I had to learn about myself and how I was parented...And [about] feelings [that] I didn't even know how to express—so how could I be a parent and express them to my own children? So that was a real positive thing, 'cause I got to take a step back, learn about feelings, feelings that I didn't even know that I have. So now I can approach my children in a different way. There's a little more of a balance there, where it was too extreme before. [Before] I didn't even know how to look at my anger. I just held it. I was frustrated.*

Because of the coping skills I have and because of the education I have, [I'm able to] look at my behaviors and actions. Now I think before I react. I try to take care of myself before I take care of other people."

Anna: "*There seems to be this tendency for me to self-medicate, self-abuse, but [I] then recognize it a little bit and pull back. [It's] when things get out of control or when I don't have control over things, that I self-medicate. But since I've been a massage therapist and since I got into yoga and…more healthy things, I've been able to meditate and [do] more positive things to distract myself.*"

Summary

The women in this volume spoke about their early healing process, and the stories they shared demonstrated a deep understanding of how various experiences had shaped their lives and how such understanding contributed to their healing process. Isabella summarizes this idea when she states, *"A huge amount of our recovery work is from saying this is who I am, this is my journey, this is what I need to heal from. This is what I want and this is my life.*"

The women reflect many pathways and a variety of practical strategies that they used along the way. It is always important to remember that there is no such thing as a single recovery trajectory and that no one intervention will work for all or even most women. There is no panacea. The primary question will persist: How can the community, including women in recovery and their allies, create the conditions that support healing and increase the chances that moments of transformation will occur? The first steps reside within the woman. Other supports and resources come from the environment and relationships within which each woman is embedded.

IV. What Made a Difference? Resources for Sustaining Wellness

Overview

The transformation of a woman's life toward wellness is difficult. Intention and dedication can carry her through the initial months of transition. Then the hard part begins. This is the time when women must combat the lessons and behavior learned from over a lifetime. The struggle is daily and continues for a long time, until she is able to replace those negative beliefs, actions, and behaviors with ones that will sustain her recovery and healing. When people truly take good care of themselves, they do what is within their power to support their physical, emotional, and spiritual well-being. The women who tell their stories on these pages shared that a vital aspect of healing and recovery was learning how to nurture, express, protect, and stand-up for themselves.

These women surrounded themselves with positive relationships, practiced techniques to care for their physical well-being, and developed and enhanced systems of meaning and spirituality. Nurturing the mind, body, and spirit are human necessities for wellness. For the women who continue to struggle with the repercussions of their pasts, they find that continuing treatment for trauma, mental health, and substance use problems is necessary for their wellness. This chapter addresses three primary areas of support: relationships and identity; emotional, physical, and spiritual practices that heal; and treatment.

Relationships and Identity

Certainly physical safety is vital, but emotional safety also is paramount. Almost all of the women spoke of new ways that they had learned to take care of themselves emotionally, both with others and with themselves. They discussed setting limits, standing up for oneself, asking for help, accepting and honoring limits, and anticipating the need for comfort.

Setting Boundaries and Limits

Almost all of the women talked about learning to set limits or boundaries with other people. Frequently, limits needed to be set with friends and family to avoid exposure to triggering or unsafe situations. Isabella talks about not exposing herself to drug environments. She says, "*[I have some friends that I can't go visit] because all their kids are on drugs. I don't think I would do any drugs. I'm not scared that I might…get loaded, it's just that I don't even want to see that. It's just [that] they [were] doing [this] before I met them…It's like it's terrible, you know, and they got kids. I don't even want to see it.*"

Rosalie and Serena, on the other hand, learned to set their own boundaries to help them avoid hurtful situations or people.

Rosalie: "*Boundaries is huge in this. [Before] I knew nothing about boundaries and limits. And [not knowing about this]… used to put me in painful situations. But now I know it's ok to have boundaries…I can still care about somebody today and have to say no, or only be able to help them so much.*"

Serena: "*[Except for my children,] I've stopped keeping people around [who] are not in a positive frame. I just can't afford it. You know they're not working hard on healing.*"

Serena provided a specific example of how she struggled with her internal limits and boundaries when a member of her family died.

"*[When someone in my family died], I guess I was feeling a little, I don't know what you call it, but I had scary feelings. And before, when I [had] to face stuff like that…I always had to [get high] because [it helped me deal with all the people you had to deal with. So when this happened]…I was in one of them kind of moods….Maybe I could just [get high and] whip through this, and…nobody [would] know…but I would know, my sister would know. So, I just like stayed in....I was nervous. I was gonna hide by myself. I didn't have [a] pet or anything [to take care of], so I just stayed in. Something just told me to stay in. I didn't want to be on the bus [going somewhere]…because when you're on moves like that you always run into the devil everywhere you go. All I needed…was to run into [people who were high] and see how jolly they were.*"

Putting oneself first before attending to others' needs is a hard lesson to learn. Part of the healing, though, is doing just this. Serena says, *"My life right now is full of other people's needs, and I'm beginning to pull myself back and say what…I need."* And Rosalie also affirms, *"I try to take care of myself before I take care of other people."* Learning when and how to set limits was difficult for some of the women. Anna experienced conflict between her desire to give back and be helpful, and her understanding that she could not afford to focus too strongly on other people's needs.

"I've…put up three different people at my house…who have been in crisis. It feels good to have a guest room to do that, because [these] have been women who have just really have had difficult times….I have always wanted to be able to be there for people…as long as they [understand] that I [need] to continue with my life….[It's like I say], here's your room. I can't be here with you 24 hours a day, [but] if you're comfortable with this, I can listen, I can hear, but I have to continue to do my day and that's healthy. In the past, I never did that. In the past, I stopped my life and took care of everybody else. This is the first time that I really have made some boundaries and have honored them."

Standing Up for Oneself

Similar to the need to set limits and boundaries with others and oneself, the women also spoke about the need to learn to express themselves honestly and openly, including learning to stand up for themselves. For example, both Isabella and Dawn came to realize that they needed to let a friend know that their relationship was no longer working for them.

Isabella: *"I felt really sorry for [my friend]. I needed money because I do smoke, and she would give me like maybe ten dollars to take her clothing shopping. And she'd sit down in a chair or she'd look at a rack at dresses that were just tiny dresses, and she was a big woman you know. She'd say 'Can you help me, my legs hurt so bad, my back hurts.' So, I would and I picked out some really cute dresses for her, you know. 'Can you take me to the doctor? Can you wait with me? Can you take me through the pharmacy?' I was doing all these things until I thought, I don't really think you're my friend. You know, we shouldn't be close friends any more because I think it's one-sided. I think what you need to do is hire somebody to take you places and to [help you] do what you need to get done, because I have to try and straighten myself out too. I have a lot of issues in my life that I need straightened out, and I can't do that [when I don't take care of myself]. You're a grown woman, you know, you're 50 years old, you're not a child anymore [and I can't keep doing this]."*

Dawn: *"And then I told [my friend], we can't be close friends like this any more. Our friendship has to kind of chill a little bit because you're expecting too much out of me, and I can't deal with it because I have a daughter and I have a grandson now. It just makes me feel so good…that I have a life of my own now. I can't take care of somebody else's life.…I learned through [the trauma group] that I have a choice. I can choose whether I want to be around this person or that person or this person. I can choose what I want to do today you know.…[My friend says things like] 'Can you give me a ride here? Can you give me a ride there?'…[and I ask her], 'Why can't you just take the bus like you usually do?' 'Well, I've got to meet somebody there.' 'Who do you have to meet there?' 'Why do you have to know?' 'Because it's my car, you know.' 'Well, to tell you the truth I'm gonna meet a connection.' 'No, I can't give you a ride, you know, that's not safety to me. That's very unsafe to me.'"*

In Anna's case, she explained that, even though it was painful, she ultimately needed to stand up to her mother:

"Now [my mother] and I have the best communication….[But] occasionally she'll slip back. She doesn't want to think that her husband [did those things. She has] this image of how [she] wants to remember [him]. I'll say, Mom, you're invalidating what I just said and she goes, 'Oh I'm sorry, Anna.' I need to be able to say, 'You can't talk to me like that. I need to be able to hear your anger, but can we find a way [to talk about it but to] not take it out on each other?'

One year I was angry at her; one year I did not talk to her. I had to move everything out of my house because I was working at [a program], and we had a sexual abuse survivors group and all [the] shit hit the fan. All this stuff came up and my mother kept saying it didn't happen. And I just said, 'You know what, Mom, I love you. I hope you don't die in the time that I'm not going to talk to you, but I can't. I can't do this. I can't be unreal.' …I think [it's] a strength being authentic, being real and risking."

In addition to standing up for themselves with friends and family, several of the women also spoke of the importance of advocating for themselves with service providers. They were surprised and pleased when their practitioners listened

and responded to their needs. For example, the feedback that Isabella provided her substance abuse counselor resulted in an important program change.

"[When I was in substance abuse treatment], I told them, I'm not here for cocaine, I'm not here for drinking, I'm not here for speed. I am a heroin addict. I need to hear about my addiction…not something that I don't do (like other addictions) because I'm not gonna learn anything. I need to hear about my addiction. So, at that time the counselor [thought this] made sense, so they split us up in groups because most of the older ones, we were heroin addicts."

Claire followed through on several opportunities to advocate for herself with her practitioners. For example, when Claire shared directly with her therapist how his position in the room impacted her, she observed that he respected her need for him to not sit in front of the door.

"[I told my male therapist,] 'Look, I had stuff that I wanted to talk to you about but I was dealing in my head with not being afraid of you because you were blocking the door.' So ever since then he made sure that he was [not blocking the door]."

And, despite the fact that Claire found, overall, that she worked well with her male therapist, ultimately she came to realize that when it came to dealing with her rapes, she needed a female therapist.

"And as much as I like [my male therapist] and he's a very good psychologist and the insurance covers him…when it came time for me to deal with my rapes…I told him I'm sorry, I can't do it with you. You're a man, and I've got to find a woman. I cannot do this with you. Even though I knew he would be sympathetic and all of that stuff. I told him that I had been raped…I just couldn't go into detail."

Finally, Claire found that, in addition to changing therapists, she needed to initiate a change in her primary care physician.

In addition to standing up for themselves with friends and family, several of the women also spoke of the importance of advocating for themselves with service providers.

"[Something else] that I did...I changed to doctors who were more consciously aware and who were much more knowledgeable about domestic violence than the primary care physician that I'd had for 16 years."

While Serena found it difficult to address her concern with her practitioner directly, when she did, Serena was greatly relieved by the response.

As indicated earlier, Serena, as an adult, was molested by her dentist. Over the course of her research interviews, Serena shared the evolution of being able to share directly with her current dentist the source of her fear of dental work. Although asking for special treatment was difficult for her, Serena wanted to be in charge, to be making a choice, instead of feeling disempowered by her fear.

Interview 1:

Q: "Have you shared with your dentist your previous experience?"

Serena: "*Well, not [really]... They know I'm terrified of dentists.*"

Interview 2:

Serena: "*I [told the woman in the office] that I really have a hard time with dentists because I was molested by a dentist. She said, 'Well, then why don't we just have you see the lady dentist?' It was funny because it was the first time I sort of realized that you can spend your whole life saying something doesn't bother you, or you can just sort of…[put it out there]. [A] major challenge in life [for me] is not [to] have my entire life dictated by what my trauma is.*"

Finally, both Maria and Serena spoke about how good it felt—even on a physical level—to really stand up for themselves.

Maria: "*[I now have] the ability to bounce back, stand up for myself, to kind of fight back the system. I didn't know how to do it by myself. I'd always depended on someone else before, like my husband.*"

Serena: "*Emotionally, when I start to take things into my own hands and make things happen that have been keeping me down for a long time, then my body feels better.*"

Asking for Help

Setting boundaries and limits and standing up for oneself are critical aspects of healthy relationships. However, it is equally important to be willing to ask for help. Both Anna and Brandi shared how valuable it was for them when they reached out in this way.

Anna: "*[One time] I was so triggered at my apartment and I couldn't function because the guy upstairs had asked me for sex. [He'd] knocked on my door and asked me for sex...[and he was] drunk and stoned….I was just so re-triggered that I couldn't function, I couldn't pack. I was just paralyzed with fear. [I called three friends], but each one of them, only [because] I was hysterical, did they hear that [how upset I was and that I really needed their help]. Because people don't see me as needing help and that's been really hard for me. But every one of them was there the next day packing me up….It was …incredibly supportive.*"

Brandi: "*One of the things that changed about me is I was able to gain a little trust in people and support. When I was going through something I would put it out there and I would get feedback from the other ladies, the other mothers.*"

Accepting and Honoring Limits

In a culture in which what you do is frequently more valued that who you are, accepting that there are real limits to what you can do can be very difficult. Yet to attain and maintain health, it is necessary to accept and honor these limits. For Claire, in order to maintain her health, she needed to pace herself.

Claire: "*I limit myself to how much I do each day because I get tired. I have a lot to do, and I am definitely pacing myself. It's always there but I'm kind of plugging away and doing little bits and pieces of it because I refuse to get as sick; I refuse to jeopardize my health to that level again.*"

Serena shared her acceptance, yet real sadness, with the need to let go of a lifestyle that simply wasn't healthy for her.

"*[For a while I was]…living in the car working sales six or seven days a week. Although [that was really hard, I felt a] sense of competency…I felt like I was on equal grounds with some very successful, very competent, very organized, and productive people. [This] made me feel good about myself—that these people really [weren't] that different than me.…[Even though] I…[have] a sense that I would really like to contribute in a bigger way…[and] that's a major frustration because obviously that's not going to be there….I [have now stopped] pretending that I [don't] have a huge amount to heal….[I am] finally [in] a place where I [can] relax enough to say, 'If I [have] to be like my friend who paints watercolors and plans on doing that for the rest of his life…if I [have] to pick that peaceful of an activity and hopefully figure out a way to make money at it….that's the life I [have] to live to be able to stay on an even keel emotionally…if I [have to settle] for less money…if I [can give] myself [enough of a] community [so that I] feel nurtured enough…[then] I could live with a life like that.' Maybe [it's] just being able to say, 'Yes, I'm allowed to work a few days a week. I'm allowed to not make a whole lot of money. I'm allowed to think about me.' [But it still is] a compromise because there's a part of me that really wants to make it.*"

Anticipating the Need for Comfort

One way to feel emotionally safe is to avoid (or quickly get out of) situations in which one feels emotionally threatened. While avoidance can be an effective, healthy coping mechanism, many times people experience a conscious need to go into situations that may be emotionally uncomfortable. Both Claire and Anna shared examples of how they learned to take care of themselves emotionally when they knew they were consciously choosing to put themselves in situations that could be upsetting. In this case, the "situation" for both Claire and Anna was their participation in the research interviews that are the foundation for this document. Both women quickly learned that talking about their histories and their healing processes was painful. Although they continued to want to participate in the interviews, and did, they shared how they learned to support and take care of themselves through this process.

Claire: "*[After my] first interview, I was a mess.…I went outside for a couple of hours and…[then I had] a walk in the woods.…I was better. And then I…meditated. I did a lot of meditating. [The interview] caught me by surprise because it was going back and getting [my] history.…It caught me off-guard just how reactivating it was.…After that, when we would schedule follow-up sessions for the interview, I would always make sure [that I'd set things up well]. Like I would do it on Wednesdays, and then I would go out in the woods and then I would go horseback riding and then [I'd have my Wednesday night] group meditation. I made sure that I [would] set it up [in a way where I could] switch gears…[Where I could]… move through [it] rather than just getting stuck.*"

Anna: "*[It was important that I made] sure [that I had] a plan for after, whether it [was] having a good safe friend come over…taking [myself] out or [watching] a funny video.…[Simply] having a funny video ready to put in [my VCR]…that's what [I] needed.*"

Practices that Heal

The majority of the women shared specific activities or practices that they regularly engaged in to support their healing. For some, it was a specific activity, for others a spiritual practice, and for still others it was creating a healing space for themselves.

Expressive Arts

One of the themes that emerged from the interviews was learning how to express emotions, often the painful and difficult ones, in ways that were constructive and not hurtful. Anna says that expressing feelings alone is helpful: "*Just allowing myself to feel my feelings completely [helps so much]. Just totally expressing them with a nonjudgmental person and then I'm fine; then I move on.*" Some women used expressive arts to explore their feelings and gain a sense of mastery over them. Emily and Brandi shared the value they found in using writing to explore their feelings.

Emily: "*I never knew that until I started doing this group…[that if I just] sat down and wrote…I [would] find out what's really bothering me.*"

Brandi: "*I'm making an inventory, doing an inventory of all the people that I feel have wronged me. My animosity, my anger…wells up in me, you know what I mean, and I get rid of [it] by writing it down. I [might] feel like it's real serious… [but] when I see it on a piece of paper it's not that much of a big deal.*"

Isabella spoke of the value of therapeutic artwork.

"*[In the program, we did] art and that was helpful. There were some people that were doing some really powerful, integrated things with their artwork there.*"

"Just allowing myself to feel my feelings completely [helps so much]."

Serena learned a singing practice in which women take turns singing spontaneous music without judgment. Not only did this practice help her find her "voice," but also it helped her to accept who she is.

"*Finding my [singing] voice again and using it is very important.…[It's one of] those…things [that touches]…the soul. [I] have been able to...make friends with [myself] and acknowledge that no matter who [I] wanted to be, this…[is] who I am.*"

Techniques to Manage Stress

Grounding, meditation, and simple retreat are all methods women use to manage painful trauma symptoms and stress. Several women spoke about finding ways to soothe themselves when anxious, depressed, or overwhelmed in some way. They spoke about remembering to give themselves experiences that were nurturing or nourishing and staying in touch with the positive side of life.

For Julie, the grounding techniques she had learned helped her manage painful flashbacks and memories.

"If [I'm] having a flashback, [I] do some grounding techniques. [I've learned] how to take [better] care of [myself] today, which is awesome. And if I [am] dissociating, which I've [done] a lot, I have flashbacks or memories, I know that I can pick up the phone. I know that I can use the grounding techniques. Now [that] I know how to deal with [the flashbacks], they're not that scary anymore. I don't have to pick up a drug [to get] over it….I know…when I get depressed…that it'll be ok after, that I won't be depressed forever."

Anna found that simple pleasures and activities like drinking tea, meditation, doing something physical, reaching out to those with whom she felt safe, sitting by the fire, having a nice dinner, and going into nature each were wonderful ways to comfort herself and reduce stress.

"I make myself a hot cup of ginger tea. I meditate, take deep breaths, do stretching and yoga. If I'm angry or something, I'll go stack wood. I'll do something really physical. I'll take a walk. I will put myself to bed sometimes if I feel like I just need to cuddle up and I'll take my teddy bear and just go to bed and be in a fetal position if that's what I need. I think that's how I take care of myself. I call my mom. I have a great relationship with my mom now….I feel that the aesthetics and the beauty of nature heals all. I went into the outdoors to heal from my abuse. That's what I did, I went into nature.

Other times I come back here, I get my fire going. I make myself a nice dinner; I relax, go to bed early and I love it. But I do make sure I get one fun thing like a movie. You know one really fun thing a week. I'm trying to meditate twice a day, trying to do my yoga every day and trying to take a walk every day, because that really helps me stay balanced and relaxed."

Claire spoke of a number of ways that she had found to nurture herself, many of which were similar to Anna's. Claire also spoke at length of the comfort she experienced in her spiritual practice.

"We have a thing called "constant remembrance," which is where you can work on trying to move through your day aware of your own inner divinity—like my own inner divinity is here talking with you now. [It's the belief] that we all have the divine in us—that we are just disconnected from it. [Such] constant remembrance is an aspect of Raja Yoga where you strive to just be more conscious of your divinity, [whether you're] driving down the road, cleaning the toilet, cleaning the kitty litter. I gain a lot when I'm thinking about my divinity when I'm cleaning the kitty litter!

While isolating oneself for long periods of time can be unhealthy, taking personal time away from others sometimes is needed.

It's funny. It's fun—so just trying to be more aware that my inner divinity is moving my body around and doing things, and of course I meditate everyday. And we have a process called cleaning where you are trying to just consciously release all the complexities or scars, impressions—anything from the day so that you are not accumulating anything. So you try [to] just sit there quietly for a half an hour, just trying to consciously move everything out and bring divine light into your heart, and let the divine light fill all those spaces where all these impressions and complexities were. So it's a practice that has structure. You wake up, you connect to the divine, then you have your morning meditation, which is an hour, and then you have your evening cleaning. And then you have a prayer at nine o'clock that all brothers and sisters in the universe are increasing in love and devotion. And so you sit with that for fifteen minutes and then just before you go to sleep, there's another prayer that you say, and then the constant remembrance of just trying to live very consciously, aware of supporting divinity. The whole practice is designed around nature and the simplicity of nature in its most simplistic form… It's kind of a continuous 24-hour-a-day kind of thing with some certain regimens involved. I get outside. I walk every day. I walk in nature every day."

Claire spoke, too, of the value of music and meditation in helping her to relax.

"It [has become] an anatomic response that when [a particular] music is on, my body automatically goes into a deep state of relaxation. In that state, [I'm] in no physical pain. [I'm] in a deep state of meditation, [with] no physical pain anywhere. And also, when [I] come out…[I experience that] there's been some kind of shift, so whatever [my] concern was, whatever [my] feelings were, they at least have been modulated down. If they're still there…[after being in this meditative state], I [still] have more access to my cognitive resources to work on letting them go.

Another thing I do is…that I watch movies, and I have a lot of movies.…You can't always have your mind on the troubles [you] are going [through]. I [also] was reading a lot…[and] just walking in the woods…really [helps me] maintain a sense of balance."

Finally, Claire shared that there are times during which she found it essential to withdraw into herself. While isolating oneself for long periods of time can be unhealthy, taking personal time away from others sometimes is needed.

"*[I reach out to helpers when I'm having a bad time, but] if I'm really having a really bad time, I shut down. I become like a little hermit and I will just put on movies and movies and movies and that's when I'll eat stuff. And I'll have the cats with me and I put the dogs out, but I just shut down. And I may do that for two or three days because when I get real bad I don't want to talk to anybody.*"

Serena shared that she, too, sometimes needs to take the time to retreat into herself and to use this time for comforting activities. At the same time, Serena acknowledges that reaching out and connecting with others is also crucial for her.

"*[When I'm feeling overwhelmed], I pull in. I retreat…and I do comforting things. Maybe that's healing, I don't know. [I might take] a nice, hot bath, [with a] candle, some aromatherapy.…What's healing? Time. Talking!*

"*What I realized was that every time we had to move I'd lose touch with people who were really important to me. Being around here and…realizing that I just really needed the company of women, maybe getting back in touch with a few more friends…[has been really important to me].…I've been giving myself some good friends.*"

Practices for the Physical Self

For women who have been deeply wounded by abuse, learning to honor and take good care of themselves, both physically and emotionally, is a process that frequently requires practice until it becomes integrated within who they are.

Some of the women spoke about efforts they were now taking to take better care of their physical selves, in ways they had never before, such as eating well, exercising, and getting regular medical care.

Serena: "*This summer, [I planted] a totally organic garden. [I've had] great food that way. I think it's made a definite difference.*"

Dawn: "*Instead of being in so much pain, [I've found that] if [I] eat right, and get [my] exercise in a little bit…that [it] most certainly helps.*"

Claire: "*I have at least three medical appointments every week. At least two times a week I have physical therapy and at least once a week chiropractic. And when I get worse, then sometimes I have three times a week [of] physical therapy and twice a week [with the] chiropractor. Or three times a week [with the] chiropractor and twice [a week of] physical therapy.…I [also] have to see my physician every four to six weeks. And then I [also] see my psychiatrist.*"

Treatment

All of the women who participated in the WCDVS received substance abuse treatment and/or mental health services multiple times during their lives. Their lives included many struggles, great pain, some successes, significant perseverance and, frequently, numerous service providers. Service providers, both professional and paraprofessional, have the potential to make an enormous impact. The women who participated in these interviews spoke about people, events, and activities that contributed in important ways to their healing. Time and again, individual practitioners made a positive difference in the lives of these women. What is important to understand from these interviews is that the setting, professional background, or modality of treatment was not of greatest importance. What was important were the individual interactions between each woman and someone who was there to provide help and support. The characteristics of these healing encounters were empathy and caring, validation, and emotional safety. Treatment specifically addressing trauma was also helpful and is addressed in the final section.

Empathy and Caring

From the sheer amount of comments regarding the impact of a therapist's caring, one might conclude that this is the most important factor in a professional's ability to help. There are two related aspects. First is the ability to relate through personal experience. Brandi says, "*First of all, [counselors] gotta have life experience. Like maybe [they're] recovering addicts or [have] been through some…trauma so they can be more compassionate and more understanding of what I'm going through. But some of them don't, you know, that's not always possible. [But] some of [the providers] still have the compassion and the understanding and they can hear. Some of them can hear and some of them can't. Some people are good listeners and they can hear. Listening and hearing [are] two different things to me. They can listen and they can hear.*"

Brandi's point is not that the counselor had to have the experience, but she had to have deep compassion and a real understanding of how hard it is to heal that sometimes comes from personal experience. Brandi continues, "*When I first met [my WCDVS counselor and trauma group leader], she made me feel [so] comfortable that I just let it all out and talked to her about it. She [was] very sensitive and understanding like she had been through it herself.*"

Sincerity and caring were not common in many women's lives. Serena emphasizes the need to have "*...Somebody who's not seeing you through their needs or what you need, who's really hearing you because we're not always heard. Everybody has their agendas; everybody in a family has their agenda. Everybody. So, I guess a therapeutic relationship is part of the healing process—very necessary. It would be nice if we didn't need it, if I had a relationship with my mother where I could have gone to her and told her. But that wasn't the reality.*"

Caring seems to be simply consistent kindness and respect. Dawn and Brandi talk about how their provider's attitude helped to support them.

Dawn: "*It seems like it's taken me a long time to find people that really care.…It seems like [counselors] really care, you know, they really want to see me recover.*

When I first started on Methadone I was kind of at my last [straw], and the counselor there took me by the hand and she sat me down and she talked to me and it made me feel like weight lifted off my shoulders. I was able to be honest with her and talk with her. That meant a lot to me."

Brandi shared examples in which her counselors demonstrated genuine concern for her well-being. It meant a great deal to Brandi when her group leader allowed her to feel—and express—her anger.

"One day I came to the group and I was really tore up, and [the WCDVS trauma group leader] was very sensitive and tried to help me in any way that she could. I was very angry and she stayed very calm. If I had been her, I would have gotten really mad because I was real angry towards her, towards anybody—lashing out—but she handled it very well. She didn't take it personally and that really helped me."

Julie felt that being able to see her therapist weekly, with some fluidity around the amount of time they spent together, coupled by the belief of the WCDVS counselors that something in her was worth saving, made a big difference in her life.

"*The consistency with seeing [my therapist] on a weekly basis, with the timeframe [being] unlimited [was great]. That made a big difference. I was so raw and so new and so it was like I was born again.*"

As with Julie, Maria described how her practitioners helped realize that "she had a life to live for" and shared specifically how having a counselor who encouraged her to call in every day to "check in" really helped keep her alive.

"My previous psychiatrist was treating [the] wrong symptoms. [But my WCDVS counselor] started me on personal therapy. She also got me started in [a] group on self-esteem. I was extremely suicidal and she knew that, so I got a lot of check-up calls. She had me call every day. I had regular contacts with her and my therapist. That was beginning stages because I didn't want to live. Having been in [the WCDVS] project kept me alive. Knowing that somebody cared and knowing that I could make a difference. Eventually, I realized I had a life to live for."

Rosalie and Isabella spoke about how they valued their case managers both advocating for them and explaining things clearly and supportively.

Rosalie: "*The case management was excellent because [the WCDVS counselor] advocated for me. She was just very good at the way she explained things to me; in a way that was professional but also in a way where I was understanding where she was coming from to look at myself without being uncomfortable. That was great.*"

Isabella: "*[My WCDVS counselor] was my teacher. She always had time to talk to [me] if [I] needed to talk to her about personal things. She always took the time....And when I got raped...[my trauma counselor] said that the thought would always be there but it would get better. That there's nothing you can do about it now and you have to keep going. Some days you'll have your good days and some days you'll have [a] bad day, but if you allow the rapist to screw your life up for the rest of your life then he won. And, you know…the type of person you are I know you're not going to allow that. Just little stuff like that.*"

Finally, Dawn expressed how the way her trauma group leader organized the groups, and her very caring nature, meant a great deal to her.

"*[The WCDVS trauma group leader] was very organized. We didn't waste any time. There was a set time we came in, a set time that we left, you know, and we got through everything in the lessons. And I really liked that. I liked that organization thing. I wish I could be so organized. I wish I could organize my life the way she organized the group. She was very caring, very, very caring.*"

Validation

The major damage of violence and abuse is isolation and a persistent distrust of one's own perceptions. Therapists who followed instead of led, those who affirmed a woman's experiences, were thought to be very helpful.

Isabella: "*[The trauma counselor] is so good. She listened. And she didn't push me. She really let me just work it out myself. She was more a listener, and when I got ready to make certain moves she was happy because those were the moves that she was gonna suggest if I didn't already think of it. So, I kind of did it all myself. She was just my backup in case I wasn't working it the right way.*"

Dawn: "*The first session [WCDVS my counselor] just opened up to me and I just felt so good that I could have this effect on people. Because maybe now somebody will believe that I really want to try. Not try—I take that back. That I'm really going to do it, because the trying part is over. I'm getting too old.*"

Therapists who followed instead of led, those who affirmed a woman's experiences, were thought to be very helpful.

Serena conveyed the support she received from her doctors who treated her with respect and viewed her as "a very smart person who gets depressed sometimes."

"*The doctors, at that point, they believed I [had] posttraumatic stress. They [realized] I was so anxious that I couldn't function. They understood….They validated my experience. [The doctors] listened to me. They acted like I had a brain and that I did know what I was talking about. They acted like they helped me embrace myself and start taking care of myself. So they did good things.*

That's why I still go back [to my doctors] is because they treat me with a lot of respect, and my ideas are valid. They don't treat me like I'm mentally ill. They treat me like I'm a very smart person who gets depressed sometimes. That's all."

Emotional Safety

Processing the experiences of violence and abuse and confronting the consequences of trauma is a momentous task. It also leaves women feeling very vulnerable. Feeling emotionally safe during this time is, then, doubly important. Both Serena and Dawn speak about the importance of working in a relationship that is nonjudgmental, open, and not hurtful.

Serena: "*I think that what the whole therapeutic relationship is all about is this 'safe place' where you're really heard, where you're not judged and where it's OK to put everything on the table and get another perspective from the other person who's sort of looking in…*"

Dawn: "*It's really been hard for me lately to feel safe around people. I think it was God's will that I met [the WCDVS study staff] at the time [when] I was…kind of vulnerable to people. As I got to know you I thought, this woman, you know, she's something else, you know. I can trust her, and the confidentiality thing, hey, I never, as long as I've been hooked up with [the study staff], have ever heard anything, you know. [You] decided to spend [your] life to try to help other people. To find out what makes them tick. How some people's problems can help other people on their way to recovery and life in general. And I thank God for you. I really do…*"

"I think that what the whole therapeutic relationship is all about is this 'safe place' where you're really heard, where you're not judged and where it's OK to put everything on the table."

Of particular importance is recognizing how the gender of the perpetrator sometimes plays into both healing and safety in the therapeutic relationship. Claire spoke of how she benefited from having a compassionate and understanding male therapist who, through their work together, helped her work through her fear of relating to a male figure. While Claire also spoke of the important sense of safety she experienced with her therapist, she also shared her struggles with it; despite Claire's experience of safety with this man, she still found herself disturbed by his position in the room.

"In a way having [a male therapist] was good because I was able to develop a relationship and not be afraid of him except if he was in front of the door. I just can't have a man in front of a door. I've got to be able to get out that door. It's dumb. I mean I feel dumb. I like [the male therapist]. I knew [the male therapist] wouldn't hurt me. He's very tall. He's nothing like my ex-husband, and I was totally floored that I was having this reaction to him because I was never afraid—well the first couple of times getting to know him, but after that he was clear. He really helped me along and he's very compassionate and understanding….I had no idea that [after a year of working with him that] him sitting in front of the door would freak me."

Trauma Groups

Trauma groups were offered at all of the WCDVS sites. Although the curricula varied, all were designed to help women manage issues related to their interpersonal trauma. Many of the positive aspects of trauma groups are similar to the healing qualities of a therapeutic relationship—knowing that you are not alone and emotional support. Trauma groups also provide information and help to develop skills.

Isabella, Claire, Brandi, Julie, Rosalie, Anna, and Dawn spoke of the empowerment and validation they experienced by participating in groups with other women with whom they felt open and safe to address their trauma.

Isabella: "*I've learned a lot…participating in [the trauma] group I'm doing. I've learned to have a lot of patience and everyone is concerned and that makes you feel good. It helped me in a lot of ways, you know, just surviving. Just everybody was so helpful.…If I were to tell someone about my experience in the trauma group, I would tell her I learned who I was, and how to get back out into society and go on with my life. [I'd also tell her that] I had a lot of fun and I learned a lot. It's helpful, you know, to a lot of women that are trying to recover to get back on their feet. They have a lot of information that is positive and is good for you, you know.*"

Claire: "*Listening [in the trauma groups] to the way the other women felt the same way I did [was really helpful]. They also supported me. I've gotten tremendous support from women.*"

Brandi: "*My sisters and brothers use [at home]. Just coming to these groups…gave me strength….I [am] able to say no, I didn't want [any]....I can call other women in [the trauma] group for support. They have the same problems I have. We support each other…I'm not ashamed, I can say anything to them. I liked the women in the [other trauma group], too…*"

Anna: "*I can honestly tell you that since I've been going to [the WCDVS] project and [have been] in the trauma group, [that] I have definitely gotten…stronger in who I am, because I was definitely having some challenges prior to going to [the WCDVS] project. For the first time I was validated when I went to my trauma group. I was validated because I saw that*

there were other people who understood that I had been hurt and worse, in pain, and that I get re-triggered. I finally was able to honor that."

Dawn: "*Listening to other people's stories is helpful. Empowering. If they can do it, so can I. I don't feel so alone…just knowing that there are people trying to help me. The compassion and contact with other people in the [trauma] group is marvelous. As time goes by in the group, everybody gets a little stronger, opens up more, and it helps me immensely. To see that I really am strong. I don't have to use drugs for the rest of my life. I can be around whoever I want to be. I have the choice.*"

Brandi, Julie, Rosalie, and Dawn also described the concrete skills they gained from being in trauma groups.

Brandi: "*[Addressing trauma in treatment has] helped tremendously.…Talking about it and getting some solutions and some answers to my questions, and learning that it's not my fault…things like that.*"

Julie: "*[The trauma group] taught me how to take care of myself today. It taught me why I think that way I do; I'm not going crazy.*"

Rosalie: "*[The trauma group] helped me to look at some trauma, and find out some things that may have been triggering me in different ways to handle those situations. To be aware of when the anxiety sets in and the fear sets in and [what it was that] triggered me. Now I can look at a situation and I know if I'm gonna get triggered.…So when I entered into the [WCDVS] project, I got a lot of positive things out of it, [because] I got to take a step back [and] learn about feelings, feelings that I didn't even know that I have.*"

Dawn: "*[I recommend trauma groups] because they help someone learn to be truthful, honest, and it also helps them to look out for things, you know, to be safer. Things like trouble spots, you know, danger zones…things like that. It made me very aware.*"

Dawn also found that the role-play activities in which she participated helped her learn how to set boundaries with others.

Dawn: "*[In our trauma group], we practice saying 'no.' [We practice how to respond when people say], 'Come on, please, it will just take a second. Wait right here please.' [You have to say], 'no.' [Even when they say], 'Please, come on… I'd do it for you if the tables were turned.' No, I can't. I can't risk my sobriety. [Then they might say], 'I'm not gonna let you do anything. I'm not gonna let anybody hurt you.' Well, then you know what? You go by yourself because I don't want anything to do with it. No. We practiced all kinds of things.*"

Summary

The moment of transformation and the first few months of confronting addiction or trauma are difficult. Physiologically and psychologically this early time is painful, but many women believe that these early months are the easiest of all. The hard part comes after the enthusiasm runs out and life returns to its routine. Commitment to self and wellness sustain women when they work to find replacements for the people, places, and routines that were damaging with healthier choices. Many of the women in this chapter emphasize the personal practices that either reduced stress or helped them to avoid stressful or dangerous situations. Many of these supports and resources emerge from within the woman herself or come from informal sources, that is, are not treatment-based. However, treatment does play a role. Treatment appears to be useful in two ways: when the professional provides authentic human contact and caring, and when the program offers concrete solutions to day-to-day problems. Clearly, "not using" or "feeling less depressed" are not the primary concerns of the women in this monograph. Rather, being valued, having assistance with handling interpersonal problems, getting help with parenting, and building understanding and skills to reduce the effect of trauma reactions are more important.

V. Challenges to Recovery

Overview

Recovery is hard work. Living a good life in the face of the past is a constant challenge. As Brandi says, "*My behaviors changed. [When I was growing up] I had to be hard and tough, and that wasn't working anymore. So when that went away, I was open. I felt vulnerable and I felt a lot of pain. I didn't know where I was anymore. I was scared. Change is hard. Change is hard in so many ways. Family and friends can be great assets, but they can also be barriers to healing. Losses…of health, employment, homes, children…can be devastating even when the loss was long ago. Finding a positive self-identity after years of demeaning ones is frightening.*" The previous chapters are full of hope and wisdom, but they were dearly bought. This chapter discusses some of the hardest parts of recovery. In this section, intergenerational violence and abuse is presented in all its complexities. Also discussed is the problem of when providers harm rather than help. The final section discusses the gaps in the treatment systems and what needs to be done to support women in their recovery.

The Cycle of Violence

The women in this monograph often speak about the violence in their present lives and in their childhood homes. Sometimes they also talk about the violence in their own mothers' lives. They certainly comment on how they felt betrayed by their mothers' rage, hostility, and neglect. They also recall the guilt and shame arising from their behavior toward their own children. These women are testimony to the intergenerational nature of abuse and the secrecy that surrounds it. This section discusses the relationship of abuse and parenting. Recovery is imbedded in relationships and these women are well aware of how complicated the process is when many generations are affected by violence and abuse.

Of the ten women who tell their stories on these pages, eight are mothers. All of these mothers experienced heartaches with their children, before and during their process of healing and recovery. In the following discussion, some of the women share their awakening to their responsibilities for mothering their children and their grief when realizing, perhaps late, their importance as mothers. Several detail their struggle to provide for and protect their children, as well as their experiences of their children's anger. Some share the pain of custody battles. Yet a common theme emerges: the desire to heal in order to be there for their children.

Waking Up… and Realizing You Are a Mom

When a woman is doing everything she can to hide her own pain, it frequently is difficult for her to care either for herself or others, including her own children. Emily and Brandi shared some of their experiences. Emily has two daughters, one significantly older than the other. Due to Emily's substance abuse, her transition to experiencing herself as a mom did not occur until her older daughter was a teenager. Emily shares some of her struggles with coming to terms with being a mom.

"*[One time] I went to [a residential treatment program] and I didn't have [my kids with me]. My mother was still alive…. I hadn't really got[ten] to be a mother yet because I was using, so [being separated from my kids] didn't really affect me.… That's sad to say, but me being away wasn't really a [big deal]… I felt like I wasn't even there anyway….Even when I went to prison…I mean I missed them, but not like some of the other people that were in prison missed their kids. I know that sounds mean, but I never really felt like I was [my older daughter's] mother anyway. I always felt like I was just there….I was the one who gave birth but I wasn't really her mother….And the first two years of [my younger daughter's] life, I kind of felt that way with her, too.*

[When I] got out of prison…my dad was dead. I was gonna go somewhere and my mom says, 'Where are you going?' I said, 'I'll be back.' She says, 'What about your kid here?'…and I go, 'What about her?' She says, 'Who's gonna watch her? I gotta go to work.' And then it dawned on me: I'm a mother."

Emily went on to explain the impact of her addiction on her ability to mother.

"I used through [my first child's] whole childhood. She was seven when I started using. I was a totally unfit mother, totally unfit. People tell me how good I raised her and I tell them I didn't [raise her]. I may have lived in the house…but raising [her], no, my mother did that. My body was there but I was in LaLa land. But [with] my second child, it's totally different. [I stopped using] long enough to have her, then I started using again. Then I cleaned up again because my mother got sick…

"Even when I went to prison…I missed them, but not like some of the other people that were in prison missed their kids. I know that sounds mean, but I never really felt like I was [my daughter's] mother anyway."

[With] the first one, I was young….I thought I was gonna live forever. I thought I was untouchable. I thought I could do whatever I wanted to do, and if I died I died, oh well. No one would miss me. [With] this one…I don't want to die. I'm not young [any]more, and…I hope they would miss me but I don't want them to. It's totally like a flip, [I'm a] totally different person.

[Basically, I] never [felt prepared to be a mother]. [I didn't know the] simple ways, simple common sense, [that] mothers should know. Like your daughter's not gonna have clean clothes if you don't wash them….It was awful. I felt like I was ten years old…[but] I woke up. It was like oh my God, I've been asleep all these years thinking that I just knew everything. But to take care of my kids I didn't know up from down….I was too embarrassed to tell anybody besides my counselor…that I was gonna be 40 years old and I didn't know how to shop for toilet paper and Tampax, soap for the washing machine, how much soap to put in the washing machine. Simple knowledge things….She just told me…You know how a household is run, right? And I said, yeah. She said just start thinking of the things your mom did and you're gonna have to start doing all that. Pay bills…[go shopping, cook]. I [taught myself] how to do those things….I think it would have been nice to know that [that other people had to grow up, too]…that I wasn't the only one that used drugs all [those] years and was stuck at that age….When I woke up, I was still stuck on that age.

[Although] I feel like I'm raising [my younger daughter], I don't feel like I raised my oldest one. That's something that I have a hard time dealing with because every now and then when she wants to hurt me she'll let me know that, and she knows that's what hurts me the most…"

Brandi discusses her realization, while in residential treatment, that she was the only one responsible for her two-year-old daughter.

"It was hard because I was going through a lot. That was the first time I had been clean and everything was coming up and I still had to take care of her. It was hard….When my child came to the recovery home with me she was running wild because I didn't think I had to watch her 24 hours a day. [I thought]: All those people [are there], why do I have to watch her all the time? And I learned that I'm the mother and she's my responsibility 24 hours of the day. So, I learned that. The lights came on in a lot of areas in that program."

Taking Care of Your Children and Yourself is Hard

All mothers with children in their care are challenged at times with balancing their children's needs, the needs of others, and their own well-being. When physical and sexual abuse, substance abuse, emotional problems, and other health issues arise, the ability to juggle these needs can move from a slippery slope to a downward spiral. Claire shares how her desire to address her children's needs affected her own health.

"I was so focused on my kids and meeting their needs that I sacrificed my health, my emotional health, my physical health, everything…[because I just didn't take care of myself]….I just was very hyper-focused on being major mom. I've always wanted kids. I lost eight babies. I've had eight miscarriages. I had ten pregnancies and I only had two children…"

Serena describes what it was like as a young mother, overwhelmed with the daily responsibilities of caring for her children and other relatives.

"The biggest part about being healthy is having a reason to get out of bed in the morning. And I think being a mother, you're so consumed—and I was such a young mother—that those reasons were evident. They were at my bed when my eyes opened, and the kid was staring at you – 'Mom, I'm hungry.' I think that when the kids got older—and since my kids moved out sooner than I planned, and I have a very empty nest—I think that I'm finding out what it's like to need me.

When the kids were little I was personally responsible for putting my mother in the hospital eight times in five years, which meant she should have been there a lot sooner. If they kept [her] longer she would have gotten well. She moved five times. She kept moving all around us. She'd walk into our lives and so I not only had a crazy husband, I had crazy mother to deal with."

Now that Serena's children are older, she continues to struggle with how to care both for them and for herself. Serena's words hint that she is trying to make up for lost opportunities with her children.

"I was so focused on my kids and meeting their needs that I sacrificed my health, my emotional health, my physical health, everything…"

"I can't have a really good relationship with my kids if I don't have a really good relationship with myself, and at the same time, they need me now! They needed me yesterday! And they needed themselves yesterday!

I drive my son to work…and depending on how fuzzy or foggy he is, it is a nice conversation—or it is a repeat of some of the ridiculous things that went on with his father that we've been struggling with….My boys have come back to live with me….I have a very needy family right now, and that is part of the reason why I came back because I felt like they chose me but when I came back, they were all still just as needy….

My son gets really mad at me because he says, 'Mom, you've got to pull all your energy and help us right.' We are finally ready to take the help. He didn't say this as much out loud, but what he was saying, I don't want to wait for what is left over…I want you to help me get on my feet.…And he was right. I'm helping him now.

I want to be able to afford my kids. I want to be able to afford what they need and want because they're really angry at what they've done without because of my incapacities."

Protecting Children and Custody Issues

Many of these women spoke of significant challenges with their partners and the fathers of their children. These difficult and sometimes abusive relationships frequently directly impacted their children through abuse and/or custody clashes.

Serena and Claire described how their motherhood focused on protecting their children from abusive spouses.

Serena: *"That's the way a huge amount of my marriage was, my life—was protecting my kids, hyper-vigilance beyond belief. I don't know, just protecting my kids physically. I had two hyperactive children. God knows, like why wouldn't they be hyperactive?*

… I came back because of my kids. I saw my kids' faces and there was a certain point where I realized that....I couldn't leave the kids with him."

Claire ultimately questioned whether staying with her husband was consistent with her perception of herself as a "good mom."

"Here I thought I was being a good mother, protecting my kids, and yeah, I put my body between them and him physically. [I taught] them how to run upstairs and lock the doors. It's like, why did you stay? Wake up. What's wrong with you?"

Maria, Serena, and Claire described painful custody battles with their former husbands. Their sense of unfairness in these custody decisions was pervasive.

Maria shared some of her pain when, as a result of alcohol addiction, she lost custody of her daughter.

"I lost my daughter. My husband. I was beaten down—thought I was worthless….I still don't have my daughter, but I tried. A woman drinking is such a big issue, but a man, it's to be expected. Like it's OK for a guy but not for a lady."

Both Claire and Serena spoke of being deeply concerned for the welfare of their children as a result of the custody decisions.

Claire: "*They gave [my husband] full, sole legal and physical custody. I am actually going to [appeal it and] go for sole legal and physical custody and ask for supervised visits because I got letters from the eye doctor, the kids' pediatrician, their two psychologists…[the] family stabilization team, the dentist…because [my husband] does not take care of them….So [in the custody review] I am going to [get them to look at] the domestic violence and the fact that he is not [taking care of] these kids'… medical and educational needs, and that he is using them….It's painful. You know, the whole court thing….I haven't seen my youngest now [for six months] and my oldest…I've only seen him a few times [over the last two years]….So it's painful.*"

Serena: "*Before I went home, I called him. I said you need to leave. So his solution was to take all of the mortgage money, all the money…and then he came back. And when he came back, he took the kids. And I was at somebody's house, and he served me a restraining order. So the whole thing for years was about not letting him have full control over the kids because this is a man I never left alone with my kids. And then the Department of Social Services was given a week to…decide what to do, and they took a month before they even assessed the situation. So my kids were alone with this man who had already assaulted me, who physically threatened me, and the lawyer didn't even ask for a restraining order for some reason. But the bottom line is I wasn't even in a condition to fight my own battles. I was so completely reduced, [suffering from] post-traumatic stress, and triggering so bad, I was a basket case. The Department of Social Services [DSS] let him get away with quitting his job, not supporting my children, getting the house….*

He got the kids emotionally because they couldn't deal with making a choice, and he set it up so that he made them feel like they had to make a choice. And he got custody of all the friends.

For four years I've been denied any kind of influence in [my daughter's] life. The first breakdown I had was because she was with her father, because of DSS. She was unprotected with someone who was abusive, and they didn't believe me."

Despite Serena's losses and painful battles with her ex-husband, she continued to move forward with her life.

"*[At this point, things have changed somewhat. Now I feel that] I am the cause in my life…more empowered…[more] heard. [The more I'm] making things happen, the better I am. I bought a house…Jobs have changed….I've been to court twice about my daughter. She's with me every day after school until almost dark and on the weekends now….I didn't have her for like three years.*"

When the Kids are Hurting, Too

Children suffer greatly in families affected by trauma, whether or not they directly have been subject to abuse.

Serena: "*There is no one I know that did not get out of an abusive [relationship] or a relationship with [a] substance abuse problem that does not have angry teenagers or angry kids. They look at me and say, 'Well, if you can leave now, why couldn't you [have done] it before?'*"

Claire, Rosalie, Serena, Emily, and Brandi shared some of the deep pain and anger with which their children live.

Claire spoke about some of the challenges that her sons are facing, including learned abusive behavior and struggling with mental health problems.

"*[My husband] didn't begin being physically abusive outside of the bed until after the divorce process. When he gets stress[ed] he loses it….[After the divorce], he assaulted me in front of [my son, it was] for the first time in front of the kids. [My son] just froze…*

[Another time] my husband sent my oldest boy in to be abusive to me, and he was, and it freaked me. So then I was working on I don't need to be afraid of him, it's just that he does all the initial steps in exact same way.

My eleven-year-old kid is suicidal. He has posttraumatic stress disorder. He is dyslexic. He has attachment disorder and ADD and Oppositional Defiant Disorder, and my thirteen-year-old also has problems….My youngest son is considered a

disabled child. They are both very bright, but he is not considered to be able to live a normal, young 13-year old life, and certainly at 11, he was in tough shape."

As with Claire's younger son, Rosalie's son had also been diagnosed with a mental disorder. He is in a program that seems to be supporting him in ways that, over the years, Rosalie did not feel supported.

"*[The trauma group] helped me with my son who has an extreme mental illness from trauma. But there's no substance abuse because when I went to this program, it educated me enough to be there to help my son and advocate for him. Now he's in a residential school for mental illness—for children with that background....They're there for all of his needs, and you want to talk about integrated services, that's a place they do integrated services for kids….[In the past], people like us, we didn't have that. You know, the emotional part and the behavioral…[we just got], 'You're bad.' …[We] were just left with low self-esteem.*"

Serena's children are older now but still experience significant challenges, pain, and anger.

"I've had a tough time just coming to terms with my son who's moved out. He's 17½ years old, and he is taking responsibility for his girl and his baby, which I'm proud of, but he's so young, and I'm not happy.

When [my son]…gets down, he takes some antidepressants.

Then this last week was about the worst week of my life; my son almost died in a car accident.

And Wednesday, we found out my daughter had tumors that needed to be removed. My 16 ½ year old….So…I picked her up [afterwards]….I took her over to [my friend's] house, who has a hot tub and a shower….[She] had a chance to be in the company of nurturing women….[She] felt better.… [But] on the way to taking her back—she had a meltdown, and I realized that she has to get angry. That she has to screw it up between us before we say goodbye because…part of it [is] feeling too good and not being able to separate. Because we really have been robbed of a relationship for four or five years now…because of the way everything went down in court, because [the judge] actually really expected her to choose between parents.

Children suffer greatly in families affected by trauma, whether or not they directly have been subject to abuse.

In the middle of all of this, [my daughter's] dealing with recovering from rape….So, my heart is kind of broken about not being able to protect her or to keep [the] bad things…that happened to me…from happening to her. At the same time, she has fought every inch of the way for me to be involved in her life because I'm the one that was supposed to have stopped what we lived through all those years. I didn't get out soon enough….She blames everything on me, I'm sure, including this….

I talked to people, and they told me about what kind of services were available…because I really want to get my daughter some help [for her rape trauma]….And I'm really feeling like I need to be included in therapy with my daughter right now because we have a relationship that desperately needs to be healed….I'm working really hard on…getting invited [to meet with her and her therapist] or creating another family therapist. [But] she's so sick of therapy! I was trying to find something less intrusive like a [therapeutic] writing program….I can't do it for her.

My daughter's very, very angry, and she got herself kicked out of [a] program….Then…she was in this new school, and then she got herself kicked out [of there]....She's a very, very angry young lady. They're really marginally keeping her out of the hospital. [This is] second generation trauma. We're all survivors….She doesn't regulate emotionally very well. She's angry. She's impulsive. She's been diagnosed [with] borderline personality disorder. She's on Paxil. She takes a sleeping pill to sleep. She takes Clonipine all day long. She cannot live without it….The only reason she is not in the hospital is because I….hand her her pills everyday…

My oldest daughter's very angry because she was in a role where she was my main support for a long time, and she's been like a mother. She was the only other sane person in our home for a long time and the other people were too little to talk. They understood, but they were too busy trying to maintain a childhood in the midst of a hellish unpredictability….I had one son that [coped by going] fishing all the time….

The doctors…believed I was so anxious I couldn't function. They understood…I couldn't control my kids.…My kids were so angry over what they'd been put through and the fact that this person who had made it right all alone and was functional to the point where there was a roof over their head and…there were clean clothes and there was food…couldn't do it anymore, and he lived a totally drugged consciousness. My kids were so angry because I was always the strong one. I was the articulate one. I was always the one that could…identify the feelings, could make the conversations. I lived with a man who didn't talk for weeks at a time and then when he did talk, it was abusive…

With my children, it's very hard not to be abused by them…there are these communication patterns that we've learned and we need to unlearn. I need to be able to say, 'You can't talk to me like that. I need to be able to hear your anger, but can we find a way not to take it out one each other but to express it.'

I think [with] my youngest daughter, the fact that we're at least seeing each other two or three times a week, even if she's angry with me, [is good]. I'm usually able to wait until the storm is over to hear her out, [to] not get so caught up in defending myself and [to] let her still feel my love before I leave. We went through six months at a time where I couldn't even be in her physical presence. We'd talk, but she would always end up raging at me.

Now the Department of Mental Health has family stabilization units…but then nobody helped me deal with my angry teenagers. It was horrible, just horrible.…My kids were really wounded."

Emily shared how her daughter, too, was very angry. In particular, she described her daughter's anger with Emily's ultimate decision not to have her daughter continue in a children's trauma group.

"*[My youngest daughter] is an angry little girl and I don't know why she's angry. That's why I [had her] start…going to [the children's groups], but I never really [wanted her to go to the groups]…[but] she liked it. She got mad at me a while ago because…I [didn't] take her back. [She] was really angry.*"

Finally, Brandi spoke of the pain her daughter experienced from being abused by her partner's children—abuses about which Brandi was unaware at the time.

Brandi: "*I was in a relationship…for six years…that affected my daughter negatively because [my partner] had children [who] abused my daughter physically and emotionally. I didn't know because I worked twelve hours a day and slept six, so I wasn't there. It affected her. She still feels it today. If affects the way she acts. She's angry. She's very, very sharp with her tongue, so it affected her negatively.…I think my daughter needs some counseling. She has some anger issues and trust issues. She needs a little help. I got her some counseling once.…She wasn't real with the lady and the lady didn't know how to go in and dig it out of her.*"

Breaking Out of the Mold

Instruction in good parenting, *per se*, is almost never offered as a part of standard formal education. As a result, parents are usually relegated to figuring it out by themselves, in great part by relying on role models, good and bad. When children are abused—emotionally, physically, and sexually—healthy role models for parenting are sorely lacking and the parenting styles that they experienced are passed down, resulting in intergenerational trauma.

Emily discussed the role that her substance-using father played in teaching her how to parent.

"I always thought [my father] enjoyed us, but he was loaded his whole life…As long as I knew him he was loaded, but I used to always think he was a good father.…But how could he have been? I always thought man, he was a really good father. He was good to us. [And] he was the same kind of father I was [as] a mother. Just there in body and that was it. Every now and then we'd get a little loaded and act a little excited; [he'd] play with [me] for a while and make [me] feel like [I was] loved and that was it. That's what he did and that's what I did [as a mom]. I'm not saying I didn't love [my daughter], I loved her. I [just] wasn't a very good mother. Like my father wasn't a very good father but he was a good person. So, maybe that's why I thought he was a good father because he was a good person.…"

Learning New Ways to Parent

Several of the women whose stories are presented here were provided opportunities to learn new ways to parent during their involvement with the WCDVS program. Maria, Rosalie, Brandi, and Isabella each revealed the parenting insights and skills they learned while in recovery. These mothers described the need to better understand themselves and how they were parented in order to improve their own parenting. They worked to communicate their feelings to their children in different ways, using non-violent discipline and providing structure.

They worked to communicate their feelings to their children in different ways, using non-violent discipline and providing structure.

Maria: "*I did [the parenting class] two times. That was very helpful. I think I didn't need it as much because I had older children. But it helped [my caretaking of] the other kids [in the house]. I wish I had that when my kids were small. There were things I learned I never knew or realized. It was a wonderful program.*"

Rosalie: "*[The program] showed me how to be safe, taught me some parenting skills where I had to learn about myself—and how I was parented and my feelings and the feelings I didn't even know how to express. [Before I knew this], how could I be a parent and express [my feelings] to my own children? [Leaning this] was a real positive thing…now I can approach my children in a different way. There's a little more balance there—where it was too extreme before….I liked going back into my own childhood and looking at feelings. I was motivated to look at it and grasp it….I was ready to go to the core of a lot of my issues.*"

Brandi: "*[In recovery], I picked up some [parenting] tools [that helped me prepare to be a parent in recovery], tools like responsibility, patience, tolerance, love. I didn't have those things….[Since I've been in recovery, one of the struggles I've experienced with my daughter is] discipline. I won't spank her, so I've had to come up with other ways of disciplining her. I've had struggles with...my childhood issues come up sometimes with her. [Instead of spanking her], I take [privileges] away [for negative behavior]…and I reward her [for positive behavior]…I don't have very good parenting skills because I don't feel like I had a good model. [But] my mother did the best she could….*

[I would like help with] how to give [my daughter] structure…how to discipline her in other ways…. Most of the service providers that I've had in my life have been great [in helping me with my relationship with my daughter]. They couldn't have done anything better. They've done everything I've asked. My daughter used to throw fits and tantrums, and I didn't know how to handle that. She was three or four…and the lady taught me. Just don't speak or nothing. Just remove her from the situation and tell her privately what you want her to do and stand firm, don't threaten…they taught me...how to talk to her."

Isabella: "*I took [the parenting class] and got a certificate…[Now], I don't get so upset. [I've learned] how to talk to kids to get a response. When you get mad, you just gotta stay calm and talk to them because when you raise your voice or whatever they reject more. You have to stay calm and bite your tongue and you'll get a better response...[I learned] when you give a punishment don't take it back because so and so is in town. If you're on punishment, you're on punishment.*"

Vital Support from Family

Serena, Isabella, Brandi, and Claire spoke of the types of support that they received from their families.

Unfortunately, Serena did not get the support that she needed. Serena shares below her abusive husband's reactions to her request for support and her mother-in-law's misplaced support attempts during her marriage.

"*[Here I was] trying to be this good little wife…and [thinking] there's something wrong with me because it's not working. I'm doing everything right…[but] this man is full of rage. No matter what I do, I can't make him happy. Three weeks after I got married, he put my teeth through my lip. I had nine stitches…[just] because I said…I'm absolutely exhausted…could you please get up with the baby?*

My mother-in-law bought me a lot of really nice clothes….It was a life my husband couldn't afford, but she figured that….She basically bought me [things so that I would] stay with him for a long time. And they had a lot of money….She didn't buy us what

we really needed, and it was like…this big farce….We never let them know we were hurting for money, so she would go out and buy something really expensive for the kids, but the kids didn't have shoes. It was really schizi-weird. You'd go and have dinner and she'd spend hundreds of dollars on one dinner and invite the family, and we'd go home and be living on food stamps."

In contrast, Brandi, Claire, and Isabella received family support that was truly meaningful.

Brandi: "*My mother…[and my] sponsor [have helped me work through discipline struggles with her daughter]. I can throw something at them and they'll give me some feedback.*"

Claire: "*My mom was really great through all this. She is like my best friend and support from family.*"

"Three weeks after I got married, he put my teeth through my lip. I had nine stitches…[just] because I said…I'm absolutely exhausted…could you please get up with the baby?"

Isabella: "*Like when I went into the program, I never discussed where I'm keeping my daughter. We got her, it didn't matter which one of my family members…had her, they [are] all good people. They made sure she was at school. I didn't have to come up with a dime or [any]thing. Whatever [she needed]…they all got together [to help]. If [two relatives] did it this month, these over here did for the next three months. They just kept doing whatever… she didn't miss out on anything. And whatever I needed at the program, I didn't miss out on anything [either]. They [were] taking care of my daughter, my ex-husband and stuff…[and] he paid for the program for me….So they did a lot….They all came there to see me. All my kids [came], my grandkids….So that really meant a lot. And they're still [helping me] today.*"

In addition to knowing that her daughter was being well taken care of, Isabella also shared how this gift allowed her to take the time she needed—away from her children—for her own recovery.

"It was okay [hearing that my 10 year old daughter wanted me home when I was in treatment] because I would come home on weekends.…The first twenty-one days I did not contact them...[and] they just left me alone for twenty-one days because they [knew] if they [called that it] would have been…a hard thing for me....I had never been in [a] program…around a bunch of people I didn't know, and have to live there. They [knew] I would have been saying come and get me….I didn't call my family like a lot of people did….I let them call me. Because I wanted to work on my recovery. I knew [my daughter] was okay because I had to prepare for this to go into this program, so she already had…what she needed and everything. So…it was like I went away on a vacation for a couple of months. I just went to go visit some people and [now] I'm back home…."

The Impact of Recovery on Relationships with Children

All change has its effects, for better or worse. But as these mothers moved towards recovery, the effects on their children—although rocky at times—were overwhelmingly positive.

Emily shared her daughter's struggles with having a stronger, healthier mom.

"*[My oldest daughter] wants to run around and do what she wants to do and she wants me to stay home and take care of [my grandson]. I'm not doing it. Why? Grandma did it for you. What happened? What happened when grandma did it for me? Did it make your life a happy life? Did I end up being a happy person? No. Running around being wild is not gonna make [it]. [It] is not what I want you to end up doing.*

[With this] daughter, [my] being clean [makes her feel] like she lost me. Because while I was using she had the same control over me that my mother had over me. [She'd] do anything to please [me] because I [was] using and [she didn't] want to upset [me]….I did that with my mom, too, you know….But now that I'm clean it's like, 'Oh no, you're not gonna do that. I don't care if you hate me. You can hate me all you want, [but] you're not gonna do it, I'm not gonna allow it'….She tells me that I don't love her [any]more. It's not that I don't love her, it's that I do love her. She needs to know that I love her no matter how mad she gets at me. But she feels like she's lost control because I cleaned up…."

With her younger daughter, Emily found herself more willing to be who she was.

"With my youngest daughter, I…find myself…trying to please her a little bit too [much]. I can't take her to the park to go play. But if I was loaded, I could probably get up and do this. My mind thinks like that sometimes.…If I was to go out and get loaded right now, I could probably go to the park with her and [I wouldn't] feel so bad…but I realized [that I wanted her] to know me the way I am now. When I was that way I didn't like myself, so why would she? And the way I am now, I like myself. And it took me a long time to like myself."

As with Emily, Brandi and Isabella also, over time, experienced healthier relationships with their children.

Brandi: *"At first I didn't know how [entering recovery] would affect my relationship [with my daughter, but] my relationship with her got better because she knew I was getting help. [She lived] with my mom [when I was in the program]. [That] was okay. My mom has changed. [My mom] would protect me with her life now.*

[After I got back from the program my daughter had] gained more trust in me and she respects me more.…[Now] I go to my daughter's school and participate in her life. We do things together. We go to the movies…skating.…I was able to buy a car. She's involved in honor guard. That's when they have the flags and they do dances and little rifles they throw around and all that. I go to her competitions, and she plays softball and involved in that because I'm a sports freak. She's responding very well [to my involvement]. She trusts me now a little more. Every day she trusts me a little bit more.…

[Now] when I leave the house [my daughter] trusts that I'm coming back.…Before when I left the house she was like, 'You're a liar, you're not coming back.' She would actually call me a liar straight out. And I really couldn't do [any]thing to her about it because I would be lying. But now she doesn't say that anymore. It feels really good."

Isabella: *"I love kids. They get on my nerves sometimes, but I love them.…They get where they don't trust you…they're scared to. They maybe want to but they've heard that, they've seen that so many times, they don't know. It takes a long time.…I worked on [trust]…with my kids…my grandkids, my sisters and my brothers.…*

The kids can see the difference [now]. Usually…you…snap quicker [when you're loaded] than when you [are] straight. And they know the different attitudes.…

[My relationship with my daughter since I've been back home] is really okay. It's really better.…Right now I can only get the basics, but I can get it.…I just explain things to her. I don't think there's a day she gets up [that] she [doesn't] tell me she loves me. She always tells me she loves me.…The only thing that was really stopping us from having a really good relationship [was] that I was on drugs. And once I got off the drugs, [our relationship just got a lot better]."

When Those Who Mean To Help, Hurt Instead

There are many structural aspects of treatment systems that can injure persons instead of helping them. First, there are simply organizational barriers, like accessibility, time limits, insurance requirements and costs. There are also barriers imbedded in the training and practice of treatment professionals. For example, current treatment paradigms over-emphasize the expertise of the professional and under-value the knowledge and wisdom of the patient. This places the "patient" in a passive, dependent role, further disempowering women who already feel powerless. Coercion, even when it is applied subtly, may be experienced as threatening. A therapist who tells a woman what treatment she should receive reinforces her perception that she has no autonomy and is vulnerable to the person with the decision-making power. Certainly treatment in its most coercive forms, such as the use of restraints, can be re-traumatizing (Jennings, 1997). Further, some professionals are not trained in trauma treatment and of those who are, many are not trained in treatment that is gender, age, and culturally specific. Some professionals, unfortunately, are simply poor therapists and hurt through disregard or disrespect. Sometimes the right human match does not exist between those who need support and those who are intending to provide it. Maria, Emily, Brandi, Dawn, Anna, and Serena each provided examples of relationships with practitioners that hurt.

Treatment Paradigms

Treatment paradigms are built on the expertise of the professional, which is not always perceived as helpful. Anna says, *"[I also really don't like] people giving me advice. People judging me. Traditional mental health systems. Talking at me and*

no real communication [or] dialogue." Maria didn't have many services, but when she did they were negative. She says, *"Prior to [the WCDVS] project, I didn't have [many] services. I had bad experiences with therapists and psychiatrists. When I got to [the treatment program], they hooked me up to the [WCDVS] project. Prior to that, I had no help at all.*" Even with the expertise of mental health professionals, Maria did not perceive the treatment she received as at all helpful. Anna also shared an example of a therapist whom she liked, but who simply was not helpful.

"I recently went to this guy my doctor had recommended, and I liked him a lot but I felt like all he did was agree with me—uh-huh, uh-huh, uh-huh. It just didn't work. I don't want somebody to [just] agree with me. So what [have] my experiences been [like] with mental health? Not real positive."

Part of the necessities of modern medicine is the formality and the systematic processing of persons seeking help. Many women experienced treatment as de-humanizing. For example, Emily reflects that, while she felt cared for by some practitioners, she experienced her treatment at the mental health clinic as particularly dehumanizing.

"My regular counselor sent me to the [WCDVS project], and then when I got [there] they sent me to [the mental health clinic], but I really didn't get into [the mental health clinic]. I felt when I was in the [WCDVS] project [that] it was helping me enough at that time. That's what I needed at that time. At [the mental health clinic], I felt more like a, um, next, you know, who's next, who's next? With [the WCDVS counselors] it was more...one-on-one, a few people here and there. It [didn't feel like]… you were just the next person coming in."

Dawn also had an experience that she felt was dehumanizing and disrespectful; however, after she stood up for herself, she felt that her practitioner was more respectful.

"[My substance abuse counselor] put a hold on me and I couldn't dose until she came in. I told her, 'Please, please, I'm a grown woman who's trying to do well in her recovery. Please don't put any holds on me. I'm a grown woman; I know what I'm supposed to do and I know what I'm not supposed to do.' After that little talk with her she has never again put a hold on me, which makes me feel very good."

More importantly, some routine aspects of treatment, in this case time limits, are dangerous. Anna remembers:

"I can't stand going to a therapist for an hour and then, 'Oh, time's up,' and then I'm left shaking in the car trying to get it together…and trying to deal with [the therapist] not really being sensitive to leaving me in a good place before I left.…So I stopped going to therapy."

Sometimes the particular service or therapist has rules that restrict what a woman can do and when even when she voluntarily participates. Emily said that she felt that she had been "treated like a criminal" when she had been forbidden to take a break from her outpatient treatment program to assist her mother when her grandmother was dying.

"I was in [an outpatient treatment program for mothers and young children] when [my youngest daughter] wasn't quite three.…My grandmother was pretty sick about that time, and I told them I needed to leave for a week because my grandmother was dying and I needed to take my mother to go see her. They told me I couldn't have the week off. I told them fine then—and I left. I wasn't [in treatment because it was] mandatory from [Child Protective Services or the] court…I [was in treatment] because I wanted [to be]. I was coming off Methadone and I wanted some kind of foundation to make me stronger for when I did come off…[so] that I could handle it. They said that I would [get] tools from there, so that's why I went. But they treated me like I was a criminal. I said, 'You don't have to treat me like this. I came here because I wanted to come here…. I came here to find something… not to be treated like a criminal.' So I left."

Poor Practice

We all would like to think that bad experiences only happen with bad practitioners, but the evidence suggests that lack of training, on-the-job stress, occupational routine, and apathy, as well as bad therapists may all be responsible for the all too common experiences.

Brandi experienced the nurses at the mental health clinic as lacking in compassion and empathy. Although they had knowledge of some things, she felt that they truly did not understand what was going on for her.

"The nurses at [the mental health clinic] need to have more compassion—not be so book-wise, you know what I mean? The lady that I saw had no compassion. I didn't like her at all. One day I just told her, 'Give me my meds so I can go home. I don't like you'.…And a 'substitute' psychiatrist at [the mental health clinic] told me I needed to get a job. I was a basket case and I was not able to work. [I thought] she had to be joking, but no she was serious….I started laughing. She didn't think it was funny. She was serious. [Then] the conversation stopped."

Anna provided several examples of inappropriate treatment. In her first example, Anna was pinned against the wall by her counselor.

"I went to a mental health counselor at [college], and she was totally inappropriate in her touch and literally pinned me against the wall and it was very disconcerting, and I told her. Not in that moment, I was just like freaked. But I found my voice a couple weeks later and said that was inappropriate. 'You know, you pinned me against the wall. I felt total fear, entrapment,' and she apologized...I said 'that was inappropriate and I don't feel safe with you anymore.' And she honored that. She honored that I didn't feel safe."

Anna experienced another instance of inappropriate touching and explained that, overall, this particular practitioner lacked an understanding of appropriate boundaries.

Evidence suggests that lack of training, on-the-job stress, occupational routine, and apathy, as well as bad therapists may all be responsible for the all too common experiences.

"So I've had some pretty inappropriate things happen with mental health practitioners. I've had men and I've had women. I've had a man, who [was] really good. I had this one woman and she seemed pretty good, and then I felt like there were these lesbian overtones… it just really made me uncomfortable. All of a sudden she's telling me her story. You know, there were no boundaries and she was telling her story and how she knew how I felt because of what she…you know…and there was inappropriate touch again and I went, jeez. So I lost a bit of trust with some mental health people…."

Serena's experience with her therapist was very painful. She felt her therapist suggested that the childhood sexual abuse she experienced had been her fault.

"I had a very bad therapist. I picked him but in the end either I misunderstood or I started to feel like he just made me feel like a lot of things that happened to me were my fault. We were talking about the sexual abuse when I was a child, and I said…and he made me feel like…I don't know….He was a man, and I don't think he really knew what he was doing. He was way over his head, and he didn't really end up helping my family."

The Need for Service Improvements

Each of the ten women represented here participated in SAMHSA's Women, Co-occurring Disorders and Violence Study. As such, they all were provided opportunities to work both individually and in groups with service providers, many of whom were trauma survivors themselves, who understood the impact that interpersonal trauma can have on women's lives. The women spoke time and again of the benefits of working with trauma-informed service providers and of participating in trauma groups.

These women benefited from their participation in the WCDVS, and the personal benefits they experienced provide an incredible learning opportunity for all who are interested, personally and/or professionally, in the process of healing and recovery.

Several of the women provided concrete suggestions to further support the healing and recovery of women with histories of interpersonal abuse. The suggestions ranged from the need for more transitional housing and more trauma practitioners to greater awareness of both the availability and benefits of trauma treatment, and from how practitioners need to remind themselves of the importance of patience, to the need for the women themselves to be willing to do this work.

Brandi and Isabella both spoke of the importance of increased access to transitional housing after women leave substance abuse treatment programs.

Brandi: "*[It would have been helpful when I left my substance abuse program to have transitional housing] because people at my mom's house still use. So if I would have been able to go to transitional housing I would have had a clean and sober environment to go to.*"

Isabella: "*I think they should have…a program when girls or men get [out of substance abuse treatment] and don't have money…[where they would] have a safe place to stay. They should be able to have a place, a house or…a boarding place where they could go and stay, but [where they also] have to look for work. [This could be for] a limited time… [say] six months to get up off their feet. That would keep a lot of people clean and sober.*"

"A lot of people need trauma services but don't know that they exist or how important they could be to their mental health."

Claire shared an idea for a specific type of therapeutic community in which families, including pets, are able to be together.

Claire: "*I've always thought, well, if I win the lottery, get lots of money, I'd like to see like a huge compound with small little cabins so everybody could have their own place. [In most treatment settings], if you have cats…or dogs…[that you want to keep with you], [you have] to leave. That's so traumatizing; talk of the ongoing trauma….There are scientific studies about how [pets] help…you emotionally and psychologically. So, here you are in this emotional and psychological turmoil, and [your supports are taken away]. I had a client who lived in [this kind of] housing, and I think it's done wrong. I think people should have their own space. Each family has their own space. And I think there should be a support staff that lives on the premises and that regularly, every single day, there's a daily visit and that people have access to…group therapy and individual therapy right there on the compound. Like what the early Egyptians used to do with their mentally ill. They had a whole community area that was set apart. They were gardening; they were taking care of sheep. And their needs were getting met. I think that we really need to go back into that whole kind of system. I personally think it would be very helpful. Trying to get the financial and political support—that would be the challenge. What I need to do is find someone like-minded who wins the lottery and just set it up.*"

Emily and Dawn both spoke of the importance of trauma treatment. Emily recommended that trauma groups be small in size and available to all women victimized by interpersonal abuse.

Emily: "*I would tell them that [the WCDVS trauma group] was a good group. I would tell them that it needs to be a study of more than just drug addict people. I would tell them [that the smaller groups] were the best ones we had….[You need to have no more than] three or four in a group to really get the feel of it.*"

Dawn spoke to the need for more trained trauma practitioners and greater awareness among trauma survivors of the availability and benefits of treatment. She also provided specific suggestions for practitioners who work with women who have been victimized by interpersonal violence.

Dawn: "*More trauma providers [must be] available. A lot of people need trauma services but don't know that they exist or how important they could be to their mental health. Better advertising is needed. Let people know about services through missions, halfway houses. Word of mouth is powerful . . ..*

When I was in the mental hospital, all [the other patients] needed was someone to talk to, someone to listen to them. And there were so many patients and not enough psych techs to go around.

[I'd like to tell providers that they need] patient understanding, you know, be patient, don't expect a miracle to happen just that fast. Give the girls a chance to think about their problem. Don't force them to answer the question right away. Don't put it to the person in a negative way, put it in a positive way, in a grown up way….

If I was gonna give advice to a trauma group leader I'd tell them not to push anybody....And if they don't want to answer the questions today maybe they'll answer them next week."

Isabella: "*If [people are] serious about recovery they are [willing to talk about their trauma]. If you don't talk about everything that's happened in your life that you've been through, then you're not [really in recovery]. You're recovering but you're not completely recovering. So, you know, you have to talk about everything. That's how you know you are recovering....*"

Summary

Like the resources for healing, the challenges to recovery are imbedded in relationships, both personal and professional. This is perhaps one of the most important and profound concepts that emerged from these stories of recovery. The basic message is that we are all human. We all need basic things in our lives—a sense of meaning, a valued identity, and people who love us and treat us well. In addition, in the process of recovery, women also need to love themselves well. That means establishing safe boundaries within which each woman can thrive. It goes without saying that personal relationships should be based upon authentic affection and positive regard. Treatment providers also should remind themselves that the single most important thing they can do is to value the person before them.

VI. Where Do We Go From Here?

Rachel Naomi Remen, one of the early leaders of integrated medicine, says, "Healing is not the work of experts…. People have been healing each other, responding to the hidden power in each other, nurturing each other, helping each other to grow forever. That is a human relationship, it's not an expert and problem relationship" (Seymour, 2005). The first lesson to be learned from the stories and experiences of the women here is that healing and curing are different things. Dispensing a diagnosis and a prognosis, reducing symptoms and curing a condition are, at best, only a tiny portion of the healing journey. The essence of healing resides in the mystery of each individual and in her connections to her interior self and the others in her life.

Perhaps the greatest contribution of these stories is that they provided for the first time a conceptual framework for transformation and sustaining recovery. While the framework is speculative, it does provide guidance for practice and research to follow.

It is clear that addiction, depression, anxiety and other emotional problems, and trauma reactions cannot be disentangled. The word "recovery" takes on a greater meaning. Without reclaiming life from the effects of trauma, abstinence from drugs and alcohol only reveal the torment, shame, and loss. Facing early childhood violence after suppressing the memories for years challenges the foundations of identity and often erupts into justified rage. This in turn increases the pressures to escape through drugs or other addictions. Recovery for women with histories of violence, particularly in childhood, requires a transformation of the whole self. It requires a change in identity, in world view, in behaviors, and in coping strategies. As Brandi says, *"Change is hard. It's mostly hard because everything is new and there are no guideposts of memory to direct the feet on the known path. It's scary."*

Without reclaiming life from the effects of trauma, abstinence from drugs and alcohol only reveal the torment, shame, and loss.

Once begun, the transformation is never really complete. An initial change is made and some time later, each woman finds herself revisiting where she has come from and where she needs to go. The memories, flashbacks, and self-deprecating recordings inside the head never really go away, but with each cycle and each new gain, they lose their power. At some point, women take, as one woman stated, "the bad thing that happened" and turn it into an asset—a strength.

The critical question that emerges from these discussions is how can we create environments that support recovery? These women tell us that most of the journey of recovery occurs on the inside. The moments of transformation require first that a woman changes her perspective in some meaningful way, most notably that she believes that she can recover. The external influence, then, gives her a reason to recover. Finally, she must change her behavior. This part is always embedded in the network of relationships—setting limits, avoiding certain friends, and taking time for self implies saying "no" to others. Invariably, the moment of transformation occurs in the context of human interaction. Treatment does not transform, but the individual practitioner may be the catalyst. Influence and coercion are counter-productive to healing. Authentic human compassion and the willingness to bear witness support healing.

The resources women need to continue in their healing and to achieve their potential are also mostly informal— personal practices that help a woman when she feels stressed or overwhelmed, finding personal philosophies and spiritual practices that give meaning, having the emotional support of friends and family, and having a vocation (i.e., meaningful and valued work or activities). The treatment community plays a special role in this area. Trained and caring professionals can contribute in several important ways. They can help women develop concrete strategies to address specific concerns, they can help women to understand how past events and current problems are related, and they can listen. Remen says that treatment is not about having the right answers, it's about asking the right questions. In talking about physicians, she says: "Most of us don't really listen. Often when we listen we're looking only to figure out where someone is broken so we can fix them. But sick people aren't broken, they're just sick, and they can be growing in power

and in scope, can be much more whole than they were before they were sick. There's a certain kind of listening that's expectant but not demanding. Listen simply to know, listen to understand how it is with the other person, listen so that he or she is not alone" (Seymour, 2005).

Final Statements

Serena: "*It's all about accepting that there was a period in your life where, for whatever reason, you were not capable of defending yourself from something that was potentially physically or emotionally life-threatening at the hands of someone…. There's a depth to people who understand just how much fire they walked on…who are still walking.*"

Recovery isn't something that one begins, goes through, and then finishes and is done with. Healing from trauma is a journey that is almost always accompanied by sorrow, pain, grief, frustration, ambivalence, joy, fear, loss, happiness, many barriers, and hope. It isn't something that people get to the other side of and then never go back. The woundedness doesn't ever entirely go away, but can be healed more and more so that, ultimately, the pain inside begins to take up a smaller and smaller part of each day, with larger and larger portions of one's heart open to new possibilities.

Many of the women whose stories have been shared here had experienced themselves as having no control over what happened to them. Because of this, they did not see themselves as having any influence on what would happen to them next. Discovering they could make choices in the present, and that those choices could bring about predictable results, was the beginning of empowerment. Each of these women demonstrated enormous strength, courage, and commitment during their journeys. The reward for them was a discovery of their own value. Emily, Serena, and Brandi each has her own version of this restoration.

Emily: "*Hope plays a big part of my life. It's a big part of my life. I hope I get through this sickness; I hope I get through the night sometimes. I hope if I [can] just [hang in there] a little bit longer I can make something of [myself]. It's a big thing. Moving forward…helping somebody else. I know there's a purpose for [me] to be here, and as long as I know that, I can hold onto it.*"

Serena: "*The down time is never as bad as it used to be.…I know things are really different. I know that I am more in charge…and no one has the capacity to rob me of my self-esteem.*"

Brandi: "*A lot of times when I was younger I used to think it was my fault—that I did something to make that happen. Now I just tell myself I'm beautiful, I love myself, and…it was not my fault. There's nothing that I could have done to make that happen. I used to have to look in the mirror to tell myself I love myself, now it's inside of me.*"

Their willingness to share what they learned during the process is an enormous contribution to the larger community. Dawn summarizes the journey.

"I was telling myself you can do it. You can do it. You were a hell of a good dope fiend, you know. [If you] put all that…energy that was negative into positive energy…you're gonna be fine. You're gonna be just fine…and it's gonna work for you.

[It's time] to know what life's really about…It's my time to live."

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