

A set of discussion questions regarding the personal demands of working with trauma

Responding to the Demands of Trauma

2013

Working in a trauma sensitive way doesn't just mean learning a set of assessment tools and intervention strategies. It places emotional demands and responsibilities on us. When I view someone as traumatized I'm more likely to feel sympathy, compassion, and empathy for them. I'm more likely to feel connected to them and their story and to feel drawn to help them. I may also feel anger and resentment towards their abusers, and a desire to help them get justice or vengeance or at least separation. I may feel drawn to advocate for changes to protect them and other potential victims from similar abuse or changes to isolate and exclude abusers. I believe that our difficulties with the fall-out from these responses have contributed to us avoiding and de-emphasizing trauma over the last century. If we truly want to see a resurgence in trauma sensitive services, I think we'll have to find better ways to deal with our own emotional responses to trauma.

Here are some examples of difficult questions we all face:

- If childhood sexual abuse is incredibly common, there must be a lot of perpetrators – and not just pedophiles – lots of men having sex with girls in their own families. Can we get our heads around that? Can we accept that reality enough to be helpful?
- Are we tolerant enough to teach kids not to bully each other?
- Many of the children we remove from negligent and abusive parents end up returning to those same parents when they're 18. Did teaching them that they're victims of their parents really help? How about when they abuse their own kids? Who really is the victim and who is the abuser? What about multigenerational trauma?
- If the vast majority of men and women in jail are trauma victims, do they deserve to be punished? Is Twin Towers jail the largest mental hospital in the country or the largest mental retraumatization center? When we have coercive power over people does it corrupt us?
- If very few children escape unscathed from certain communities, do we have a social obligation to change those communities? Is being a victim of poverty or racism or sexism or immigration policies, etc. an excuse? Do we owe them something?
- Many families were unfairly blamed for causing serious mental illnesses like schizophrenia, a trend that decreased with the medicalization of psychiatry. But aren't some parents to blame for their kid's mental illnesses?

- Does being mentally ill mean that you have a genetic predisposition for a biological illness that deserves medical treatment? Then is their trauma irrelevant? It's virtually invisible in DSM.
- Is giving people a diagnosis of mental illness a traumatizing thing to do to them? Is taking pills traumatizing? What if they're misdiagnosed or overmedicated or get toxic? Does this have anything to do with the suicidal behavior in adolescents prescribed SSRI antidepressants? Are we ready to be called abusers?
- Why are trauma sensitive services so effective in reducing seclusion and restraints in hospitals?
- How do we handle it when we're vicariously traumatized? Are our clients abusing us? How do we avoid emotional damage and burnout? Is empathy better than compassion?
- What if our personal traumas affect our work? How do we become effective wounded healers?
- When our whole society emphasizes anger and vengeance, how can we promote acceptance and forgiveness? Do we know how to forgive?