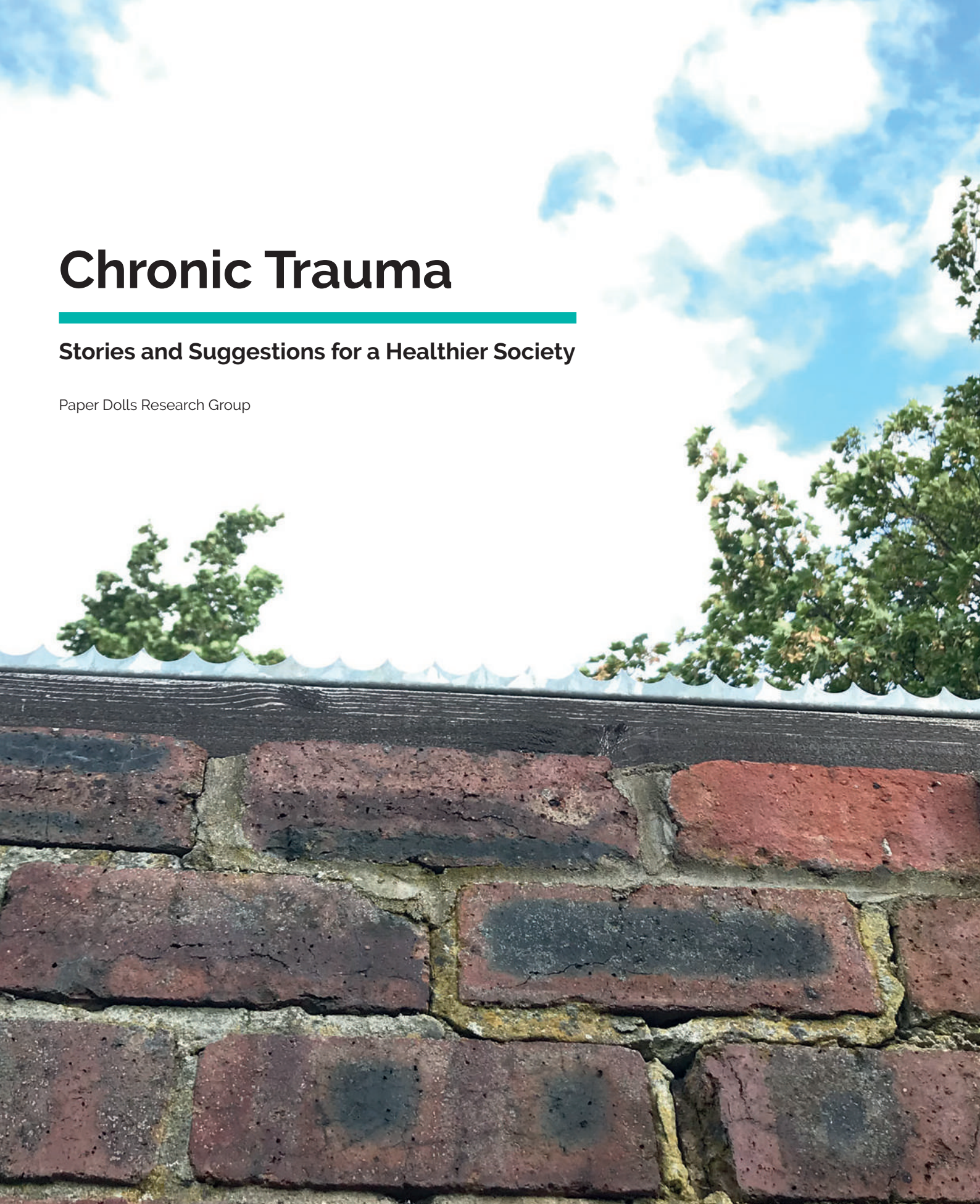


Chronic Trauma

Stories and Suggestions for a Healthier Society

Paper Dolls Research Group



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Summary

This report presents the findings from a participatory action research project with a group of domestic abuse survivors. Chronic trauma is a form of trauma arising from prolonged abuse. Very little research has been produced by and with survivors exploring experiences and consequences of chronic trauma. We used group discussion and creative methods to help us analyse and represent trauma.

The project was led by Rachel Pain (a Professor at Newcastle University), in collaboration with Brenda Heslop (a songwriter from folk band Ribbon Road). The other group members were Bushra, Colette, Elizabeth, Funmi, Jayne, Karen, Michelle and Sunny. The research was conducted in association with Ejaye Moran (Clinical Lead at My Sisters Place in Middlesbrough).

Based on our research, and drawing on previous literature, this report:

- Explains the key features of chronic trauma, what it is like to experience it, and how it affects everyday life.
- Analyses the ways in which trauma is made worse, and can be made better, by the people and institutions around us.
- Reports how survivors cope with trauma and manage day to day, and what helps us move forward to rebuild our lives.
- Makes suggestions about what is needed for a healthier society that supports people with trauma.

After the Introduction, the report is split into three main sections:

Feeling trauma

- Despite coming from different backgrounds and experiencing different forms of abuse, our research group found many common experiences when it comes to trauma.
- Chronic trauma can be overwhelming and debilitating to live with. It has long-term effects on physical and mental health, and on one's sense of identity.
- There is a large difference between trauma from a one-off incident (such as a car accident which is easier to talk about) and trauma from long term abuse and violence. Different experiences of trauma often layer up and compound each other.
- Retraumatization is a very common experience. It may be caused by situational reminders of abuse (triggers), or conditions that result from the abuse (e.g. contact with a perpetrator via child contact arrangements; or experiencing the UK asylum system), or from abuse and violence continuing in the present.
- Trauma has wider effects on survivors' lives, opportunities and functioning, on social networks, and on children and parenting.

Structural trauma

- The research shows the key role that the world outside the survivor has in prolonging and intensifying trauma, but also in helping to heal.
- Trauma is widely misunderstood, reflected in common cultural attitudes towards it, and this makes living with trauma much more challenging.
- The severity of trauma is affected by expectations about how we should behave, what kind of help we should seek, how we tell our stories, whether we are believed, and whether we are to blame.
- Many survivors find trauma very difficult to describe, disclose and speak about. Other people's reactions sometimes make this worse.
- There can also be a lack of understanding or even denial from services and institutions including health professionals, the police, the courts, social services, employment and immigration services. This can compound trauma, whereas well-informed and compassionate service providers can make a big difference.

Managing trauma

- People with trauma are often wrongly seen as stuck and unable to help themselves. Our research participants have found numerous ways to manage trauma, developing a sophisticated range of coping strategies, and often supporting others around them who are also affected.
- People who experience trauma go on to rebuild their lives. Life is never the same, but it can be very positive.
- Survivors often find especial comfort and support from other people with similar experiences.
- Certain features of the care and support the participants in our research have received have been especially important. We make suggestions for dealing with people with trauma in everyday life and in professional settings. Survivors should be at the centre of treatment, making choices and working from their strengths.

1. INTRODUCTION

1.1 What is chronic trauma?

This report focuses on a type of trauma known as chronic trauma.

There are generally considered to be three broad forms of trauma:

- acute (or simple) trauma is a response to a one-off experience such as a car accident.
- chronic trauma is typically caused by prolonged experiences of harm which are repeated and/or multiple.
- complex trauma also arises from prolonged harm, and is usually considered to involve specific elements including betrayal and harm from a caregiver early in life.

Chronic trauma is sometimes used interchangeably with complex trauma. Chronic trauma is used in this report as we feel it best describes the group's experiences (while recognising that in survivors' lives there may not be a neat separation between different forms of trauma).

Chronic trauma often arises from forms of abuse that have the following features:

- the abuse is within an intimate relationship – the perpetrator is someone known to the survivor.
- the abuse is long term and repeated – it happens more than once, and is usually part of a pattern of behaviour.
- the abuse is emotional and/or psychological – it may involve physical, sexual or financial abuse as well, but coercive control is especially important to the resulting nature of trauma.

Chronic trauma may be compounded (made worse) by:

- multiple or cumulative abuse – from different perpetrators, sometimes at different life stages.
- no clear distinction between 'before, during and after' the abuse – e.g. domestic abuse often

continues after a survivor is no longer living with an abusive partner.

- the after-effects of abuse on key aspects of the survivor's life, e.g. housing, education, employment, children.

Complex trauma has many of these last features, first identified by Judith Herman (1992) and recognised by the World Health Organisation (2018) in its ICD-11 for the first time. While this recognition is widely welcomed, medical diagnosis can miss as much as it captures of the experience of trauma. Trauma is not a fixed condition that only improves with professional treatment. If we only focus on individual symptoms, there is a danger of locating the problem in traumatized people's damaged capacities, rather than the surrounding social, environmental and structural context. It may also mask survivors' self-management and mutual support. Around 0.5% of the population meet the ICD-11 criteria for CPTSD (Maercker et al 2018), but many others are seriously affected by trauma. The experience of symptoms and triggers may vary widely between survivors, and yet trauma still profoundly affects their lives and the people close to them. This is another reason for using the term chronic trauma in this report.

1.2 Survivors' perspectives on trauma

The research reported here reflects survivors' perspectives on trauma. Very little research has been produced by or with survivors that explores chronic trauma and its consequences and finds ways of representing it. Our research aims to progressively shift the focus away from individuals and their symptoms, to consider the wider effects that trauma has on the lives of survivors and those around them, and the role of the outside world in making trauma worse, and in making trauma better.

1.3 Questions

Our research asked:

- What is the experience of trauma like?
- What are its effects on the lives of survivors, and on society as a whole?

- What causes retraumatization?
- How do survivors manage and live with trauma?
- What does effective support from others look like?

1.4 Research approach and methods

Between May-August 2018, we conducted a participatory action research project investigating experiences of trauma. The research group consists of ten women of different ages, ethnicities, religions and socio-economic backgrounds.

The methods we used were group discussions, participatory diagramming, creative writing, drawing, photography and music. These creative methods helped us to think, talk about and represent experiences of trauma. All of the quotes and creative material in this report come directly from participants. To protect anonymity we do not identify who said what, some participants chose pseudonyms, and any names and places that were mentioned have been changed. The wordclouds reproduced here are based on participatory diagrams that were created by the group to open up discussion on particular topics.

Rachel Pain, a Professor of Human Geography at Newcastle University, led the project and participated in all of the research sessions.

1.5 The songs

Brenda Heslop, a song writer from the folk band Ribbon Road, also participated in the research sessions. She played us some of her previous music to help us think and feel on a deeper level and talk more openly about the relevant issues. She wrote songs based on the ideas and stories emerging from the research, and as the songs developed she played them back to participants, giving them ownership and giving them their voice. The resulting collection "Paper Dolls" has been performed around the UK, and can be listened to and purchased at <https://ribbonroad.bandcamp.com/album/paper-dolls-2>.

Lines from the songs are used at the start of each sub-section in this report.

1.6 My Sisters Place

We collaborated with My Sisters Place, an independent specialist domestic abuse service for women in Middlesbrough. Becky Rogerson (CEO) initially gave consent for the project, and Ejaye Moran (Clinical Lead/Counselling and Therapeutic Services Manager) recruited participants and provided support and advice to all of us throughout.

1.7 Women, men and trauma

Our research group is clear that trauma can affect anyone. There are some quantitative and qualitative differences between the forms and effects of trauma experienced by women and men. The lifetime prevalence of PTSD is estimated to be 10–12% in women and 5–6% in men (Olff 2017). Women are over four times as likely to have chronic PTSD, because they are more likely to experience sexual abuse and assault that are associated with a high probability of PTSD, to experience trauma at a young age, and to experience multiple traumas (Tolin and Breslau 2007). Men report higher rates of non-sexual assaults, and are more likely to be involved in serious accidents and combat, and to witness death or injury (Tolin and Breslau 2007), while trans and non-binary people are particularly likely to suffer from violence-related PTSD (Hendricks and Testa 2012). There may be particular barriers to men talking about trauma and accessing support which are also connected to gender.

The participants in this research all identify as female and had all experienced one or more forms of gender-based violence, including domestic abuse, child abuse, rape, forced marriage and enslavement. Some participants had been abused by women as well as by men. We also found from our own experiences examples of gender inequality in the way female survivors are viewed and treated (see Section 3.3).

2. FEELING TRAUMA

Introduction

In this section, survivors describe what trauma feels like. While everyone recognises the physical effects of violence (such as bruises or a broken arm), many people are unfamiliar with what it is like to experience psychological trauma. This section outlines the effects of trauma on the mind and the body, including survivors' sense of identity. It describes the feeling and effects of retraumatization, and considers the wider effects on survivors' lives, on functioning, social networks and children.

There are three main sources of the feelings provoked by trauma:

- i. Some feelings - such as flashbacks, panic attacks, hyperarousal (being on red alert) and anxiety - align in obvious ways with medically recognised symptoms arising from a traumatic event or events (Section 2.1).
- ii. Other feelings - such as grief, anger and depression - arise from the significant losses (e.g. home, social networks, children) that survivors may have suffered as a result of traumatic events (Sections 2.6 and 2.7).
- iii. Finally, a related set of feelings - such as guilt, shame and loneliness - are compounded by other people's responses to the survivor (Section 3.2).

This is a simplification, as emotions are not really experienced separately, and these three sources are inter-related. But labelling and thinking about feelings in this way helps us to break down and better understand the complex effects of trauma on individuals.

The experience of managing trauma and supporting others (Section 4) may involve many positive feelings such as confidence, pride, and joy, but this section focuses on the feeling of trauma itself.

2.1 Feeling Trauma

**And it tears through your mind like a storm
(It Comes Visiting, Ribbon Road 2018)**

How would you describe the feeling of trauma?

Like bruises

"That's what trauma is, black, blue and then yellow. They go those colours in order - then they're gone, on the outside. But still there inside."

Like chains

"Like someone is being chained or strangled. That's how I feel. Every time I think I need to be free, I felt like I was chained, I was locked up, I'm stuck."

Like bullets

"I felt like the bullet was too much, like I've been through too many wars. I feel like my bulletproof has gone and I'm taking all the bullets with just my body."

Like walls

"I felt like there are brick walls and there is no air, I can't breathe anymore."

Like being unable to see

"Guessing when to go and what's there and what it looks and feels like."

Like a burning fire with a dog prowling around it

"In my childhood I'd see the world was so beautiful. Then the problems started. The black dog is my fears, they are barking, they're putting us into hell, the life we are living."

Like a nightmare

"I dreamt I was a ghostly figure, like an old woman screaming."

Like holding up the world

"Sometimes you have to try and hold up the world that way and keep it from getting to you. You never can work out which part of you has to do it. You're basically holding up everything and trying so very hard to not let it affect you but everything is trying to close in on you."



"Feelings"

These feelings of trauma can be experienced in different ways. They may feel completely overwhelming at times, or exhibit themselves as more of a continuous lower level of grief-like pain. Pain is a word that arose frequently in discussions, and participants describe the pain arising from trauma as mental and physical at the same time:

"I was totally broken at that time."

"I just try every day. I don't say I'm living. I say I'm existing because I cannot live. It's like a permanent torture. No matter what I try and do, I'm literally living to prove to my children what they can do."

Sometimes the feelings associated with trauma are clearly linked to a particular incident in the present, such as seeing an ex-partner or reminder of trauma. On other occasions they seem to come out of the blue, which can be especially frightening. Several participants describe trauma visiting in this way, as though it has a life of its own. The physical effects can be severe, a feeling of bodily collapse and being unable to move (see Section 2.3 for more on retraumatization):

"Physically I was just rooted to the spot. I couldn't move. I couldn't breathe."

"It feels like you're just going small small small, very small. I can't explain the feeling but it is horrible."

"I actually totally go to pieces and just become jelly."



Recent developments in neuroscience show what is going on in the brain to cause these effects (Van der Kolk 2015). Traumatic events are stored in a fragmented way in the brain, and when triggered the brain raises involuntary physiological effects to boost the chances of survival (Knox 2013). Some of our participants had learnt about this, which made their symptoms a little less frightening.

Memories can create a similar effect, and survivors undergo a process of learning to live with and cope with their memories. One participant describes memories as walls that close in on her so that she feels as if she will suffocate:

"My counsellor said, 'put it to the back of your mind'. But the back of my mind is getting full because I don't want to bring it forward because if I bring it forward, that's me gone. This is me. I'm on the edge of a cliff."

Another common feeling is overthinking, sometimes about past events that led to trauma, but participants also describe this as a learnt behaviour that is applied to current situations:

"I don't just think about something, I overthink it. I'm trying to get every scenario in my head so that I can work through what I'm thinking."

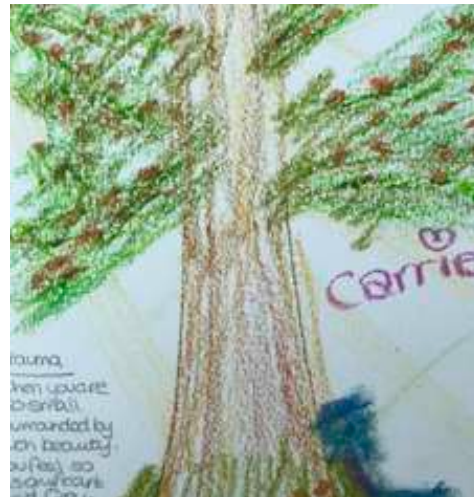
"Catastrophe thinking."

"And it gets me tired."

"Overthinking and the brain is not just coping, it's working and working."

"Over and over, every possible scenario."

(Group discussion)



"You know that you need to give yourself that space just to think it through but your brain's already gone into that place so that you're crash managing everything. And you're just looking for all the answers straight away and it's really difficult to get the head space."

At other times, survivors are unable to remember things properly. Our participants describe a foggiess and confusion that is carried forward into day-to-day life and affects concentration in the present:

"Everything pops out in my brain. I remember all the negative words [from the past] like, 'look at her, the girl that was raped' ...so I can't think straight. When people ask me questions, I go from A, jump to B. I just lose track, it causes confusion."

For survivors of domestic abuse, there is often continuing contact with the perpetrator, and so often real and well-founded fears remain about coming to harm (Pain and Scottish Womens Aid 2012). Being stalked or approached by the perpetrator, or harassed or abused during child contact, are common experiences:

"If I stay and fight, I've got more chance of being killed but if I run, then I've got more chance of going somewhere safe. As I see it, I want to fight but not to the point of losing my life."

Ongoing abuse creates fear and leads to a state of constant alertness (hypervigilance), and so feelings reverberate in a similar way to when the survivor lived with the abuser.

Fear for children also continues to be a very real concern for several participants. This includes fears driven by an ex-partner's threats to harm children, or instances of actual harm; fears about the effects on children who have witnessed abuse, or who were abused themselves; and fears about children now living with perpetrators (Section 2.7):

"I've been damaged as a child so I don't want my child to be damaged, so I'm overprotective, then. So I take my child everywhere because I want to be watching him and I feel like something is going to happen to him."

Anxiety is another effect of trauma. Participants describe the anxiety of living with a perpetrator as continuing once they were no longer living with them – often now also focusing on the very real and worrying issues around children's welfare, the challenges of a new living situation, insecure housing and finances. Sometimes anxiety is referred, focusing on the minutiae of life, something that one participant describes as driving her through the day. This is an effect of long-practiced hypervigilance, born of preparing ahead for abuse or trying to avoid it over months or years. Once out of the situation, the feelings still carry on, and as one survivor puts it "everyone thinks you're nuts".

Chronic trauma is long term and can be erosive, getting worse before it gets better. Survivors are not only coming to terms with the abuse that took place, the full extent of which may not be recognised until afterwards, but sometimes also facing isolation and a lack of support from others (Section 3).

"Vulnerable" by Bushra

*Yes, it is a daily thing for us
This process of being vulnerable
Ripped us apart
Snatch our pride
Put us on burning flames
Throw us on naked thorns
The process that leaves scars
on our bodies
That leaves blisters on our souls
We go through this process daily*

2.2 Identity and Trauma

*I didn't know then, how far he'd make me fall
(Living With A Stranger, Ribbon Road 2018)*

"Attacks from a perceived enemy, no matter how harmful, do not have the same destructive force as attacks from within that violate deep bonds of trust and belonging" (Herman 2015, 253).

As well as the emotional symptoms of trauma described above, our participants discussed effects on the sense of identity. This is especially associated with chronic and complex trauma where abuse has been long term and within an intimate relationship. The World Health Organisation (2018) includes 'beliefs about oneself as diminished, defeated or worthless' in its recent diagnostic criteria for complex PTSD. Participants describe these changes to personhood and identity as "your core", "your centre", "your heart" being "under attack" or "under fire".



"Identity"

The forms of violence and abuse that lead to chronic trauma are much more likely to involve coercive control. In other words, survivors may have experienced physical and/or sexual violence, but often alongside these are forms of emotional and psychological abuse including threats, humiliation, isolation, intimidation and mindgames (Williamson 2010). These erode self-

confidence and feelings of self-worth (Hennessy 2011; Stark 2007), often so gradually that survivors don't recognise their full extent for a long time.

Our participants describe a dramatic difference between who they felt they were before the abuse, and who they feel they became - "your opinion of yourself plummets", "you don't believe in yourself", "you don't really believe in anything", "you lose touch with reality". Afterwards, it can be challenging to move past these changes to identity. Many of our participants still struggle with feelings of being much less attractive, clever or worthy than others. Sometimes they are unsure who their true self is:

"I have to wear this mask. So when will I learn to look in the mirror and see me? When will people be able to see who I really am and not who this mask is?"

"The biggest, biggest problem that you have is when you look in the mirror and you can't accept you're not to blame, it's not your fault, you've done nothing wrong, you were just there."

"You end up running on zero and I think you're so empty. My whole purpose was him and the life I built for us, so when that had gone I had no purpose whatsoever."

Trust becomes a huge issue. Mistrusting people is a rational response to bad experiences; not only the experience of being abused, but sometimes other people having ignored or colluded with the abuse, or disbelieved or failed to support the survivor.

"I can't trust anyone because of the bad experience, so that is really hard for me."

"It's really difficult. You don't know who is for you, who is against you, so it's very hard to talk, to express, to say things."

"I have no friends because I don't trust them...I can't trust anyone."

Guilt is another problem, because of the dynamics of abusive relationships in which perpetrators frequently convince their targets that they are to blame for the abuse. Feelings of responsibility take a long time to challenge, and make recovering tricky:

"I felt like I wanted to fix him over and over and over again. Then I thought to myself, 'How many times do I have to fix him?'"

"But I felt useless because I couldn't. Every day it didn't work, I felt crap because I couldn't fix him."

"It's in our nature to try and fix something, and when we can't it gets turned back on us, and then we end up the broken one. You're sat there thinking, 'I fixed you, mate, and what have you done to me? You've totally destroyed me'."

"Yes, I couldn't fix him."

"Exactly. We cannot fix blokes. It's a woman's nature to try and say, 'He's a bad boy. I'm going to change him.' Instead, he changes you, and he's won."

"I think they try and put a show on for a while, don't they? They change a little bit. It's a bit like a record going round."

They change for a while and then it starts getting stronger again and they start...here they are, they're coming back."

(Group discussion)

All of our participants had questioned at some point what was 'wrong' with us to 'cause' us to experience abuse. Some explained this as being 'the type of person' that others find easy to take advantage of. Others knew they had not been any more vulnerable than anyone else, and had simply met the wrong person or been in a situation outside their control. Decades of research on coercive control tells us that abuse arises from perpetrators' characteristics, not victims' (Hennessy 2011; Stark 2007):

"You question yourself, don't you? You think, 'is it me?' I've had that all the time, 'is it me?' And you ask them. The person who is already abusing you, you go, 'is it me?' and they go, 'yes, it is.'"

"It's actually quite weird that even when you know that what the person is doing is wrong, you think, 'well how can I get out of this? This isn't normal but it's all I know'. It's like well yes, I knew I was having that kind of abuse, but there was no how do you deal with it."

"You're in that place where you don't trust what you think...You do get stuck in it, you go, 'I let that happen to me. For eight years I let that happen'. Instead of 'I didn't let it happen, I didn't. I did the best I could.'"

(Group discussion)

The effects of abuse and the mindgames it commonly involves (Williamson 2010) can lead survivors to wonder who they are. Aware that abuse has led to changes to sense of identity, it isn't clear how to reclaim it, or what to do next:

"You'll never be the person you were, ever. You come out of it somebody totally different and you can't go back to being who that person was."

"But that's not necessarily a bad thing."

"No, it wasn't, it was a really good thing... You are now discovering the new you. And that's the most frightening thing I've ever done in my life."

(Group discussion)

As we go on to discuss in Section 4, most survivors eventually overcome this attack on their sense of self, with the support of others and through drawing on their own resources:

"I understand everything now. So I'm thinking, 'you've been abused for so long. You've been lied to. So you should have left him, he's not a nice person! I was thinking 'Maybe I'm the one that is bad?' But now I'm thinking, 'I'm good!'"

"Abuse" by Colette

These differing things are what can occur and suddenly in a blur years of unhappiness have passed by. And you wonder why you ever met this person who changed you into someone who isn't you. How to get out of the hole you are in and start to feel that you could win?

2.3 Trauma and Health

They bled my life blood, the good ground where I stood (Living With A Stranger, Ribbon Road 2018)



"Health"

Trauma may be accompanied by a range of mental health conditions, including depression, anxiety, suicidal thoughts, panic attacks and eating disorders (Chandan et al 2019; Stark 2007). In addition, the violence or abuse that led to trauma may have resulted in physical injuries that continue to have an effect. Lesser known effects of trauma include physiological changes that lead to higher rates of physical ill health, from heart disease to autoimmune disorders (Van der Kolk 2015) particularly where abuse begins early in life (Herman 2015; Independent Inquiry into Child Sexual Abuse 2018).

Our participants report a range of physical health conditions that they see as related to long term psychological trauma. One had suffered blackouts and had fallen, resulting in a physical disability. Others frequently experience physical pain and headaches. Several say there are times of feeling especially lethargic, and what the group call 'foginess' – episodic difficulty concentrating on tasks and remembering things (Section 1.6).

Experiencing trauma can also lead to substance abuse for some people, using drugs or alcohol as a coping mechanism during abuse or afterwards (Covington 2018; Van der Kolk 2015). This ranges from overuse of prescription medications, to using cannabis to calm down and help with sleep, to addiction to harder drugs. Taking drugs is viewed by some survivors as a survival mechanism, and is not necessarily a sign of not coping with life. But addiction can have knock-on impacts on mental and physical health, and can compound trauma. Our group feels that women are judged especially negatively when they develop addiction, and that it can become the focus of intervention rather than the abuse they are suffering.

2.4 Retraumatization

A horror film is running in me head (Suddenly, Ribbon Road 2018)

So far, we have outlined the feelings and issues that survivors of trauma have to deal with as a result of abuse having taken place. A significant factor in the long term nature of trauma is retraumatization, the reawakening of trauma in response to some stimulus.

This is sometimes called being 'triggered', a phrase that has entered everyday conversation in recent years, often in ways that belittles or denies the lived experience of trauma. The experience of retraumatization can be acute. As Carter (2015) explains: 'to be triggered is to mentally and physically re-experience a past trauma in such an embodied manner that one's affective response literally takes

over the ability to be present'. It results in an increase in stress hormone activity that feels overwhelming (Van der Kolk 2015), and compounds the effects previously discussed.

Incidents, thoughts, memories, images, sounds and actions can all trigger retraumatization in this way. Because triggers may be unpredictable, and encountered in everyday places, it can be difficult to establish a feeling of control:

"You've got all these things that jump up, that surprise us and go, 'actually, do you remember this?'"

"I just froze. I've never had a panic attack before but I had to lock myself in the bathroom to recover. My throat just seized up and I couldn't speak".

"My phone will go and I will automatically get a cold sweat, down the back of my neck because I'm expecting some tirade and this is eighteen months later."

The unpredictability of these experiences leads survivors to carefully restrict their exposure to people and places, and to be in what our group described as a 'state of red alert':

"The moment you think you take your foot off, you can see the back of their head somewhere or a letter comes or your phone will ping and then you go, 'no, no, no, I need to be on red alert, again'. So, it's really hard to turn that off when you've lived like that for so long."

Some triggers are close to home, and so avoidance is difficult. Many of our participants still have some contact with the perpetrator, for example because of child contact or because they still lived in the same area:

"I bumped into him...He went, 'I didn't recognise you'. I went, 'I'm sorry', as if it was my fault he didn't recognise me. That's what triggered me, was seeing him in a place that I wasn't expecting... It upset me for about a week, honestly. I can remember coming here and sitting in my little room with my coffee, crying, going, "I can't believe I apologised," beating myself up, all the old behaviours straight away."

"I was abused as a child. Sometimes I look at my daughter and I think, 'Oh my God, I'm looking at myself'. That's hard because she's my daughter so it's not as if I can say 'Okay, that's a trigger, I need to move away.'"

"I Remember", by Brenda

I remember and it hurts me
I remember and I fall
It comes at me like a breaker
And it takes me like a storm
I remember and I stumble on
the stones I didn't see
I remember and I wonder
Will I remember me?

2.5 Layered Trauma

"I'm left wondering, is there anywhere I could call home" (It Comes Visiting, Ribbon Road 2018)

We have already observed that chronic trauma arises from repeated, long terms forms of violence. Over survivors' lives, where additional instances of abuse and violence are encountered from other perpetrators, trauma can become compounded and more entrenched.

Trauma often has a timelag, and survivors may deny or forget what is happening at the time of the abuse, only fully realising or remembering some time afterwards:

"It's only years later and the work that I did with [counsellor] is to look back on that and think, 'oh my God, that was absolutely horrific'. But at the time I think it's just, you normalise it to cope."

"Sometimes it was years later and I'd think, 'oh, yes, that actually happened'. When, at the time, I couldn't actually think."

"I've had that, 'Why haven't you said that? Why didn't I think of that before?' It's as if your brain collapses."

"That's because when you're in a situation, you train yourself to minimise it. You train yourself to think, 'Right, put that on one side.'"

"Your brain can't cope with everything, that's the truth."

"When I was a child, I was living in fight or flight...There's parts of your brain that don't work at that time so that's why stuff is fragmented. Sometimes the memory just isn't there because the fear wipes it out."

(Group discussion)

For some, memories of earlier events come back after further traumatic experiences. Much research shows that adversity earlier in life can lengthen the time it takes to recover from traumatic events that happen later on (Herman 2015). Our participants compared chronic trauma to the acute trauma from one-off events that some had also experienced, and report that one type of trauma may bring up and exacerbate another. Some talked about their own experience of car accidents:

"I notice, when people talk about trauma, they think of maybe a car accident. So where one thing happens and it's really awful and it's really sudden and you're not expecting it, and it can change your life. Then, the day after, your recovery begins and it might be really slow, you might get all the symptoms, flashbacks and be quite ill, but there's a gradual getting better. It just feels like domestic abuse is very different, it's a different sort of trauma."

"I've had trauma in my life, as we all have, but I had a car accident. What's strange about it is that trauma kicked off - it was like one trauma too many, and that then brought up the other [abuse]. So that trauma from the car accident triggered trauma, but it is completely different. It

is still trauma, but it's a different type of trauma."

"When I was pregnant after being raped, I had a car accident. I don't know if it was the driver or it was me, but the trauma came back when I heard the siren, because they wanted evidence from the accident. But that brought it back and it made me feel like I should be dead, I wished I was dead."

For some, there is no clear demarcation in time between a period of abuse and a period of trauma. One of the reasons that dealing with chronic trauma is not straightforward is that there are often events still going on that continue to retraumatize:

"You're fine, just for a little bit, but the abuse or whatever is still happening. So as much as you're trying so hard to be positive and thinking nice...It's that that drags you back down again."

"I feel like I have stages of my trauma. So at the moment I'm in the stage where I think I've found my voice but some things can make the trauma real again...Some people remind you of the situation you've been in before, like reoccurrence of that. It feels like torture to me, like torment. It is life-threatening, I feel...it can destroy everything I've built, the counselling, everything, it can actually destroy it."

"When I came for counselling, I was trying to work on my confidence, but abuse was still going on in my own house and it's more painful when it's a woman that's doing it to you."

2.6 Functioning through Trauma

You see with your eyes and you know what's best, but you still can't move (When the Bad is Passed, Ribbon Road 2018)

Trauma can affect every aspect of life, how a person feels and is able to function day to day. It can alter our capacity, either temporarily or longer term, to do the things that most people need to do, including work, education, daily tasks and relationships (Independent Inquiry into Child Sexual Abuse 2018; Kanas 2005). Some people, at some times, carry on and appear to be functioning well. At other times, when trauma is acute, "not being able to think properly" and "fogginess" affect decision-making, sometimes at crucial times of change (such as when trying to leave abusive relationships). Participants also talked about a later period, sometimes very long, of "restriction", "limitation", "stopped growth", "waiting" and "avoidance", and as feeling in the dark, unable to see, unable to make any progress.

Loss is a significant theme for members of our research group, and often exacerbates these feelings. It is very common to leave the family home to escape abuse, and domestic abuse is a leading cause of homelessness for women. Some leave their local area altogether; in England in 2009-10, 18,812 women relocated to other parts of the country to escape domestic abuse (Bowstead 2015), leaving their whole lives behind. For several participants, experiences of abuse as children or teenagers had affected their education and other opportunities. Others have had to give up work, either because of moving house to escape abuse, or because of the mental health effects of trauma.

Others describe day to day effects such as "not wanting to eat or cook for yourself". Some gave up previous interests and hobbies during the abuse, and feel they have lost previous abilities and skills because of a loss of confidence. While it is clear that these effects are temporary for many survivors, they can impact settling back into education or work, especially where places of work and study are not primed to understand and support people with trauma.

These effects on functioning often lead to isolation and loneliness. Sometimes participants had found it difficult to keep up with friends or family members because of how they were feeling, or felt that people close to them didn't understand what they were going through. Some have lost contact altogether with significant others. For others, however, friends and relatives are a lifeline and vitally important to the process of survival and rebuilding (Section 4).

Trauma is not simply a setback for survivors. It is a social problem that can also cause great harm to others around the survivor, and to whole generations and societies (Schwab 2011). One of the greatest paradoxes of trauma is that it damages what Morris (2015) calls our 'intricate web of relations' that would otherwise support rebuilding. With domestic abuse in particular, one of the cruellest consequences is this loss of home and social networks just at the time when secure space and social support are needed the most (Section 4).

2.7 Parenting through Trauma

They took my children, and left me the blame (Living with a Stranger, Ribbon Road 2018)

The effect of trauma on children is considered the most significant by our research group. For some survivors, the most painful effect of trauma is the loss of children. There is much evidence that survivors of domestic abuse actively work hard to protect their children and prevent harm to them, often placing their interests first in difficult and dangerous situations (Radford and Hester 2006). Children still suffer the effects of abuse and trauma, often for reasons outside the survivor's control – most commonly because of the perpetrator, and sometimes because of professionals whose duty it is to help prevent further harm (see Section 3.3).

Six of our participants had lost care of their children because of an ex-partner's abuse. The reasons varied. Sometimes the abused parent is forced to leave children behind in order for them to survive, sometimes children are taken into care, or the abusive parent is given custody:

"She doesn't remember being ripped out of my arms. She just is like, 'Mummy's just not been there' ... [She] was in tears, 'Mummy, I just want you to stay with me. Just stay with me, Mummy'. I had to say 'I'll see you soon', and try very hard not to show how much that's getting to me."

"Last month he was found crying. He was saying, 'Where is my mum?' I've always been promising. I lost contact at some point because I was stuck with someone else. So sometimes I get scared, I don't want him to have trauma like me. I don't want those things to lead to - I just don't want any of my kids to have the life I've had."

Children may themselves be traumatized by witnessing their parent being abused, or through being abused themselves, or being subject to the abusive parent's attempts to alienate them (Bancroft and Silverman 2002):

"It was every form of abuse you could think of for me. I tried to protect the children as much as possible but they had all sorts of mental and emotional abuse right from the very beginning."

"I have to just pray beyond all prayer that the children come through it, but... their dad is so manipulative."

"My children are living my childhood and that's the worst of it because I can see everything, I can feel everything... They see me as being the one who walked away, even though I was kicked on to the streets and everything. It's like how can I help them? I feel totally trapped as well because I can see what's happening way before it happens. I knew that it was only going to get worse and that my son's aggression would get worse... he's picking up what dad's doing."

Children may also be greatly affected by the practical outcomes of abuse, including homelessness or housing insecurity, poverty and stress, and may develop mental or physical health problems as a result. Whether living with children or not, parenting through trauma is a priority for our participants, and something that a great deal of thought and effort is put into:

"I can look after my child and it hasn't affected me to that point. I've been damaged as a child so I don't want my child to be damaged, so I'm overprotective then. So I take my child everywhere because I want to be watching him."

3. STRUCTURAL TRAUMA

Introduction

Section 1 of this report described the effects of trauma on individuals and those close to us. In this section, we look at how the context around the survivor, or the outside world, can intensify trauma. As we go on to show, the many damaging effects of chronic trauma are not inevitable, as this context has potential to help and heal, rather than harm.

'Structural trauma' means that trauma is a problem of an overall system, rather than being caused by isolated individual factors. Some of these structural issues include the commonness of intimate violence and abuse in every society, and how it is commonly viewed and responded to; the continuing failures of service provision to adequately protect and support survivors and their children; and the compounding effects of poverty as well as state-led austerity on survivors' experiences and the support that is available (Sanders-McDonagh et al 2016). These effects tend to be strongly influenced by sexism, racism, class privilege, citizenship and geography, so that different people may have significantly different experiences and outcomes (Thiara and Roy 2012; Solokoff and Dupont 2005). At the same time, our group's experiences suggest that there is no neat formula for determining who experiences trauma, how and where.

In this section of the report, we consider a number of aspects of structural trauma. First, it manifests in cultural attitudes and widespread misunderstanding of trauma. Secondly, in the difficulty survivors face when disclosing and talking about trauma. And thirdly, in the ways that some organisations and institutions that might be expected to provide support to survivors sometimes make trauma worse.

3.1 Unacceptable Trauma

***"Covered up, I've covered up, to hide my shame"
(No One's Crying Over Me, Ribbon Road 2018)***

The common cultural understandings that societies have about trauma make life difficult for survivors,

and can make experience of trauma prolonged and more intense (Nguyen 2011). This is consistent across many parts of the world, even though forms of gender-based violence vary across places, times and cultures, (Pain et al 2019). First, trauma tends to be misunderstood, as is the case with many mental health conditions. But secondly, there are powerful sets of ideas about people with trauma in most cultures, and these can be particularly judgmental when it comes to survivors of violence and abuse who have chronic trauma. Even more sympathetic attitudes tend to emphasise the possibility of speedy recovery (once the survivor has 'escaped' abuse) and place responsibility for achieving this on survivors (Alcoff and Gray 1993; Tamas 2011). In western countries, cultural expectations are that survivors will undergo 'a metamorphosis from the pariah figure of weak and helpless victim into a heroic survivor, with little to no contextualisation of the historical and socio-political forces that underpin their experience' (Carter 2015).

Our participants describe trauma as "awkward" and "invisible" in the eyes of society, and "ignored" and "judged". We reported responses from friends, family, neighbours and workmates as well as people working for service providers, social services, the police and the criminal justice system. While the right support from these people makes a big difference to survivors' wellbeing and outcomes (Section 4), a lack of understanding of trauma often results in responses that are unhelpful at best, and retraumatizing at worst.

Public sympathy and awareness of abuse and trauma have improved over the last few decades, but as one participant puts it, some traumas are still more "acceptable" than others. The events leading to chronic trauma from intimate and domestic abuse are often less visible and less well understood than those leading to other forms of trauma. Partly because of very longstanding attitudes, chronic trauma is sometimes minimised or dismissed, or even blamed on the person surviving it:

"You're only allowed to be traumatized by certain things, other things are too difficult for people to deal with."

"If they know you've been abused, in any way, shape or form, like psychologically, physically or whatever – 'that's a woman's lot, that's a woman's lot'. But to be physically hurt, you can see that and it's more acceptable."

"I've had a doctor come round seeing me after I've had one of many operations and they held my hand, bless him, and said, 'this must have really affected you emotionally'. And he went away and I thought yes, the trauma of a car accident, you can talk about being psychologically traumatised. It's totally accepted, it is easier to explain...I can tell you exactly what happened in the car accident; I can tell you dates, times and the lot, that's clear."

Our participants report that few people really understand the dynamics of abuse or trauma. Instead the general feeling encountered was that people should just leave if a relationship becomes abusive. After the abusive relationship, the message is that you should forget it and move on.

"People say 'this personal thing, this domestic thing', it's like none of our business, they just don't want to even know."

"Rather than asking about it, they just stay away from it."

"People never understand what it is actually. They don't know the meaning of this until they go through it...If we were to say anything no one believes you, and secondly, no one can understand. Until someone goes through the pain. It's easy to say, 'I can understand' but it's difficult to really understand."

"People tell you that 'it's just life, just don't get upset'. What?"

"My best friend keeps saying, 'right, well, just change how you think'. And I'm like, 'well, how do you change how you think?'"

"People think, 'Well you were a child, you're an adult now, move on'...But the situation doesn't happen in the physical sense but it's still happening in here."

These experiences may arise not from malicious intent, but because of a state of mind where a person is unable to see or unwilling to understand something potentially harmful. However, everyone in our group had also at times felt judged negatively because of what happened, because of ongoing trauma and not 'getting over it' fast enough. This is very difficult to challenge, and commonly creates feelings of shame and blame (Section 2.2), significantly contributing to lower mood and confidence:

"'You made your bed and you laid in it.' My favourite saying of the century."

"It's like people say everything happens for a reason. I think to myself sometimes, 'what reason?'"

"People can use things against you. They just make their own conclusion because they are not in our shoes... They think, 'because she's been through this, maybe she's going to have a lot of mental illness. Maybe she won't be able to look after her child'."

At worst, these responses can mirror the rules that perpetrators make in abusive situations, about what can and cannot be spoken about, and their assertions that abuse is the survivor's fault (Hennessy 2011). Despite societal changes, many survivors get the strong impression that it is still unacceptable to speak out. All our participants felt strongly that society needs much better understanding of what chronic trauma is, its effects, and what can help.

3.2 Talking About Trauma

My crime is silence, I didn't shine the light (Living With A Stranger, Ribbon Road 2018)

Not surprisingly, these attitudes make it more daunting to disclose trauma. Trauma is notoriously difficult to talk about, for various reasons. Some of these reasons are neurobiological, such as repression or fragmentation of memories and the difficulty survivors often have finding a coherent narrative. This has been described as 'speechless terror', where experience that 'cannot be organized on a linguistic level' (Van der Kolk and Van der Hart 1995). Some reasons are physiological - even when we get the courage to speak, our voice may give up on us. Some are societal, connected to shame and blame, as discussed above. Silencing is also an intentional tactic used by perpetrators, who may threaten or intimidate survivors from speaking out. Sometimes even the institutions that have a duty of protection deter reporting of trauma (Section 3.3).

Our participants all had faced difficulties talking about trauma:

"I cannot speak about the problems that I've gone through and all that. I could never find the words for these things. I can't explain it. I can't express how I feel, how I went through and what it is. I keep hold of those feelings."

"Everybody always tells me, 'You need to move on'... so I stopped telling people that would never understand."

"Once you're going to say it, you're then silenced."

Participants described the difficulty of speaking out as like facing a "wall of silence", "it's a massive wall". The wall is both imposed by others, and over time becomes a defence mechanism, as "you build a wall to deal with the trauma."

All our participants had for long periods of time worried that others would not understand if they told them what happened, or felt that abuse and trauma are shameful things to be kept private. Sometimes the barrier is not want to upset others, or to attract attention. Often these feelings were based on experiences of telling people and either not being believed by them, or not receiving an open or sympathetic response.

"I think the difficulty with telling trauma... we know what it is inside but trying to say that. Even us as a group couldn't verbalise what it is. To be able to tell somebody else that, then in their context of trauma, they have to then try and understand what we've said. It's just so hard."

"Sometimes I feel like I don't want to upset somebody else, so I'm like, 'well let's stay happy, it's all fine.'"

"We go, 'we don't want to burden people with our problems', because we're conditioned to feel that it was our fault because of whoever did the bullying or created the domestic unrest in our life, they conditioned us to feel that it is actually because of us."

(Group discussion)

Much research identifies the benefits to survivors of telling their story, whether as part of formal treatment or with friends and relatives - a process through which memories become less traumatic. In this way, breaking silence can be empowering for individuals, but also collectively, as social movements have grown to tell the truth about abuse (Alvarez 2004; Schwab 2011).

However, our participants are clear that the conditions of telling have to be right for it to be beneficial. Sharing trauma in a safe way, time and place, among people who listen and try to understand, can be helpful and healing (Alcoff and Gray 1993). But sometimes participants feel an expectation to tell stories at certain times and places (such as the doctor's surgery, the job centre, the immigration centre) where it is uncomfortable to do so, and this pressure can make things worse. In the early days especially, the way that survivors tell stories can be 'emotional, contradictory and fragmented' (Herman 1997), in contrast to the more logical coherent narratives expected from many service providers. Many of our participants have negative experiences of disclosure:

"It's hard, when you've let it out and nobody did anything about it, or they even make you look like a liar. It's another trauma. You're retraumatized."

"Initially we keep it silent, like, 'what's happened, this is only me. This doesn't happen to anybody else. This is just me. It's my fault'. We do all of that stuff so we keep it silent. Then something in us makes us strong and then we want to disclose, and we want to look at that and we want to move forward from it, and then we're silenced, and so it goes on."

Instead, quietness can become something that is chosen, something that helps to protect wellbeing:

"Quiet because you don't want to tell anyone."

"Well quiet can be a nice thing but silence is an absolute block."

"Yes, you're silenced, aren't you? It's quite hard, hard silence. Yes, really hard."

"It might be that you would say a vicious cycle of silence. Then it comes right back to you, it comes back. It is a vicious cycle."

"Because the silence, I worry I will be stigmatised again or something. Quiet can be good."

"It's a hard silence, isn't it? It's a massive wall."

"A slap in the face. It's a wall."

"It is a massive wall, yes. It's a real big wall with that one."

"Because I see quietness as positive sometimes. You just want everything to be peaceful."

(Group discussion)

On the other hand, there are plenty of positive experiences of disclosing trauma (Section 4). For our group, many of these came through counselling:

"The stuff that I went through as a child, I didn't think that anybody else had been through it. When I came to see [counsellor], I thought, she's never heard this stuff. I can't tell her'. And I thought I was the only person, and I guess with each of our own experiences, we think we're the only person so we keep things quiet and we daren't tell anyone."

"I was able to say it here [My Sisters Place], and it's not a strange thing, it happens, it's not only me."

"I was silenced, sealed everything inside me, it's too much. Then everything explodes now. This is me now. I can breathe now. I have friends that understand me."

"Sometimes you want to talk and that's seen as the cure for trauma, talking, but actually I think it's more important that you can just talk when and where you want to and with who you want to. If you don't want to then you shouldn't be forced to."

In Section 4 we suggest the kinds of positive help and support from others that makes a difference.

3.3 Institutional Trauma

And the boxes are ticking against you (It Comes Visiting, Ribbon Road 2018)

Many experiences within our group demonstrate the importance of how institutions respond to trauma. Among the group there were positive as well as negative experiences of government departments, police and the criminal justice system, the health service, schools and workplaces, and so on. Both positive and negative experiences can have a very significant influence on the effects and longevity of trauma.

'Institutional betrayal' is a term coined by Freyd (Platt et al 2009) to describe how poor responses from institutions may worsen the traumatic experience of survivors. Institutional betrayal is 'the profound breach of trust that occurs when those in positions of authority, by their acts of omission and commission, effectively take the side of the perpetrators in their midst' (Herman 2015, 255). Examples include the inadequate response of the military to the trauma of servicemen and women injured or assaulted in the line of duty; inaction on campus rape by Universities who have protected perpetrators rather than survivors; and the cover up of child abuse by the Catholic church (Herman 2015). Research shows that those who feel they have been let down by institutions which should protect them have more posttraumatic symptoms (Freyd and Smith 2013).

For our participants, one of the most painful experiences, and most likely to trigger and compound trauma, is having credibility challenged:

"It's like I go to the Jobcentre sometimes, if I'm having a bad day and that, she's saying personal things and people are listening."

"The trauma is bad enough, isn't it, the trauma is constantly being re-awakened. But on top of that, when you feel like you're not supported and not believed and not treated fairly, it just makes the idea of recovery that much worse."

"Yes, because it's like trauma on top of trauma on top of trauma."

For several participants, feelings of injustice and betrayal centre on the loss of home and living in temporary housing while perpetrators appear to be rewarded by staying in their home:

"It just seemed to me that I was on my own in temporary accommodation, I lost my job, I lost all of that, and he waltzed straight into another relationship with another woman with children and houses. He kept the house. Because I left, he kept everything and I'm like, 'how is this justice?'"

Our participants have experienced harm both through the regulations and procedures of institutions, and the words and actions of individuals staff members. Several report feeling retraumatized after interactions with the police or solicitors, after reporting domestic abuse and entering the criminal justice system:

"They sent a man to talk about my case. He was talking about it like it was nothing ...I just felt livid...Making me feel like I made it up – 'how come you survived it then? How did you escape?' I was like, 'I live with the pain. I'm just being strong by smiling, it's not something physical that you can see'... He didn't believe me. He was just antagonising me...As they were asking

me things, I was just going in deep, deep again [to trauma]. My solicitor was shocked that I'd been through that."

"He had a sheet and he just went through a tick box sheet - 'did he hurt you? Did he break your things; yes or no?' You know, there was no interest in my emotional state, the abuse I'd suffered emotionally...It's loaded into one word 'yes' or 'no.' All those years of crap."

"To prosecute you've got to prove they broke the law...It's not the people's fault they're delivering the law. It's the system itself. We're not geared up as a society. We've created a situation which allows us to be bullied like this...It's that structure we need to tackle."

Section 3.2 discussed the problems facing survivors who begin to disclose their stories. These problems were sometimes alleviated, but sometimes heightened, when speaking to professionals. This participant describes how she had felt too overwhelmed to be able to tell her story clearly:

"I've discovered that some people can even lie because they know how to put it, to feed into the structure, then they know how to find their way. But when you've really been through trauma, it's very hard sometimes to explain things."

Having children taken into care greatly magnifies the trauma of abuse (2.7). While recognising that social workers have a difficult and important job to do, some participants have had negative experiences of them. Where there is a sense that the staff involved do not recognise abuse, are acting unfairly or without care and kindness, their intervention is experienced as more traumatic. Some are seen as only being interested in "ticking boxes", not seeing the complexity of a situation below the surface:

"They don't listen to people, do they? They don't listen."

"They're just all cut and dry – 'here's the problem, so that will be the reason why'. But we don't all fit in boxes, do we?"

"They don't listen, they just judge. All they do is they get a pen and they write this and write that. What's happened to you, they just think that you can just get rid of all that, just cut it off."

"Well they don't have a box for that, do they?"

(Group discussion)

Two participants had had children taken into care after social workers visited and did not recognise that domestic abuse was going on. The individual social workers were seen by the participants as unapproachable, and the usual barriers to disclosing trauma made them unable to speak. Both women are still haunted by the injustice:

"I made the stupidest mistake of my life and got married...The result, I lose my daughter. They took my little girl, she went into care. They just said, 'well it's best for you not to be around your mum'. She [daughter] went, 'I beg your pardon? I've been with my mum [all my life] and now I'm not allowed to be around her'. 'Well it's because of Tony.' She went, 'my mum is not Tony. My mum didn't do it, Tony did.'"

"I think to myself they did go a bit too far with me. They should have helped me more."

This illustrates a well-established response to trauma; where professionals make judgments based on the trauma symptoms observed, without understanding that they are caused by an abusive situation (Stark 2007). Two participants had traumatic experiences of the asylum system. Those claiming asylum have to repeatedly tell and justify their stories as part of the process, which may compound the trauma from events that are the basis of their claim. Having claimed asylum on the basis of serious and repeated gender-based violence that occurred both in home country and in the UK, our participants report facing hostility, a lack of understanding and disbelief from some immigration officials:

"Sometimes they need to get that it's not just asylum, the problem didn't start when we claimed asylum. Some people have been in situations since childhood, and they've been in need, stuck in the circle for so long. So it's a shock again when you think you are claiming for safety and suddenly you are being reminded about things that have happened."

"The Home Office want you to provide the proof, how you can tell them the proof of vulnerability, that you are a vulnerable person in society? Not even in your country but in this country as well. How do you prove how the men destroyed you?"

Often, claims are lengthy, and meanwhile insecure housing, poverty and racism retraumatize with an aggravating effect on mental health:

"No one listens to us because we don't have any rights in this country. No one listens to us, so vulnerable people like me don't have any security. We don't have any support. We can't go anywhere. We can't choose the people who we want to live with."

Finally, our group shared experiences of sexist as well as racist attitudes to trauma. Some of our participants identify as feminists and some do not. The majority of abuse we experienced was at the hands of men, although three participants talked about being abused by women as well as men. When it comes to reporting and disclosing abuse and trauma, whether to family, friends or institutions, participants' experiences suggest that sexism plays a strong role. Women are not always seen as credible witnesses, and experiences are often not heard or minimised by others because of longstanding and inbuilt stereotypes:

"As women, generally speaking, we don't really feel believed. Because we're in this little lower strata under men. The system is like that in the world isn't it, from the day we're born it's very hard to hang on to a place in the world...The authorities tend to be against us because you can't prove most of trauma. It's 'emotional' and it's 'silly women.'"

Caruth (2014) suggests there are numerous 'sites of re-enactment', like those we have explored above, where the experience of trauma is relived. These range from psychiatric treatments, to legal processes, to government denial of historical violence, and so on. These large scale sites contribute to the silencing of trauma on an everyday scale that our participants encounter (Section 3.2).

"I just feel like my body's really been through something, and my head and my body just need to rest, and I keep feeling ill, and I just need to sleep under the covers. And once I've slept, I get back up and I think, 'Okay, that's better.'"

"If all else fails in my life, sleep. If all else fails, sleep, go to bed, shut the door."

"If I get to a point where I can't cope with things, I just literally lie there."

(Group discussion)

There are different feelings about being alone, which some find helpful and others don't. Again, participants have learnt over time what will work best:

"I love time on my own. If anyone comes to my house, I don't even answer the door, and if you don't call me first just don't bother, because that's my time and safety. I can do what I want, I can think what I want. Being on my own is the most powerful thing to me in the world."

"The worst is, when you bottle it all up and then you're on your own and it all comes out. When I'm getting really, really bad, I actually think, 'right, I've got to lock everybody away and go and become a hermit.' So, totally isolate myself and I'm thinking, 'how long can I do that for?' But I've had one afternoon of doing it and I can't stand my own company."

"Sometimes, trauma makes people isolate themselves but sometimes you need peace. It's different from isolating yourself, you just think, 'I'm searching for my inner peace'. And you just want to be alone, sometimes."

There is no quick fix that always works, instead coping strategies "are going to work sometimes, and other times they're not":

"I'm positive but then I slide back into the negative thoughts and feelings. So, it's a vicious cycle."

"I feel like I can have good days and then I have some terrible days...Some days I do cry my eyes out. This last week I've really felt the effect, I had a bad day. But I'm sort of strong, I can hide it."

"With me, I'm like that every day. I can walk into town, see one of his friends, bump, I'm back down. I go into my flat, listen to my music, I'm back up."

"You can't expect it to be all perfect overnight, it takes time."

"It's up and down, isn't it, for a long time."

"I tried so many things. I tried services, I tried other organisations and I tried talking therapies, I tried this counselling. I tried lots of ways, medicines. You never know what is working. Sometimes everything works, sometimes nothing works."

"We all want to stay in bed some days. Some days you pat yourself on the back for just getting up. Some days you pat yourself on the back for brushing your own hair. Some days you pat yourself on the back for putting your pants on, let's face it. But, every day's a winner because we're breathing and we've survived."

(Group discussion)

Finally, children provide an important focus and motivation for fighting trauma - for keeping going, because of the demands of caring for them, and because of the motivation to make children's futures better:

"I have a child out of it. That's how I cope now. I want to make sure they have a good life. They have an education, they have things, so at least they don't remember this negativity and focus on the positives in life."

How to Treat Yourself

Do what you need to do to keep safe
Acknowledge what you feel
Know it doesn't last
It has happened before,
we have survived
Know that I'm not in that
situation - I am safe
Rest / recover
Cry when needed, close eyes,
keep calm, reassess
Reflect on positive things
Acknowledge the smallest
beautiful thing - nature, sunshine
Recall sweet memories

4.2 Rebuilding From Trauma

I take back my heart, I take back my life (Round and Round, Ribbon Road 2018)

Recovering from trauma does not happen on a fixed or straight timeline. It is usually a messy and complicated process (Abrahams 2010; Tamas 2011). Our participants reject the word 'recovery' for this reason, as it suggests a return to a previous life before trauma. Instead, 'rebuilding' captures better the challenges of moving forward into the future. For many survivors of chronic trauma, there is no clear 'before' or 'after', as experiences of violence and abuse may continue (Section 2.5):

"There is a chance of life again, rather than recovery."

"Maybe it could end up to where you could live with it [trauma] and be happy in yourself."

"You could manage it maybe."

"Because the damage was done."

"It's left scars, deep scars that will not go away."

"The scars on the outside will recover but it's what's in here."

(Group discussion)

However, there are powerful societal expectations about recovery, as if it always happens for everyone in the same way so long as we make enough effort (Nguyen 2011; Tamas 2011). This expectation itself can make life difficult, as it denies the realities of living with the condition of trauma and the many barriers to 'overcoming' or 'defeating' it. Rebuilding is a work in progress, and this perspective is more helpful to survivors living and working with trauma:

"It's just you accepting where you are."

"It's like telling yourself the truth, isn't it? It's a good place to start."

"That can be very brave."

"Very brave, very hard and say, 'yes, this is what has happened. Now, how am I going to handle this?'"

(Group discussion)

"Sometimes I think you can't go through the walls, and you might not make it past these walls. I look at it as going over the top or going underneath."

As a group we advocate a strengths-based approach, recognising that survivors already have the capacity to manage trauma and rebuild. But even with support from others, it is often the case that individuals do not see their own strength nor how far they have come:

"I don't recognise it at all, ever. I've got a new man tells me that all the time. He says, 'can you not see how far you've come? Look at the woman you were and look at the woman who's now emerging.'"

"As long as that spark is there, that's all it takes. I know that maybe the person that we were before might have had these aspirations, and then that's changed now, but thinking about how the aspirations can change and that we don't recognise our journeys."

"Thinking to yourself, 'right, how can I make me better?' and just accepting that these things have happened but that shouldn't have to define the person that you are. Even if you feel like you've lost the person that you are. You'll never be the person you were last year, the year before."

"All I want to do is just look at myself in the mirror and go, 'Yes, you'll do.'"

What we observed in the group is that in contrast to these self-perceptions, our participants are all strong and warm people who have come through traumatic experiences with much to offer others.

"Strength", by Bushra

When someone aims to destroy you it's obvious they're insecure. They're afraid of your inner strength. So, my sisters, be strong all the time to defeat their aim.

4.3 Support from Survivors

Paper dolls, holding hands, hang together, try to stand (Paper Dolls, Ribbon Road 2018)

Because trauma survivors face structurally rooted prejudice (Section 3), empowerment-based approaches are especially valuable (Alcoff and Gray 1993; East and Roll 2015). These are based on feminist practice and tend to be strengths-based, ground up, and to connect personal and structural experiences. What works formally also frequently works informally, where trauma survivors find or create spaces together, and offer each other collective support. We observed this in our research together.

Our participants commented on the rapid understanding and support that developed between members of the group, although we started as strangers of varied ages, socio-economic, ethnic and religious backgrounds, regions and countries:

"I discover that when people are honest about their trauma, if they meet another person that is honest about their trauma, they are likely to help each other. Then you feel like, 'Oh, you've been through this? Yes, I've been through it, as well.'"

"I mean, we don't have to tell each other what happened when we were five years old but you can tell by my eyes that I get you and I can tell by your eyes that you get me. Moving forward, we go, 'actually, we've got this.'"

"Sometimes people in trauma are the best people to help people in trauma, because we are even closer to how you feel. So what we have is that raw empathy, but the distance to say 'I understand what you're going through, and you can tell me because I've been there and you're not going to shock me.' Then, with a little bit of guidance and help, we will all become the next person's sister."

Established treatments for acute trauma from one-off incidents, such as car accidents or flooding, are often not helpful for complex or chronic trauma (Matheson 2016; Van der Kolk 2015). However, recent research shows the significant benefits of group support and group therapy.

These approaches help survivors to recognise that their experiences are not unique, challenge the tendency for self-blame and shame, and have the benefits of mutual support, countering social isolation (Herman 2015; Kanas 2015). These benefits can also be gained from positive everyday experiences of talking to others who have experienced trauma:

"For me, what we've all been through, the trauma, the negative experiences and things like that, for me, being able to use that to help and support somebody else, then to me, there's a point to it."

"This experience, I just don't want anyone else to ever feel that they can't tell anyone that they've been through it. It's changed me into a person that really wants to just be there for someone else... I think that will help me come to terms with my trauma."

"If you can help somebody else then that means that you're actually helping yourself get better as well."

With the support of My Sisters Place, some of our participants went on to establish a peer support group which is open to new members. People in the process of rebuilding from trauma often have this desire to help others, whether informally (through friendship and caring roles) or formally (through new employment or volunteering), and it can play a role in regaining meaning and purpose after loss (Herman 1997):

"The final goal is to help others like me come out of the situation. That could be the final goal because when you're left with nothing in your life, no family, no one, nothing, no support, no friends, what is the purpose of survival? At least I can help someone who is suffering. "

"Overall we're one huge person and we all want the same things. We're just doing it at our own pace and we're doing it in our own way but we're actually all the same. We're all trying to cope with something so huge and the release we're trying to get from it."

4.4 Support from Others – What Is Needed?

And when the shaking starts to come, she needs to know she's not alone (Do Unto Others, Ribbon Road 2018)

All our participants had had bad experiences of disclosing trauma and talking about it to friends, families and professionals (Section 3.2). However, we also had positive experiences that had made a huge difference. Those who came to My Sisters Place for specialist counselling had been referred by key professionals in other services, who had identified their trauma. These included hospital nurses, a midwife, a Job Centre office, and a police officer. This identification and referral was a small action for the staff involved, but a critical moment for our participants in accessing effective support.

Participants also identify the behaviours and attitudes from others that that are helpful to survivors:

"Sometimes you need to be alone. Sometimes you need someone to talk to."

"We went into town and he bought me a cup of coffee, and then I started feeling better. Because he knows that if I stay in a little bubble on my own and lock everybody away, I will self-harm, I get worse."

"And just when I think too much like that [overthinking], I just need someone to call or text, anyone I trust. I feel like when I've texted someone I trust, I don't need to say anything sometimes, it's just texting that makes me feel better."

"We all are the experts on ourselves. But what my need is on Monday might be a different need on Wednesday. So the best thing for somebody else to understand is to ask me what it is I need."

"People just need to do to others the way they would..."

"...they would be treated, yes. Be kind."

"Be good to someone, just be kind back."

(Group discussion)

How to Treat Us

Believe us
Support us
Listen to us
Respect us
It isn't taboo
Go at our pace
Don't be judgmental
Don't alienate us
Don't make assumptions
Ask us what we need
Treat others as you wish to be treated
Recognise that it takes a long time to rebuild

Our research group has the following suggestions for organisations and institutions who support trauma survivors:

- Education about the nature and experience of trauma - for the general public.
- Specialist programmes on trauma-informed practice – needed for professionals who work in the key services that abuse survivors are most likely to have contact with, such as policing, the criminal justice system, social services, immigration and counselling (see also APPG on Adult Survivors of Childhood Sexual Abuse 2019). All staff at My Sisters Place have been trained using the TIME model (Moran 2017).
- Peer support schemes - our research embodied some of the benefits of peer support, and our participants are enthusiastic about its potential. While requiring great care in their set up and facilitation, peer support groups can have the benefits we outlined (Section 4.3).
- Empowerment-based interventions - education, training, peer support and other activities should recognise the capacities and expertise of survivors in managing their own trauma, and determining what helps them the most at different stages (Alcoff and Gray 1993). Rather than pathologising survivors, they should clearly place responsibility on the social contexts in which abuse takes place (Burstow 2003). Our participants reject a one-size-fits-all model, and emphasise the different pathways and activities that suit each individual survivor. However, they also emphasise the structural nature of trauma, the ways it is framed in cultural attitudes and by institutions, and its relation to gender, class and race prejudice. Effective support must avoid stereotypes - of weak and helpless victims who do not already take action to improve their condition, and of heroic survivors who will always be able to follow a certain path to recovery.

- Attention to the root causes of abuse, and action on them, is just as important for building a healthier society.
- Several of our participants had been impacted by cuts to domestic abuse and mental health services that have been made under austerity in the UK (Sanders-McDonagh et al 2016). These sectors urgently require greater resourcing.

For our participants, the ways in which empowering support from agencies enables healing is best illustrated by their experiences as clients at My Sisters Place, a feminist organisation that uses trauma-informed care:

"They actually listen... I've had counselling for the last 25 years, off and on and this is the only time when, from the very moment I've walked in, I've felt like somebody was actually going to help me."

"She just listens to me."

"I was able to say some things that I would never tell anyone. I was made to understand that this happens to many people, you are not the only one and you're not alone in this. If I told a normal person, they would not understand so I was able to build that trust."

"She draws on the board and she works through it, to explain things and to break things down because I have a language barrier."

"She challenges me. In the beginning I was like, 'whoa, leave me alone'. It took me a while but what she was doing was challenging my beliefs and challenging some of the stuff that I thought. What she's done with me is absolutely amazing."

"It's recognising that, for all we're dealing with, the trauma of what's happened to us, we also need to lock it away a little bit but deal with it in everyday life, like, between sessions."

"She allows you to put yourself back together."

"I mean, it feels like family, in a way because you can't talk to your own family. So I couldn't with mine because they're dead traditional and they were so strict."

Finding the right support is described as "a lifeline", "life-saving" by our participants. While rebuilding from abuse and trauma take a long time, all group members are looking to the future:

"It's amazing, thinking how much upset we come from, how driven that leads us to be, when we're given the right environment, when we're given the right support. Like us, we're supporting each other, we're not judging each other, there's no agendas apart from we're together. So, how driven that allows us to be when we go, 'well, actually, this is what I want to do for the future.'"



"Future"

"Let the Light Come", by Bushra

Let the light come
Let it shine your smile
Open your arms
Welcome the world
Be patient, give some time
To the world to accept you
To accept that you are different
To accept your awkwardness
Let the light come
Give up on your old thoughts
Give up your internal ghosts
Give one chance
To defeat the darkness
Which holds you back
Which frightens you
In the nights and days
In the group and alone
Let the light come
Freshen you up
Brighten you up

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