

## Interview on Childhood Sexual Abuse with Carol, a survivor/provider

Hello, my name is Josie and I would like to welcome you back to Trauma Talks, Rising from the Ashes a podcast series brought to you from the UB School of Social Work the Institute on Trauma and Trauma Informed Care. This series provides an opportunity for individuals to share their witness of how strength and resiliency has allowed them to rise from the ashes. Trauma talks follows people who have both worked within the field of trauma as well as those who have experienced trauma. Here we will reflect on how trauma informed care may assist those who have experienced traumatic events to embrace a new life of wholeness, hope, strength, courage, safety, trust, choice, collaboration, and empowerment. Today I am sitting here with Carol. Carol is a survivor of childhood sexual abuse, as well as a service provider for individuals who have also are trauma survivors. On behalf of the Institute we would like to thank Carol for being here today and sharing your story with us. Now I'm going to let Carol begin by giving you the audience a sense of her story and how you got to be here.

1:13 **Carol:** Well thank you Josie, nice to meet you. I thought something that would be important to share is that I think sometimes we get the impression that childhood sexual abuse only is if you were raped, penetrated, or having a really server trauma. And, we can be traumatized by things that are less than that. When I was in the third grade, I was um, going back from lunch with a girlfriend, and I went back through a park, and we weren't supposed to go through this park, but it was a short cut back to school. And, there was a man looking for his dog. He sent my friend, who was the tall one, off to do something else and I remember him saying look for my dog Brownie, and he took me with him, and you know, we were just calling for the dog. He ended up exposing himself and grabbing my hand and making me touch him. And that was hugely traumatizing, and I was able to pull myself away and run in my little, what was that, probably 7 or 8 years old legs. My friend then told the teacher, and one of the things my teacher said was "make sure you tell your parents." Well, I didn't tell my parents because I wasn't supposed to be walking through the park. I thought it was my fault, and so, but that image in that situation stayed with me for a long time. And I didn't tell my parents. And another situation with a group of friends, we were exposed to an exhibitionist, and again that was traumatizing and we were not supposed to be where we were. So, often it's kind of that, and for me anyway, kind of the abused feeling like somehow it was my fault! I think, because of that, and other situations in my life, I went on to act out. And I know sometimes people tend to avoid it all together, well I somehow acted out. I had a couple of kids by the time I was twenty, was married at eighteen, and so I was really trying to figure some things out. Well, years later, I had a successful career, and was being abused at work, in a verbally abused, and you know just kind of being overworked and under payed and all of those kinds of things. And so, I eventually had the opportunity to go into an inpatient type of program that was out of state and I spent five weeks there. And then after that, I was going to go back to work and they said if you go back to work you're going to go back into the same situation, you need more time. Well, I spent three months more really trying to get through that and stayed in a safe environment. And honestly, that's the reason why I ended up changing my career, leaving a high paid job and go back to school to become a social worker. And it's been twenty years this month since I graduated.

4:21 **Josie:** As you talk about your experience when you know, you were young, in the third

grade, and how that has stayed with you, and also how experience in inpatient and experience in an environment that really helped you to envision a different life for yourself, what I can definitely hear and what makes sense in there are the principles of trauma informed care. And trauma informed care asks individuals and service providers to not ask “what is wrong” with a person, but to move towards what has happened. And, we look at the Falloot and Harris five principles which are safety, trust, choice, collaboration, and empowerment. And these are like tools that service providers and communities and agencies can use to be more trauma informed with people who have had traumatic experiences within their lives. So, to talk a little bit more about those principles, I wanted to start with safety. So, I heard you say that being in the inpatient facility was a safe environment where you were able to work through what happened to you. So, I was wondering if you could talk a little bit about what that environment, the people that you met, the physical space, what about that helped you to feel that emotionally safe?

5:51 **Carol:** Well, I think that certainly with going I was feeling very traumatized and a little bit depressed because I felt like I was powerless in that situation and everybody had this authority over me. And so, it was very empowering to have people on my side. They may have not understood everything that I had experienced and they were on my side, it was a very, it was like having a six week experience on a pillow. I mean that’s how comforting and comfortable it was. And everyone there was consistent and they knew your name and they were certainly willing to work with you and continued to see the dynamics between groups of people and really helped you to learn how to find your voice and then how to express it appropriately. Because at the time when I finally could get in touch with my anger, I felt like I was a volcano. So, there is something about how do you contain that trauma, how do you get grounded and that was very helpful. Having different kinds of boundaries. I never thought I had the right to boundaries and I even had a little sister that was ten years younger than me and my parents ended up getting the same bed as me, a double bed, because my sister used to like to sleep with me. So here it is, my bed was not even a safe place for me. Being alone was one of those things that really helped me to get a sense of self, and from there, how to have the voice that I needed. You just knew that people were giving you eye contact, and they were understanding when you said something that may have sounded... silly, or whatever. There was no astonishment as far as that goes, too. And I think that that experience has given me a greater ability to work with people who are traumatized, and with some populations people may not want to work with because we have our own biases and I’ve actually worked with people who were like the abusers I’ve had. You know, no matter when somebody is doing the crime, I loved what you said, instead of saying “what’s wrong with them? What happened to this person?” So I think it’s extremely valuable, that safety piece.

8:30 **Josie:** In your practice with individuals who have had trauma, what are some things that you do to consciously make the environment safe when you are interacting with those individuals?

8:45 **Carol:** Well, I mean even the environment, how the office is set up, I make sure people come in one door and out the other. I experience that too, if you are leaving a therapy session and there is somebody else sitting there and you’ve got tears and mascara dripping down your face, you don’t want that to happen. So that is one thing that I think has been very firm, because of my experience. You know, that even through years of working on this, even in outpatient, that safety piece of coming in one door and out the other and making it comfy chairs, and I know many people do that, and I think it’s very, very helpful.

9:30 **Josie:** That is something literature about trauma informed care in the organizational milieu, the way the waiting room is set up, the things you are talking about, whether it feels very institutionalized and stuffy and uncomfortable, or whether it feels homey, and “like a pillow,” and like you said, and so... excellent. So the next principle of trauma informed care is trust. In your experience as somebody who has both experienced a traumatic event of molestation as a child and also as someone who provides then services to individuals who have had really life changing experiences, what is your perspective on the way that trust is played in terms of your own services or in terms of people who come to see you and use your services?

10:27 **Carol:** I think it's a great question. I think for me, certainly I wasn't going to be trusting people right away. You know, there is kind of a proving and a seeking out and a testing. So one of the things I don't do is I don't go directly into their trauma, you know, I will want to know more about their person, establish a relationship, and you know, have that be a gradual process. So, it's like I may see someone once a week and I have to brush on the trauma, but not go into depths for a month or two, you know, until we both think they are ready to go into more deep detail, and that I'm being sensitive to where their at, as far as not pushing them. And sometimes they want to just let it all out too, and certain I'll let some of that happen, but I try to contain it as well. And talk about what we are going to do, and if anytime they feel uncomfortable, and so on. It's a matter of just trying to continue on building the trust.

11:38 **Josie:** One-hundred percent, and what you just said in terms of letting them know this is what's going to happen and this is what we will be doing today, there is this sense of transparency and consistency that are needed in building trust. So building off of trust, another principle that we talk about in trauma informed care is choice. So in being able to have in some degree of having this opportunity to make decisions when it comes to our own care, and when it also comes to providing care. So, what has been your experience in both personal and professional in terms of choice — did you feel like you had a choice in your own terms when you were in the inpatient environment, and how does that come to play in the services that you provide now?

12:43 **Carol:** One thing that I had failed to mention is that I had been in individual therapy for probably about two and a half years, and I think in that context my therapist was very helpful to me in that period of time. And then when it became apparent that just our conversations wasn't going to be enough, that period of inpatient care if you can get it is very valuable because it's like getting three and a half years of therapy in one month, right? Because it's 24/7 and there is many things going on there. So she gave me the choice, she was encouraging me and told me that I was at that place where I could truly benefit and make some very good strides if I had that opportunity. Unfortunately, since then, we've had what we call the “mental health backlash,” where most insurances are not paying for the same kind of support I had, and so I think that many people now are not having the opportunity for those choices, and not locally, and I'd say that in many jurisdictions that there is not going to always be exactly what you need. You know, to have really what you need in that type of experience. And so I think that, that's one place that I think that if there was more emphasis on trauma when it relates to any type of inpatient facility, I think it could be improved on in this area, because I think it's important when an intensive day care, not day care, I mean day program. But, um, so, I was given choices and I think that often trauma survivors don't have as many choices as they could.

14:50 **Josie:** Absolutely. You bring up a great point which is that on this macro level of policy and insurance, there are huge barriers and challenges to just be able to link up what's needed. And so, that builds in to the next principle which is collaboration. And so, when we think about collaboration, we get a sense of team work, of working together. And, we think also of collaboration as being not just between providers, service providers, but also between families, friends, any individual. And so when you were asked by services both before after and during your inpatients days, was there like a role of the people around you in terms of like family and friends working collaboratively with you to be able to make that step to putting one foot in front of the other?

16:01 **Carol:** Well, I think maybe... being the oldest of four, five children, I wasn't somebody who sought that out much. And that is probably one of the things that I learned while I was in inpatient was that it is okay to ask other people for help, just like I mentioned really early was that I didn't talk to my parents about things like that. And so with the "no talk" rule kind of thing, then I had to being to ask for help. So that was important, so I was able to think "who was trustworthy in my friendship group?" It really did, it changed my life. And, it put me on a whole different path when I had that support system I was able to develop out of that, and so I think that it is very important when there is that type of support and collaboration between family. So, one of the things I do when I talk to people is I'll kind of look for collateral information and suggest a spouse, or sometimes even a family, come together. So that there, there is that support there, even if they're saying, "no, no, no, no..." Well, I wouldn't do it if they're saying no, BUT at the same time I educate them as to why it's important.

17:33 **Josie:** Absolutely. And also that's a beautiful example as to how these principles all coincide with one another. That choice there for people who are in therapy and seeking out services in terms of being able to bring other important individuals into that environment with them. That can be like, I definitely hear so powerful and amazing. So the last principle we talk about when talking about trauma informed care is empowerment. And so, I heard you say how that time in inpatient care changed your niche and led you to go down the path of social work. So, what was that about? I'd be interested in hearing more about that, it sounds like a journey of just being empowered! Like this was kind of, you know, a light-bulb move.

18:31 **Carol:** It was indeed! And I think because I stayed longer, and was more involved with groups and individuals and that, the people that I was, uh, the therapist that I was working with identified that I was seeing things in the group that he wasn't even seeing. He was encouraging me, he said "you know what, I think you'd be good at this!" And so, I thought that was pretty amazing. I had left in 1980— no... 1994, a \$85,000 a year job and decided to go back to school and just one of those things, I hadn't finished up my undergraduate degree, so I finished that up and went on to be in the School of Social Work, and what an amazing experience that was. And it was that empowerment, and it was interesting too because a couple of people who had been in higher positions, and executive vice president I asked to do a letter for me, and it was a beautiful letter and so empowering then, and then to see that I had left an organization and still had some people I could trust, it has been an amazing growth opportunity. I would never discourage somebody from inpatient, I think we all should be able to get away. You don't get to go to some type of retreat and work on somethings, and so it was extremely empowering. And then I was in

and out of life coaching and something, but you know it just kind of really helped to make that change. And so, I don't feel ashamed of telling my story. And I hope that others will see that, that's what we need. We kind of need more people to come out of hiding about that. Because we know only 10 percent of children who have been abused as children, sexually abused, will report it. We need to empower them to have their voice about it. So, definitely was empowered, and I try to empower others.

20:43 **Josie:** In wrapping up, there may be individuals who are listening to our podcasts in this interview who are either in that huge percentage of individuals who didn't report that own molestation or abuse as a child, or perhaps individuals who are providing services to trauma survivors, are there just any last words you'd like to offer in terms of why it's so important to think about some of these principles?

21:16 **Carol:** Well, I think that we need to think about, often, our dysfunctions in the present have a root in the past. And that most of us are born good people. And that life messes us up in many different ways! I think it really helps to go into therapy and I think family systems theory is really important in kind of showing people where they were in their family of origin. So I think that it's that whole piece that it's their whole life, not just what is happening right now.

That's one of the things that has really helped me. It wasn't just what I was messing up in my current life, it was what was messed up in the past that led me to that dysfunction. One of the things that I always say is that "I never regret recovery." That's just a wonderful thing. We can then become the best person we can become.

22:17 **Josie:** Right. Absolutely. Given those resources and that time. That safety. Awesome! Well thank you so much, on behalf of the Institute on Trauma and Trauma Informed Care, I'd really like to thank you for taking the time to speak with us today on Trauma informed care.

22:33 **Carol:** Well thank you Josie, I really appreciate that and it was my pleasure.