# Escaping Victimhood

## Rationale behind the workshops

The nightmare of being involved in a traumatic incident can happen to anyone, almost anywhere and at almost any time. It is this random element that makes the experience so terrifying and shocking, in that the individual cannot in any way prepare himself or herself or indeed protect themselves from the effects of the traumatic event.

There are **two** perceptions that are always present at the point of a traumatic incident which create the psychological environment in which Post Traumatic Stress reactions can begin to develop as defined in DSM.iv. (1994):

1. **Life threat** or perceived life threat to self or others (or threat to integrity)
2. **Loss of control** either at or in the aftermath of a serious incident (helplessness)

These criteria apply to victims of death on the road, violent crime, disaster, murder and abuses of all types including war, massacre, hostages, torture, domestic violence and sexual crimes. The ranges of human responses to be discussed are normal reactions:

- **The traumatic event is not normal** but is extraordinary and sudden
- **Shock** reaction is normal
- **Grief** is a normal reaction to all forms of loss or bereavement
- **Traumatic Stress Reactions** are normal - but debilitating
- **Post Traumatic Stress Reactions** are normal – but debilitating
- **Post Traumatic Stress Disorder** is normal – but debilitating

None of the above can be eradicated because they are caused by exposure to an **event**, which is a **fact**. We do not use the word **cure** when discussing therapeutic issues for this reason; **it is not possible to cure a fact.**

**It is possible** however to address the issues arising and the symptomology which has arisen as a result of exposure to the traumatic event. The premise is that if an individual was ordered and fully functional mentally, emotionally and psychologically before the traumatic incident, has become impaired affecting their ability to function by the traumatic incident, then with the correct type of intervention and support the individual can return to full function; in other words the individual is not a psychiatric patient but rather a traumatized victim.

Restorative work for any of the above conditions has key elements which are necessary for successful outcomes for the sufferer:

- **Safety** must be established, with an environment which is secure. Restorative work is ineffective if the individual is still in danger or the trauma is ongoing
- **Acknowledgement** of the traumatic event and the suffering that has been caused;

*'Yet without some form of public acknowledgement and restitution, all social relationships remain contaminated by the corrupt dynamics of denial and secrecy'*

Herman (1992)

- **Control** must be restored to the individual because it has been taken away by the perpetrator, or the incident
- **Remembrance** and mourning for what has been lost – time must be made available for this process to work through
- **Assimilation** of the experience into a wider view perception of reality
- **Truth** to bare witness to the facts
- **Support** for the individual to move from victim to survivor through support from community

*'It's not that this approach gives power to the person: it never takes it away'.*
Carl Rogers (1978)
Throughout Escaping Victimhood we have found that a Humanistic or Person-centred approach is most conducive for creating the environment and rational which can serve to take the work forward. We are mindful of the need to create the right kind of environment for restoration of personal power and self-respect to individuals and which must include informed choice, respect, equality and integrity.

*'A person-centred approach is based on the premise that the human being is basically a trustworthy organism, capable of evaluating the outer and inner situation, understanding him/herself in this context, making constructive choices as to the next steps in life, and acting on those choices.*

*A facilitative person can aid in releasing these capacities when relating as a real person to the other, owning and expressing his/ her own feelings; when experiencing a nonpossesive caring and love for the other; and when acceptingly understanding the inner world of the other. When this approach is made to an individual or a group, it is discovered that, over time, the choices made, the directions pursued, the actions taken are increasingly constructive personally and tend toward a more realistic social harmony with others.'*
Rogers (1978)

The importance of the 'safe' community aspect of this project, participants, practitioners and facilitators working together within the workshops as a cooperative group of equals, should not be underestimated.

*'Exploring the trauma for its own sake has no therapeutic benefits unless it becomes attached to other experiences, such as feeling understood, being safe, feeling physically strong and capable, or being able to empathize with and help fellow sufferers.*

*The exploration of personal meaning of the trauma is critical; since patients cannot undo the past, giving it meaning is a central goal of therapy. It is important to deal with existential issues evoked by the trauma, such as the role that victims feel they played in causing (or at least not preventing) the trauma, and the particular stance they took while they were in the middle of it.*

*These personal attributions can have profound affects on whether victims see themselves as capable and worthy of having restorative experiences, and whether they consider themselves capable of being entrusted with responsibility, intimacy, and care.'*
Van Der Kolk, McFarlane & Weisaeth (1996)

There has been almost twenty years of research in theory and practice in the USA following on from the end of the Viet Nam war and the subsequent psychiatric and psychological work formulated for use with traumatized veterans which were subsequently written up in DSM, and PTSD was established as a diagnostic criteria. This spawned a considerable number of studies into the effects of traumatic or overwhelming events upon the individual, the group, or wider society, and gradually a much wider range of stressors (other than war) were identified.

*'Because the traumatic syndromes have basic features in common the recovery process also follows a common pathway. The fundamental stages of recovery are establishing safety, reconstructing the trauma story, and restoring the connection between survivors and their community.*

*The response of the community has a powerful influence on the ultimate resolution of the trauma. Restoration of the breach between the traumatized person and the community depends, first, upon public acknowledgement of the traumatic event and, second, upon some form of community action. Once it is publicly recognized that a person has been harmed, the community must take action to assign responsibility for the harm and to repair the injury. These two responses, recognition and restitution – are necessary to rebuild the survivor's sense of order and justice.'*
Herman (1992)

The work of this project falls into the later of the two responses named above; restitution, and seeks to offer something of real value to victims of traumatic incidents, to aid their restoration into the wider community again, as survivors, and valued, trusted community members.

*'Traumatic events destroy the sustaining bonds between individual and community. Those who have survived learn that their sense of self, of worth, of humanity, depends upon feeling a connection to others. The solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience. Trauma isolates; the group re-creates a sense of belonging. Trauma shames and stigmatizes; the group bears witness and affirms. Trauma degrades the victim; the group exalts her. Trauma de-humanizes the victim; the group restores her humanity.'*
Herman (1992)

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