STRONG AT THE BROKEN PLACES: Turning Trauma Into Recovery

A Study and Resource Guide

for use with the film
"Strong at the Broken Places"

This film was produced with the support of
The Harvard Pilgrim Health Care Foundation
Massachusetts Cultural Council

© Cambridge Documentary Films, Inc.
PO Box 390385
Cambridge, MA 02139-0004
(617)484-3993

Edited by Cozette Carroll
and Jill Kooyoomjian

This study guide was created with the support of:
Harvard Pilgrim Health Care Foundation
Massachusetts Cultural Council
Gardiner Howland Shaw Foundation
A.C. Ratshesky Foundation
Paul Robeson Fund for Independent Media

FORWARD

By Susan P. Pauker, MD
President and CEO of Harvard Pilgrim Health Care Foundation
Co-Producer of "STRONG AT THE BROKEN PLACES"

"Strong at the Broken Places" is a film about turning. Four humans, severely traumatized by life's circumstances, choose to turn away from grief and pain and head toward healing. They could not control the circumstances of their trauma, but they chose to control their responses. From the point, deeper in despair than most of us can imagine surviving, the featured speakers turned, arose, and chose a life of strength. Having accessed love, or laughter, or constant kindness, they chose to mend at their broken places. This healing took the form in each case of giving back, of helping to fix the societal ills from which they had almost died spiritually.

Most Americans have not personally suffered through war. Yet all of us have endured some form of trauma to our souls. Our parents were human and, therefore, imperfect. Harsh words, a back hand to the rump, a cry of "stupid!" or "lazy!" have crushed our spirits and limited our horizons. School bullies, test scores, temptations of drugs or sex, illness, poverty and man's inhumanity to man have all left us with broken spots. Like damaged DNA, these fractures get passed on to the next generation, aided by alcohol, addictions, negative societal and parental role models.

The job for all of us is to crash through the cycle of violence, choose to heal ourselves from our vast or minor injuries, access love and support around us, arise, and correct for our children and others the very circumstances which tried our own spirits and from which we now can draw strength.

"Strong at the Broken Places" shows us four hurt humans as they recall their turning points and struggle to return the gift of life to others who desperately need their respect, strength, and hope. These three elements are at the core of Harvard Pilgrim Health Care Foundation's mission as we seek, through endeavors such as this film, to enhance the health of society.

Susan P. Pauker, MD
Assistant Professor of Pediatrics, Harvard Medical School
President and CEO, Harvard Pilgrim Health Care Foundation

TABLE OF CONTENTS:

Introduction……………………………………………………..………..……………4
Update……………………………………………………………………..…………........5

PEOPLE IN THE FILM
Arn Chorn Pond Biography………..……………………………..………………..….6
Michael MacDonald Biography………..……………………………..……………………7
Marcia Gordon Biography………..………………………………..………………………8
Max Cleland Biography…...……..……………………………….…………………...9
Turning It Around; Survival Plans
Arn Chorn Pond's Survival Plan……………..……………………..………..10
Michael MacDonald's Survival Plan………..………………………………..11
Marcia Gorton's Survival Plan………..……………………..………………13
Max Cleland's Survival Plan……………………..…..………………………14

CURRICULA FOR USE WITH THE FILM
Using "Strong at the Broken Places: Turning Trauma into Recovery" with:
Mental Health Professionals by Linda T. Sanford……………......………………......15
General Audiences, Trauma and Violence Workshops by Peace At Home.….......20
High School Students and Youth Groups by Joanne Coakley…...........….…..…25
Outline and LifeMap Exercise………………..….................……….26
Veterans by Larry Winters……..…………………28
"America" by Larry Winters…...…………..…..................………..…...31
People With Disabilities by Michael Ferriter…….............………………..…....32
Veterans with Spinal Cord Injuries by Sigmund Hough Ph.D............................34
Pastoral Care Workers by Ralph Fuccillo….………………..………………….....36
Offering Support to Survivors..………….............................……........38
Adult & Youth Offenders and Correctional Officers by Cozette Carroll…..........39

LITERATURE ON TRAUMA AND RECOVERY
"Crime and Memory" by Judith Lewis Herman, MD...41
A Review of the Literature on Trauma and Recovery by Mary Baures, PhD……...….51
Trauma of Victimization bulletin by the National Victim Center……….............….........58
Post Traumatic Stress Disorder (PTSD) bulletin by the National Victim Center…...…....59

STATISTICS AND RESOURCES
Crime & Victimization Statistics………..……………………………………………..60
Does America Have a Problem With Guns?…………..………………………………..61
Incest & Sexual Abuse Statistics…………..……………………………..………..…62
Where to Start in Your Community?..…………………..…………………………….....63
Regulations on Weapons…….……………..…………………………………..…………64
Education to Reduce Injuries from Firearms…….……………….………………………65
Internet Resources..……………..………………………………………………………..66
Contact Information...……………..……………………………………………………..67
Bibliography Resources...………..…………………………..68

"Strong at the Broken Places" is a 38 minute documentary about people devastated by trauma and loss who find common ground for their journeys to recovery.

The latest production from Cambridge Documentary Films, "Strong at the Broken Places" is the story of vastly different lives. The death camps of Cambodia, the violent streets of South Boston, the amputee ward of a V.A. hospital and the cell of an alcohol and drug addicted inmate yield remarkable survivors, all of whom heal themselves by helping others.

Their stories are both inspirational and instructional, helping to infuse the word "hero" with meaning for our daily lives.

Most of us have or will face serious trauma in our lives. As one of the people in the documentary explains, "Sooner or later life breaks us all, but with courage, hope and the support of people who care, many become strong at the broken places."

Whether it is the death of loved ones, family or personal illness, crime and tragedies all take their toll. But by reaching out to others we can become "wounded healers," and in so doing find our way to recovery and meaning.

"Strong at the Broken Places: Turning Trauma into Recovery" shows how deep personal loss can be turned into a powerful tool for restoring hope and changing society.

STRONG AT THE BROKEN PLACES UPDATE:

Arn Chorn Pond *returned to Cambodia in July of 1998 with a video camera. He successfully organized a meeting of the Khmer Rouge and Cambodian Government in his home province. The purpose of this historical event was to convince both sides to put an end to the kidnapping and killing of innocent civilians in Cambodia. He also continues to work with the organization he founded in Cambodia, Cambodian Volunteers for Development, and remains the youth coordinator at Cambodian Mutual Assistance in Lowell, MA.*

Michael MacDonald *recently completed his book about life growing up in South Boston and his family's experiences with crime and violence. The book, All Souls: a Family Story from Southie, is published by Beacon Press in Boston and available in bookstores and at www.beacon.org.*

Marcia Gordon *is on the lecture circuit showing "Strong at the Broken Places" and speaking to audiences about trauma and domestic violence. She works at the Elizabeth Stone House as the support groups coordinator and is President of the Board of the Human Rights Agency, Peace at Home.*

Max Cleland *is a US Senator representing the state of Georgia.*

Update:
Since the releasing of "Strong at the Broken Places" there have been several juvenile homicides in the City of Boston, although the numbers are still extremely low.

ARN CHORN POND

The early memories of Arn Chorn's childhood in Cambodia were like a lovely dream, the colors, smells and music of his world suffusing his life with love and happiness. But suddenly this eight year old child was thrown into a nightmare that gripped his entire country. An army of young Cambodians known as the Khmer Rouge emerged from years of brutal jungle warfare and began an insane campaign of revenge against their own citizens. Along with millions of others, Arn and his family were driven from their homes and forced into concentration camps.

These were the Killing Fields; half of the Cambodian population was eventually enslaved, tortured and killed in the name of "communist" revolution.

For the next two years, Arn lived in horror no child should ever face. One by one, his family was taken away - he never saw them again. The Khmer Rouge beat and murdered thousands before his eyes. In order to survive Arn had to live like an animal, hiding his most basic human feelings.

In 1979, Vietnam invaded Cambodia in an attempt to gain control over the madness on their southern border. The Khmer Rouge handed Arn, now eleven or twelve years old, a rifle and forced him to the front to fight the Vietnamese. After months of terror and killing, Arn escaped into the jungle, fleeing the sounds of war. Weighing less than fifty pounds and hovering on the edge of death, he made his way to a refugee camp in neutral Thailand. Adopted by a remarkable American rescue worker, Arn came to live in the United States with his new family of adopted refugees and orphans.

For the first time in years, Arn was free from physical danger. But now he faced the task of starting a new life, without forgetting the people he left behind. Sadness, anger and guilt raged within him. Why was he alive when so many others had died before his eyes? How could he ever trust another human being?

Seeing him struggling with violent rages and suicidal feelings, Arn's adoptive father urged him to speak to others about his life, and Arn slowly began to heal himself by reaching out to other young survivors of war, and by talking to other Cambodian refugees about their common tragedy.

Since then, Arn's life has been a whirlwind. He spent ten years as a speaker for Amnesty International and co-founded Children of War, an organization that traveled the country educating young people about the devastating effects of war. Later he returned to Cambodia to create a 3000 member organization to help rebuild his country. Now Arn works with gangs and at-risk youth in Providence and Lowell, intervening in gang disputes before deadly violence breaks out.

Arn sees his work as an essential part of his struggle to find happiness and peace and to confront the horror of his past. He realizes that he will never escape completely from the terror and evil he experienced in his childhood. He has found strength and meaning in his work with children who are facing violence in their lives. "Suffering is suffering." Arn says, "kids suffering from drugs, single parents and gangs aren't that different from what I went through in Cambodia. The psychological effect is the same, I think."

MICHAEL MACDONALD

Michael MacDonald grew up South Boston in a public housing project hit hard by poverty, alcohol abuse and drug related crime and illness. As a teenager, he watched as his mother was hit by a stray bullet in her own kitchen. His beautiful sister Kathy suffered terrible brain damage when she fell from a roof during an argument with her boyfriend. His oldest brother Davy suffered a nervous breakdown at age fourteen. Some years later, Michael watched helplessly as Davy jumped to his death from the roof of their apartment building.

In July of 1984, not long after Davy's death, Michael's brother Frank, a Golden Gloves champion boxer, was killed while taking part in a bank robbery, murdered by his partners in crime. After this, the funerals began to blur for Michael. His brother Kevin, while still grieving over Frank's death, died mysteriously in prison. To this day, Michael and his family are haunted by the uncertainty of whether Kevin was murdered or commit suicide. But for Michael, his mother and his family, the tragedy was not over yet.

When his thirteen year old brother's best friend, Tommy was killed while playing with a gun, his brother was falsely accused of murder. Michael came to realize how truly powerless he, his family and his community were to prevent these tragedies. He worked feverishly to clear his brother, investigating falsified police reports and inaccurate laboratory tests. Concurrently, he decided to counteract his feelings of grief, rage and helplessness by joining with other people who were fighting violence throughout the city. Knowing that so much of the sadness in his life was caused by guns, Michael helped organize a gun buy back program, and focused on getting lethal weapons out of the hands of young people.

The program was a stunning success; in four years almost three thousand guns were collected and destroyed, a key part of the citywide campaign that resulted in a huge decline in youth violence in Boston. For Michael, the highlight of the program occurred when a priest turned in a .357 Magnum handgun that had been given to him by a thirteen year old boy. Tommy, the friend of Michael's brother had died at the age of thirteen, was killed by a .357 Magnum. At about the same time Michael's efforts to clear his brother's name ended in dismissal of all the charges against him.

Even though this particular event helped to bring a tragic part of Michael's life full circle for him, he realized that the grieving and the healing process never really stops. He has learned that the way to keep the memory of his brothers alive is through his continuing work in the community. "I bring my brothers to work with me everyday," Michael says, "I bring Tommy to work with me too, and it's great. I feel like I spend more time with them than I do with the rest of my family, sometimes." He has organized the South Boston Vigil "in memory of those who died too young" and has helped many young people through the Southie Survivors group. He recently finished a book, *All Souls: a Family Story from Southie*, about his life growing up in South Boston. He also continues his community workwith other survivors of violence. Michael stresses the fundamental distinction between a "victim" and a "survivor." Thinking of yourself as a victim, he explains, leads to self-pity and passivity, but "people who see themselves as survivors can move mountains."

MARCIA GORDON

Like every other child, Marcia Gordon needed to grow up loving and trusting people around her. Her mother, struggling to support her family, arranged for an older couple to look after Marcia, who was told to refer to them as "aunt" and "uncle." But seven year old Marcia's trust was shattered at the hands of this "uncle" who sexually abused her while her alcoholic "aunt" drank until she passed out. Unwilling to tell her mother what was happening, Marcia spent her days fearing the man's next assault. In the evening she and her siblings would hide from her violent stepfather, who stopped at nothing to get at their mother.

This life of fear and violation hurt Marcia terribly; she was a mother by the age of fifteen, she and her baby barely escaped a fire that raged through her house, she stood outside helplessly as it killed her sister and niece. Marcia describes this as the beginnning of a life out of control; alcohol and drugs to numb the sadness and despair, prostitution and crime to pay for her addictions, homelessness and violence shaped her existence for almost twenty years. She describes her life then as being in a bowl with slippery sides, constantly trying to scramble up, and always sliding back down.

But after years on the street, Marcia's life of addiction, violence and pain were about to end. Arrested for drug dealing and thrown into a cell, she began to detox and the memories of the last twenty years came rushing back. Desperation and madness overwhelmed her; separated from the substances she used to deaden her pain, she longed for death. But in prison, Marcia met a woman who changed her life. This woman worked in the prison system, helping inmates in any way she could. This showed Marcia that there were people in this world who did things for others unconditionally. Marcia was profoundly moved and surprised by this. She realized that she needed to enter treatment to beat her addictions and there she found people who cared for her without expecting anything in return. By being with people who believed in her, she learned to believe in herself and to regain the trust in others so tragically missing in her past life.

For ten years now, Marcia has been clean and sober, learning how to live, to be herself, how to laugh and love. She is now working at the Elizabeth Stone House in Boston, a treatment center and shelter for women and children. She is counseling and helping women who are going through the same things she went through. As she works to help others, she has realized how necessary this work is to her own recovery. Marcia gives much credit to time she has dedicated to twelve step programs fighting her alcohol and drug addictions. These programs have given her a philosophy of life that has helped her heal and has infused her with the responsibility of helping to heal others as well. In her most desperate hours people gave her hope. "All you have to do," they told her, "is to believe that we believe, until you begin to believe in yourself." Today, after years of recovery and healing, Marcia believes in herself and in the curative powers of helping others.

MAX CLELAND

Young, strong and proud, Army Captain Max Cleland of the First Air Cavalry Division has been in Vietnam for four months. He knew that sooner or later he would be sent into combat. He was superbly trained and he felt like he was ready for anything. In late 1968 North Vietnam launched the massive Tet offensive against the American and South Vietnamese armies. Captain Cleland was sent into battle around Hue and then was sent to relieve the Marine garrison at Khe Sanh. On the day that the American forces broke the bloody siege, Max leapt off a helicopter to set up a radio relay team near the perimeter of the fighting. As he hit the ground a hand grenade exploded directly in front of him. The blast threw him back, tearing his body to pieces. He lay in a pool of blood dying, and he felt that if he simply closed his eyes, he would slip quickly to death. But he refused, fighting for consciousness. Five hours and fourty three pints of blood later, Army doctors saved his life. That was the easy part, Max says. Now his new life, missing both legs and his right arm, lay before him.

Max spent months in an Army amputee ward, surrounded by men struggling desperately with their own tragedies, learning to deal with disabilities, both physical and pscychological. Waves of depression and sadness swept over Max; he and his wounded brothers searched for ways to laugh and to feel that there was a future for them. Finally, leaving the hospital and returning to his hometown in Georgia, he knew that he had to make some very difficult decisions.

"The worst thing I could have done at the age of twenty six, missing an arm and two legs was to sit in a corner of my mother's living room and do nothing." Instead, Max began to work on disabled veteran's issues agitating for better conditions in VA hospitals and increased education benefits. He appeared before congressional committees, wrote editorials, and spoke to veterans groups wherever he could.

Max realized that his activism on behalf of diabled vets was having a positive effect on the lives of his comrades. But that was only part of the picture. His work was also havin a profound effect on his own healing process. He was happy. He could laugh. He had a sense of purpose and meaning in his life.

Max made a momentous decision; he decided to run for political office. Summoning all of his strength, and with the help of friends and family, he was elected Secretary of State of Georgia. Later President Carter, admiring his continuing work with veterans, appointed him as the director of the Veteran's Administration in Washington, where he served for four years.

Today Max is a United States Senator from Georgia, working to represent his constituency and continuing to improve the lives of veterans all over the country. As a public official, Max createss a stir wherever he goes. His disability is open and obvious and people naturally gravitate to him, greeting, hugging, and telling him their own stories of grief, struggle and hope. "I feel honored by that response," Max says, and quotes one of his favorite phrases, 'In the service of love, only broken hearts will do.' "But it helps me as much as it helps them. They may not realize it, but it's true."

TURNING IT AROUND

1. Arn Chorn Pond's Survival Plan:

Based on conversations with Arn Chorn Pond, we created a rough outline of the ideas, qualities and resources that he believes he needed to become a survivor.

I. Remember the past

- **A. Talk with people who had experiences like yours**
- **B. Verify memories to see if they are true or exaggerated**
- **C. Allow yourself to cry or rage at the things that happened**
  - **1. Find a way that works to stop thinking when it gets too much (for me it is going to sleep)**
  - **2. Start doing something active as soon as you can**
- **D. Speak out publicly about what happened to you**
  - **1. This was very important and turned things around for me**
  - **2. I saw that people cared about what happened to me and this changed my whole outlook**
- **E. Be aware that memories can be dangerous and when you think about the past try to have someone around who cares and knows what you are feeling**
- **F. Be aware of the damaging effects of guilt and the fact that you were not in control of what happened**

II. Live in the present

- **A. Be aware that you are a totally different person now than you were in the past**
- **B. Be sensitive that the people around you are different from the people who used to be around you**
- **C. Allow others to prove that they can be trusted**
  - **1. I allowed my adopted father and others to show they cared**
- **D. Avoid isolation and loneliness like it was a disease**
- **E. Search for people who care about you and knows about your past**
  - **1. Be open to adults who care about you**
  - **2. Be open to love relationships even though this can be hard**
- **F. Find a meaning for your life that involves the needs and feelings of other people**

III. Look to the future.

- **A. Design a plan of what you want to accomplish in life**
- **B. Look to others to help you carry out the plan**
- **C. Gradually replace thoughts about the events of the past with positive visions of the future**
- **D. Know that you can never change what happened but that you can change and control your future**
- **E. Live your life as an act of love and gratitude for those you left behind**

2. Michael MacDonald's Survival Plan:

Based on conversations with Michael MacDonald, we created a rough outline of the ideas, qualities and resources that he believes he needed to become a survivor.

I. A sense of the "big picture." The idea that there is more out there than what is going on in my life

- A. Spirituality
  - 1. coming to a sense of open spirituality, taking what I need from religious teachings and using it
  - 2. a childhood interest in religious writing
  - 3. a mother who emphasized spirituality
  - 4. a belief in a higher power that is within me
- B. Experiencing the variety of ways people live
  - 1. travel
  - 2. rejecting provincialism
  - 3. As an boy I deliberately went out of my way to be different from the people around me
- C. Love of history
  - 1. putting events in a perspective of time
  - 2. seeing how your experiences fit into larger cultures

II. Ability to let in measured doses of the hard things

- A. Only letting in what you can handle
- B. Pretending that events hadn't happened or that I lived another life

III. Going home

- A. Physically returning to Southie where most of the events happened
- B. Mentally returning to the events in my life

IV. Coming to truthtelling

- A. Having a goal of understanding what has happened
- B. Trying to tell the truth of what happened
- C. Using my creativity
  - 1. writing
  - 2. visual expression--drawing, painting etc.
- D. Going public (For me this was the most important thing)
  - 1. public speaking--"telling the stories of suffering." This was a major turning point for me because only after going public with my story did I learn that people could be good and that gave me hope
    - a. community settings, seeing that people cared
    - b. networking with other groups and forming coalitions
    - c. press and national forums
  - 2. writing

V. Using support

- A. Support groups
  - 1. peers who have experienced similar things
    - a. critical to understanding that I was not alone
    - b. provided essential guidance about the grieving process
    - c. these relationships evolve into important friendships for me
  - 2. community groups with common goals

B. Friendship
C. Family (taking what you can from what is offered)
1. my mother's ability to talk about her life and spirituality
2. other family members common recollection

VI. Hitting bottom

A. Necessary for me to feel how bad things were so that I could recognize the seriousness of my situation
B. Forced me to do something to change the situation

VII. Getting active

A. Becoming socially active around issues related to my situation
B. Finding organizations doing work around these problems
C. Starting organizations to work on what I believe to be important

VIII. Learning how to be good to myself

A. Exercise
B. Finding time for the things I enjoy doing
C. Eating right

3. Marcia Gordon's Survival Plan:

Based on conversations with Marcia Gordon, we created a rough outline of the ideas, qualities and resources that she believes she needed to become a survivor.

I. Hitting bottom

- A. Went to jail--a total change in daily life
- B. Detoxed from drugs and alcohol
- C. Was frightened and in pain--couldn't bear things to get any worse

II. Had a mentor

- A. Found someone in jail who listened to me and supported me
  1. mentor supported me in court appearances
  2. mentor listened to me without being judgmental
  3. mentor found resources for me
  4. mentor was someone who showed me that people could be good and not want anything in return. This was something I never knew, that people could be good. This was a turning point for me. I saw that there could be a better way to live and that people could have hope
- B. Found an organization in jail that gave me some resources and information

III. Let in what I could handle

- A. Went into a holding pattern
  1. remembering what I could
  2. planning for the future

IV. Found treatment for my addictions

- A. Went into a long term treatment program
- B. Experienced a structured environment
- C. Learned how to live, not just survive, this was another turning point for me

V. Found support groups

- A. Incest survivor group
- B. Narcotics Anonymous
- C. Alcoholics Anonymous

VI. Sought information

- A. Books
- B Learned about domestic violence

VII. Connected with my spirituality, this was another important turning point for me

VIII. Became active around the issues that traumatized me, this was a turning point that made an enormous difference for me.

- A. Set up a community information day in Roxbury
- B. Began work in substance abuse
- C. Began work in a domestic violence agency

4. Max Cleland's Survival Plan:

Based on discussions with Senator Cleland, we have created an outline of the ideas, decisions and personal initiatives that helped him to recover physically, psychologically and spiritually from his wounds.

I. A strong and stubborn will to live, not only as he lay wounded on the battlefield, but later in the hospitals and rehabilitation centers where he lived for almost two years.

- **A. developing a conviction that nothing is so unbearable that death is the best option**
- **B. refusing to admit defeat by sinking into self-pity and hopelessness**

II. Focusing immediately on physical recovery and healing

- **A. dealing with pain**
- **B. understanding and facing the seriousness of the injuries**
- **C. determination to use every resource available to rehabilitate and heal**

III. Dealing with sadness by reaching out to family, friends and support groups

IV. Learning to laugh again

- **A. search for humor in even the grimmest and most unpleasant situations**
- **B. try to get other people around you to laugh**

V. Avoiding isolation and loneliness

- **A. seek out social situations where there is a chance of meeting and talking to new people**
- **B. move around as much as physically possible**
- **C. Exercise and work at physical therapy everyday until you are exhausted**

VI. Acquiring a rational and sensible awareness of limitations and devise a plan to circumvent or adjust to these limits

VII. Searching for a new meaning or purpose in life

- **A. read about other people who have overcome disaster and how they did it**
- **B. reinvent yourself by letting your imagination run free, with out losing contact with your past**

VIII. Learning coping techniques from others who have suffered similar wounds

IX. Getting it "up and out"

- **B. Don't try to bury the past or tough it out silently**

X. Finding a cause or activity that puts you into an arena that is larger than your personal problems

XI. Committing yourself to listening to others

- **A. talk to them from the heart about how you made it back**
- **B. In the service of love, only broken hearts will do**

A GUIDE TO USING "STRONG AT THE BROKEN PLACES" WITH MENTAL HEALTH PROFESSIONALS

BY LINDA T. SANFORD

INTRODUCTION:
At this writing, I have had the good fortune to show the documentary short "Strong at the Broken Places" to over 50 groups of helping professionals. Some have been small clinical supervision groups which have met together for years, others have been large trainings of 200 people from various professions and a few have been foster parent support groups. I would like to share with you some suggestions about how to use "Strong at the Broken Places" with helping professionals and caregivers. I should probably mention that I have a idiosyncratic connection with this film. I am a social worker who has worked with victims of violence for two decades and with youth who have sexual behavior problems since 1983. One of my research projects on resiliency is a book by the same title. This has been a happy coincidence. The films says more powerfully in 38 minutes what used to take me hours to explain. Familiarity with resiliency research will be helpful to you as a leader. Please consult the bibliography for some references.

GETTING STARTED:
First, watch the film yourself before you show it to others. It is asking too much that you should manage your own reactions as well as everyone else's.

The title comes from a quote in Ernest Hemingway's FAREWELL TO ARMS: "Life breaks everyone and afterwards we are strong at the broken places." Stating this clearly or perhaps writing it on the board helps orient the audience.

I have found it useful to reference Cambridge Documentary Films previous Oscar® winning short film "Defending Our Lives." There is some understandable anticipatory anxiety before a film about trauma. Audience members may ask themselves if they will be traumatized by watching it. How will they handle their reactions if they feel "undone" or upset---especially in front of strangers or peers? Is this more lurid "shock talk-show" testimony or does the film have something valid to offer? Does the moderator understand both the issues of resiliency and the group dynamic of watching a powerful media presentation? Because so many people have already seen "Defending Our Lives," some of the anticipatory anxiety is calmed. The credibility of other Cambridge Documentary Films can and should be used to help the audience open themselves to this film.

Brief comments are best to introduce the film. I have found that some preparation for the intensity of the material works well. It may be helpful to give a brief synopsis of the trauma they are about to bear witness to. Feel free to use the following introduction:

The film features four survivors who tell us how they have transformed trauma in their lives into resiliency. One survivor is a woman who has endured many types of family violence. Another man is one of ten children

raised by a single mother in a housing project. Three of his brothers are dead. Yet another man was interned by the Khmer Rouge, was forced to become a Khmer soldier in the killing fields of Cambodia and later escaped to a refugee camp. The first part of this film can be very difficult to watch. The trauma and loss they have endured is severe. Yet, we cannot understand their resiliency unless we first understand what they have been through, what they are transforming. I promise you, we will get to the "other side" of their stories.

I have found that if I give any more detail than the above, then I am taking away from the survivor's telling of their stories. This seems to be enough detail to prepare people yet not so much detail that it detracts from the full impact of the film.

Promise them that there will be time for discussion after the film. It is not wise to show this film in a short period of time without discussion. Time for reflection of thoughts, feelings, reactions is a natural follow-up. After that, I would suggest some didactic material to end the discussion. Some ideas for this are included in this study guide.

Finally, ask them to look for the people they care for (professionally) or for themselves in the lives of the four survivors. Enough said. Show the film.

THE DISCUSSION:

Leaving the lights down for a minute helps people collect themselves, wipe away tears, etc. before they have to look at each other. Usually, I quietly ask "Are there any thoughts, feelings, reactions that someone would like to share." BE PREPARED FOR A LONG PERIOD OF SILENCE. I have been on the lecture circuit for 15 years and am extremely comfortable with a wide variety of audiences. Nothing prepared me for these silences. I have had to fight the urge to speak too quickly, to fill up the air time. Yet, I believe the silence is healing and vital to the continuing functioning of the group. Someone, often a supervisor or person of authority, will begin speaking from their heart. (As an aside, in a consultation group with very experienced psychotherapists working in a small residential center for violent adolescent males, the first response was: "
CHOCOLATE!!!") If the silence goes on for a long time, another question to ask might be "Could you see the people you work with in the film?" People usually respond with specific associations they have made and the discussion is underway.

There are several teaching points that can be woven into any discussion. According to Aaron Antonovsky, one of the foremost experts on resiliency, functioning exists on a very fluid continuum for "dis-ease" to "health-ease." In Marcia Gordon's story, it is very clear when and how she was at the "dis-ease" end of the continuum. The other three make reference to it: Arn Chorn Pond's statement that he wanted to kill this step brother; Max Cleland's reference to the "overwhelming depression"; Michael MacDonald's belief that the grieving would someday end and numbing out on drugs and alcohol was not necessary; what helped was learning to live with grief. This film gives us an opportunity to spend some time at the "dis-ease" end of the continuum, yet the lives of these four

survivors demonstrate the hope there is in the future. Bessel van der Kolk, MD refers to Post Traumatic Stress Disorder as a "disorder of hope." It is an affliction of those of us who try to help as well. Knowing we are at the "dis-ease" end and being reminded of the fluidity and promise can be helpful.

Another teaching point concerns the readiness of the people to move from the "dis-ease" end of the continuum. It was their decision, not something that was done to them by a helping professional. Even in Marcia Gordon's story, the helpful women she met while being held without bail was not the first "positive" person in her life. She just happened to be there when Marcia Gordon was ready to move towards the "health-ease" end. This is a very corny metaphor but one that usually furthers the discussion. Have you ever had a new jar of pickles at a picnic? You just couldn't get the top off. Everyone's burgers are getting cold so you start passing the jar around. Seven people try their hardest but it is the eighth person who gets the top off, seemingly with ease. Is the eighth person stronger than the first seven? Of course not, although those seven people might make that assumption! It took the collective effort and strength of ALL eight people to get the job done. One of the many gifts in Marcia Gordon's story is that just BEING with this woman was helpful to her. The woman did not have any special techniques or approaches. In an age where we are required to demonstrate change in our clients -- often changes they themselves do not want to make -- it is easy to forget the healing power of the relationship. We are often not around when they begin to make use of our connection with them. We, as helpers, do not get to see them on a "health-ease" week or day. And this can wear away at our resiliency as helpers.

It can be useful to ask for common themes in the film, although these usually come forward on their own. In my opinion, one of the greatest strengths of this film is that it makes connections between many types of trauma with out making one more precious than the others. As Arn Chorn Pond said "suffering is suffering." Two obvious themes or paths toward resiliency are the power of love and the power of social action. We can pathologize those who take care of others as Michael MacDonald cared for his younger siblings, calling them "parentified children" and rather "co-dependent." While any coping strategy can grow into "healthy obsolescence" (costing more than its benefits) it is not necessarily pathological. Carl Menninger said it best, "Love cures people. Those who give it and those who get it." Clearly, resiliency can flourish in acts of caring for others. On the social action point, it may be useful to point out how SPECIFIC the focus of the survivor's social action paths which are cited in the film. How did Michael MacDonald isolate and choose hand gun accessibility as the common thread in the tragedies in his family? Based on my clinical practice, I point out that other younger men swear never to be powerless again and also recognize the lethality of handguns--and chose homicide instead of social action.

Virtually every time, I make a personal statement about the impact the film has had on me. It is this: My life was transformed the first time I heard Max Cleland speak the words, "In the service of love, only broken hearts will do." Until that moment, I felt self-conscious about broken-heartedness in my past, in my work and family today. Although I do not believe it would be appropriate or helpful for me to hold forth about those parts of myself, his words made me feel much less shame about

them. I mean this when I say this and people have later told me that they appreciated the vulnerability of the moment. My speaking helps me feel like part of a community with the audience and the four survivors in the film.

TRAPS IN THE DISCUSSION:
Based on my experience leading discussions with the film, let me share with you some of the "hot spots" so that you can be prepared. These don't always happen but I have chosen more common issues:

LENGTHY AND DETAILED DISCLOSURES OF TRAUMA: Some people identify with the film so closely that they begin to disclose similar experiences in their own lives. As a group leader, you or I cannot guarantee that this public disclosure will be a corrective or supportive experience. The audience members have most likely heard as much detail about trauma as they can absorb for the moment. Usually people begin the disclosure with some reference to how they have transformed their trauma into meaningful work (especially volunteer work), empathy, heightened awareness, etc.. When there is an opportunity, I will speak, referring back to that statement about the transformation AND relate it to the film. Here are the ones I rely on:

So, like Marcia Gordon, you want to reach a hand back to any woman, person, child or man because you know it can be better. You are better.

So, like Max Cleland, you found meaning in your life through positive action and feel healed by others trusting you.

So, like Michael MacDonald, you see yourself as a survivor, not a victim.

So, like Arn Chorn Pond, you will go on to another day if you can help someone.

People seem to feel heard and seen when their stories are folded into the film in a positive manner. It is then natural to ask for other reactions.

OVER-DIAGNOSING:
Among helping professionals, there may be a tendency to handle anxiety, sadness, helplessness, feelings of inadequacy or the like by trying to intellectually master or defend against the difficult effect. The point of this film is not to understand the impact of trauma. The point of this film is to understand resiliency. The survivors have less than ten minutes each to tell their stories so we really have very incomplete information for any diagnosis, should someone be so inclined. The person must be separated from the behavior. For instance, robbing a bank or jewelry store may be an anti-social act but the person doing it is not necessarily a sociopath. Assuming good intentions and reflecting that diagnosing is an attempt to understand with our minds and assuming that the need to understand can be a good thing will diffuse any awkward moments around this. The curriculum suggested in the next section (Antonovsky's "Sense of Coherence") will offer an alternative and health-based way of understanding.

POLITICAL/HISTORICAL OPINIONS:

Some of the historical and social constructs around the survivors' lives are definitely not neutral for many people in the audience. The two that come up most frequently are the Vietnam War and the invasion of Cambodia. It would be difficult for anyone born prior to 1955 to be void of any opinions or feelings about these two historical and political events. However, a debate about the events derails learning about resiliency. I have found that asking people to set aside their reactions to these events in order to listen to the survivors as human beings (and not as representatives of any political position) will diffuse the debate. Other issues that may cause "spin-off" discussions are: gun control, the "war" on drugs, child protection, legalization of prostitution, safety in prison, control of gangs and immigration. While we would not want to take the individual stories out of the larger system's issues, particularly where oppression and exploration are present, we do not want to lose the value of the stories by ONLY focusing on the big picture.

BIBLIOGRAPHY:

RESILIENCY:

Anthony, E.J. and B. Kohler, THE INVULNERABLE CHILD, Guilford Press, 1989.

Antovosky, Aaron, UNRAVELING THE MYSTERY OF HEALTH, Jossey Bass, 1987.

Dugan, Timothy and R. Coles, THE CHILD IN OUR TIMES, Brunner-Mazel, 1989.

Higgins O'Connell, Gina, RESILIENT ADULTS, Jossey Bass, 1995.

MacDonald, Michael, ALL SOULS: A FAMILY STORY FROM SOUTHIE, Beacon Press, Boston, 1999.

Moskowitz, Sarah, LOVE DESPITE HATE, Schocken Books, 1983.

Rubin, Lillian, THE TRANSCENDENT CHILD, 1996.

Sanford, L.T., STRONG AT THE BROKEN PLACES, Avon Books, 1991.

Wolin, S.J. and S. Wolin, THE RESILIENT SELF, Villard Books, 1993.

TREATMENT:

Gilmore, Mikal, SHOT IN THE HEART.

Gilligan, James, VIOLENCE, Aronson Press, 1997.

Herman, Judith Lewis, TRAUMA AND RECOVERY, 1993.

Karen, Robert, "Shame," ATLANTIC MONTHLY, February 1992.

Kaufman, Gershen, THE PSYCHOLOGY OF SHAME.

Prior, Stephen, OBJECT RELATIONS AND SEVERE TRAUMA, Aronson, 1997.

LINDA T. SANFORD IS THE AUTHOR OF THE BOOK, STRONG AT THE BROKEN PLACES, AVON BOOKS, 1991. [Contact Mental Health Resources for reprint information (914)247-0116] SHE IS CURRENTLY THE DIRECTOR OF FORENSIC INTERVENTIONS IN NEWTON HIGHLANDS, MA.

FROM THE HUMAN RIGHTS AGENCY, PEACE AT HOME:

TRAUMA & VIOLENCE WORKSHOP

for use with the film "STRONG AT THE BROKEN PLACES"

In this workshop, participants begin to talk about the violence and trauma they see in the film and around them in the many forms that it can take. This allows participants to discuss the effect violence has on their lives. It also explores the roots of violence. Finally, it exposes violence as a human rights abuse that prevents us from leading healthy worthwhile lives.

OBJECTIVES

- **Learn what has brought each person to an interest in talking about violence and trauma.**
- **Name specific abuse they or others have experienced and discuss the effect it has had on an individual's physical and emotional well being.**
- **Discuss cross-cultural myths vs. realities of violence, torture, crime, incest, war and substance abuse. Recognize how these myths and secrecy around what has occurred isolate us and contribute to the continuation of these forms of behavior.**
- **Learn to exchange cross-cultural stories of survival and respect the courage and strength each of us have used to survive the violence and trauma in our lives.**

NOTES TO THE FACILITATOR:
For this workshop the participants will need a pen or pencil. For this workshop, you, the facilitator, will need the video "Strong at the Broken Places", a VCR/TV, markers and a flip chart, or chalk and a chalkboard.

EXERCISE 1: VIEWING

ACTIVITY
Watch video and share thoughts, ideas, and feelings about the film.

DISCUSSION QUESTIONS
EXERCISE 2:

1. How does violence effect someone?
2. Does their personality and/or behavior change? In what ways?
3. How does violence effect relationships within the family structure as well as intimate relationships?
4. What types of violence did the individuals in the film experience?

Violence may be too broad of a category. Substituting other words such as crime, torture, war, sexual abuse, domestic violence, substance abuse or gun violence may help to narrow the discussion.

EXERCISE 3: WHAT IS VIOLENCE? PERSONAL VIEWS

ACTIVITY
The facilitator will write these headings: Physical Violence, Emotional Violence, Sexual Violence, and Institutional Violence, on a large flip chart (large enough to use as a reference poster for later use). Instruct the participants to list the different kinds of violence they have experienced or witnessed. Each type of violence that participants name is placed in one of these categories. Write as many types of trauma and violence as possible.

PURPOSE:
- Discuss interconnections of the different forms of violence and trauma.
- Show how violence relates to power and control.
- Connect the patterns of institutional violence with interpersonal violence.
- Define violence and trauma in all its forms, i.e. subtle, overt, physical, verbal.
- Give participants an opportunity to speak about ways that violence and trauma have affected their lives.
- Illustrate that violence can happen to anyone, anywhere.

EXERCISE 4: MYTHS, FACTS, AND STATISTICS

ACTIVITY
Facilitator to read with the participants facts about violence.

ALTERNATIVE ACTIVITY
Give a quiz which asks questions that relate to common myths.

PURPOSES
- Realize the full impact of differences between facts and myths pertaining to violence.
- Identify that violence does not discriminate.
- Discuss the reasons for the existence of myths.

DISCUSSION QUESTIONS
EXERCISE 5:

1. Were you aware that these myths existed?
2. What can we do to dispel such myths?

HOMEWORK:
Write out a myth/story that your parent told you while growing up that could have contributed to the continuation of violence, crime, abuse, incest, torture, addiction etc.

What are the kinds of Violence? NAME THEM!

PHYSICAL
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

EMOTIONAL
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

SEXUAL
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

INSTITUTIONAL
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

TRAUMA AND VIOLENCE QUIZ
TRUE OR FALSE

1/ _____ Out of all reported rapes, most women reported that the offender was a stranger.

2/ _____ Vietnam veterans have had little to no trouble adjusting to life after the war.

3/ _____ Children who witness violence in the home will definitely continue the cycle as adults.

4/ _____ Having a gun in the house is more likely to be used to kill a family member or friend than to kill an intruder.

5/ _____ There are federal safety standards to regulate the manufacturing of guns.

6/ _____ One out of four women will be raped at some point in her life.

7/ _____ At least 14 children die each day from guns in America.

TRAUMA & VIOLENCE QUIZ RESPONSE:

1/ **F** 70% OF WOMEN REPORTED THAT THE RAPIST WAS A FRIEND OR ACQUAINTANCE WHILE ONLY 30% WERE REPORTED AS STRANGERS.

2/ **F** THE SUICIDE RATE FOR VIETNAM VETERANS IS 33% HIGHER THAN THAT OF THE GENERAL POPULATION AND THE DIVORCE RATE IS DOUBLE THE NATIONAL AVERAGE. AMONG COMBAT VETERANS, 80-90% HAVE BEEN DIVORCED (SOME MORE THAN ONCE).

3/ **F** STUDIES SHOW THAT THERE IS A 50% CHANCE THAT CHILDREN IN ABUSIVE HOMES WILL CONTINUE THE CYCLE.

4/ **T** A GUN IN THE HOME IS 43 TIMES MORE LIKELY TO KILL A FAMILY MEMBER OR FRIEND THAN AN INTRUDER.

5/ **F** AT LEAST FOUR FEDERAL SAFETY STANDARDS REGULATE THE MANUFACTURING OF TEDDY BEARS. BUT NO FEDERAL SAFETY STANDARDS APPLY TO THE MANUFACTURING OF GUNS.

6/ **T** 25% OF WOMEN ARE RAPED AT SOME POINT IN THEIR LIVES.

7/ **T** IN 1995 GUNFIRE KILLED 5,254 CHILDREN AGE 19 AND UNDER. THIS EQUALS 14 CHILDREN BEING KILLED BY GUNS PER DAY IN AMERICA.

FOR MORE INFORMATION ON **PEACE AT HOME**,
PLEASE WRITE TO:
PEACE AT HOME
209 Green St, 3rd FL
Jamaica Plain, MA 02130

USING "STRONG AT THE BROKEN PLACES" WITH HIGH SCHOOL STUDENTS AND YOUTH GROUPS

BY JOANNE COAKLEY, Ed.D.
Guidance Counselor, Arlington High School

Our high school has a comprehensive health frameworks curriculum that integrates while centers development into academic classes. As a guidance counselor I work with teachers to bring social issues such as depression, substance abuse and violence into English and survival studies classes.

Several years ago, after analyzing results of the youth risk behavior survey we recognized that the issues of domestic violence and date rape affect the lives of too many of our students. We developed a program that involved speakers, assemblies, and small group discussion. With the help of many people in the community, including social workers, police officers and clergy. This approach conveyed to students that adults in their lives recognized this problem and too had ways to provide support.

Some teachers wanted to follow up on this school wide program and continue the dialogue throughout the year in their classrooms. I brought the film "Strong At The Broken Places" into several English classes.

I feel the title is a perfect metaphor for the lives of the four characters. Students really understood the important message about turning points. In the lively and poignant discussions that followed the viewing of the film, students focused on the concept of mentoring by telling stories with people who served as models in their lives and by sharing ideas on ways that others could take advantage of mentors. They recognized that in each case in the film how a person, not necessarily a remarkable person, reached out to characters. Students found this hopeful and helpful for their own lives.

STUDENT'S RESPONSE:

After viewing the film, we asked them to respond to the quote, "Life breaks us all, but we are strong at the broken places." Their essays reflected a range of opinions on a variety of topics including loss, sexuality, and personal relationships, some examples:

- "We need to use the strength of our lives in the hard places to make them good."
- On the death of a friend, "I had to face my anguish in wishing I could change what happened....To face things 'alive' rather then put them in back of my mind or alter what happened (the death)."
- "Even the most awful of human suffering makes the world a better place, if for no other reason then to make the rest of society aware of a greater evil."
- "Traumatic experiences almost always bring people together and when people support each other, it makes everyone stronger."

WORKING WITH YOUTH GROUPS

OUTLINE AND LIFEMAP EXERCISE FOR USE WITH "STRONG AT THE BROKEN PLACES"

Basic information for using the film with youth or any group:

I Do adequate preparation

A. Let the audience know that they are going to be seeing some powerful and upsetting stories, but that listening to the difficult parts is necessary to understand the hopefulness of the message of the film. Reassure them that they will not end the screening feeling down or upset

B. Arrange for some backup with a school guidance counselor or other youth worker who can work with any individual who wants to discuss their individual situation in depth. This does not usually happen but any discussion leader should be prepared for this possibility

C. Discussion leaders should know that often after screenings of the film, the room is silent. That is O.K. Most people need time to reflect on what they have just experienced

II Immediately after the screening

A. This is the time to assess whether some people need extra help with dealing with their feelings

B. A good way to begin the discussion is to ask if anyone in the film
reminds them of someone they know

C. Ask the group to make a list of the characteristics that the survivors shared and the elements they needed to turn the violence and loss in their lives around

D. Ask the group how the survivors differed

E. Ask the group if there were things that they could apply to their lives

III Lifemap Exercise Adapted from "Peer Leadership Preventing Violence," @1994, The Medical Foundation Boston, MA

A. Explain to the group that a "life map" tells something about where a person comes from and some of her or his experiences. Explain that the participants will make life maps as a way to get to know oneself and each other

B. It is helpful for the discussion leader to share their own life map with the group. Briefly explain what you have included. Explain any symbols, feelings and thoughts about any traumatic or violent events in your life map

C. Distribute sheets of paper and markers to the group. Ask them to create their own life maps with drawings or symbols, only using words when necessary. Ask them to include the following in their life maps (Allow 10-20 minutes)

1. Birth

2. Two major turning points (when things changed for you)

3. Two significant people

4. A traumatic or violent incident that you witnessed or that happened to someone you know

D. Invite volunteers to share their life maps and how they felt about while making it

E. When all the people who choose to share have done so, pose the following questions for discussion

1. How did you feel after completing your life map?

2. How did you feel when listening to others?

3. What did you discover about yourself? Others?

4. Are there events on your map that is similar to someone else's? What are they?

F. If you have follow up sessions, with consent, display the maps in a common area

G. Ask the group to form small groups and have each group discuss a selected life map and brainstorm about what individual needs to do to start to recover from the violent or traumatic incident

H. Brainstorm about what the life maps of the individuals in the film would consist of, specifically focusing around the turning points in their experiences

A GUIDE TO USING THE FILM "STRONG AT THE BROKEN PLACES" WITH VETERANS

****

BY LARRY WINTERS

If a man kills another man,
he must dig two graves.
One in the earth for the dead man.
One in his heart for his own spirit,
or he will not return.

Introduction:

I am writing this after several days of digesting the film, "Strong at the Broken Places". I watched the film alone without a note pad. I wanted to allow my first reactions to the film to happen without distraction. I wanted to feel the impact of the film as a Vietnam Veteran, without having to think about how to use it as an education or healing tool. What is to follow are some of my first reactions which I hope might be instructive to those of you who watch as an audience and those who will use the film to teach and heal. You, the reader, must keep in mind that I am a Vietnam Veteran, my reactions are informed by this experience. My intention is to provide a guide to those of you who will be working with the Vietnam Veteran population.

As I write this piece, the date being July 31, 1998, I find it interesting that the Spielberg movie, "Saving Private Ryan" has stirred up such emotion. I have observed a wave of feelings in both the public at large and in particular the veteran population, including World War II, Korea and Vietnam Veterans. I have had this conversation with colleagues who have reported to me that clients have demonstrated symptoms of Post Traumatic Stress Disorder, "PTSD", after seeing the movie. This phenomenon should be an indicator of how a film can bypass defense and penetrate deep into the psyche. As leaders of group discussions, please keep in mind that "Strong at the Broken Places" is an emotionally powerful film capable of penetrating defenses. The individuals interviewed in the film are authentic and the impact of their experiences comes across in such a way that your audience will feel its realness. This film could and will act as a trigger for symptoms to occur in your audiences, you as the leader, should be prepared for such events.

The symptoms of PTSD draw a person back into the traumatic events of the past. It is important as a leader for you to know how to meet the person in their place of trauma and from there help them to gain distance from that place. In other words walk them back to the present. Ask them to make eye contact with you, inform them of where they are and slowly draw their attention to the room and those around them. At times, it is helpful to treat PTSD as a disassociation process, not only to get the person to return but to help them in integrating the experience. This should be your primary goal.

The veteran experience has a unique cultural set of circumstances that facilitates those with trauma to repress it. Many Americans protested the Vietnam

War; and the schism this created in the culture was a secondary wounding to those vets returning home. This unfortunate atmosphere supported the necessity for Vets to hide their psychic wounds. Repression exists even today after 30 years of the culture processing the War. You as a leader should be aware that this film has the power to uncover repressed feelings.

"Strong at the Broken Places" provides the viewer with an opportunity to witness people who have grown strong in their broken places. Moreover, it sets a standard that viewers can reach for in their own process of healing. As a leader, you should keep in mind that many watching this film have wounds that have not knit; others might not
remember that they are even wounded.

"This film has the power to open and cleanse wounds"

The obvious wounds of Max Cleland are visible to all of us. This is not the case with many Vietnam Vets, their bodies may be whole and little attention or empathy has been offered to them. The psychic wound is invisible and therefore less understood. I feel that the only way to heal, or use the films metaphor to grow "strong in the broken places" is to allow light and air into the area of the wound. This film has the power to open and cleanse these wounds. The strong message provided by each of the four protagonists is that they have healed themselves by providing service to others. The inspiration of the wounded healer offers the hope needed to start the painful process of healing. It is important as a leader, you have engaged in your own healing. Do not have your wounds dictate how you work with the group.

Activity:
The concept of becoming a survivor verses a victim is one that I like very much. In my own work, one way that I like to approach a group with this topic is to place a chair out in the center of the room and say that it represents the "Victim". I ask what are the advantages of being a victim. I then encourage the group to explore these advantages. With a little prompting it becomes obvious that there are some advantages. For example, the victim does not have to take responsibility for his life, life which they have been dealt such a devastating blow that they have every reason not to make it. The victims get empathy, everyone sees how deeply they have been hurt and offers his/her sympathy, empathy and attention. This exercise can be kept going until the possibilities have been exhausted. You can end with an empty chair set out for the survivors. People can come to sit in the chair and talk about some of the strength they have relied upon to survive their own traumas.

Something to Consider:
Larry Winters had some concerns with the film and it's potential effects on Vietnam Veterans. We would like to include some of his thoughts on how the film might effect veterans.

During the war years, there was political rift in the country. It still exists today. As a culture we have buried or better yet repressed beneath the marble slab down in DC the resentments, civil discontent, and fears that were spawned by this War that was so much out of favor. If one is to work with Vets, they should be keenly aware of the context that these men and women went to this war under. This context must remain intact, or there is no justification for the killing that these men did. We killed for our country and in some cases gave limbs, mental health

and our souls. It is important for some men to hold onto these kinds of justifications as defenses or protection, respect this. If this film gets behind the defenses of a Vet, which it has the potential to do, you may run the risk of disassembling the very thing that keeps a man together. In other words keep the politics out of your discussion.

Max Cleland is truly an unusual man and has made a miraculous recovery, but he is so far from ordinary that I think resentment would be stimulated in vets who are not as remarkable. Max had both his legs and arm removed in the War and he is so obviously a causality that no one can visibly deny. He must receive sympathy and empathy from almost all he meets. Many vets have psychological scars from the war, which are not as visible. These kinds of wounds are much harder to understand and therefore to feel empathy for. Also, Max Cleland was an officer in the war and now is a high-ranking politician. Many men had issues with their officers and possibly many vets would not have an easy time relating to him.

Also when showing this film to audiences of Vietnam Vets you should be aware that some still harbor repressed feelings about Asian people, particularly the ones they were trained to kill. Arn Chorn Pond is a young man who now looks the age of the average enemy. He lived only a few miles from the country of Vietnam, and his presence in the film along with the clips of the Khmer Rouge, will provide triggers for many vets.

In 1995, I returned to Vietnam with a group of health care professional among which there was a small core group of vets. When I stepped off the plane in Hanoi, there was a young Vietcong in uniform at the foot of the stairs of the unloading platform. I froze. I was instantly 19 years old again and the man at the end of the ramp was the enemy. It took several days for me to adjust to the fact that this man was the average age of my son and my fear and thus my response was 30 years old. Many Vets have never felt safe enough to explore the complicated issue that the Vietnam War spun into their lives.

Editors Note:

Ironically Arn Chorn Pond's story is remarkably similar to that of a Vietnam Vet. He was forced by the Khmer Rouge to fight and kill the Vietnamese invaders as well as fellow Cambodians. He went through a dramatic abandonment related to what the Vietnam Vets felt when returning home to America, Arn had lost his entire family. The difference for Arn however, was that his family was all killed and he was forced to leave his homeland by political unrest. Excluding the fact that he is Asian, his story is the same. We hope that the audience of this film be it war veterans, people with disabilities, survivors of sexual abuse, survivors of family violence and every viewer of this film can find a connection with these four individuals; Max, Arn, Marcia, and Michael. We hope that this film helps to show trauma in a universal light and examine how we are all interconnected.

Larry Winters is a Vietnam veteran, poet, and father. He lives in New Paltz, New York.

America
"For all of you, who stayed home, during the Vietnam War"

**I Killed for you.
You may not have asked me to.
But I killed for you.
I didn't ask to go to Vietnam.
I didn't support the war.
But I killed for you.**

**I killed for you,
while you paid your tax's.
You watched me kill on TV,
while eating cheese burgers.
Some of you protesting what I was doing
or were busy avoiding the draft,
or were going to school,
or were running off to Canada
while I killed for you.**

**I killed for you
while you waited in the line at the supermarket.
When you were out getting drunk.
When you got your first good job after college.
During the time you enjoyed free love
I killed for you.**

**Now:
I carried pain for you,
guilt for you,
shame for you,
for all the killing I did for you.
When I came home
you expected me to heal for you.
To marry you.
To raise children for you.
And most of all to forget you.**

Larry Winters 1994 Vietnam

STRUCTURING DISCUSSION FOR PEOPLE WITH DISABILITIES

HOW TO USE THE FILM "STRONG AT THE BROKEN PLACES" WITH PEOPLE WITH DISABILITIES, SURVIVORS AND PEOPLE WORKING IN THE FIELD OF SPINAL CORD INJURY.

BY MICHAEL FERRITER

I. WORKING WITH SPINAL CORD INJURY GROUPS

Therapist could use the phases of recovery as guidelines of the discussion....can anyone in the group relate to what they saw in the video when they were;

1. Recently injured (still in acute hospital); feelings of hopelessness, anger, numbing (staying away from emotions), maybe this isn't real and it will all get better, out of control, knowing body losses and not knowing if the future held anything for them. Loss. Worthlessness. Meaningless. Hopeless. Helpless. Fear

2. Starting in rehabilitation hospital; little steps toward goal meaning something (a place to start), meeting others who are in the same situation, perhaps being inspired by someone, struggling, searching for something humorous, needing others, no balance in life, possible continued numbing

3. Middle phase of rehabilitation hospital stay; perhaps a turning point when people realize they have to work through the emotional pain/trauma and take action which is positive by working hard at physical and occupational therapy to see results and become independent as possible, perhaps taking power and beginning to feel you could get control back

4. End phase of your rehabilitation therapy; finished hospital stay, going back into community similar to Max and Marcia, fearful, perhaps empowered and perhaps in control, questions about the future

5. Back into the community; take control to not backslide, hopefully finding your own meaning in life or your mission, HOPE that things can get better and will by positive actions, healing of body, mind and spirit

II. WORKING WITH ANY GROUP WITH DISABILITIES

Or the therapist can have a non phase structured discussion and simply use the feelings type of discussion we shared ideas on before the group viewed the film. Those are;

What feelings did watching the film bring up?
Who were the people you could relate to most in the film?
Was there a particular person you related to more and why?
Were there similarities of the four people in the film?
What were some?

1. powerless
2. helpless
3. was the situation real
4. loss of sense

5. cut of from feelings
6. beginning working through trauma so rushes of feelings
7. turning point
8. taking positive actions and control
9. getting help from others
10. giving back
11. getting through because of friends, higher power, finding meaning in one's life
12. feeling strong because of the trauma
13. ongoing healing of body, mind, and spirit

What were the effects of age differences?
Who else do you think could relate to this movie?

III. The therapist could explore the following General topics of discussion which may fit for persons with spinal cord injury:

* Universally of getting past/working through extreme traumas
* Methods of individuals getting through traumas
* Why each gave back and how that became their meaning
* How spinal cord injured persons can relate

Quotes from film to reflect on:

Max; "43 pints of blood, 42 hour operation to save my life was the easy part"

Marcia; "The memories are stored so far back and details are just starting to surface"

Marcia; "I know that I am just one bad decision away from ending up right back there."

Michael Ferriter, LICSW, is a Social Worker and works for numerous hospitals and rehabilitation centers around Boston, MA. He is a member of the Spinal Cord Injury Association, an author, painter, and father.

Leader/Facilitator Resource Outline for film discussion with Veterans who have sustained a spinal cord injury

By Sigmund Hough, Ph.D.

Information for Leader/Facilitator:

"Strong at the Broken Places" is a 38 minute documentary about individuals who have dealt with severe trauma and nevertheless, have continued the journey through life's challenges. Due to the unique and powerful emotional issues portrayed, you must view the video first to process your own thoughts and feelings. In this way, you will be better prepared to attend to the group's reaction and their needs.

In working with a population of Veterans who have sustained spinal cord injury, two issues must be taken into consideration prior to the use of this video.

1. Clinical sensitivity must be use in screening out and/or preparing those individuals with identified and potential emotional concerns (for example, PTSD) who are in your group.

    You should mention the various themes, for example, the death camps of Cambodia, scenes from Vietnam, violent streets of South Boston, and the amputee wards of a VA hospital. In this way the group can be somewhat emotionally prepared to view, listen, and share the moment

    For those who do not participate, their reactions must be respected. Individuals follow-up with the person is necessary to assess further clinical needs and appropriate intervention.

2. The group should also be informed that this video does not interview an individual with a spinal cord injury. However, inform the group that "those who have been interviewed share a common inner strength and perhaps y will find that as well."

    Note: you might want to enrich the group experience with a video dealing with specific aspects of spinal cord injury at a later time (The Paralyzed Veterans of America 888-860-7244, is a good place to start the search for video titles)

Materials: The video "Strong at the Broken Places," VCR/TV monitor, chalkboard or large writing pad, and color chalk or erasable markers.

Leadership: Having two leaders/facilitators will give you the flexibility to address any individual needs which might aris and will also help to balance the process and emotional tone of the group.

Time: Allow 60 to 90 minutes for both video viewing and discussion

Format: Group of 4 to 8 individuals
On a select therapeutic basis, one could also utilize this video during an individual session. Write down topics and feelings. Make it visual!

Pre-video discussion:

1. Have the participants introduce themselves (brief, only information that they feel comfortable to share.)

2. Leader/facilitator gives brief background information (be open to participant's initial reactions and comments):

    A. For example, approximately 200,000 individuals in America have spinal cord injuries. Each year, approximately 10,000 people sustain new spinal cord injuries. Most of these people are injured in motor vehicle and sports accidents, falls, and industrial accidents. An estimated 60 percent of these individuals are 30 years old or younger, and the majority of them are men.
    B. "Strong at the Broken Places" is the title of today's video. The title comes from a quote in Ernest Hemingway's Farewell to Arms: "Life breaks everyone and afterwards we are strong at the broken places."
    C. Inform the participants that there will be time for discussion after the video.

Post-video discussion:

1. Allow a few minutes ("meaningful silence") for participants to collect their thoughts and joined back into the group process.
2. Start out with open-ended discussion (monitor and facilitate potential for individualized detailed disclosures of trauma which might hinder the group process by limiting peer sharing and feedback; avoid lengthy historical and political opinio which distracts from the message of how to deal with trauma).
3. <u>Ideas and themes to stimulate discussion</u>:

A. Share the survival plans that are found in this study guide from Arn Chorn Pond, Michael MacDonald, Marcia Gordon, and Max Cleland.
B. Discuss the awareness that "TRAUMA HAS MANY FACES"
C. Do you have a daily story? (e.g., dealing with pressure sores, chronic pain, spasticity, sleep disturbance, bowel dysfunction, sexual dysfunction)
D. What keeps you going?
E. Use of humor and laughter (Do we use it? Do we use it enough? How do you use it?)
F. Label feelings and emotion
G. Dealing with depression
H. Dealing with physical, emotional and spiritual pain
I. Resources for coping and moving on with one's life (e.g., support groups, internet resources, mental health providers, developing a support system)
J. Loving and respecting oneself
K. How to focus mind and energy into a positive direction
L. The "will to live" and "the will to survive"
M. Being a victim versus being a survivor

4. End the discussion with a brief summation of what was experienced today.
5. If you have an opportunity, this discussion may continue into the next group meeting.

Sigmund Hough, Ph.D. is Clinical Neuropsychologist on staff at the Spinal Cord Injury Services and Medical Liaison Services at Brockton/West Roxbury VA Medical Center. He is Instructor at Harvard Medical School and Assistant Professor in the Masters in Counseling Program at Framingham State College. He also maintains a private practice in Newton Centre, Massachusetts.

USING STRONG AT THE BROKEN PLACES WITH PASTORAL CARE WORKERS

****

BY RALPH FUCCILLO

INTRODUCTION:

This learning opportunity has been created for individuals who are providing pastoral care to individuals, families and congregations in a paid professional, volunteer or student role.

The viewing and discussion of "Strong at the Broken Places" is an opportunity to explore the ways in which people choose to address pain and struggle related to their past or present experiences of some level of trauma. The individuals portrayed in the film experience a turning point in which service to others became an essential element of the healing process.

This session is tailored to an audience, which is likely to be seeking or providing spiritual or religiously oriented approaches to recovery from trauma. A facilitator for the group might be a leader of a religious organization, such as a congregation, parish, temple, or mosque. The session might be facilitated by a lay minister, spiritual leader or community leader with training in counseling, group process or with skills in reflective listening.

PREPARATION:
The invitation to view and discuss "Strong at the Broken Places" can include a message about the nature of the meeting at which the pastoral care worker will facilitate a dialogue about recovering from trauma and violence. The pastoral care worker should be clear in planning and announcing the meeting. An important point in such preparation and announcement will be that the viewers will have an opportunity to talk in the follow-up session. The film is intended to be used in an environment where discussion and dialogue is openly available and encouraged.

THEMES FOR DISCUSSION MIGHT INCLUDE:

1. Defining trauma
2. Identifying and reconciling guilt and shame
3. Spiritual paths to healing the pain of past experiences
4. Denial and avoidance
5. The presence or absence of "God" in human suffering
6. Paths and rituals of healing and forgiveness
7. Community activism or community service
8. Approaches to need; charity vs. justice
9. Mutual support and self-help
10. Liberation from memories that bind

PROCESS:
Following the viewing of the film, invite the participants to reflect in silence on the film for about 1 minute. Suggest that this time be used for reflection on the people, the themes and the feelings that were meaningful to them while viewing the film.

After the brief silent reflection, invite the participants to begin sharing their initial responses to the film. The facilitator should listen carefully to each person and assess whether the group has the capacity or interest in responding to each other in a supportive way that attends to the emotional state of the individual.

In any case, it will be important to keep the dialogue moving with facilitative questions that meet the participant's needs. As the needs of the group become

clearer to the facilitator, it might be helpful to introduce the concept of peer support and mutual help to the group.

FACILATATIVE QUESTIONS
- **Whom do you identify with in the film?**
- **What is the role of compassion and caring toward each or any of the individuals?**
- **How does each individual express her/his willingness to serve?**
- **Develop more on the concepts of solitude vs. community, individuality actions vs. collective action.**

Identify aspects of personal spiritual journeys that people can pursue healing from trauma. *(Note to facilitator: focus on the concepts of solitude and community, and the relationship between individual and collective action.)*

Offer those who wish to achieve a level of understanding of motivation to serve, the ways in which serving helps others and ourselves to recover from what might otherwise remain a tremendous pain and suffering resources to do so.

Those who serve communities through activism, specific services, or mutually shared interests will have the opportunity to appreciate their work from a variety of perspectives after viewing this film or as a result of the film.

KEY CONCEPTS:
An outline of the session should look something like this:

- **Use silence**
- **Use reflective listening**
- **Promote dialogue**
- **Encourage peer support**
- **Offer referral services**

Ralph Fuccillo is Community Service Director at Harvard Pilgrim Health Care Foundation and a consultant on pastoral care.

OFFERING SUPPORT TO VICTIMS OR RELATIONS OF VICTIMS OF VIOLENCE AND TRAUMA:

The following list of small gestures and thoughts can mean a great deal to survivors as they struggle with their grief and anger.

* Allow survivors to grieve in whatever way they wish and for as long as they wish.
* Allow survivors to cry freely. It is a healthy expression of grief and a release of tension.
* Tell the survivors that you are sorry the incident happened to them and it is horrible that something like this occurred.
* Allow the survivors to talk openly and freely about the incident(s).
* Allow the survivors to get angry at you, the violator, the criminal, the criminal justice system, or simply the unfairness of life. Anger needs expression and sharing.
* Reassure the survivors that the incident(s) was not their fault, no one deserves what they have experienced.
* Support survivors and crime victims in their effort to reconstruct a life even (or especially) if it means a major change in their lifestyle, work, or place of residence.
* Reassure and let the survivor know that you will remain their friend and that they mean a great deal to you.

Don't say things like:

"I understand,"
"It sounds like...,"
"You're lucky that..,"
"It'll take time but you'll get over it,"
"You need to put this behind you,"
"I can imagine how you feel,"
"Don't worry, it will be all right,"
"Try to be strong for your children,"
"Calm down and relax,"

Do say things like:

"I'm glad you're talking to me about this.."
"I'm sorry it happened,"
"It wasn't your fault,"
"I can't imagine how terrible you must feel,"
"Things may never be the same, but they do get better."

Keep in mind, that all survivors/victims will travel his or her own pathway in the healing process, like the survivors in the film. Recognizing this will prevent you from making judgments about where the survivor/victim is or "should be" in the healing process.

This list was extracted from Jenny Wieland's article "Advice On How To Assist Survivors of Homicide Victims" published in the MAVIA Newsline, "Solutions to Violence".

LEADING DISCUSSIONS IN CORRECTIONAL FACILITIES:

CDF'S EXPERIENCES USING "STRONG AT THE BROKEN PLACES" WITH ADULT AND YOUTH OFFENDERS AND CORRECTIONS OFFICERS

****

BY COZETTE CARROLL

Cambridge Documentary Films has gone into several correctional facilities and led discussions with the film, "Strong at the Broken Places." These are some suggestions on how to lead your own discussion in a similar setting as well as some experiences we've had.

After the viewing of the film there is usually a silence. This is a good time to let the viewers reflect on the film and collect their thoughts and feelings.

We have found that one of the most effective ways to start a discussion is by asking some simple questions. " Who did you like most in the film? Who could you relate to?" Usually one of the subjects in the film particularly strikes an individual. They feel closer and can relate more to their life story. They can connect with something that they say.

When the film was shown to a women's correctional facility outside of Boston, MA many of the women felt they could relate most with Marcia. "I liked Marcia," one woman commented, "but I have never met someone like the woman she met while in prison." Because many of the women had not had a turning point such as the individuals in the film, they felt remorseful.

During the discussion the inmates got a chance to examine what their ideal role model would consist of. This was important for the correctional officers to hear first hand from the inmates in an intimate discussion.

A common response from the group, which we had not expected to hear, was that many women expressed the notion that they hadn't had nearly as difficult lives as the individuals in the film. Many of these women have experienced things in life that would truly horrify any person. Many are from broken homes, have been physically, emotionally and/or sexually abused as well as having to deal with addiction problems to alcohol and drugs.

Many of the women inmates discussed the psychological effects of witnessing violence. They talked about how traumatic it was to see someone being beaten, stabbed, or shot. It was clear that the trauma of witnessing certain acts of violence had taken a large toll on many of the women we spoke with.

Later in the discussion we took the opportunity to ask what were some of the more positive things the inmates were exposed to in prison. Many felt that 12 step programs were very helpful. Social service projects like speaking at schools, building a gym, and sharing their stories with others, also ranked high on the list. These activities made them feel better about themselves. It was clear that the viewing of the film had helped some of the women to make connections between what inspired them to change, who helped them to change, and how they were/are able to change.

After one particular viewing of the film, a female prisoner spoke about how she was feeling about being released. "I'm three weeks away from getting out of here and I was thinking I want to go back to my family and never think about this place again and the people who got me here. I realized though that it's not going to just go away. I have to remember clearly what

happened, because if I forget I might make the same mistakes. It's better to talk about it and remember."

Another woman explained her uncertainty of what she wanted to do when she got out of jail, which she had ended up in because of her drug addiction. "I think it might be good for me to work in the
field of drug rehabilitation" she commented. These responses can be utilized in developing a post release program either at a corrections institution or a pre-release facility.

When the film was shown to a group of corrections officers the discussion became both personal and emotional. Many of the officers felt strongly that they weren't recognized for the work they did and for how difficult their jobs were. Everyday going into work they had to deal with potential violence, danger, and unpredictable circumstances. Some officers even expressed a sense of anxiety and sickness on the way to their job. The film could help them relate to the prisoners and understand that the inmates didn't want to be there just as much as anyone else. The film also helped to articulate that it is important to recognize stress and trauma in their co-workers and to help each other. Many employees working in the prison see inmates come and go everyday. They often don't realize that they have the potential to impact the lives of the prisoners in such a positive and life changing way. The film helped to show this in a clear, provoking way.

Crime and Memory

Judith Lewis Herman, MD

Bulletin of American Academy of Psychiatry and Law, Vol. 23, No. 1, 1995

Dr. Herman is associate professor of psychiatry, Harvard Medical School, Cambridge, MA. This paper was presented as the Manfred F. Guttmacher Award Lecture at the annual meeting of the American Psychiatric Association and the American Academy of Psychiatry and the Law, May 22, 1994, Philadephia, PA. Address correspondence to: Judith L. Herman, MD, Dept. of Psychiatry, The Cambridge Hopsital, 1493 Cambridge St. Cambridge, MA 02139.

The conflict between knowing and not knowing, speech and silence, remembering and forgetting, is the central dialectic of psychological trauma. This conflict is manifest in the individual disturbances of memory, the amnesias and hypermnesias, of traumatized people. It is manifest also on a social level, in persisting debates over the historical reality of atrocities that have been documented beyond any reasonable doubt. Social controversy becomes particularly acute at moments in history when perpetrators face the prospect of being publicly exposed or held legally accountable for crimes long hidden or condoned. This situation obtains in many countries emerging from dictatorship, with respect to political crimes such as murder and torture. It obtains in this country with regard to the private crimes of sexual and domestic violence. This article examines a current public controversy, regarding the credibility of adult recall of childhood abuse, as a classic example of the dialectic of trauma.

What happens to the memory of a crime? What happens to the memory in the mind of the victim, in the mind of the perpetrator, and in the mind of the bystander? When people have committed or suffered or witnessed atrocities, how do they manage to go on living with others, in a family, in a community, and how do others manage to go on living closely with them?

This is a question I propose to explore. As my starting point, I would like to recount a case reported by Dan Bar-On, an Israeli psychologist who has investigated the generational impact of the Nazi holocaust. Bar-On has done extensive interviews not only with children of Holocaust survivors, but also with children of the Nazi SS. In fact, for some years now, he has been conducting workshops, in both Israel and Germany, in which he brings members of these two groups together. In these workshops, the children of victims and the children of perpetrators disclose to one another the stories of the crimes that their families kept secret. Such encounters represent the highest form of therapeutic endeavor, for they carry the potential for both personal and social healing.

During the mid-1980s, Bar-On interviewed 48 men and women whose fathers (and, in one case, a mother) had participated either directly or indirectly in extermination activities during World War II. He asked them to recall whether their parents had ever discussed wartime experiences at home and whether they had shown any signs of guilt, regret, or moral conflict. Recognizing that to address such questions would be emotionally stressful for both his subjects and himself, he took care to build rapport and trust with his subjects, and to maintain his own institutional, collegial, and personal support. No one can do this kind of work alone.

The adult children of Nazi war criminals could not initially remember any discussion whatsoever in their families, either of the extermination program in general or of their parents' participation. They also reported that they saw little evidence of distress or moral conflict in their parents. They dealt with the problem of their lack of knowledge by repeatedly using one sentence that may sound all too familiar: "We had a very normal family life."

Some of the adult children constructed their own version of historical events from small bits of information they had gleaned from various sources, minimizing the role their fathers had played. One man explained that his father had been a train driver during the war, but only drove ammunition transports, and had never personally transported Jews to the death camps. When Bar-On expressed skepticism, on the basis of well-established historical evidence, this man agreed to ask his father for more information. For the first time in his life, he asked his father direct questions about the past; a few days later he recounted their conversation to Bar-On. At first he reiterated the original story: his father denied any involvement in the transport of Jews and had not known anything about it. On further inquiry, he said that his father had admitted hearing about it from others at the time. Just as the interview was about to end, he suddenly added: "And this time, my father told me of another matter. He was on duty when they took a big group of prisoners of war and shot them on the platform in front of his eyes."

"How terrible!" Bar-On exclaimed. "It must have been very difficult to keep that hidden all these years."

"This was the first time he spoke to me about it," the son replied, matter-of-factly. "He never told anyone about it."

A year later, Bar-On interviewed the same informant. The memory that had been recovered in the previous interview was gone. The man did not remember his father's disclosure, nor that he had in turn repeated the story to Bar-On. Reflecting on this case, Bar-On invoked the image of a double wall erected to prevent acknowledgment of the memory of crime. The fathers did not want to tell; the children did not want to know.[1]

The ordinary human response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud; this is the meaning of the work *unspeakable*. Atrocities, however, refuse to be buried. As powerful as the desire to deny atrocities is the conviction that denial does not work. Our folk wisdom and classic literature are filled with ghosts who refuse to rest in their graves until their stories are told, ghosts who appear in dreams or visions, bidding their children, "Remember me." Remembering and telling the truth about terrible events are essential tasks for both the healing of individual victims, perpetrators, and families and the restoration of the social order.

The conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma. I would like to explore the impact of this dialectic on the phenomenon of remembering. I will speak first about what perpetrators remember, then about what victims remember, and finally - and this is perhaps the most complicated of all - what bystanders and witnesses remember.

---

[1] Bar-On D: Holocaust perpetrators and their children: a paradoxical morality. J Humanistic Psychol 29:424-43, 1989

What do perpetrators remember? Here our professional ignorance is almost perfect. We know so very little about the inner lives of people who commit atrocities, that relatively sophisticated investigations, such as studies of memory, are utterly beyond our current capability. We know so little about perpetrators, first of all, because they have no desire for the truth to be known; on the contrary, all observers agree on their deep commitment to secrecy and deception. Perpetrators are not generally friendly to the process of scientific inquiry. Usually they are willing to be studied only when they are caught, and under those circumstances they tell us whatever it is they think we want to know. In general, we have wanted to know very little. The dynamics of human sadism have almost entirely escaped our professional attention. Our diagnostic categories do not comprehend the perpetrators; they present an appearance of normality, not only to their children, but also to us.

By contrast, we now know a fair amount about what victims remember. It seems clear that close-up exposure, especially early and prolonged exposure, to human cruelty has a profound effect on memory. Disturbances of memory are a cardinal symptom of posttraumatic disorders. They are found equally in the casualties of war and political oppression - combat veterans, political prisoners, and concentration camp survivors; and in the casualties of sexual and domestic oppression - rape victims, battered women, and abused children. These disturbances have been difficult to comprehend because they are apparently contradictory. On the one hand, traumatized people remember too much; on the other hand, they remember too little. They seem to have lost "authority over their memories" (I borrow the phrase from my colleague Mary Harvey).[2] The memories intrude when they are not wanted, in the form of nightmares, flashbacks, and behavioral reenactments. Yet the memories may not be accessible when they are wanted. Major parts of the story may be missing, and sometimes an entire event or series of events may be lost. We have by now a very large body of data indicating that trauma simultaneously enhances and impairs memory. How can we account for this? If traumatic events are (in the words of Robert J. Lifton) "indelibly imprinted",[3] then how can they also be inaccessible to ordinary memory?

When scientific observations present a paradox, one way of resolving the contradiction is to ignore selectively some of the data. Hence we find some authorities even today asserting that traumatic amnesia cannot possibly exist because, after all, traumatic events are strongly remembered. Fortunately for the enterprise of science, empirical observations do not go away simply because simplistic theories fail to explain them. On the contrary, I believe that some of our most important discoveries arise from attempts to understand apparent paradoxes of this kind. I would like to offer two theoretical constructs that may help us clarify and organize our thinking in this area. The first is the concept of state-dependent learning; the second is the distinction between storage and retrieval of memory.

The common denominator - the A criterion - of psychological trauma is the experience of terror. Traumatic events are those that produce "intense fear, helplessness, loss of control, and threat of annihilation."[4] This is the definition in the fourth edition of the *Comprehensive Textbook of Psychiatry*, and extensive studies in the DSM-IV field trials have essentially confirmed this observation. People in the state of terror are not in a normal state of consciousness. They

---

[2] Harvey M, Herman JL: Amnesia, partial amnesia and delayed recall among adult survivors of childhood trauma. Consciousness Cognit 3:295-306, 1994

[3] Lifton RJ: The concept of the survivor, in Survivors, Victims and Perpetrators: Essays on the Nazi Holocaust. Edited by Dimsdale JE. New York: Hemisphere, 1980, pp.113-26

[4] Andreasen NC: Posttraumatic stress disorder, in Comprehensive Textbook of Psychiatry (ed 4). Edited by Kaplan HI, Sadock BJ. Baltimore, MD: Williams and Wilkins, 1985, pp 918-24

experience extreme alterations in arousal, attention, and perception. All of these alterations potentially affect the storage and retrieval of memory.

The impact of hyperarousal on memory storage can be studied in the laboratory with animal models. James McGaugh and his colleagues[5] have demonstrated in an elegant series of experiments that high levels of circulating catecholamines result in enhanced learning that stubbornly resists subsequent extinction. This is an animal analogue, if you will, of the "indelible imprint" of traumatic events on memory. Building on McGaugh's concept of overconsolidated memory, Roger Pitman and his colleagues[6] have demonstrated that activation of trauma-specific memories in combat veterans with post-traumatic stress disorder (PTSD) produces highly elevated physiologic responses that fail to extinguish even over periods of half a lifetime. They interpret their findings as evidence for overconsolidation of memories laid down in a biologic state of hyperarousal.

When people are in a state of terror, attention is narrowed and perceptions are altered. Peripheral detail, context, and time sense fall away, while attention is strongly focused on central detail in the immediate present. When the focus of attention is extremely narrow, people may experience profound perceptual distortions including insensitivity to pain, depersonalization, derealization, time slowing and amnesia. This is the state we call dissociation. Similar states can be induced voluntarily through hypnotic techniques, or pharmacologically, with ketamine, a glutamate receptor antagonist.[7] Normal people vary in their capacity to enter these altered states of consciousness.

Traumatic events have great power to elicit dissociative reactions. Some people dissociate spontaneously in response to terror. Others may learn to induce this state voluntarily, especially if they are exposed to traumatic events over and over. Political prisoners instruct one another in simple self-hypnosis techniques in order to withstand torture. In my clinical work with incest survivors, again and again I have heard how as children they taught themselves to enter a trance state.

These profound alterations of consciousness at the time of the trauma may explain some of the abnormal features of the memories that are laid down. It may well be that because of the narrow focusing of attention, highly specific somatic and sensory information may be deeply engraved in memory, whereas contextual information, time-sequencing, and verbal narrative may be poorly registered. In other words, people may fail to establish the associative linkages that are part of ordinary memory.

If this were so, we would expect to find abnormalities not only in storage of traumatic memories, but also in retrieval. On the one hand, we would expect that the normal process of strategic search, that is, scanning autobiographical memory to create a coherent sequential narrative, might be relatively ineffective as a means of gaining access to traumatic memory. On the other hand, we would expect that certain trauma-specific sensory cues, or biologic alterations

---

[5] McGaugh JL: Affect, neuromodulatory systems, and memory storage, in The Handbook of Emotion and Memory. Edited by Christianson SA. Hillsdale, NJ: Erlbaum, 1992, pp 245-68

[6] Pitman RK, Orr SP: Psychophysiology of emotional memory networks in post-traumatic stress disorder, in Proceedings of the Fifth Conference on the Neurobiology of Learning and Memory, University of California, Irvine CA, October 22-24, 1992. London: Oxford University Press, in press

[7] Krystal JH, Karper LP, Seibyl JP, et al: Subanesthetic effects of the noncompetitive NMDA antagonist, ketamine, in humans: psychotomimietic, perceptual, cognitive and neuroendocrine responses. Arch Gen Psychiatry 51:199-214, 1994

that reproduce a state of hyperarousal, might be highly effective. We would also expect that traumatic memories might be unusually accessible in a trance state.

This is, of course, just what clinicians have observed for the past century. The role of altered states of consciousness in the pathogenesis of traumatic memory was discovered independently by Janet and by Breuer and Freud 100 years ago. The concepts of state-dependent memory and abnormal retrieval were already familiar to these great investigators. Indeed it was Janet[8] who first coined the term "dissociation." More recently, civilian disaster studies, notably those by David Spiegel and his colleagues[9] have demonstrated that people who spontaneously dissociate at the time of the traumatic event are the most vulnerable to developing symptoms of PTSD, including the characteristic disturbances of memory retrieval: intrusive recall and amnesia.

Abnormal memory retrieval in posttraumatic disorders has also now been demonstrated in the laboratory. This is a very fertile and exciting area of current investigation. For example, a research team at Yale University have been able to induce flashbacks in combat veterans with PTSD using a yohimbine challenge; the same effect could not be produced in veterans who did not have PTSD.[10] Studies of traumatized people now demonstrate that some have abnormalities not only in trauma-specific memory but also in general memory. Richard McNally and his colleagues[11] have noted that combat veterans with PTSD have difficulty retrieving specific autobiographical memories, especially after being exposed to a combat videotape. As they interviewed their subjects in the laboratory, McNally and his colleagues were struck by the fact that the men who showed the greatest disturbances in autobiographical memory were those who still dressed in combat regalia 20 years after the war.[11] These men remembered nothing in words and everything in action. The contemporary researchers had rediscovered what was already well known to the great 19th century clinical investigators, namely that traumatic memories could manifest in disguised form as somatic and behavioral symptoms. Janet[12] attributed the symptoms of hysteria to "unconscious fixed ideas." Breuer and Freud[13] wrote that "hysterics suffer mainly from reminiscences."

This puzzling and fascinating phenomenon has been extensively documented in contemporary clinical studies as well. For example, among 20 children with documented histories of early trauma, Lenore Terr found that none could give a verbal description of the events that had occurred before they were two and one-half years old. Nonetheless, these experiences were indelibly encoded in memory and expressed nonverbally, as symptoms. Eighteen of the 20 children showed evidence of traumatic memory in their behavior and their play. They had specific fears and somatic symptoms related to the traumatic events, and they reenacted these events in their play with extraordinary accuracy. A child who had been sexually molested by a baby-sitter in the first two years of life could not, at age five, remember or name the baby-sitter.

---

8 Janet P: L'Automatisme Psychologique: Essai de psychologie experimentale sure les formes inferieures de l'activite humaine [1889]. Paris: Payot, 1973.

9 Koopman C, Classen C, Spiegel D: Loss of home, dissociation, and stressful life change. Presented at the 147th Annual Meeting of the American Psychiatric Association, Philadelphia, PA, May 23, 1994

10 Bremner JD, Davis M, Southwick SM, Krystal JH, Charney DS: The neurobiology of posttraumatic stress disorder, in Reviews of Psychiatry (vol IV). Washington, DC: APA, 1993

11 Zeitlin SB, McNally RJ: Implicit and explicit memory bias for threat in post-traumatic stress disorder. Behav Res Ther 29:451-7, 1991

11 Zeitlin SB, McNally RJ (same as above)

12 Janet P: Etude sur un cas d'aboulie et d'idees fixes [1891], in The Discovery of the Unconscious. Translated and cited by Ellenberger H. New York: Basic Books, 1970, 365-6

13 Breuer J, Freud S: Studies on Hysteria [1893-95] in Standard Edition of the Complete Psychological Works of Sigmund Freud (vol 2). Translated by Strachey J. London: Hogarth Press, 1962

Furthermore, he denied any knowledge or memory of being abused. But in his play he repeatedly enacted scenes that exactly replicated a pornographic movie made by the baby-sitter. This highly visual and enactive form of memory, appropriate to young children, seems to be mobilized in adults as well in circumstances of overwhelming terror.[14]

In Bessel van de Kolk's[15] phrase, "the body keeps the score," traumatic memories persist in disguised form as psychiatric symptoms. The severity of symptoms is highly correlated with the degree of memory disturbance. Data from numerous clinical studies including DSM-IV field trials for PTSD now demonstrate a very strong correlation between somatization, dissociation, self-mutilation, and other self-destructive behaviors, and childhood histories of prolonged, repeated trauma.[16]

Although it is clear by now that abnormalities of memory are characteristic of posttraumatic disorders, they are not seen in all traumatized people, even after the most catastrophic exposure. For example, in a community study of refugee survivors of the Cambodian genocide, Eve Carlson[17] found that 90 percent reported some degree of amnesia for their experiences but 10 percent did not. In childhood abuse survivors, we now have several clinical studies and two community studies. Memory disturbances seem to fall on a continuum, with some subjects reporting that they always remembered the traumatic events, some reporting partial amnesia with gradual retrieval and assimilation of new memories, and some reporting a period of global amnesia, often followed by a period of intrusive and highly distressing delayed recall. The percentage of subjects falling into this last category ranges from 26 percent in a study I conducted with my colleague Emily Schatzow,[18] to 19 percent in a more recent study by Loftus *et al.*[19] Degree of amnesia may be correlated with the age of onset, duration, and degree of violence of the abuse. Further research is needed to clarify both the determinants of the memory disturbance and the mechanism of delayed recall.

The 19th century investigators not only documented the role of traumatic memory in the pathogenesis of hysterical symptoms, but also found that these symptoms resolved when the memories, with their accompanying intense affect, were reintegrated into the ongoing narrative of the patient's life. These discoveries are the foundation of modern psychotherapy. "Memory," Janet wrote, "like all psychological phenomena, is an action; essentially it is the action of telling a story... A situation has not been satisfactorily liquidated...until we have achieved, not merely an outward reaction through our movements, but also an inward reaction through the words we address to ourselves, through the organization of the recital of the event to others and to ourselves, and through the putting of this recital in its place as one of the chapters in our personal history."[20]

---

[14] Terr L: What happens to early memories of trauma?: a study of twenty children under age five at the time of documented traumatic events. J Am Acad Child Adolesc Psychiatry 27:96-104, 1988

[15] van der Kolk BA: The body keeps the score: memory and the evolving psychobiology of post-traumatic stress disorder. Harvard Rev Psychiatry 1:253-65, 1994

[16] van der Kolk BA, Roth S, Pelcovitz D, Mandel S: Complex post-traumatic stress disorder: results from the DSM-IV field trial for PTSD. Washington, DC: APA, 1993

[17] Carlson EB, Rosser-Hogan R: Cross-cultural response to trauma: A study of traumatic experiences and posttraumatic symptoms in Cambodian refugees. J Traumatic Stress 7:43-58, 1994

[18] Herman JL, Schatzow E: Recovery and verification of memories of childhood sexual trauma. Psychoanal Psychol 4:1-14, 1987

[19] Loftus, EF, Polonsky S, Fullilove MT: Memories of childhood sexual abuse: remembering and repressing/ Psychol Women Q 18:67-84, 1994

[20] Janet P: Psychological Healing [1919] (vol 1), Translated by Paul E, Paul C. New York: Macmillan, 1925, p 661

Throughout the next century, with each major war, psychiatrists who treated men in combat rediscovered this same therapeutic principle. They found that traumatic memories could be transformed from sensations and images into words, and that when this happened, the memories seemed to lose their toxicity. The military psychiatrists also rediscovered the power of altered states of consciousness as a therapeutic tool for gaining access to traumatic memories. Herbert Spiegel[21] pioneered the use of hypnosis with acutely traumatized soldiers in World War II. Roy Grinker and John Spiegel[22] used sodium amytal. These psychiatrists understood, however, that simple retrieval of memory was not sufficient in itself for successful treatment. The purpose of therapy was not simply catharsis, but rather integration of memory.

Those of us who treat civilian casualties of sexual and domestic violence have had to rediscover these same principles of treatment. Retrieval of traumatic memory, in the safety of a caring relationship, can be an important component of recovery, but it is only one small part of the "action of telling a story." In this slow and laborious process, a fragmented set of wordless, static images is gradually transformed into a narrative with motion, feeling, and meaning. the therapist's role is not to act as a detective, jury, or judge, not to extract confessions or impose interpretations on the patient's experience, but rather to bear witness as the patient discovers her own truth. This is both our duty and our privilege.

In my review of the current state of the field, it may be noticed that I have not said anything about the accuracy or verifiability of traumatic memories. It has been widely presumed that traumatic memories, especially those retrieved after a period of amnesia, might be particularly prone to distortion, error, or suggestion. In fact, a careful review of the relevant literature yields the conclusion that traumatic memories may be either more or less accurate than ordinary memories, depending on which variables are studied. For example, such memories may be generally accurate, or better than accurate, for gist and for central detail. They may be quite inaccurate when it comes to peripheral detail, contextual information, or time sequencing.[23][24]

On the matter of verifiability, we have some fascinating single case reports of traumatic memories from childhood retrieved after a period of dense amnesia and later confirmed beyond a reasonable doubt.[25] These anecdotal reports prove only that such memories can turn out to be true and accurate; they do not permit us to draw any conclusions about how reliable such memories might be in general. I know of only two systematic studies in which subjects were asked whether they knew of evidence to confirm their memories of childhood trauma. The first is the clinical study Emily Schatzow and I conducted with 53 incest survivors in group therapy. The majority of these patients undertook an active search for information about their childhood while they were in treatment. As a result, 74 percent were able to obtain some form of verification. More recently, Feldman-Summers and Pope[26] conducted a nationwide study of 330 psychologists. Of these, 23.9 percent gave a history of childhood physical or sexual abuse, a figure consistent with general community surveys. Exactly half of these subjects reported that they had some

---

[21] Kardiner A, Spiegel J: The Traumatic Neroses of War. New York: Hoeber, 1941
[22] Grinker R, Spiegel J: Men Under Stress. Philadelphia: Blakiston, 1945
[23] Christianson S, Loftus E: Remembering emotional events: the fate of detailed information. Cognit Emotion 5:81-108, 1991
[24] Burke A, Heuer F, Reisberg D: Remembering emotional events. Mem Cognit 20:277-90, 1992
[25] Szajnberg NM: Recovering a repressed memory and representational shift in an adolescent. J Am Psychoanal Assoc 42:711-27, 1993
[26] Feldman-Summers S, Pope KS: The experience of "forgetting" childhood abuse: a national survey of psychologists. J Consult Clin Psychol 1994, in press

independent source of information corroborating with memories. In these two studies, the subjects who reported amnesia and delayed recall did not differ from those with continuous memory in their ability to obtain confirming evidence. The limitations of these studies should be noted, however; because these were not forensic investigations, the researchers did not independently confirm the subjects' reports.

Finally, I know of no empirical studies indicating that people who report histories of trauma are any more suggestible, or more prone to lie, fantasize, or confabulate, than the general population. Nevertheless, whenever survivors come forward, these questions are inevitably raised. In the absence of any systematic data, those who challenge the credibility of survivors' testimony repeatedly resort to argument of anecdote, overgeneralization, selective omission of relevant evidence, and frank appeals to prejudice. The cry of "witch hunt" is raised, invoking an image of packs of irrational women bent on destroying innocent people. When this happens, we must recognize that we have left the realm of scientific inquiry and entered the realm of political controversy.[27]

This brings us to the final subject: When a crime has been committed, what do the bystanders remember? For we are the bystanders, and we are called upon to bear witness to the many crimes that occur, not far away in another time and place, but in our own society, in normal families very much like our own, perhaps in our own families. Like the son of the man who drove the trains in wartime, we have been reluctant to know about the crimes we live with every day. We have sought information only when prodded to do so, and once we have acquired the information we have been eager to forget it again as soon as possible. We can see the phenomenon of active forgetting in operation as it pertains to crimes against humanity carried out on the most massive scale of organized genocide. It operates with the same force in the case of those unwitnessed crimes carried out in the privacy of families.

When we bear witness to what victims remember, we are inevitably drawn into the conflict between victim and perpetrator. Although we strive for therapeutic neutrality, it is impossible to maintain moral neutrality. To clarify the difference - therapeutic neutrality means remaining impartial with regard to the patient's inner conflicts, respecting his or her capacity for insight, autonomy, and choice. This is a cardinal principle of all psychotherapy and is of particular importance in the treatment of traumatized people, who are already suffering as the result of another's abuse of power. Moral neutrality, by contrast, means remaining impartial in a social conflict. When a crime has been committed, moral neutrality is neither desirable nor even possible. We are obliged to take sides. The victim asks a great deal of us; if we take the victim's side we will inevitably share the burden of pain and responsibility. The victim demands risk, action, engagement, and remembering. The perpetrator asks only that we do nothing, thereby appealing to the universal desire to see, hear, and speak no evil, the desire to forget.

In order to escape accountability for their crimes, perpetrators will do everything in their power to promote forgetting. Secrecy and silence are the perpetrator's first lines of defense, but if secrecy fails, the perpetrator will aggressively attack the credibility of the victim and anyone who supports the victim. If the victim cannot be silenced absolutely, the perpetrator will try to make sure that no one listens or offers aid. To this end, an impressive array of arguments will be marshalled, from the most blatant denial to the most sophisticated rationalizations. After every atrocity one can expect to hear the same apologies: it never happened; the victim is deluded; the victim lies; the victim fantasizes; the victim is manipulative; the victim is manipulated; the victim

[27] Herman JL: Presuming to know the truth. Nieman Rep 48:43-5, 1994

brought it upon him-or herself (masochistic); the victim exaggerates (histronic), and, in any case, it is time to forget the past and move on. The more powerful the perpetrator, the greater will be his prerogative to name and define reality, and the more completely his arguments will prevail.

This is what has happened in our profession. In the past we have been only too ready to lend our professional authority to the perpetrator's version of reality. For decades we taught that sexual and domestic crimes are rare, when in fact they are common; for decades we taught that false complaints are common, when in fact they are rare. At times, we have been willing to see what happens to men assaulted on the battlefield and women and children assaulted in the home. But we have been unable to sustain our attention for very long. The study of psychological trauma has had a discontinuous history of our profession. Periods of active investigation have alternated with periods of oblivion, so that the same discoveries have had to be made over and over again.

Why this curious amnesia? The subject of psychological trauma does not languish for lack of scientific interest. Rather, it provokes such intense controversy that it periodically becomes anathema. Throughout the history of the field, dispute the raged over whether patients with posttraumatic conditions are entitled to care and respect or deserve contempt, whether they are genuinely suffering or malingering, whether their histories are true or false, and, if false, whether imagined or maliciously fabricated. Despite a vast body of literature empirically documenting the phenomena of psychological trauma, debate still centers on the most basic question: whether these phenomena are credible and real.

It is not only the patients but also the investigators of posttraumatic conditions whose credibility has been repeatedly challenged. Clinicians and researchers who have listened too long and too carefully to traumatized patients have often become suspect among their colleagues, as thought contaminated by contact. Investigators in this field have often been subjected to professional isolation. Most of us are not very brave. Most of us would rather live in peace. When the price of attending to victims gets to be too high (and recently, we learned that the price can be as high as half a million dollars),[28] most of us find good reasons to stop looking, stop listening, and start forgetting.

We find ourselves now at an historic moment of intense social conflict over how to address the problem of sexual and domestic violence. In the past 20 years, the women's movement has transformed public awareness of this issue. We are now beginning to understand that the subordination of women is maintained not only by law and custom, but also by force. We are beginning to understand that rape, battery, and incest are human rights violations; they are political crimes in the same sense that lynching is a political crime, that is, they serve to perpetuate an unjust social order through terror.[29] The testimony of women, first in the privacy of small groups, then in public speakouts, and finally in formal epidemiologic research, has documented the fact that these crimes are common, endemic, and socially condoned. Grass-roots activists pioneered new forms of care for victims (the rape crisis center and the battered women's shelter), and advocated for legal reforms that would permit victims to seek justice in court. As a result we know find ourselves in a situation where for the first time perpetrators face the prospect of being held publicly accountable.

---

[28] Ayres BD: Father accused of incest wins suit against memory therapists. The New York Times. May 15, 1994, p 29

[29] Brownmiller S: Against Our Will; Men, Women, and Rape. New York: Simon & Schuster, 1975

I should emphasize the fact that the odds still look very good for perpetrators. Most victims still either keep the crime entirely secret or disclose only to their closest confidantes. Very few take the risk of making their complaints public. The most recent data we have indicate that although the reporting rate of rape may have doubled in the last decade, it is still only 16 percent.[30] For sexual assaults on children, the rate is even lower, ranging from two to six percent.[31] These numbers are further reduced at each step along the way to trial. Victims of sexual and domestic crimes still face an uphill battle in court. Besides the strong constitutional protections which all defendants enjoy (and which no one is proposing to abrogate), perpetrators are also aided by the widespread bias against women that still pervades our system of justice. Nevertheless, even the prospect of accountability is extremely threatening to those who have been accustomed to complete impunity.

When people who have abused power face accountability, they tend to become very aggressive. We can see this in the political experience of countries emerging from dictatorships in Latin America or in the former Soviet bloc. In many cases the military groups or political parties that are responsible for human rights violations retain a great deal of power, and they will not tolerate any settling of accounts. They threaten to retaliate fiercely against any form of public testimony. They demand amnesty, a political form of amnesia.[32] Faced with exposure, the dictator, the torturer, the batterer, the rapist, the incestuous father all issue the same threat: if you accuse me I will destroy you and anyone who harbors or assists you.

This social conflict over accountability has reached a peak of intensity just at the same moment that we in the mental health professions are struggling to relearn and integrate the fundamental principles of diagnosis and treatment of traumatic disorders. We professionals are just now feeling the backlash that grass-roots workers in women's and children's services have already endured for quite some time. Just as mental health professionals are starting to figure out how to treat survivors (often by trial and error), we suddenly find ourselves and the work we do under very serious attack. Some of these attacks are funny; some are quite ugly. Most of us are not accustomed to threatening phone calls, pickets in front of our homes or offices, entrapment attempts, or legal harassment; but we're going to have to learn fast how to cope with these and other intimidation tactics.

We have three choices. We can ally with, and become apologists for, accused perpetrators, as some distinguished authorities have done. We can back away from the whole field of traumatic disorders, as has happened many times in the past.[33] Or we can determine not to give in to fear, but rather to continue our work - in the laboratory, in the privacy of the consulting room, and ultimately public testimony.

We need to be clear about the nature of the work that we do. The pursuit of truth in memory takes different forms in psychotherapy, where the purpose is to foster individual healing; in scientific research, where the purpose is to subject hypotheses to empirical test; and in court, where the purpose is to mete out justice. Each setting has a different set of rules and standards of evidence, and it is important not to confuse them. It is no more appropriate to apply courtroom

---

[30] Kilpatrick DG, Best CL: Rape in America: A Report to the Nation. Arlington, VA: National Victim Center, 1992

[31] Russell DE: Sexual Exploitation: Rape, Child Sexual Abuse, and Workplace Harassment. Beverly Hills: Sage, 1984

[32] Wechsler L: The great exception, part I: liberty. The New Yorker, April 3, 1989, pp 43-85; part II: impunity. The New Yorker, April 19, 1989, 85-108

[33] Herman JL: Trauma and Recovery. New York: Basic, 1982

procedures and standards of evidence in the consulting room or the laboratory than to apply therapeutic or laboratory procedures and standards of evidence in the courtroom. But if we pursue the truth of memory in scientific and therapeutic setting, then we will inevitably have to defend our work in the courtroom as well. For our work places us in the role of the bystander, bearing witness to the memory of crimes long hidden. Some of our patients will eventually choose to seek justice. Our stance regarding this decision should be one of technical neutrality. Nowhere is the principle of informed choice more important. When I am consulted I always suggest that patients think long and hard about the consequences of taking this step; it is not a decision to be made impulsively. But when, after careful reflection, some of our patients choose to speak publicly and to seek justice, we will be called on to stand with them. I hope we can show as much courage as our patients do. I hope that we will accept the honor of bearing witness and stand with them when they declare: we remember the crimes committed against us. We remember, we are not alone, and we are not afraid to tell the truth.

A REVIEW OF THE LITERATURE ON TRAUMA AND RECOVERY

By Dr.Mary Baures
Co-Producer and Author of *Undaunted Spirits*

A severe trauma cannot leave the psyche unchanged -- either we deaden parts of ourselves to seal off the emotional wound or we find ourselves transformed profoundly in working through the experience.

Instead of repressing the trauma, the people in this film have recreated their selves through its horror. While struggling to cope with major losses, they found a mission or goal with which they aligned their will and upon which they set their hearts. The excitement of achieving that goal animated their lives, and as they joined with others to make their vision a reality, it gave their life a transcendent value which sustained them while they adjusted to catastrophic loss. Their character and identity was shaped by their new commitments: they became part of what they love.

After the trauma of almost being destroyed, they aligned themselves with forces larger than themselves. After losing something that may have been holding them together, they went through "a dark night of the soul" where they began searching for a new ground and a new anchor. Sometimes they found faith in themselves through the faith of others. Creative projects -- using images, symbols, and rituals -- and helping others enabled them to set new priorities, to discover new values and emerging strengths in them selves.

All of the survivors in this film made a choice to embrace the incomprehensible aspects of existence -- evil, torture, pain, death -- without having to "understand" them. By accepting them as a part of life, these survivors were able to transform it. Instead of cutting off parts of themselves to get rid of what was horrifying in the trauma, they examined the horror, and their own feelings of depression, anxiety, dread, shame, and guilt, in order to find the messages within those feelings. As psychologist and Vietnam veteran Arthur Egendorf (1985)[i] writes, when we stop trying to flee the horror we can look back on a traumatic experience as having led to a life-enhancing revelation. Once we hit bottom, it reveals an essential, basic truth: that we alone have the power to take care of whatever our life needs. We give voice to the power to recreate our own life.

Bottoming out and beginning the ascent takes place with a fresh conviction. Out of intense suffering, the survivors in this film vowed to do what they could to prevent others from suffering the same. Max Cleland helps other veterans. Marcia Gordon assists other women trying to come back from the depression underlying addiction. Arn Chorn-Pond helps other children of war. Michael MacDonald works to banish the hand guns which played such a key role in the deaths of several members of his family. Through their social activism, they began to express, not so much what life should give to them, but rather what they could offer to the world. When they found new goals and priorities in the aftermath of trauma, their negative experiences enriched rather than devastated them.

In my research I have found that positive transformations in the wake of trauma tends to take forms which are larger than the self, and which turn healing into an intersubjective process. The survivor takes a new interest in relationships, culture, society, or spirituality. In coming back from profound loss, the following coping behaviors and attitudes are of central importance.

1. Aligning oneself with larger forces

In our emotional development, we need to consider our relationship to the community at large. Survivors especially need to find ways out of their private suffering and realize the universal aspects of their losses.

Finding a mission in the trauma converts injustice to a live-giving meaning, and enables us to rework the themes of the trauma. Arn Chorn-Pond found a mission in helping other victims of war. His suffering taught him that human dignity must be revered; therefore, he has devoted himself to speaking for the children of war, since he found that when he needed people to speak for him, there was no-one there. Max Cleland's greatest fear was that his disability would cut him off from society. As a politician, among other things, he has mastered this fear by pushing for legislation giving the handicapped access to public building.

2. Helping Others

As Erikson (1964)[ii] suggests, people need to be needed or they will be driven into too great self-absorption. Similarly, Hoffman (1993)[iii] stresses the need to strengthen our sense of belonging to the larger web of being . After living through traumatic experiences, the survivors in this film strengthened themselves through the care and compassion they gave to others. After having been hurt, they healed themselves by helping other who had been hurt.

The Cuban Armando Valladares, a former political prisoner, recalls his experiences: "At times when one is treated like a beast, the only thing that saves you is knowing that somewhere, someone loves you, respects you, fights to return you to your dignity." In now being that someone for people in situations comparable to the ones they themselves have lived through, the survivors in this film create a sense of community which helps both themselves and present sufferers.

In her talk on "God and Horror", Hoffman (1993)[iv] points out how important it is for the clinician to remain present in the room and empathize with the patient when working with people who have suffered evil, or been abused by another person, because only human love can make that kind of horror bearable. Similarly, she argues that those who abuse can only do so because and when they feel that their victims are "separate".

The hurt and the humiliation these survivors went through seems to give them a deeply rooted feeling of being connected to a community and a desire to help others. Their highest aspirations apparently flow from their deepest hurts.

3. Creativity

Creativity enables us to transcend trauma by granting us access to more active means than merely hanging on, coping, or getting through. Studies show that resilient people negotiate emotionally hazardous experiences proactively, that creativity helps us convert pain and loss into something positive, helps us to process the themes of a trauma; it can give the dead a kind of posthumous life, and transforms destruction into something that can be shared. A private hurt thus becomes a universal one.

Creativity may have some fundamental relationship to separation and loss; it has been shown to help people negotiate their fear of death and loneliness. Writing, painting, and other creative activities enable us to tolerate threats to our psychic integrity. Visual art work seems to tap proverbial feelings and unspeakable violations, and certain kinds of writing, especially highly metaphorical kinds, can also express terror otherwise unspeakable.

Some psychologists, such as B. S. Skinner, have tried to show that people are inescapably molded and programmed by their environment, but creativity might be a way for them to liberate themselves from oppressive experiences and free themselves from conditioned responses. At the same time that they enrich the world and find universal aspects to their private hurts, they also enrich and expand their sense of their own selves.

Clinical studies teach us about the universality of grief reactions, but through studying creative responses, we can get a sense of the equally important uniqueness of the individual's feeling of grief. Being imaginative may be a vital part of survival; it also can be seen as a celebration of the individual, and hence, a way for her or him to struggle against the reductive assault of abuse.

Through creativity, survivors can find something new in trauma: it is a vital part of healing. In *Mourning and Melancholia* Freud stressed the importance of the creation and the acceptance of a new reality within which the survivor masters her or his experience. Unless trauma can be integrated in such a way, it will be repressed and relived over and over again as a contemporary experience rather than belong to the past. Such a response to loss is a closed circuit, regressive and private, whereas creative thought is an open circuit, progressive and communicative.

The research of traumatologists like Bessel van der Kolk has shown that trauma creates speechless terror. In Pet scans of survivors' brains, the left side of their brains, which is responsible for language, was revealed to be mainly inactive. This proves that telling the trauma story is a crucial part of healing, even though therapists have learned that mere talking is not enough.

The task of the survivor of trauma, then, is to evolve new inner forms of life which include the traumatic event. None of the survivors in this film clung to what Robert Lifton called the "death imprint": they acquired a special form of knowledge and inner growth from having been to and returning from the edges. They mastered trauma by establishing their lives on a new basis; creativity helped them find something new in the adversity.

4. Denial

Denial helps us pace ourselves through the process of adjusting to catastrophic loss. Without denial many of the survivors would not have been able to live through their traumatic experiences. If Arn Chorn-Pond had given vent to his anger and feelings of injustice he might have lost control and killed. He coped by denying his rage and humiliation.

In recovery from trauma, denial or a sense of unreality or numbness, a feeling of dread combined with a feeling of being afraid to know, can alternate with emotional overload (Horowitz, 1983)[v]. This cycle is aimed at restoring the self and accepting new realities.

Ronnie Janoff-Bulman (1985)[vi] similarly argues that adjusting to a new reality is a gradual process. Denial provides us with stability and coherence while we rebuild our basic ideas about life and incorporate them into our internal world. Before we have the resources to accept radical change, denial divides it into manageable doses.

Although he lost both his legs in Vietnam, Max Cleland could not accept that he would never walk again. Through an extraordinary effort, he did what doctors said could not be done: he learned to walk on artificial legs, although they caused him intense pain. He saw the pain as a further test of his endurance. His dream of walking kept him moving hopefully into the future where he rekindled an interest in politics; winning an election eventually gave him the self-esteem he needed to face the reality that he would never walk again.

When people are frightened by overwhelming feelings which disturb a fragile equilibrium, denial is a scramble to ward off panic. Panic is an extreme form of anxiety which comes from not knowing the world one is in (Rollo May, 1969)[vii]. Trauma destroys our sense of security in the world, but in adjusting to the experience, denial allows us to let in only as much pain as we can tolerate at one time.

5. Hopeful Visions of the Future

The people whose story this film tells forged hopeful images of the future which served as a holding environment, gave them a model to strive for in their imagination, and, as they attempted to make their dreams a reality, gave them a respite from their present difficulties.

Max Cleland began to come back from a severe depression when he decided not to dwell on all the doors which his disability closed for him. Such a focus, he realized, kept him from seeing the doors which it might open for him.

Robert Lifton (1988)[viii], however, makes the point that survivors must look backward as well as forward in time, in order to assemble images and feelings that assert, however tenuously, the continuity of life.

6. Developing Skills

Survivors of trauma need to learn to accept those things which they cannot change; more importantly, they need to learn how to work a change where they can. To that end, survivors have to, and frequently do, acquire skills having to do with both work and relationships.

Before the trauma, many survivors had skills that seemed appropriate to their gender. Women were more skillful at intimacy and connecting to other people; men were more independent and aware of their agency. In dealing with the crisis, the men became more skillful at intimacy or communication, the women realized their own agency more fully and became more independent.

Prior to an accident which left her paralyzed from the chest down, Nackey Loeb lacked confidence. With her husband, she attended meetings at their newspaper, but she would always just sit in a corner and knit. The intense struggle of learning to function gave her a kind of self-assurance that she had never known before. After William Loeb died, the newspaper needed her and she was able to go in and use the skills she acquired in her own survival.

Just as women seemed to gain confidence during their crises, men learned how to love and connect in new ways. Author Andre Dubus, who spent much of his life protecting those weaker than himself, had to reexamine his concepts of manhood after he became disabled. Before, masculinity was associated with physical strength, but after his body was badly damaged he developed new relationships with his children and learned how to take support from them.

7. Broaden Your Point of View

The ability to take in and balance different points of view both between the self and others and between different parts of the self enable us to be more intimate with the self and others. The survivors' ability to take in new perspectives on themselves seems central to how they transformed in a positive way rather than becoming stuck the way so many trauma victims do.

Max Cleland is a good example of someone who developed by interacting with the world. When he attended his first party as a triple amputee, he believed that his disability would cut him off from other people, but he discovered that when someone has been obviously hurt, other people disclose things they would not normally talk about. Later, when he was trying to become a success in politics, he walked around on artificial legs, although the effort was exhausting. When he was struggling up the steps to a victory party, the wife of a mayor stopped him and asked why he was using the artificial legs: people, she said, loved him just the way he was. He was able to take in her comments and realized that he needed to accept and love himself the way he was, too.

TV producer Alan Langer, who is disabled from multiple sclerosis, says he had two choices. He could either have done the most with what he had, or he could have made himself unhappy because life did not turn out the way he thought it ought to. "When it rains out, you can either enjoy it or curse it... I know that no matter how bad it gets, there's always something I can do. It's how you hold the life you have... if you let circumstances affect you, it's your choice."

8. Letting Go of Bitterness and Hate

Allowing oneself to feel the fury of hate, especially when one has been abused by another person, is often a healthy part of the recovery process, but it is only healthy if one can also learn to let it go. Hate minimizes a victim's feelings of powerlessness and self-blame. But after anger has been experienced, when self-compassion replaces self-blame, and when the terror of the traumatic experience is no longer too intrusive, it is necessary for survivors to let go of hate to give them vitality and hope.

Victims of abuse frequently blame themselves and lose self-esteem. Feeling anger toward the perpetrator may be the only resource available that allows personal respect to be maintained. Robert Lifton (1988)[ix] suggests that the survivors' anger is an alternative to living in the "realm of the annihilated." Anger, according to Lifton, may be a psychic lifeline when the individual is surrounded by images of death.

We hate in response to an injury that causes deep suffering or threatens life, but the wish to kill or injure the perpetrator can be self-destructive. As James Chu (1987)[x] writes, "to hate is to allow the present to be devoured by the past." Since dehumanization is what may have allowed the victimization in the first place, "counter-dehumanization" is not a psychological victory (Davenport, 1991).

9. Rage and Revenge Fantasies

Judith Herman (1992)[xi], who works with trauma victims, suggests that the revenge fantasy frequently gives the roles of victim and abuser the same frozen, wordless quality as that of the traumatic memory. The victim longs to rid her or his self of terror and shame by retaliating. The desire for revenge emerges from the feeling of helplessness and is an attempt to restore a feeling of power. Although the victim imagines that revenge will bring relief, the opposite is true. Repetitive revenge fantasies actually increase the victim's torment; intrusive images can be as frightening as the trauma itself. They can never compensate for the harm that was done; more likely, they make the survivor feel like a monster. Those who actually succeed in revenge suffer intractable disturbances (Herman, 1992)[xii].

In her work with women who were raped, Herman found that survivors must come to terms with their wishes for revenge. As anger eventually is channeled into righteous indignation, the survivor can become free of the revenge fantasy and transform it into legal action. As she suggests, "genuine contrition in a perpetrator [of rape] is a rare miracle. Fortunately, the survivor does not need to wait for it. Her healing depends on the discovery of

restorative love in her own life; it does not require that this love be extended to the perpetrator."

Revenge never evens the score or creates fairness because it entails an escalation of pain and a cycle of hatred. As Levin (1992)[xiii], who studied conflict resolutions, maintains, "justice" does not always solve problems. She illustrates her argument by quoting Ghandi: "if we all live by an eye for an eye, the whole world would be blind." Learning to forgive seems to play a central role in recovering from trauma, not least of all because revenge fantasies, which focus most of one's energy on the wish to hurt another, leave little room for positive actions.

10. Do not Generalize

People who get stuck in the grieving process often generalize the trauma to all of life. Because one person or group brutalized them, they seem to fear that many or most people are cruel and evil. The trauma, therefore, needs to be placed in a perspective which does not include the whole world. Survivors need to realize that there is not only suffering, loss and evil, but also joy, support and loving.

When I compare the successful trauma survivors in my research to clients I used to see in the emergency room after suicide attempts, the ability to unite opposites emerges as an important prerequisite of survival from trauma. Those whom I met in the ER seemed to take one tragedy and generalize it to all of life. If someone had abused them, they felt that no-one was safe and that neglect, violence, sadism, danger and evil characterized all the world. These negative attitudes dampened all hope of being able to create a nurturing or productive future. In a present that may have been marked by constant flashbacks of past abuse, death seems preferable to the live they were living.

Psychiatrist Robert Lifton (1976)[xiv], who studied survivors of Hiroshima and veterans of the Vietnam war, says that in a survivor's struggle between life and death, it is necessary to assemble those images and feelings that propel one toward the future. Many of the survivors he interviewed had been to a "land of death," and returned with possibly grim, but also revitalizing truths which become a demand on the rest of us. Lifton argues that the most poignant and difficult struggle in recovery is to reinstate a larger human connectedness. As survivors assimilate knowledge of an annihilating force into altered mental structures, they need to try and maintain harmony with the elements of life over time and space. As we saw before, recovery entails both looking toward the future and an assertion of the continuity of life.

The resilient individuals in this film accept the dark side of life without being defeated by it. The catastrophes in their lives taught them that opposites do not root each other out. They found that struggling to accept losses involves many negative emotions, but that not all the emotions in a crisis are negative.

The Chinese character for crisis consists of two equal symbols: one meaning danger, the other opportunity. The survivors in this film came back from extreme hardship to take the opportunities that were opened by the very danger which threatened their lives.

---

[i] Endorf, A. (1985). Healing from the War: Trauma and Transformation after Vietnam. Boston: Houghton Mifflin Company.

[ii] Erikson, E. (1964). Insight and Responsibility. New York: W.W. Norton.

[iv] Hoffman, B. (1993). God and Horror: Different Spiritual Perspectives on the Occurrence of Trauma. Ninth annual meeting of the International Society of Traumatic Stress Studies, Trauma, Coping and Adaptation, Texas.

[v] Horowitz, M.J. (1983). Psychological response to serious life events. In V. Hamilton and D. Warburton (Eds.), Human Stress and Cognition. New York: Wiley.

[vi] Janoff-Bulman, R.J. and Wortman C.B. (1985). The aftermath of Victimization. In C. Figley (Ed.), Trauma and It's Wake: The Study and Treatment of Post-Traumatic Stress Disorder. Vol. 1 (pp.15-35). New York: Brummer/Mazel Publishers.
[vii] May, R. (1969) Love and Will. New York: Bantam Books.
[viii] Lifton, R. (1988). The Traumatized Self. In J. Wilson, Z. Harel, B. Kahana, (Eds.). Human Adaptation to Extreme Stress: From the Holocaust to Vietnam. New York: Plenum.
[ix] Lifton, R. (1988). The Traumatized Self. In J. Wilson, Z. Harel, B. Kahana, (Eds.). Human Adaptation to Extreme Stress: From the Holocaust to Vietnam. New York: Plenum.
[x] Chu, J. (1987). The repetition compulsion revisited: Reliving dissociated trauma. Presented at the Fourth International Conference on Multiple Personality and Dissociative Stress, Chicago.
[xi] Herman, J. (1992). Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror. New York: Basic Books.
[xii] Herman, J. (1992). Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror. New York: Basic Books.
[xiii] Levin, L. (1992). An Examination of the Role of Forgiveness in Conflict Resolution. Doctoral dissertation, Teachers College, Columbia University.
[xiv] Lifton, R. (1976). Death in Life. New York: Touchstone Books.

Bibliography for Mary Baures' Paper

Egendorf, A. (1985). Healing from the War: Trauma and Transformation after Vietnam. Boston: Houghton Mifflin Company.

Erikson, E. (1964). Insight and Responsibility. New York: W.W. Norton.

Hoffman, B. (1993). God and Horror: Different Spiritual Perspectives on the Occurrence of Trauma. Ninth annual meeting of the International Society of Traumatic Stress Studies, Trauma, Coping and Adaptation, Texas.

Horowitz, M.J. (1983). Psychological response to serious life events. In V. Hamilton and D. Warburton (Eds.), Human Stress and Cognition. New York: Wiley.

Janoff-Bulman, R.J. and Wortman C.B. (1985). The aftermath of victimization. In C. Figley (Ed.), Trauma and It's Wake: The Study and Treatment of Post-Traumatic Stress Disorder. Vol. 1 (pp. 15-35). New York: Brummer/Mazel Publishers.

May, R. (1969) Love and Will. New York: Bantam Books.

Lifton, R. (1988). The Traumatized Self. In J.Wilson, Z. Harel, B. Kahana, (Eds.). Human Adaptation to Extreme Stress: From the Holocaust to Vietnam. New York: Plenum.

Chu, J. (1987). The repetition compulsion revisited: Reliving dissociated trauma. Presented at the Fourth International Conference on Multiple Personality and Dissociative Stress, Chicago.

Harman, J. (1992). Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror. New York: Basic Books.

Levin, L. (1992). An Examination of the Role of Forgiveness in Conflict Resolution. Doctoral dissertation, Teachers College, Columbia University.

Lifton, R. (1976). Death in Life. New York: Touchstone Books.

"Trauma of Victimization"

An Infolink bulletin by the National Victim Center, No. 49, 1997©

Overview

The trauma of victimization is a direct reaction to the aftermath of crime. Crime victims suffer a tremendous amount of physical and psychological trauma. The primary injuries victims suffer can be grouped into three distinct categories: physical, financial and emotional. When victims do not receive the appropriate support and intervention in the aftermath of the crime, they suffer "secondary" injuries...

Go to the National Victim Center's website for this bulletin:

http://www.nvc.org/infolink/info49.htm

Or write them for more information:

National Victim Center
2111 Wilson Blvd. Suite 300
Arlington, VA 22201
ph 703 276 2880
fx 703 276 2889

"Posttraumatic Stress Disorder (PTSD)"

An Infolink Bulletin by the National Victim Center, No. 34, 1995©

Overview

Stress reactions are a person's normal response to a traumatic event. Criminal victimization can cause both short-term and long-term stress reactions in victim survivors. When a person survives a catastrophic crisis such as a violent crime, there may be residual trauma and stress reactions for years. Many persons who experience long-term stress reactions continue to function at an optimal level. Those who are unable to function within a normal range, or have difficulties in one or more areas, may be suffering from *Posttraumatic Stress Disorder* (PTSD). PTSD can occur at any age, including childhood...

Go to the National Victim Center's website for this bulletin:

http://www.nvc.org/infolink/info34.htm

Or write them for more information:

National Victim Center
2111 Wilson Blvd. Suite 300
Arlington, VA 22201
ph 703 276 2880
fx 703 276 2889

CRIME AND VICTIMIZATION STATISTICS:

*** There was one violent crime every 19 seconds in 1996.**

*** During 1994 men experienced 6.6 million violent victimization's while women experienced 5 million.**

*** Homicide is the 10th leading cause of death in the United States.**

*** In 1994, 62% of the victimization's of females were committed by acquaintances while 63% of the victimization's of males were by strangers.**

*** Out of 22.3 million adolescents in the United States, 1.8 million have been victims of serious sexual assault, 3.9 million have been victims of serious physical abuse.**

*** Businesses and consumers spend an estimated $65 billion on private security, such as alarms, guards and locks.**

*** The most bias motivation behind hate crime in 1996 was race (63%), followed by religion (14%), sexual orientation (12%) and ethnicity (11%).**

*** An estimated five out of six people will be victims of either completed or attempted violent crimes at least once in their lives.**

*** In the United States, there are over 3,400 animal protection shelters and only about 1,200 shelters for battered women.**

*** Victims are provided notice of the escape of a convicted offender in forty-one states, although only sixteen of those states notify victims when the offender is recaptured.**

Does America Have A Problem With Guns?

* An estimated 19,645 persons were murdered in 1996. Firearms were used in seven out of ten murders in 1996. Arguments were the cause of 31% of the homicides, and felonious activities, such as robbery and arson, led to 19%. Homicide is the tenth leading cause of death in the United States.

* According to data from the National Center for Health Statistics, gunfire killed 5,254 children age 19 and under in 1995. This means that fourteen children die each day from guns in America.

* The United States has the least restricted access to firearms of any democracy in the world. Consequently, the U.S. also has the highest firearm murder rate of any democracy in the world.

* Although gun manufacturers are trying to convince women that they need to buy a gun to protect themselves from random crime, the greatest threat to a women comes from the people and guns within her own home. *Kellermann and Mercy (1992). Men, Women, and Murder. Journal of Trauma 33:1-5.*

* According to a study in the New England Journal of Medicine, a gun in the home is 43 times more likely to be used to kill a family member or friend then to kill an intruder.

* A new handgun is produced every 20 seconds and is used to shoot someone every two minutes.

* At least four federal safety standards regulate the manufacture of teddy bears. No federal safety standards apply to the manufacture of guns.

* Every six hours, a teenager or pre-teen commits suicide with a gun.

Incest and Sexual Abuse Statistics

* 38% of girls are sexually abused before the age of 18.
* 16% of boys are sexually abused before the age of 18.
* In most cases, the child knew the sex offender. With girls, 29% were relatives and 60% were acquaintances. With boys, 16% were relatives and 44% were acquaintances.
* Physical force was not used in two thirds of incestuous abuse.
* Children who grow up in a family where there is domestic violence are eight times more likely to be sexually molested within the family.
* 68% of incest survivors were adult victims of rape or attempted rape by a non-relative at some point in their lives.
* 70-80% of sexual abuse survivors report excessive use of drugs or alcohol.
* 70% of child sex offenders had between 1 and 9 victims. 23% had 10 to 40 victims.
* 40% of rapes occur in the victims own home.
* 40% of rapists were under 25 years of age.
* Approximately one-third of all juvenile victims of sexual abuse cases are children younger than 6 years of age.
* Accordingly to the Justice Department, one in two rape victims are under age 18; one in six are under age 12.

WHERE TO START IN YOUR COMMUNITY?

COMMUNITY ORGANIZATIONS THAT MAY BE INTERESTED IN HELPING PREVENT YOUTH VIOLENCE

GOVERNMENT AND COMMUNITY AGENCIES AND ORGANIZATIONS:
* Health Department
* Social Service Agencies
* Mental Health Agencies
* Police Department
* Judicial System
* Fire Department
* Housing Authority
* Secondary & Elementary Schools
* Alternative Schools
* Agricultural extension Service
* Tribal Councils
* Neighborhood Associations
* Tenant Councils

VOLUNTEER SERVICE ORGANIZATIONS:
* Veteran's Organizations
* Salvation Army
* Goodwill Industries
* Fraternities/Sororities
* Links
* National Network of Runaway and Youth Services

CLUBS:
* Big Brother/Big Sister
* Boys Club/Girls Club
* Girl Scouts/Boy Scouts
* Other Youth Clubs

PROFESSIONAL GROUPS:
* Medical Associations, including Association of Black Physicians
* Nursing Association
* Legal Association
* Social Workers Association
* Morticians

PRIVATE ORGANIZATIONS:
(For Profit of Nonprofit)
* Foundations
* NAACP
* Urban League
* Churches/Religious Organizations
* General & Specialty Hospitals
* Colleges and Universities
* Local Businesses
* Media Organizations, including Newspapers, Radio, & TV
* YMCA/YWCA
* Entertainers
*Professional Sports Organizations

National Center for Injury Prevention and Control. The prevention of youth violence: a framework for community action. Atlanta, GA:Centers for Disease Control and Prevention, 1993.

REGULATIONS CONCERNING THE USE OF AND ACCESS TO WEAPONS:

Guns, knives, and other dangerous weapons may not actually cause violence, but they can convert an argument with no associated injuries into one with severe injuries or even death. A variety of strategies have been used to reduce the likelihood that weapons will be used. Many communities already have existing laws and regulations concerning the sale, ownership, use, or carrying of guns or other weapons.

* **Most schools prohibit students from bringing weapons into schools. Methods used to help enforce the prohibition include rules requiring students to carry books in see-through bags rather than solid cloth or opaque containers in which weapons can be hidden, random locker searches, rules prohibiting the wearing of clothing in which weapons can be hidden easily, or mental-detector checks at the school entrance, of selected classrooms, or at selected sites in the school.**

* **Some cities prohibit carrying a firearm within the city limits or carrying a concealed weapon. Recently enacted legislation that increased the penalty for disobeying these laws in Detroit and Massachusetts were apparently effective in reducing the number of homicides and assault guns.**

* **Twenty-six states currently require a waiting period, a police background check, or both before a handgun may be purchased. For example, in Tennessee, there is a 15-day waiting period to purchase handguns. In Massachusetts, there is no waiting period to purchase any legally sold firearm, but the buyer must have a permit-to-purchase and must wait 40 days after obtaining the permit-to-purchase before purchasing any guns.**

* **Local citizens may be aware of a particular gun dealer who is selling to underage youths otherwise not obeying the local laws concerning the sale of guns and ammunition. These violations can be brought to the attention of the local police. Local police are generally quite willing to enforce the laws against the illegal sale of weapons.**

National Center for Injury Prevention and Control. The Prevention of Youth Violence: A Framework for Community Action. Atlanta, Georgia: Center for Disease Control Prevention, 1993.

Education To Reduce Injuries from Firearms:

Community Youth Gang Services Project
144 S. Fetterly Ave., Los Angeles, CA 90022
(213) 266-4264
This organization does crisis intervention and mediation with gang members and potential gang members.

Kids + Guns = A Deadly Equation
1450 Northeast 2nd Ave., Room 904, Miami, FL 33132
(305) 995-1986
This organization distributes curriculum to teach children and youth the dangers of playing with carrying guns.

Public Information Campaign
Charlotte, NC Police Department and Center to Prevent Handgun Violence
1225 Eye Street, NW, Suite 1100
Washington DC 20005
(202) 289-7319
This organization offers an awareness campaign about handgun safety.

Public Information Campaign
Baltimore, Maryland , Police Department and Center to Prevent Handgun Violence
1225 Eye Street, NW, Suite 1100
Washington DC 20005
(202) 289-7319
This organization offers an awareness campaign about gun safety.

INTERNET RESOURCES:

SURVIVOR RESOURCES:

Warning Signs of Trauma Related Stress
http://www.apa.org/ptsd.html
Working with Grieving Children: A Guidebook for Crime Victim Assistance Professionals
http://www.ojp.usdoj.gov/ovc/infores/grieve/
David Baldwin's Trauma Information Page
http://www.trauma-pages.com/
Parents of Murdered Children
http://metroguide.com/pome/

GENERAL INFORMATION RESOURCES:

National Criminal Justice Reference Service/Justice Information Center
http://www.ncjrs.org
National Organization for Victim Assistance
http://www.access.digex.net/~nova/
National Victim Center
http://www.nvc.org
Office for Victims of Crime
http://www.ojp.usdoj.gov/ovc/

DRUNK DRIVING:

MADD
http://www.madd.org

MISSING CHILDREN:

Childquest International
http://www.childquest.org/
National Center for Missing and Exploited Children
http://www.missingkids.org

CHILD ABUSE:

American Bar Association Center on Children and the Law
http://www.abanet.org/child/
National Clearinghouse on Child Abuse & Neglect Information
http://www.calib.com/nccanch

FAMILY ABUSE:

Family Violence Prevention Fund
http://www.fvpf.org/fund/index.html

Contact Information:

Arn Chorn Pond

Cambodian Mutual Assistance Assoc.
125 Perry Street, 3rd FL
Lowell, MA 01852
(978) 454 4286 ext. 26

U.S. Senator Max Cleland

U.S. Senate
Dirksen Room 461
Washington, DC 20510
(202) 224 0081

Marcia Gordon

Elizabeth Stone House
P.O. Box 59
Jamaica Plain, MA 02130
(617) 427 9801

Peace at Home, Inc.
209 Green St, 3rd FL
Jamaica Plain, MA 02130
(617) 971 0131

Michael MacDonald

Southie Survivors
South Boston Vigil
(617) 269 6135

Margaret Lazarus and Renner Wunderlich (Producers/Directors)
Stacey Kabat, Mary Baures, Susan Pauker MD (Co-Producers)
Judith Herman, MD (Consultant)

Cambridge Documentary Films, Inc.
P.O. Box 390385
Cambridge, MA 02139-0004
Ph# 617 484 3993
Fx# 617 484 0754
Email cdf@shore.net WWW http://www.shore.net/~cdf

BIBLIOGRAPHY RESOURCES:

Baures, Mary, Undaunted Spirits: Portraits of Recovery from Trauma, Charles Press: Philadelphia, PA, 1994.

Bean, B. and Bennett, S., A Guide for Teen Survivors: The Me Nobody Knows, Lexington Books: New York, NY, 1993.

Canada, Geoffrey, Fist Stick Knife Gun: A Personal History of Violence in America, Beacon Press: Boston, MA, 1995.

Cleland, Max, Strong at the Broken Places, Cherokee Publishing Co: Marietta, GA, 1980, 1986. Call to order (404)467-4189 or use Amazon.com to order

Ethiel, Nancy, Editor, Saving Our Children: Can Youth Violence Be Prevented?, Harvard Law School: Cambridge, MA, 1996.

Herman, Judith L., Trauma and Recovery, Basic Books: New York, NY, 1992.

MacDonald, Michael, All Souls: a Family Story from Southie, Beacon Press, Boston, MA, 1999.

National Center for Injury Prevention and Control, The Prevention of Youth Violence: A Framework for Community Action, Centers for Disease Control and Prevention: Atlanta, GA, 1993.

Sanford, Linda T., Strong at the Broken Places: Overcoming the Trauma of Childhood Abuse, Avon Books, 1991. Contact Mental Health Resources for reprint information (914) 247 0116.

Terr MD, Lenore, Unchained Memories: True Stories of Traumatic Memories, Lost and Found, Basic Books: New York, NY, 1994.