

As a peer supporter, you are likely to encounter women from across the lifespan—from adolescents to elders. While the basic principles of trauma-informed peer support remain the same, the experiences of youth and older women may differ significantly. Women of different ages are vulnerable to different forms of trauma and their trauma histories may affect them in different ways. Their experiences and needs may also be affected by the defining events and prevailing norms of their generation. Regardless of your own age, it is helpful to be alert to ways in which your relationships can be affected by age. This chapter provides an overview of developmental, generational, and inter-generational issues, as well as suggestions for specific peer support strategies for working with women across the lifespan.

Developmental Issues

The impact of violence is determined in part by the developmental stage at which it occurs. Unfortunately, violence against children in our society is extremely common. A recent survey showed that 60% of all children 17 years or younger experience some form of direct or indirect (witnessed) violence in a given year.¹ Children who experience trauma at a very young age, when the primary developmental task is to develop trust, may have their sense of safety shattered or develop problems with attachment. Adolescent girls who are raped may come to fear or avoid intimate relationships. For women who are trauma survivors, the violence they experienced may become the pivotal point in their lives, around which the rest of their lives are organized. Or, it may be forgotten or repressed, only to reappear later in life when new challenges emerge. Older women who experience trauma may find that it compounds a sense of isolation and powerlessness.

Younger Women

For adolescents and young women, the development of sexual identity and the formation of intimate relationships are two critically important developmental milestones. Childhood abuse, especially sexual abuse, may be a barrier to developing intimate relationships. This period of development is also fraught with the possibility of violence and trauma (see sidebar). Girls who have experienced childhood

abuse are particularly vulnerable. Adolescent girls need to be informed about dating violence, date rape, and abusive power tactics in relationships. They also need to understand the role of alcohol and other substances in interpersonal violence, particularly since trauma survivors often turn to substances as a tool for coping with the consequences of their abuse. For example, a high percentage of rape victims are intoxicated at the time of assault; many perpetrators use alcohol or drugs to incapacitate their victims.² Many helpful resources are available online, including documents like a “Dating Bill of Rights” and guidelines for dating safety (see, for example, the *National Center for Victims of Crime*).

GIRLS ARE AT RISK

- One in three high school girls will be involved in an abusive relationship.
- Forty percent of girls ages 14 to 17 know someone their age that has been hit or beaten by a boyfriend.
- Teen dating violence most often takes place in the home of one of the partners.
- In 1995, 7 percent of all murder victims were young women who were killed by their boyfriends.
- One of five college females will experience some form of dating violence.
- In a survey of 500 women ages 15 to 24, all participants had experienced violence in a dating relationship.
- One study found that 38 percent of date rape victims were women aged 14 to 17.
- More than 4 in 10 incidents of domestic violence involves non-married persons.
- Teens identifying as gay, lesbian, or bisexual experience the same rates of dating violence as youth involved in opposite sex dating.

– Bureau of Justice Statistics Special Report: *Intimate Partner Violence*, May 2000

¹ *Children's Exposure to Violence: A Comprehensive National Survey*. (2009). Available at <https://www.ncjrs.gov/pdffiles1/ojdp/227744.pdf>.

² Dawgert, S. (2009). *Substance Use and Sexual Violence: Building Prevention and Intervention Responses*. The Pennsylvania Coalition Against Rape.

CAROLINE'S STORY

In January 2006, I was sexually assaulted on my way home from the nightclub HOME in the Meat Packing District of NYC. As I left the club, several limousines were parked outside, and one of the drivers called to me and offered to drive me home for the same cost as a taxi. I agreed and proceeded to enter the cab of the limousine. I believe I was visibly intoxicated. The driver drove to a remote street, got out of the car, entered the back of the limousine, and locked the door. He offered me a joint, which I declined. He smoked part of the joint then he pulled my dress up and yanked down my underwear and proceeded to rape me. I felt trapped and helpless; I couldn't move or scream. I panicked and froze in place while he assaulted me. I could do nothing to protect myself. While I did not protest, this was not consensual sex. The next thing I can remember is walking back to The Four Seasons Hotel, where I was staying, having been dropped off several blocks away.

I did not report the sexual assault at the time because I was embarrassed at having been intoxicated, and I knew the police would just laugh at me like I was some young drunk girl. I also felt at the time that it was my fault for being intoxicated and making a stupid decision. But, looking back, I definitely think the driver was targeting intoxicated women coming out of the club, which is, quite frankly, disgusting. Since then I've been through treatment for my drinking and have accepted that I am an alcoholic. And I've met countless women who have experienced similar acts of sexual violence. It is unfortunate that while we are in our active addictions, we cannot see that these experiences aren't our fault, that we are disproportionately targeted by perpetrators of sexual assault. But in recovery, we have the opportunity to begin to believe that it wasn't our fault and to heal.

– From *Dawgert* (2009)

Girls and young women who are lesbian, bisexual, transgendered, intersex, or who are questioning their sexuality may face additional social discrimination and exclusion, or may be targeted for violence. Well-intentioned efforts to address trauma and prevent sexual violence—like separating residential units, showers, or bathrooms by gender—may overlook the possibility of same-sex violence. Young women who have been diagnosed with psychiatric or substance abuse disorders, or who have been in the foster care or juvenile justice systems, may face overwhelming isolation and multiple sources of discrimination. For girls with these experiences, peer support is particularly crucial.

Young women are also vulnerable to other forms of interpersonal violence, such as bullying. While the stereotype of a bully is a larger boy, girls with trauma histories may end up either being bullied or bullying others. Peers who are supporting young women should be familiar with the many resources available on girls and bullying.³

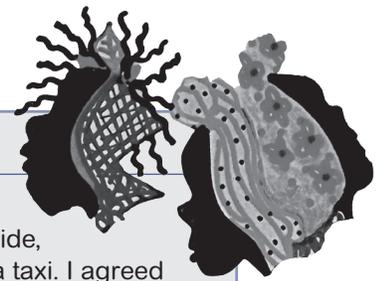
Young women also face the formidable challenge of becoming more independent by leaving home to attend college or to begin a job and a career, entering new environments where power dynamics need to be negotiated. If the women you work with are moving

into the world of work—whatever their age—they might want to consider the “triggers” that they may encounter. For example, a boss, a room, or a smell can unintentionally bring back memories of trauma and abuse which occurred at the hands of an older person in a position of power.

Additional challenges for young women may arise in partnering. Making a life commitment to a partner may be difficult for a woman whose ability to trust and form intimate relationships has been affected by trauma. If one of her parents was abusive, she may find herself being triggered by her in-laws or other new parental figures. If they resemble her abuser in any way, the possibility for re-traumatization is high.

For some sexual abuse survivors, getting pregnant, giving birth, and raising children may be both the biggest challenge and the biggest blessing of their lives. Every aspect of gynecological care and parenting may be re-traumatizing, from pelvic exams to delivery to breastfeeding. Women who grew up in families or communities where abuse occurred may be highly motivated to break the intergenerational cycle of violence, but they may need help in doing it. Trauma survivors may not have had good role models for effective parenting and may need to learn the basics of how to support and nurture their children. They may have difficulty bonding, even with their own child. They may have trouble with certain aspects of child

³ See, for example, the National Crime Prevention Council's website: <http://www.ncpc.org/topics/bullying/girls-and-bullying>





rearing, such as discipline; being firm and setting limits can easily remind a trauma survivor of “discipline” that was abusive. And they may be so fearful of losing their children that they avoid reaching out for help, especially if their own childhood included separation or abandonment. Finally, it is not unusual for a child’s behavior to bring back memories of long-forgotten or repressed abuse, especially as the child approaches the age at which the abuse happened.

Despite these challenges, raising healthy and happy children can be a deeply healing and rewarding experience. Unfortunately, too many trauma survivors lose custody of their children due to lawyers and courts that are not trauma-informed. If the women you support have children—or want children—there are many resources available that can help them to be the best parents possible. For example, the nationally recognized TAMAR (Trauma, Addictions, Mental Health, and Recovery) program provides information on trauma, the development of coping skills, pregnancy and STDs, sexuality, and role loss and parenting issues.

Other women may be unable to have children due to the trauma they experienced, which may cause deep grief and mourning. As a peer supporter, you can be there as a witness to the grief and to help women find ways to move forward despite their loss. For example, you may be able to help find other ways to be an important adult in the lives of children, for instance as an aunt, a godmother, or caregiver for a friend’s children.

Women at Mid-life

Mid-life—generally considered the period between 40 and 60—is a time when many women come into their own, feeling grounded, independent, and satisfied with what they have.⁴ However, while some women experience a new sense of adventure, for others, especially those with few resources, mid-life may be a tumultuous period. It is a time of personal reassessment, shifting relationships, and physical changes. Parents may die or become dependent, children may leave home, and intimate relationships may come to an end. All of these events can have particular impact on women with trauma histories.

Health problems that women were able to ignore in youth may now demand attention. Many sexual abuse survivors avoid routine preventive services, such as

gynecological and dental care, and women in mid-life may find themselves facing invasive exams (for example, mammograms, colonoscopies, and rectal exams).

Respiratory problems and chronic pain—both related to adverse childhood events—may also become harder to ignore as aging occurs. As a peer supporter, you may want to help the women you support find health care providers who are trauma-informed, or role-play ways of minimizing the re-traumatization of a physical exam.

Women who enter peer support in mid-life may also be in the process of reviewing their lives for the first time in decades. They may voice a sense of disappointment, loss, or grief over years spent abusing substances, in institutions, or in destructive

DOING A LIFE REVIEW

A “life review” is one way to put experiences in perspective. It can help people to examine the trauma that has occurred over their lives and to reassess or reshape its meaning. The following questions can be used to start the conversation.

HAVE YOU LIVED A GOOD LIFE? DO YOU CONSIDER YOURSELF A GOOD PERSON?

What things did you consider in answering these questions?

Is this list different that it would have been when you were younger?

WHERE DO YOUR VIEWS COME FROM?

Think about the negative things that happened in your life. Did anything good come out of them?

Is there anything in your life about which you have felt ashamed, embarrassed, or guilty? Have your feelings about these events changed over time?

WHAT THINGS ARE YOU MOST PROUD OF?

Are there any things you would like to do that would make your life feel more complete?

WHAT NEW DIRECTIONS MIGHT YOU TAKE FROM HERE?

(Adapted in part from Judith Lyons, 2008)

⁴ Hunter, S., Sundel, S.S., & Sundel, M. (2002). *Women at Midlife: Life Experiences and Implications for the Helping Professions*. Washington, DC: National Association of Social Workers Press.

relationships. Both situational and hormonal changes may trigger the emergence of old memories. However, the remembrance of old traumas can be healing, if it is done in a spirit of reflection; taking stock of one's life; and developing new directions, relationships, and activities. A peer supporter can help by encouraging women to focus on their strengths and survival skills. The sidebar on "doing a life review" illustrates one possible set of questions to start the discussion.

Elders

With age often come experience and wisdom, and many women find themselves enjoying new freedom as family and work responsibilities diminish. Others may face new struggles, such as living on a fixed income, being alone, or raising grandchildren whose own parents are not in a position to parent. As we age, coping strategies that worked in the past may not work as well anymore. Developmental milestones or the circumstances we find ourselves in as we get older may remind us of traumas that we thought had long been put to rest. Elders are also at risk for abuse at the hands of family members or caretakers. Peer supporters need to be alert to the signs of elder abuse and be prepared to intervene, if necessary.⁵ These life changes can provide challenges to peer support relationships, but they can also provide new opportunities for healing.

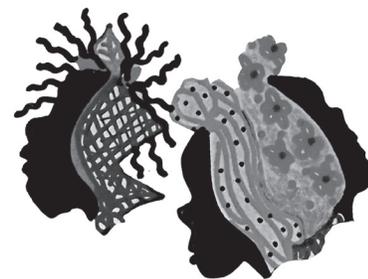
Slowing down is a natural part of the aging process. For trauma survivors who have used active physical coping strategies, like physical exercise or staying busy at all costs, new physical limitations may unleash old trauma responses. Some trauma survivors literally work themselves to exhaustion in order to sleep through the night, and slowing down may cause sleep disturbances or intrusive nightmares. Even retirement can be a problem, as newfound leisure time allows old thoughts and memories to surface.⁶

The aging process may recreate conditions that surrounded the original trauma, such as dependency, isolation, or weakness. Women institutionalized in nursing homes may be re-traumatized by rigid rules and hierarchical structures, especially if their original trauma occurred in an institutional setting. The onset of dementia can also contribute to this process. Sometimes, traumas that were long forgotten or

⁵ National Center on Elder Abuse, http://www.ncea.aoa.gov/ncearoot/_Main_Site/_About/_What_We_Do.aspx

⁶ Lyons, J.A. (2008). *Using a life span model to promote recovery and growth in traumatized veterans*. In S. Joseph and P.A. Linley (Eds.), *Trauma, Recovery, and Growth: Positive Psychological Perspectives on Posttraumatic Stress*. New York, NY: John Wiley and Sons.

repressed come to consciousness for the first time as people begin living more and more in the past. It is important to honor these revelations and not dismiss them as a product of a failing memory.



Aging may also bring significant changes in family relationships and responsibilities. When a woman becomes a grandmother or a great-grandmother, or as she begins to prepare for the last stages of her life, there is a natural tendency to look back and consider her legacy. She may become acutely aware of how her own actions and experiences have affected her children and grandchildren. In whatever ways the women you work with approach the process of aging, it is likely to be both a challenge and an opportunity for healing.

Generational Issues

Has anyone ever asked you where you were when JFK or MLK was assassinated? Or when the Berlin wall came down? Or on 9/11? Are there particular personal or social milestones that you use to measure your life? It is common for people to divide their lives into periods marked by major events. To understand the women you work with, it is important to understand the historical circumstances in which their lives unfolded.

An obvious generational difference between women who grew up in the 1930s-1960s and those who grew up after that is the status of women in society and the accepted norms of behavior for women and children. Earlier generations often believed that one should tolerate whatever your parents did to you, that protecting the family's reputation was of primary concern, that women belonged in the home, and that children should "be seen and not heard."

For example, the generation that grew up during the Great Depression may harbor deep fears about having enough to eat. They lived through the Holocaust and internment camps and the McCarthy years and the Cuban missile crisis. And although they may have experienced domestic violence when their husbands returned from WWII or Korea, war was seen as heroic—and it was fought, of course, by men. They may be uncomfortable with technology and with globalization and feel powerless as the world changes around them.

In contrast, women born in the United States since the 1970s grew up in an interconnected global economy where events that happen on the other side



IMPACT OF DEPLOYMENT

I returned from a year in Afghanistan to unexpected challenges. Being overseas in a war zone is incredibly stressful. At times I slept only three hours a day and I was always waiting for the next issue to arise, or crisis to happen. What I missed most was privacy—being able to find a quiet spot to be alone—and the feeling that the day is over, now I can relax.

When I deployed, my daughter was two and a half and in diapers. When I returned, I had missed a whole year of her life. She was potty trained, but I didn't know how to respond to her signals. I didn't know so much about her daily life—which clothes she liked to wear or which sippy cups leaked in the lunchbox. She would sometimes have complete meltdowns because I didn't know the basic stuff she thought I should know. And she didn't respond to me as a parent—I'd tell her to do something and she'd just wait until her father told her to do it. People in the community sometimes thought I was her babysitter and not her mother, or they completely misunderstood what it was like over there. Although I didn't experience MST or PTSD, it's been extremely challenging to reconnect with my daughter and my husband and my community.

– Jordanna Mallach

of the globe have consequences here. They grew up in a world where women's rights were already established, at least on paper. And while they grew up in a society of plenty, the chasm between the rich and the poor, between the privileged and those who are marginalized, widened steadily during their lifetimes. This created new distinctions between the haves and the have-nots. For example, those who cannot afford computers or smart phones, or who live in rural areas where internet access is limited, do not have access to the benefits these new technologies can offer.

Young women who can afford these devices may be comfortable with technology, although it opens them up to new forms of violence, such as cyber-bullying and sexting. They are used to being connected with friends at all times, even over huge distances. The Vietnam War was probably over before they were born and, for the most recent generations, wars are fought by women as well as men. Their formative years may have been shaped by school shootings, the events of 9/11, the “war on terror,” and the devastation of Hurricanes Katrina and Rita, as well as other major disasters at home and across the globe.

Obviously, the issues that arise in peer support relationships will be profoundly affected by these differences. Younger women may have had traumatic experiences that are completely outside the understanding of older women, and vice versa. The experience of women soldiers is a good example. Some of the younger women you work with might be veterans, and some might have served on combat missions, a situation essentially unheard of in earlier generations. The number of women in the military

has steadily increased over the past two decades and women now make up 15% of the armed services.

Since 2001, more than half of female service members have been deployed, 85% of them to a combat zone. During the same period, over 21% of all female VA hospital patients screened positive for Military Sexual Trauma (MST), defined as “psychological trauma resulting from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment that occurred while a Veteran was serving on active duty.”⁷ A woman who experiences sexual assault in the military faces particular challenges, since the perpetrator is often in her own unit. She may hesitate to report the assault or seek help if the perpetrator is of a higher rank and or is otherwise in a position to affect her career. War trauma often compounds other forms of trauma. Women veterans are nine times more likely to be diagnosed with Post Traumatic Stress Disorder (PTSD) if they have a history of military sexual trauma, seven times more likely if they have a history of childhood sexual assault, and five times more likely with a history of civilian sexual assault.⁸

Military culture is very different from civilian life, and women veterans may experience a difficult readjustment period after discharge. Soldiers often benefit from a high level of interpersonal support and camaraderie with unit members, and may feel acute social isolation on returning to civilian life. The

⁷ Department of Defense FY 2009 Annual Report on Sexual Assault in the Military.

http://www.sapr.mil/media/pdf/reports/fy09_annual_report.pdf

⁸ Department of Defense FY 2009 Annual Report on Sexual Assault in the Military.

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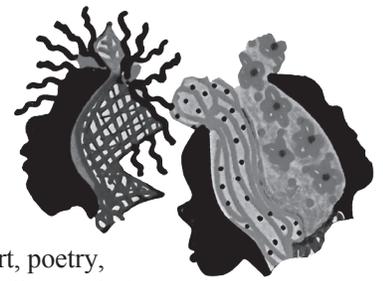
structure of military life may also make civilian life seem chaotic and unpredictable. Women who have left young children at home during deployment may find they have missed major phases of their child's development or that their child no longer relates to them as a parental figure. Women who return from deployment are also at risk for losing their children for a variety of reasons, including homelessness, unemployment, substance abuse, or marital strife. These reintegration issues can be compounded by trauma. As a peer supporter, you need to be aware of the possibility that military life may be part of the experience of the younger women you support.

Strategies for Peer Support

Being aware of lifespan issues will broaden the way you think about peer support. Many young people with trauma histories are gathering in their own groups and

forming their own organizations, determined to create their own identities. Although they may never label themselves as trauma survivors, they use performance art, poetry, music, and political analysis as healing tools (see, for example, *We Got Issues!*). Other young women are using open mike nights at local hangouts to do spoken word performances. By working with young women in settings of their own choice, you can support them in creating the lives they want.

Older women may prefer not to talk directly about their trauma histories because their generation was raised not to discuss personal matters in public. Instead, they may find support in simply gathering to do something together, for example, book clubs or community service activities. Some older women may take in younger family members whose own parents are not



INTERGENERATIONAL HEALING: ONE FAMILY'S JOURNEY

Usually, healing is assumed to be an individual process. But trauma ripples out, affecting a widening circle of people. What if there was a way to go back in time and heal some of the “collateral damage” caused by trauma?

Ann Jennings is a mother of five and a grandmother of eight. Her third daughter, Anna, was severely sexually abused as a young child, starting at the age of 3. Anna's abuse was unseen, ignored, and discounted by the many systems she came into contact with. She committed suicide at the age of 32 in the back ward of a state hospital. Anna's story is powerful and has been a force for change in the mental health system. But what happened to Anna's siblings? What did they experience during the 29 years of Anna's life after the abuse began?

Ann recently began a process of intergenerational healing with her other four children, now grown with families of their own. She started by asking each child's permission to raise the issues. She then interviewed each of them, using the following four questions:

- 1) What was it like growing up in our family?
- 2) What was it like having Anna as your sister?
- 3) What was it like for you when Anna took her life?
- 4) How does this impact your life today?

Ann taped the interviews to ensure that her own memories and feelings did not distort what she heard from her children. She then asked permission to transcribe the interviews. One person said no, preferring to keep the process private for now. The others gave permission and also decided to share their recorded interviews with each other. Their conversations—still ongoing—are supporting and enhancing their own individual journeys.

The interviewing process also took Ann to new levels of understanding about her family of origin. She began to see patterns from her own childhood that had affected her and her eight brothers and sisters, and she began conversations with several of them. Revisiting her own childhood has helped her to understand herself better—if not yet to completely forgive herself—for unconsciously carrying these patterns into the raising of her own children. It has also deepened her relationship with several of her siblings.

During this process, Ann realized how important it was to seek help and support for herself. She sought out and engaged in a body-based healing process. She states: “So much of this is unconscious and is stored in my body. I just can't say it, or even get to it, in words. Regaining my body memories brings back aspects of my childhood that were long buried, and has been tremendously healing.”



able to raise them, and pass on their years of wisdom by teaching them to protect themselves and preparing them to survive in their neighborhoods. Elders may also use political organizing as a tool for healing themselves and the world (e.g., *the Raging Grannies*,

<http://www.raginggrannies.org>). Helping to connect the women you support with groups like this can be a wonderful step towards meaningful community life and personal healing.

CHAPTER SUMMARY: KEY POINTS

- Women of different ages are vulnerable to different forms and manifestations of trauma.
- Children who experience abuse or neglect at a very young age may have their sense of safety shattered or have attachment problems.
- Teenage girls who are raped may come to fear or avoid intimate relationships.
- In mid-life, health problems may emerge for trauma survivors who have avoided routine preventive care.
- Elders may face the re-emergence of trauma issues that they have not thought about for years.
- Some of the younger women you work with might be veterans, and some might have served on combat missions, a situation essentially unheard of in earlier generations.
- Being aware of lifespan issues can help broaden the way you think about peer support.

Resources

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National Center for Victims of Crime, <http://www.ncvc.org>

Department of Veterans Affairs National Center on PTSD, <http://www.ptsd.va.gov/public/pages/traumatic-stress-female-vets.asp>

Grace after Fire, an online social network for female veterans, <http://garden.graceafterfire.org>

Defense Center for Excellence, <http://www.afterdeployment.org>