



# Parenting Resource Handbook

**Support for Survivor Parents:  
Breaking the Cycle of Abuse One Day at a Time**

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## What can make parenting extra difficult for a survivor of childhood neglect and abuse? *Are any of these true for you?*

- High pressure on yourself to do it perfectly (maybe to make up for past injustices)
- Comparing yourself to others and judging yourself harshly when you don't measure up
- Your own pain and emotional overload
- Poor or no role models from your childhood
- Limited and overstretched resources – both internal and external
- Anger
- Grief and depression
- The things you do to manage your pain interfere (substance use; dissociation; self injury)
- You feel like a kid yourself much of the time (i.e., dependent on others and inexperienced)
- Triggers – including your children and their response to you – that pull you back into your painful past
- Life stresses: money, family conflicts, isolation, work struggles, legal problems, domestic violence or abuse
- You think you should be able to do it all alone; it's hard to ask for help
- You don't trust anybody
- You don't trust yourself
- Single parenting - with all the extra challenges that entails
- Low self esteem
- Mood swings
- Low energy and exhaustion
- Guilt
- Panic
- Contact with your abuser (e.g. parent) and managing your children's contact with your abuser (e.g. grandparent)
- Other?



## Introduction

### **Parenting is one of the hardest jobs in the world.**

It is a permanent 24 hour-a-day and 7 day-a-week job with no job description, manual, or supervisors. Parents are given no training and what preparation they have comes from their own experience as children or the unrealistic idealized images of television sitcoms and greeting card advertisements.

Yet we enter this job with extremely **high expectations of ourselves** and sometimes of our children. We want parenting to bring us happiness and fulfillment. We want to do a good job. We often want to do a better job than our own parents, but do not always know how.

When our own childhood included bad experiences and inadequate or abusive parenting, the pressure we feel may be intense. Our wish to be good parents is even stronger, but the challenges may be greater and the resources may be fewer.

- We have few or no role models for good parenting to follow.
- Our own emotional needs and stresses take a lot of our daily energy to manage.
- Observing and interacting with our kids can trigger painful feelings and memories. Our nervous system may be overloaded from constant hyper arousal and activation.

*“My childhood was horrible. I swore my kids would have a good childhood, but I didn't know it would be this hard. A lot of the time don't know what the hell I am doing. I don't know how to handle all the stresses and I don't trust my own decisions and sometimes I just wish I were free and could start by trying to parent myself right.”*

Being a parent is the hardest and the most important job in the world. When you have been abused or neglected in your own childhood, as a parent, you may have **extra challenges and burdens**, but you will also bring to your parenting **special gifts**. For example, survivor parents may

- know more about what children need,
- have greater empathy,
- still remember what it is like to be a child,
- be good at playing with children,
- be passionately dedicated to creating safety and support for children.

All of these things and more are gifts you bring to your children as a parent. Never underestimate the value of your gifts.

## **This Handbook: Goals and Sources of Information**

The goal of this handbook is to offer useful information and support for parents who have experienced childhood abuse and neglect (physical, sexual, emotional or psychological abuse and emotional or physical neglect). In recognition of the extra obstacles survivor parents face, this handbook hopes to offer ideas, resources, and education recognizing the particular context of their parenting experience. We hope you will find this handbook helpful. Our aim is to *increase your compassion for yourself and strengthen your hope for your family*. Remembering that abuse affects mind, body, and spirit, we encourage you to nurture yourselves in all realms. **Taking care of parents is an essential part of taking care of children.**

## **Sources of Information**

The content of this handbook was drawn from topics discussed in three focus groups with mothers who are survivors of abusive and neglectful childhoods. The discussion groups were facilitated by Dr. Denise Elliott, trauma liaison for the Franklin County Women's Research Project (Vicki Gilbert, a psychiatric survivor and local activist, co-facilitated the first group). Dr. Elliott used what she learned in the first two groups to develop her brief brochure, "Parenting: Helping Parents with Histories of Trauma". The third group brainstormed topics for this handbook. In addition, ten survivor mothers, including several members of these discussion groups, reviewed the early draft of this handbook and made extensive and invaluable recommendations for revisions for this final version.

The handbook also includes information from a number of articles and parenting books that address specific challenges including: Parents' personal history; postpartum depression, anxiety, and psychosis, parents living with mental illness, psychiatric diagnoses, substance abuse, and domestic violence, and parents in recovery. The best of these are included with the resources listed later in this handbook.

*Topics Survivor/Parents Suggested Would  
Be Helpful*

- What is appropriate in parenting (often traumatized, abused survivors don't know what's appropriate) Is making demands of my children okay? How do you set appropriate limits? (See: *Discipline Means Teaching... and Learning* p. 38)
- How to manage fear – of replicating abuse/neglect – worrying that all my actions are somehow damaging (e.g., If I get angry, is that abusive? How can I be appropriately angry? If I mess up and revert to old behavior, how do I “clean it up” effectively?) (See: *Transforming Guilt through Repair: Modeling Mistakes, and Feelings: Anger, Fear, Shame and Guilt* pp. 23 & 43)
- How do I build my child's self-esteem when my own is low? (See: *Being Respectful Teaches Self-respect and Other-respect* (p. 44) and *Challenging Old Assumptions: “I Don't Deserve...”* p. 12)
- Tips on how to step back or gain perspective in a situation. How to bring myself to “present time”? *Sometimes I have to purposely look outside at this big tree in the yard to remind myself that there is an independent world out there that is neutral or benign and I can “focus myself” or ground myself looking out there.* How to handle feeling overwhelmed/afraid. How can I stay focused on the present problem to be faced? (See: *Dissociation* p.5 and *Special Tools for Survivor Parents* p.53)
- How to be more hopeful for my child when s/he's at the age(s) I was when I suffered abuse – how that triggers my own stuff and how to keep from projecting onto her/him? (See: *Triggers* p.16 and *Sustaining Yourself for the Long Haul: Finding Hope and Joy* p. 46)
- What is appropriate: touch, limits, demands: real life situations not theory? (It's hard to know appropriate boundaries when not taught). (See: *Safe Touch and Physical Contact: Renegotiating Personal Space* p. 45)

## Challenges for Survivor Parents



### Your Experience Affects Your Parenting

There are countless books and resources about parenting. Most of them however do not address the particular contexts that so often shape the parenting experience for survivor parents. What makes *your* job as a parent hardest? Are you having fun? What gets in the way of the fun part of parenting for you?

What are five things that make it hard for you to be the parent you want to be and to do what you have to do? You can write them down below if you want.

- 1.
- 2.
- 3.
- 4.
- 5.

Let's talk about some of the circumstances that may be part of your life and your children's lives. From a young age, you may have had to adapt to very difficult life circumstances. You may often not have had the resources and support that you needed to navigate the demands of growing up and managing your life. To survive you may have had to do the best you could with what you had. You have probably used a lot of different coping strategies. **But, becoming a parent changes the equation of your life.** Some of those coping strategies probably don't work as well now.

## Coping Strategies That Can Backfire For Parents: Finding New Options

- Facts:**
1. Human beings are resilient and adaptive.
  2. When faced with overwhelming circumstances, people struggle:
    - a. to survive,
    - b. to calm or soothe themselves, and
    - c. to manage their overpowering feelings and the constant activation of their nervous system.
  3. Many of the strategies that people use in extreme situations work well *and* also come at a cost.

### First, know this...

**Even when a strategy or adaptation currently creates problems for you**, (like cigarette smoking, substance abuse, self injury, suicidal thoughts, volatile relationships), **remember that it started as an attempt to solve a problem** (e.g., managing terror or horror, regulating - speeding up or slowing down your nervous system, protecting yourself from remembering or feeling something, managing unbearable feelings, trying to have some control over some aspect of your life, or trying to feel connected, taken care of or safe).

- When you understand that basic fact, you can ask yourself different questions
- *Instead of*, “Why am I acting this way?”
- *Try*, “What problem am I trying to solve here?”
- *Then, try*, “How is this helping?”
- “Is there any other way I could solve this problem?”
- “What additional resources might I need?”

*When you talk to yourself in this way, you automatically act like you are on your own side. You are kinder and less judgemental. **This is what you deserve and what you can offer your children, as well.***

Let’s talk about some of the **common coping strategies** survivors use and how they can affect your parenting.

### Addictions: Substance Use

A common adaptation is to try to manage agitation and unbearable feelings by self-medicating with drugs and alcohol. Whether you take drugs to feel alive or numb, to calm down or rev up, to intensify or to obliterate your experience, these drugs also change your parenting.

#### *What do you need to change?*

Parents who want to be more safe and available by being well and sober parents need both support and resources

1. to develop skills to regulate their emotions and nervous system without dangerous drugs
2. to decrease the stressors in their lives that evoke overwhelming responses
3. to learn different, constructive behaviors to cope with stress and overwhelming emotions
4. to have help to create a supportive environment and identify their own resources

#### *What helps parents change?*

Parents with addictions benefit from a collaborative support system including community, education, and opportunities to learn skills for self-regulation of physical and emotional arousal. It helps to identify a large supply of tools and resources that they can use to calm, soothe, distract, or ground themselves. Finding alternative ways to connect with their own energy, curiosity, stamina, and gifts is both a benefit of and a tool for recovery. There are many ways to have more control over your body and nervous system; the more you know, the less you will depend on the costly strategy of addiction. It is empowering and healing to regain control through mindfulness, self-soothing, and the tools of self-regulation.



### ***Resources for Addictions: Substance Use***

1. *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse* by Lisa Najavits. New York: Guilford Press, 2002.
2. *Addictions and Trauma Recovery* by Dusty Miller and Laurie Guidry. New York: W.W. Norton, 2001.
3. *Nuestros Cuerpos, Neustros Vides (Our Bodies Ourselves)* by Boston Women's Health Collective, Latina Health Site
4. *Twelve Step Groups (AA, NA, Al Anon, OA)*
5. Dialectic Behavior Therapy Skills Training Groups

### **Other Addictions: Food, Gambling, Sex, Spending, Television, Danger**

There are many ways to try to avoid unbearable feelings and memories and to numb pain and terror. Many addictions serve this purpose for survivors of childhood trauma, including compulsive eating, gambling, sex, spending, television watching, and danger-seeking. Again for parents these behaviors have consequences that can interfere with healthy parenting and be negative for your children.

#### ***What do you need to change?***

Survivors struggling with these addictions need:

1. compassion and understanding
2. alternative strategies and tools to handle memories and feelings
3. support and validation

#### ***What helps parents change?***

Parents who want to change their addictive behavior to be healthy and available to their children need to start with self-compassion and understanding. Addictions make us feel ashamed and often angry with ourselves. However, no one can let go of a safety net without understanding the need for safety. In order to change addictive behavior, people need to have alternative ways to manage their feelings, survive bad memories, and be able to escape pain when necessary. In other words, people need tools to feel safe, protected, and in reasonable control of their emotions.

### ***Resources for Other Addictions***

1. Books by Geneen Roth, e.g. *The Hungry Heart, When Food Is Love, and Why Weight? (a workbook)*
2. Other resources from Gurze Books: *Eating Disorders Resource catalogue* ([www.bulimia.com](http://www.bulimia.com))
3. Sidran Press – has a catalogue of recovery resources ([www.sidran.org](http://www.sidran.org); 410-825-8888)

### **Dissociation**

You may know dissociation as “spacing out”, “switching”, “losing time”, “forgetting”, “going inside”, or “hiding.” Whatever you call it, dissociation is an essential safety mechanism. When someone cannot master a situation by using their own resources, or activating a successful fight or flight response, they will often “leave” via dissociation. This leaving is self protective – and compassionate. Sometimes, by adulthood, a person has come to use dissociation frequently and automatically in response both to danger and to anything that reminds the person of danger or distress. When dissociation is frequent and involuntary, a person can literally *miss* key events, moments, and information in their life – and in their children's lives.

#### ***What do you need to change?***

Parents, who want to be able to remain present in order to take care of their children, need the following skills and support to avoid dissociating. To manage dissociation, it helps to,

1. practice grounding skills and develop self-soothing practices
2. recognize triggers and early warning signs of distress, and connect with resources that are calming and reassuring
3. get better at recognizing your feelings and practice observing without judgment and practicing emotion management skills

***Words from a survivor mother:*** “In order to step back in a situation –to bring myself to ‘present time’ – sometimes I have to purposely look outside at this big tree in the yard to remind myself that there is

*an independent world out there that is neutral or benign and I can 'focus myself' looking out there."*

### ***What helps parents change?***

When survivor parents who use dissociation can understand how it works and recognize their own patterns of dissociation, then it is possible to find alternative sources of comfort, (and) grounding, and centering. For example, some people carry grounding aids, like strong mints, Vicks Vapo-Rub, a stone from a favorite beach or a therapist's office, a soft fabric or a photograph of a safe place. Others use phrases, mantras, prayers, affirmations, or quotations for comfort and grounding ("I survived", "I have people who care about me now", and "I'm here now"). Some people practice meditation and mindfulness to stay aware of themselves in their bodies as they go through their day.

### ***Resources for Dissociation***

1. *Getting Through The Day: Strategies for Adults Hurt as Children* by Nancy Napier. New York: W.W. Norton, 1993.
2. *Healing From the Trauma of Abuse: A Women's Workbook* by Maxine Harris and Mary Ellen Copeland. Oakland, CA: New Harbinger Publications, 2000.

### **Self-Injury**

Self injury is a coping strategy some survivors use to manage or control unmanageable feelings, memories, sensations, or thoughts. Survivors do not always know why or how it helps to harm themselves, but the drive to do so can be very strong. We know that self- injury seems to serve many purposes, and in fact does calm things down for a time for many survivors (for some, by temporarily relieving the "tension" which is residing in their bodies) . However, their bodies pay a price and the interpersonal consequences (i.e., the impact on relationships, friends and family) of self-injury are often negative. In rare circumstances, self-injury can also lead to unanticipated consequences like permanent physical injury, accidental death, or brain damage.

### ***What do you need to change?***

Parents who want to stop self-injuring and model positive care for their bodies for their children need support and alternative coping skills

1. to effectively manage feelings, thoughts, sensations or memories that may be triggers,
2. to develop a different relationship with their bodies in which they respond to their distress with kindness, gentleness, and good care for their bodies, and,
3. to identify ways to remain grounded and connected to the present, remembering that you are yourself, today, now – with choices and resources you didn't have then.

### ***What helps parents change?***

To do this, they need to parent themselves differently from the way they learned. They may need support from others who understand wanting to hurt oneself or self-injure and those who can help them find and practice alternative coping strategies.

### ***Resources for Self-Injury***

1. *Women Who Hurt Themselves: A Book of Hope and Understanding* by Dusty Miller. New York: Basic Books, 1994.
2. *Risking Connection: A Training Curriculum for Working with Survivors of Childhood Abuse* by Saakvitne, Gamble, Pearlman, and Lev. Baltimore, MD: Sidran Press, 2000.
3. *Understanding Self-Injury: A Workbook for Adults* by Kristy Trautmann and Robin Connors. Pittsburgh, PA: Pittsburgh Action Against Rape, 1994.
4. DBT (Dialectical Behavior Therapy) Skills Group

### **Suicidality**

Some survivors have reassured themselves for years that if things got too bad, they could manage by killing themselves. For a parent, this solution would involve harming and abandoning one's children as well as losing any possibility of healing and reclaiming one's life. However, in order to give up this very reassuring escape hatch, a survivor parent

needs to know there are options when one reaches the end of one's rope.

### ***What do you need to change?***

To let go of suicide as an option, we need to:

1. remember that there are people who will understand how bad it is and help us
2. know that there is a possible way out that is not so drastic or final, where we can get respite
3. notice what has helped to calm or soothe us in other situations and practice doing and feeling those things

### ***What do parents need to change?***

To do this, survivor parents need to have others whom they can trust to tell when things are heading toward desperate times. Often, in particular, survivors need a place where they can talk about suicidal feelings without the risk of being immediately hospitalized (*Risking Connection* see below). They need to listen to their own distress signals and give themselves permission to respond to their needs before they are overwhelmed with despair. Reclaiming hope and holding onto a belief that living can be worthwhile involves a big risk for someone who has experienced so much pain and disappointment. At the same time, parents have an opportunity here to model resourcefulness, courage, and the value of reaching out to others. When we hold on during our hardest times, we also teach our children hope.

### ***Resources for Suicidality:***

1. *The Depression Workbook: A Guide for Living with Depression and Manic Depression* by Mary Ellen Copeland. Oakland, CA: New Harbinger Publications, 1992.
2. *Risking Connection* (See above and resource list p.56 of this handbook)
3. Consider DBT group therapy
4. Antidepressant medication is helpful for some people who struggle with suicidal thoughts and wishes

## **Unsafe Relationships**

Many people who have been repeatedly hurt in childhood relationships automatically seek relationships and situations in which they are likely to be harmed again – even though they sometimes think that this time they can handle it, or that they are in charge of what is happening this time. For parents, abusive relationships can involve putting one's children at risk directly (if a partner harms them), or indirectly (if they observe abuse or are left alone). For example, victims of domestic violence often do not recognize the trauma experienced by children witnessing abuse until much later. Instead, they believe they are successfully protecting their children by being hit or yelled at instead of them.

### ***What do you need to change?***

In order not to repeat this pattern from the past, a survivor needs support

1. to understand her own actions and how she might be repeating the past
2. know what some alternative choices might be (including safe houses)
3. seek the necessary support of others to help her “stay on track”, i.e., with a decision or plan of action
4. trying new alternatives by staying focused on goals for self and family

### ***What helps parents change?***

No matter how bad something is, the familiar seems less frightening than the unfamiliar. **It takes a lot of courage to do things differently.** Survivors can practice new relationship strategies with safe people. For example, we can all use practice speaking our needs, naming our feelings, setting boundaries, saying no, negotiating give and take, and asking for and giving forgiveness to ourselves and our children.

### ***Resources for Unsafe Relationships***

1. *Getting Free: A Handbook for Women in Abusive Relationships* by Ginny NiCarthy. Seattle, WA: The Seal Press, 1982, 1986 (Second Edition).
2. *Trauma Recovery and Empowerment: A Clinician's Guide for Working with Women in Groups* by Maxine Harris and the Community Connections Trauma Work Group. New York: The Free Press, 1998.

3. NELCWIT, Safe Passages, EveryWoman's Center, University of Massachusetts at Amherst.

## Depression and Mood Disorders

For many survivor parents, part of the difficulty is that they are struggling with more than one problem. Many survivors of childhood abuse and neglect also struggle with depression, bipolar disorder, psychosis, and other psychiatric illnesses in addition to post trauma syndromes<sup>1</sup>. Among our focus groups, every woman reported she had struggled with post partum depression. Many raised questions about how to parent when one is depressed. *“How do I give, when I am depleted, hopeless, exhausted?”*

Remember what they tell us on an airplane: If the oxygen level drops, put your mask on first. *Then*, help those unable to do it themselves. When you are parenting and living with depression, you need to attend carefully to self-care. Your resources *are* limited and you need to pace yourself and you need to have help.

- Find out about resources for parents
- Create a list of who can help and then use the help
- Keep yourself and your energy replenished (Mary Ellen Copeland's WRAP program walks people through how to do this: see resources section, p.57)
- Did you know that there are resources specifically for parents with depression, especially postpartum depression? (e.g. Depression After Delivery group, see resources section of this handbook, p.58)

Some of the suggestions made in books written for mothers with depression include:

- Know signs when you are getting depressed; develop an action plan ahead of time.
- Focus on your strengths and your child's strengths (*This is important because often when we are depressed we look at things through a negative lens; we can misinterpret cues and see the worst of every situation*).

- Balance your needs with your children's and others.
- Use a parenting hot line when you need it (e.g. 1-800-334-4KID, see Resource List p.59)
- Interrupt the cycle of despair by:
  - Noticing what was going on just before you felt overwhelmed – what was happening and what were you thinking and feeling?
  - Inserting a positive thought right after the negative thoughts (Like: “I am doing the best I can” or “It is okay to make mistakes” and “All mothers of new babies feel tired, irritable, or stressed sometimes”).
  - Identifying an escape hatch (Like, “If I have to, I can get a baby sitter and just sleep for a few hours”) – so you don't have to feel so trapped.
- Let someone else know how you feel.
- Respect your feelings, the positive and the negative ones; your feelings are valid and give you important information about what you need.
- Set limits – “say no when your instincts, feelings, and body cues tell you that you are too overwhelmed to say yes” – and when you know you don't want to do something.
- Recognize what stresses you; notice how it feels to hold that level of stress.
- Identify stress reducers for you; notice how it feels to lessen your stress level.

<sup>1</sup> Adult ADD is also widely misdiagnosed and can be masked by anxiety, seem like bipolar or a general inability to cope. A survivor reader recommends the book *Driven To Distraction*, by Edward M. Hallowell, M.D., and John J. Ratey, M.D. New York: Touchstone, 1994.

## Postpartum Depression

*“It is estimated that 400,000 women in the United States experience postpartum depression (PPD) each year, most commonly six to eight weeks after giving birth. In a study Valerie [Raskin] published in the American Journal of Psychiatry, she found that one in four first time mothers had depressive symptoms caused by postpartum depression or postpartum stress syndrome. Still more have related postpartum anxiety disorders, including panic and obsessive compulsive disorders, adding up total of nearly one in three.”*

*p. 2 of This Isn't What I Expected: Recognizing and Recovering From Depression and Anxiety After Childbirth by Karen Kleiman and Valerie Raskin*

In *This Isn't What I Expected*, a book for mothers about postpartum depression, the authors list common thoughts that women may have about having postpartum depression, such as

*“I am ashamed and embarrassed that I am so depressed.  
I must be doing something wrong.  
If I were stronger, I wouldn't be taking this so hard.  
I can't tell anyone that this is happening to me.  
If I hold on a little longer, maybe this will go away by itself.  
I must be a weak person.  
I can snap out of this if I try harder.  
I can never go to a therapist for this because that would be admitting that I am not in control.”*

They point out that these thoughts can repeat themselves in your head, sapping your strength and eroding your self-confidence. After a while the *negative thoughts* are so automatic, you may not even notice them. They are just constant background noise. They suggest you try to substitute more realistic thoughts, like:

*“I am depressed. I have postpartum depression.  
What I am feeling are symptoms of this depression.  
I am not making this up.*

*Bleak as life seems now, this pain will not last forever.  
I am not going crazy.  
I can get help. Other women have gone through this and survived and I can too, with help.  
This is not my fault.  
I may have bad days and I will have some good days. I will not always feel like this.*

Another factor of depression is that it saps your energy. For parents, the double whammy of the exhaustion of parenting (especially with the sleep deprivation that can accompany the early years) and the **profoundly low energy of depression**, is bone crushing. It may be exacerbated by some of the sleep irregularities that can accompany depression (e.g. early awakening). It is essential to take this issue seriously and

- 1) get practical help
- 2) schedule rest time
- 3) lower your expectations of yourself
- 4) prioritize the essentials

## Depression

*“Parents living with depression are apt to misinterpret their children's behavior, as the behavior is so often seen through the lens of low self-esteem, feelings of helplessness, or disorganized thinking. You may have unrealistic wishes or expectations for kids' behavior that suit your need for peace and quiet, match your low energy level, or lighten your feelings of being burdened. You may judge either yourself or your children harshly when they don't meet these expectations. You may worry that your children's misbehavior is a sign of a developing depression or other psychiatric disorder that you have passed on to them”*

*p. 124 in Parenting Well When You Are Depressed by Joanne Nicholson, Alexis Henry, Jonathan Clayfield, and Susan Phillips*

One of the cruel effects of depression for parents is the **loss of pleasure in previously pleasurable activities**. This can include your children and parenting. It is tragic to see your children growing up and be unable to enjoy the gifts of parenting, but for many parents, when they are depressed, they cannot feel any pleasure. Some parents say that feeling blank in the face of their children's play or cuddling is more painful than the pain of feelings of sadness, despair, or even suicidality.

Of course, for some people, struggling with **suicidal feelings** is part of depression. If you are feeling suicidal, get help. The danger to you and your children is too great to risk. **Don't ever believe** the rationalizations you tell yourself about the impact of your action on your children. "They'll get over it; it won't matter, they'll be glad; they'll be better off". That is your suicidality talking and does not reflect the truth of your children's experience. Suicide leaves a permanent legacy. No one in the midst of a serious depression is in a reasonable state of mind to make such a decision with such life altering consequences for so many.

Another sign of serious depression that requires you seek immediate help is **paralysis** – inability to think or move. Sometimes a depression can get so bad, that a person cannot think or even move. At such a time, your ability to care for yourself and your children is too compromised. You need and deserve help and support.

## Anxiety Disorders

Because trauma is about danger, it stands to reason that survivor parents carry much more anxiety than other people. In fact, Post Traumatic Stress Disorder is categorized as an anxiety disorder in which "hyper arousal" (flashbacks, startle reactions, panic, intrusive images and memories) alternate with "numbing" (dissociation, depression, avoidance).

Anxiety often shows up as **tormenting worries** and negative thoughts: "What if I drop the baby? What if I can't do it? I'm never going to make it." Often these thoughts can snowball as each worry becomes something you are *sure* will happen and creates a new worry. "I'm going to be late. The doctor will be angry. The receptionist will scold me in front of the whole waiting room. I will be humiliated and leave without getting an appointment. Then I'll never know if I am really sick. I might die. What would happen to my kids then...etc." Chronic worrying often teaches people to expect the worst (this is also called catastrophizing).

### Helpful Ideas

When you are feeling vulnerable, one of the best ways to protect yourself... is to create clear and reasonable boundaries. Here are five key elements to help you define and protect your psychic space:

1. Learn how to distinguish your needs from someone else's, and don't back off at the first sign of disagreement
2. Accept the fact that someone you care about will often not like the limits you set
3. Admit that you are different right now from how you usually are
4. Acknowledge that you have needs because you are an individual – not merely someone else's mother, wife, daughter, sister, employee, boss, or neighbor
5. Recognize the difference between asserting yourself and being selfish or inconsiderate

From: pages 57-58 in *This Isn't What I Expected: Recognizing and Recovering From Depression and Anxiety After Childbirth* by Karen Kleiman and Valerie Raskin.

Our thoughts are a very powerful tool. **We can interrupt the cycle of anxiety** and slow down our descent into panic by asking ourselves questions, taking deep slow breaths, counting to ten, and refocusing our attention on the things we can do on our own behalf. Negative thinking can get out of control; anxiety often leads to more anxiety. So.... we want to interrupt ourselves and redirect our thinking.

Anxiety is excruciatingly painful. What's worse is that it can create a **downward spiral** toward despair and depression. To interrupt the cycle, we have to break the connection between the original feeling (anxiety) and the next thought ("this will get worse and I will never get out of it.") To do that, insert the beginning of a different thought.

For example,

Kleiman and Raskin suggest,

I feel worried. *Also...*

I cannot keep myself from feeling anxious feelings right now. *But...*

I remember times when I have not felt as anxious as I do now. *Therefore...*

I am only powerless over my anxiety for the moment. *So...*

*It is not a catastrophe to feel anxious*

*feelings right now. Therefore...*

*I will accept these anxious feelings, but only for right now.*

It is like **finding an exit ramp off the highway of anxiety and dread**. The exit ramp takes you to a place of perspective, balance, and hope. Off the exit ramp, you have choices. Those options give you greater freedom and remind you that you are not trapped now, the way you may have been in the past.

**To interrupt anxiety**, Kleiman and Raskin suggest five steps (pp.37-38):

1. **Be Aware** – Be aware of situations that provoke anxiety, identify your trigger. Being aware can sometimes by itself change your automatic responses.

2. **Stop It** – When you recognize a familiar anxiety response, sometimes you can firmly tell yourself to "Stop it." Visualize the word "STOP" and decorate it in your mind to make it yours.

3. **Distract Yourself** – Find something that can replace the old habit –even if only for a moment. Take a walk, call a friend, count the tiles, make a cup of tea. Look around the room and count everything that is blue or starts with the letter "T". This is a technique you can do with your kids. For some people, relaxation techniques are helpful. Deep breathing, progressive relaxation, meditation, prayer, hot baths or showers are helpful to relax your body. It is difficult to remain anxious when your body is relaxed.

4. **Give Yourself Options** – Give yourself permission to escape from an anxiety provoking situation. "I can always leave the meeting. I can always get a baby sitter for a couple hours." This does not necessarily mean you will actually do it, but you need to know that you can. You have the option, the permission, to leave.

5. **Support Your Choices** – "If I do leave the meeting it will be okay. It is not the worst thing in the world. I'm sure I'm not the first person who has done that. It is okay to want to feel better and to take steps to help myself.

## Stigma

One of the hard and unfair burdens of living with co-occurring disorders, or any mental health issue, is the impact of **stigma**: the prejudices and ignorance of many people toward and about any kind of emotional or psychological trouble. People and agencies may either treat you as though you are invisible (possibly a trigger to your past) or they judge and criticize you without trying to know

or understand you. It is hurtful and infuriating. Too often, instead of being mostly angry, we feel ashamed or hopeless. When you encounter stigma, remember it comes from ignorance and it is unjust. **Do NOT go along with it – in your mind or your actions.** You have a right to informed fair treatment. Teach your children that they have a right to be treated fairly and courteously.

Part of teaching your children that lesson happens through **modeling**. Stand up to unfairness. Speak up about hurtful labeling or ignorant stereotypes. Do not be afraid to go up the ladder; speak to the supervisor. Stigma can emerge in many places, including mental health system, courts, law enforcement, social service agencies, schools, and elsewhere. Organizations like the National Association for Rights, Protection, and Advocacy, National Empowerment Center, and the Freedom Center (peer-run organization for groups of people labeled with “mental illness”) and others are there to help consumers fight against stigma. This is an issue of civil rights. We know that it takes time, courage, and lots of us to fight for civil rights, but we will win in the end.

## Lessons from Childhood

All humans learn from experience. Our childhood experiences shaped our views about how human relationships work, what families are like, and what children need and deserve. These early experiences defined for us the different roles and expectations for: mother, father, daughter, son. Much of that learning happened in an automatic, unquestioned way.

As parents **we need to notice what lessons we learned.** Most of us have to **relearn** some of those lessons.

- If we were taught that children exist to meet the needs of adults, we need to rethink the role of parents and the developmental needs of children.
- If we were taught that girls matter less than

boys, we need to know that and challenge those negative stereotypes.

- If we were taught that we do not deserve gentleness or respect from others, we need help to change that self-defeating and denigrating belief.

After childhoods of abuse or neglect, adults can too often operate from no information, wrong information, or incomplete information. When we don't have information, we can come to the **wrong conclusions** about:

- what our bodies are telling us
- what our children's bodies need
- what behavior is “normal” – ours or our children
- what a parent is supposed to do
- what feelings are “appropriate”
- how to manage feelings
- how to take care of ourselves
- what values to hold
- what is healthy in our relationships with our partners
- what is a healthy sexual relationship

## Challenging Old Assumptions

In adulthood, we each must listen for our **inner assumptions** (these tell us about the “lessons” we learned and opinions we formed) and ask ourselves if we still accept them. Remember, **an assumption is something that you believe - which might not be true.** Like “all children like clowns” or “all women want to be mothers” or “I was a whiney kid who needed and asked too much of my parents.”

**Let's look at some assumptions that kids from abusive or neglectful childhood environments can carry with them.**

**“I don't deserve...”**

Many children make sense of not having the things they need by concluding that they did not deserve these things: love, tenderness, consideration, protection, attention, help. In other words, when we are very young, we want to feel safe. To feel safe, we want to believe that our parents “know



## The Problem With Assumptions! They Can Be Wrong!

An assumption can be based on what you were told or what you learned (deduced) from observation or what you experienced to be true. Some assumptions go back to when we were little and thought like little kids. For example,

*A three year old I know observed that the light in my car did not work. She concluded that, as the light in my car was round and the light in her mother's car, which worked just fine, was a rectangle, therefore round lights did not work and rectangular lights did work.*

Based upon her experience and observation, that was a smart deduction! However, her sample was too small and her conclusion was wrong. As children we make a lot of conclusions based on our own (limited) experience. Unless we have occasion and help later to reexamine those conclusions, they stay with us as assumptions about our world.

best". Even though we might suspect that we deserve better, our need for safety is stronger, so we "choose" to believe that it must be our fault – not our parents' fault. We conclude, then, that the problem lies with us, and that our parents have good reasons for treating us as they do.

This conclusion (that we deserved abuse or neglect and did not deserve good things) is understandable, helps children make sense of their experience, *and it is tragic*. Of course, **it is not true**.

Growing up with the belief that "what you got is what you deserved and what you didn't get you didn't deserve to have" teaches people to treat themselves as second class citizens. **Many survivors do not know how to ask for things they need**. They do not feel the right to be assertive on their own behalf. They do not feel entitled to good things or fair treatment in their lives. They do not feel entitled to have help. They may fear they are taking advantage of someone else who offers help or kindness, or refuse to ask for fear of imposing.

**As parents** this issue is important. We want to be advocates for our children. We want our children to feel they deserve to be treated well and fairly. We want them to feel they have rights – just like everyone else. But it can be hard to model appropriate assertiveness to them. It can seem impossible to speak up. Or sometimes parents can speak up for their children, but not for themselves, thus giving their children a confusing message about people's rights. We do not want our children

growing up believing that *only* they have rights in this world.

In order to challenge this assumption, we have to know that we are making it. A tricky thing about assumption is that they are often automatic – not something we are aware of as we make them. So, **notice how you treat yourself and how you expect to be treated by others**. If someone cuts in front of you in a line, how do you feel? How are you likely to respond? Would it be any different if your child was with you?

### ***"Kids are manipulative"***

Often survivors of childhood abuse do not know much about kids and why they do what they do. Most survivors were given a lot of misinformation about kids in general and themselves, in particular, when they were growing up. "You can do this." "You don't feel that." "Kids just try to get away with whatever they can." "He just wants attention."

### **What is true is that:**

***All children deserve to be taken care of.***

***All children deserve love and respect.***

***All children deserve protection and attention.***

***It is never the fault of the children when these basic needs are not met.***

“The range of what we think and do is limited by what we fail to notice. And because we fail to notice that we fail to notice, there is little we can do to change until we notice how failing to notice shaped our thoughts and deeds.” R.D. Laing

These messages are confusing and often make kids feel ashamed.

“Manipulation” is a word that means someone is **trying to get their needs met indirectly**. It is a learned skill. When a child learns that they will not get their needs met by asking directly, they may (sensibly) try to get them met indirectly. A child may frequently say she has a stomach ache, if she only gets positive attention when she is ill. A child may ask his parents for something in front of other adults if he believes they will say yes because there are observers when otherwise they would say no. It is a good skill to have. It can also backfire, because when you use indirect approaches with people who are willing to respond if you ask directly, they get irritated. Manipulation can include lying and “sneaking”, and taking risks with relationships and trust. But if you learned that it was futile or even dangerous to ask directly, it may not occur to you now to try being direct.

Using manipulation does not make you a bad person. But it is good to expand your options and also know *how* to ask directly for what you need. As a parent, you will want to ask directly on your children’s behalf. You will want to teach your children to ask directly for what they need. That will also help them be able to identify what their needs are.

You may have been told that all kids were manipulative. You may have believed it. You may have believed it because you knew you used manipulation. You may not have known what to believe. You may now think it about your children. You may feel manipulated. They may try to manipulate you (all children experiment with different ways to get their needs met and to have an effect on adults in their lives). But if you believe that this behavior is about kids being dishonest or

trying to get something they do not deserve, you are likely holding onto some old misinformation from your childhood.

When your children try to manipulate you, notice their attempts to communicate. *“I think you are trying to tell me that you want me to stay with you a little longer. Can you use your words? I will listen and I will answer you.”*

- Help your kids notice what it is they want or need
- Help them practice how to communicate that wish or need directly
- Let them know that it is okay to ask even if you cannot say yes every time
- Let them know that asking indirectly, through bad behavior, is understandable, but less effective
- Try to keep your emotional response level even if you are irritated or feeling overwhelmed

### ***“Kids don’t need adults”***

Many survivors had to grow up very fast and do a lot on their own. As parents these survivors may not know what kids need. They may think that their premature independence was normal and **be amazed and dismayed at how much their children seem to need from them**.

Also, survivor parents can drastically underestimate their own importance to their children. If someone did not feel important or valued as a child, that person is not likely to realize how important she (he) is to her (his) children as a parent. To children, a parent is the center of their universe. The parent is what makes the world okay for a child. Children need and love their parents. They also practice leaving and being angry with the parent, because

they expect that parent always to be there. If that expectation is realized, it is safe to practice independence, separateness and conflict with their primary parent figures, and this practice is an important part of development.

**Children need adults to allow them time to be children.** Childhood is a time of tremendous learning and developing. Parents are supposed to take care of children's needs so they can learn all they have to learn. Parents are supposed to help children be safe so kids can focus on growing up instead of having to use all their energy and attention for survival.

Sometimes being needed this way is overwhelming. It is a full time job – and more. When the parent also has needs, some left over from childhood and some from now, it is difficult to make room for both.

Parents need a lot of support to try to balance their children's needs and their own. We talk later in this handbook about what parents need and ways to balance kids' needs with parent needs. Do not conclude, though, that kids do not need adults.

When you think about raising your children, it can help to consider whether your own temperament is similar or different from each child's temperament. Sometimes that can help you understand certain times when you have conflicts or don't understand one another. Also, consider whether some of your child's behavior and emotions might be a function of temperament, and not just misbehavior, "acting up", or "brattiness."

## IT HELPS TO UNDERSTAND TEMPERAMENT

It helps to know more about how kids work. One thing that has helped a lot of parents is to understand the role of temperament in why kids can be so different from one another - and from their parents. Many parents with more than one child have noticed how different their children were "from birth" – in terms of traits like activity level, shyness, reactivity to change, ability to be calmed down, easygoing nature or agitation level.

Researchers who observe children have identified nine characteristics that make up a person's temperament (this list is taken from [Raising Your Spirited Child](#) by Mary Sheedy Kurcinka). These are characteristics that each of us is born with. All people vary on these nine characteristics -- from having a lot of it to having a little of this quality. Each temperament style has its strengths and its challenges. But it helps to understand that these traits are pretty much set at birth – and what we have to work with throughout our lives.

1. **Intensity:** the strength of a child's emotional responses
2. **Persistence:** the ease or difficulty a child has in stopping or letting go of an activity or idea that is important to her
3. **Sensitivity** (sensory): a child's awareness and sensitivity to tastes, textures, temperature, noise, and emotions
4. **Perceptiveness** (attention, focus): a child's awareness of the colors, people, noises, and objects around her. Perceptiveness determines a child's ability to stay focused
5. **Adaptability** (flexibility): a child's ability to adapt to changes in her schedule or routine
6. **Regularity:** a child's regularity or irregularity in terms of her daily rhythms –eating, sleep, and elimination
7. **Energy:** a child's basic energy level—quiet and relaxed or on the move and busy
8. **First reaction** (to new situations): a child's level of comfort or discomfort in new situations
9. **Mood:** a child's tendency to be happy and content or serious and moody

There are many helpful books that give parents information about what to expect from their children and how to understand their children's behavior and responses at different ages. Several resources for parents are listed at the end of this handbook, including books about kids who can be challenging in particular ways. One excellent resource for survivor parents (and one that you will see referred to throughout this handbook) is:

*Becoming The Parent You Want To Be: A Sourcebook of Strategies for the First Five Years* by Laura Davis (yes, co-author of *Courage To Heal*) and Janis Keyser. It has great organization and lots of examples involving parents with childhood abuse histories.

### **“I am trapped; I have no choices”**

For many survivors, this feeling is a familiar one. There may have been many times in your life when you were trapped. When one feels trapped, it is almost impossible to see any choices. In order to protect yourself from entrapment, it can help to identify choices ahead of time.

What are your choices in parenting? It starts with choices about being a parent. Too often, for many reasons, parents start with a feeling of no choice about having and raising children. It is important to know your choices and options. Parenting is not the right choice for everyone. It is not always the right time. There are parents for every baby, and they are not always the birth parents. You are not alone! You are not judged. It is important to give yourself permission to ask yourself, “Is this right for me right now?” “What choices do I really have?” “What help do I need to make this decision?” Getting pregnancy counseling from people who know all the choices – emergency contraception, abortion, open or closed adoption, non-custodial custody, etc.- is invaluable.

Choice points happen throughout each day. We have choices when:

- We decide our priorities for the day – or for a particular decision

- We decide how much we will try to accomplish that day (or hour)
- We decide how to respond to our child's request, behavior, emotion
- We decide how to respond to our own needs, feelings, resources
- We decide to ask for help
- We decide to say no, to recognize or set a limit or boundary
- We focus on one or two things, rather than many
- We limit our obligations to others
- We protect ourselves from stress

### **Triggers**

One of the legacies of childhood trauma is that a person can be pulled back into a memory unexpectedly when something from the present “triggers” a memory. Sometimes something in the present triggers *part* of a memory like:

- strong emotions (fear, rage, sadness),
- a bodily sensation (pain, paralysis, a startle response),
- a visual image (a scene, a face, a place),
- a smell, sound, or taste,
- or an automatic behavior or action response (ducking or cringing, compliance, rage, running)

When that happens, we can be pulled into the past without realizing it. Sometimes we respond to someone in the present *as if* they were someone from the past.

Many aspects of parenting can be triggers for parents with trauma histories. Sometimes parents are triggered to remember their own experiences when their children are the age they were when they were hurt, or when a certain bad thing happened to them. Remember you are not looking in a mirror at yourself; children are a part of us, but separate. Sometimes our children's behavior can feel

## When parents feels victimized by kids

Sometimes parents can feel victimized and controlled by their children. This situation is a lose-lose proposition and needs attention. It is not safe for children to frighten or bully their parents and it is humiliating and frightening for a parent to feel overpowered by a child. It happens with all parents sometime; we feel at our wits end with a situation or behavior and don't know how to do it differently. But if we can keep some perspective – and stay in now – we can get help – from our partners, neighbors, children's teachers, or professionals.

With younger children, a survivor parent can feel victimized when she feels controlled by the child's needs (*"My baby knows just when I have finally lain down on my bed; that's always when she starts to cry again."*), or unable to be effective with the child's behavior (*"I have no control over my toddler. He just screams until I give him whatever he is asking for. I have no choice."*), or triggered by a child's tone or language (*"When my son started yelling that I was dumb and stupid because his shoes were wet, I felt like a little kid with my mother screaming at me all over again. I froze."*).

As children get older and larger, their physical presence can be triggering. It can be difficult to hold onto the perspective that this is still a child who is testing limits and needs us to remain the adult and be consistent.

familiar –like the behavior of someone from our past. Sometimes our children's behavior can remind us of something we did or felt that got us into trouble. When triggered, we often react by instinct instead of by conscious choice. We are triggered to react in similar ways as our abusers responded to our childhood behavior.

One survivor mother reminds us that we need to *"Recognize that the mere presence of your child can be a trigger –keep doing your work. You can learn good coping skills."*

## Unavoidable Absences

For many survivors, parenthood is only one of many big stressors in their lives. There are circumstances that can result in unavoidable absences from our children. We may be absent because we need to be hospitalized for medical or psychiatric reasons, or because we are incarcerated in jail, prison, or mandatory treatment (for substance abuse, for example), because we have lost custody of our children, or are unable to safely care for them and need to be away. Whatever the reason, when

we are absent from our children, there are many complicated and painful issues.

### What Do Children Need to Cope With Separation From Parents?

Survivor mom: *"It's important that we strive to find a way to affirm life for them, even if we can't yet do it for ourselves."*

One of the hardest things about parenting is that it never stops. Even when we are overwhelmed by our own needs or pain, our children are there needing something from us. When we are in crisis, we do not always have a choice about being available for our kids. Let's look at what we *may* have some choices about.

### When you are going to be away from your children, here are some ideas that can help.

*Consider which of these you might be able to do.*

- Listen to your child's feelings
- Tell your kids the schedule (if you know it) and reassure them you are coming back
- Choose caregiver and location familiar to child, including children in the decision when possible and appropriate

## Triggers: Sorting It Out in a Parenting Group: *I love this example*

A mother, Deborah, complained in her parenting group that her three year old “*keeps getting right up in my face and screaming at me, ‘Mama, you’re not doing that right.’ She’s screaming in my face all day long. And I can’t stand it. I got yelled at when I was a kid. And now I have a kid who just stands there and yells at me! It’s pushing all my buttons. I’ve asked her to use her inside voice. I’ve told her she can’t scream at me. I’ve tried to respond calmly. I’ve tried yelling back at her. I don’t know what to do. I’m really losing it. How can I get her to stop yelling at me?*”

The group leader, Janis Keyser, had a few thoughts to share. First, she points out that the three year old was “*right at the place developmentally where she has a strong sense of what she wants to do, but she can’t yet do it for herself. Her capabilities don’t match her desires. So she’s frustrated much of the time. That’s where the yelling comes from. She’s voicing her exasperation at all the things she can’t do, not at you.*”

Then Janis added, “*I know it’s hard, but I don’t want her to lose her loud and powerful voice. She’s going to need it in the world. There will be instances in the world where her nice voice won’t be effective for her. It’s particularly hard for us to hear girls be loud and see them be powerful. For years girls have been told to be ladylike.....but when you don’t feel powerful in your body and strong in your voice, you’re naturally more vulnerable.*”

Finally, she recommended Deborah remind herself, “*She’s not yelling at me. She is yelling in my vicinity.*” And “*try saying to her, ‘That voice is a loud powerful voice! You may need that voice somewhere, but when you’re asking me for jelly, I want you to do it in a way that doesn’t hurt my ears.’*” That tells your daughter how her yelling affects you and sets limits about behavior, and as you teach her other ways to communicate you also teach her that her loud voice might be a useful tool in certain situations (p. 54 in *Becoming the Parent You Want To Be*).

Maria said about her four-and-a-half-year-old son: “*Sometimes it’s a really small thing that sets me off. We need to get out the door and he isn’t cooperating. I start feeling really pushed. And what I start to feel is not just anger appropriate to the situation, but old feelings I carry from the past. And those feelings belong to me; they have nothing to do with [my son] or the situation. They have come up for me to take a look at them. They are part of me. But they don’t belong in my relationship with [my son]. They have to do with me and the person who raised me.*” (Quoted from “*When I Feel Pushed: Maria’s Story*” in *Becoming the Parent You Want To Be: A Source book of Strategies for the First Five Years* by Laura Davis and Janis Keyser, p. 65)

### • **Help your child acclimate to the new situation by**

- Sending familiar things along with them (stuffed animals, blankets, something that smells like you– a pillow, nightshirt)
- Let them take a picture of you – pictures of you with them
- Make a calendar so they can mark the days and see when you will be back – or see them
- Give them postcards addressed to you that they can send – with a picture or words – and don’t forget to reciprocate
- Prepare child ahead of time – it helps if they can hear it from you and get some reassurance
- Younger kids may do better if they can stay in own home with caregiver rather than go someplace new
- Encourage your caregiver to talk about you and about your child’s feelings
- Use the telephone –but know it may not work for some kids sometimes and for younger kids can be confusing
- Make a tape of your voice that child can have control of
- Caregivers can prepare child for your return
- Tell your children that you love them and wish the separation were not necessary – that you wish you could stay, but will return – or do everything possible to return as soon as possible
- Reinforce for them the skills you know they have to help them get through it (with help from others) e.g. you are smart, know how to ask for help, etc (i.e., let them know you have confidence in them).

## What Do We Need to Cope With the Separation and Get Back on our Feet?

### External Resources

- Get as much practical help as you can
- Have physical support with daily tasks
- Find help that frees your energy to be with your kids and for yourself
- Say no to anything extra right now
- Simplify
- Who knows that you are in crisis and need help?
- Who can help you?
- Get treatment and life skills training
- Think about your day and what you need and make a plan: (e.g. before your kids get up, after they are in bed, during naps, when you have childcare, when they are in school) make time for what you need, like meditation, prayer, exercise, support, fun)
- Seek out friends who have a sense of humor
- Long-term, make plans for job training, education (GED, college, technical school), financial stability

### Internal Resources

- Find your own sense of optimism/daily affirmations
- What have you learned in the past about getting through the hardest times?
- What or who can you think of that calms or soothes you?
- Take it one day – or one minute at a time – to make it manageable
- Take your emotional needs seriously
- Don't neglect your physical needs
- Developing or using your sense of humor – not to make the situation funny – but as a coping mechanism ( a la Erma Bombeck). Laughter and seeing irony doesn't take away the pain, but it can make it more bearable
- Letters, pictures, visits, if possible, keep a journal

It is important to understand that **when you come back**, your kids may be cautious or angry. They may not rush to meet you or act only happy. They may be scared (that you will go away again), worried (that you went away because of them), angry (that you were not there when they needed you), sad (that they missed you), or helpless (that they had no control over your leaving).

#### **Some kids will:**

- Hang back
- Be ambivalent
- Test you
- Cling
- Be angry
- Show preference for the caregiver
- Say they hate you

#### **In response, you can:**

- Stay put and give them time
- Respond warmly to both positive and negative feelings, validating both
- Be consistent and non-reactive
- Hold onto and reassure them
- Listen and give words to their feelings
- Understand their dilemma and be patient. It's okay for them to have several safe people. It is not a contest.
- Tell them you understand their anger and you love them

## What do parents need to survive a separation from their children?

Some separations from one's kids mostly elicit relief and the freedom to focus on one's own needs. At the same time, one may miss one's children and worry about them. Think about what will help you manage the separation.

- Take pictures or mementos of them with you
- Call a grown up who can tell you how they are doing
- Have an audiotape of their voices
- Remember that you are trying to take care of things so you can return to them and things can be better
- Focus on the time you will be together again
- Work on a project to show them (a book of pictures, a story, a quilt, a scarf, a doll)

These behaviors do not mean that your children do not love you. It does not mean that they do not need you. These behaviors mean that they are checking you out to make sure that you are really back. It will help if you can,

- Listen to their feelings – non defensively
- Give them information that is appropriate emphasizing that your absence was not because of them or because they were bad or too needy
- Offer them hope that you and the family have support and things will get better
- Show them you are glad to see them and want to be with them no matter what their feelings

### When You Go To the Hospital

Whether you go into the hospital for physical or psychological care, it is a challenge for parents and kids. It is often hard for parents to allow themselves to put their needs first in order to get healthy – even when they understand that they will be better parents if they are healthier. While it can be scary for children to have a parent hospitalized, it is also reassuring to children to know that there are places where people go to get help getting better when they need it. There are many books for kids about hospitals and parents who are sick; ask your doctor,

therapist, or the hospital social worker to recommend some for your kids.

**When you have to go into a hospital**, consider some of the following ideas.

- Planning ahead, when possible can help parents and children. If possible,
  - Tell them yourself and answer their questions
  - Make a calendar showing when you will be back cross off the days – put an “X” on each day as it goes by – this is a concrete action they can take
  - Make or gather mementos of you and the kids for you each to keep with you
- Use family therapy so the kids can have a role in your getting better
- Plan visits
- Send and have the kids send letters, cards, postcards
- Tell them about who is helping you, the doctors, nurses, physical therapists
- Offer hope about what helped you
- Remind them that help for parents is a way to help families



## When You Are in Jail or Prison

Jail or prison raise many issues for families. When there is time, try to prepare your children so they can know what to expect. Give them information about time frame, visiting, contact with you. Practice writing letters. Focus on the future and what will make things better. Tell them that jail is a way of taking responsibility for things and part of a process of learning and doing things better. Do not let shame or despair make you pull back from your children. They need to know that you are still their parent.

**The most important thing all children need to know is that you will never stop thinking of and loving them.** And that it is not *their* fault. They deserve to have a parent there, but circumstances may have made it impossible for now. Hold the long-term vision for them. Hold hope.

## Custody Issues and Social Issues

Custody can become an issue for a parent for a variety of reasons, including divorce, DSS or child protective services involvement, parental absences, or incarceration. It always raises strong feelings to have others involved in making decisions for our children; parents can feel relief, suspicion, anger, helplessness, fear – or any combination of these feelings.

**It makes a difference** if you feel confident that the people making decisions care about your children and will do their best to make good decisions. It makes a difference whether you agree with the reasons for the custody questions. It makes a difference if you feel empowered to participate and be heard in the process. Anytime you are involved in legal proceedings, it is important to find a lawyer who listens to you and can be an advocate for you and your children. Ask other parents who have been through custody proceedings for recommendations and resources. Know your rights, or find someone who can tell you about them (Legal aid; Disability Law Services, Court Advocates).

Too often custody proceedings are disempowering and leave the parent feeling helpless and ashamed.

### What is different now from when you were a child?

- *Make a list of everything that is different now. List everyone you have as a resource now:*
- *How can you:*
  - have a voice?*
  - have choices?*
  - speak up and be heard?*
  - have someone on your side?*
- *Make sure you have advocates to help you think through what you want, need, and can do.*
  - Who are your advocates?*
  - Who are the advocates for your child(ren)?*

Too often the custody proceedings repeat experiences from a survivor parent's childhood: experiences of being silenced, without options, having someone whom you did not choose take control over a central aspect of your life. An important first step is to fight back against the past. Think about the questions in the box on the previous page.

When there are custody questions, **children need to know that they are loved and wanted.** They need to know that they are not forgotten or unimportant. When you feel overwhelmed and hopeless, it can be tempting just to give up, to abdicate all responsibility or even decide they are better off without you. But children are more hurt by indifference than by absence.

The waiting in custody proceedings is one of the hardest parts. It can take so long for decisions to be reached, and the proceedings can be endless. Pay attention to what you need to sustain yourself. Have people who can listen sympathetically and stick with you.

For your children, during the waiting time, try to be clear about what they can expect from you.

- Say what you can do and do what you say.
- It is better to promise less and keep your promises (than promise more and not follow through).
- You don't have to be perfect.
- Try to be as honest and predictable as you can.
- When you can't be there, make sure you communicate clearly with your children so they know what to expect.
- Tell your children what they need to know to understand without frightening them and filling them with despair.
- Remember, they need hope.

When there is involvement with social services protective services, discuss your goals with the staff. If you can identify mutual goals, you can work more

as a team. Try to find resource people who want the same things you do and with whom you can develop a plan that balances managing the challenges of your life with the challenges of parenting.

### **It Takes a Village**

None of us can raise our children all by ourselves. Children benefit from the resources and interest of lots of people in their lives. Some of the folks who make a difference in your children's lives include teachers and day care providers, neighbors, clergy, children's librarians, familiar faces you see when you run errands, nurses, physicians assistants and pediatricians, and extended family members. Concerned and involved adults offer a range of role models for our children. It is good for kids to have many caring adults in their lives.

Of course, we need to listen to our kids' experience of any relationship. As they get older, they will have input about who they especially like and feel comfortable with. They will have special heroes and heroines and people who make them feel good about themselves.

## Guidelines for Helping Children In Times Of Crisis

(adapted from *Becoming the Parent You Want To Be*,

Laura Davis and Janis Keyser, pp. 38-40)

- **Find your own sense of optimism** – “It’s important that we try to affirm life for them, even if we can’t yet do it for ourselves”
- **Get as much practical help as you can**
- **Listen to your child’s feelings**
- **Validate their perceptions:** *You’re right, I’ve been more grumpy, preoccupied, sad, tired. I am getting help*
- **Give your child the necessary information in simple positive terms** (“I’ve just lost my job and I’m worried about it. It may take awhile for me to find a new job, but I’ll get one eventually”)
- **Tailor your explanations to your child’s age and ability to understand** (younger children need shorter explanations that are concrete: *Mommy needs to visit some people who are going to help her feel better. You will be staying with Aunt Patty at her house while Mommy is away. Mommy loves you and she will be home soon*)
- **Share your feelings with children in an age appropriate way** (“On the one hand, it’s important to be honest with children about our feelings, to give name to the things they can read in our face and our body...But it’s also important to protect them from the full force of our adult responses to serious situations so we don’t overwhelm or scare them”  
“Ask yourself: Is this sharing primarily to meet my needs? Or is it to meet the needs of my children? Do I have another place I can let down my guard and express my deeper feelings about this.” (It’s okay for mommies to cry. I am sad and crying is a way to feel sad. I’ll be okay. After a while I won’t cry so much. Yes, a hug would help.”)
- **Differentiate your concerns from those of your children** (Adults think long-term and kids immediate and self referential. “Children primarily want to know how the change is going to affect them right now” e.g. *Will I still go to school? Can I still have a play date with Johnny? Who will tuck me in at night?*)
- **Reassure your children about what will happen to them** (Give specific answers to their questions, and assume they have questions)
- **Use the situation as an opportunity for teaching** “In dealing with inevitable life crises, you have the opportunity to teach your children about the healthy expression of feelings, about the positive aspects of change, and about the human capacity to persevere and continue living through hard times. Dealing constructively with the disequilibrium caused by changes in the family, even stressful ones, can provide important lessons for children that they can call on throughout their lives” (p. 40). *These lessons last a lifetime.*
- **Don’t overburden your child** so that s/he feels like s/he should take care of you – role reversal



## Difficult Feelings for Parents

There are so many feelings that come in parenting. But feelings themselves can be a problem for some survivors of childhood trauma. Sometimes survivors associate having feelings with being overwhelmed and unsafe. Many survivors do not know how to recognize and identify their feelings, or else they can’t tolerate or modulate their feelings. Sometimes, they just don’t know what to *do* with them. Yet, not only will you have lots of feelings as a parent, a huge part of parenting is teaching children about their feelings and how to manage them.

Often survivor parents are especially afraid of certain feelings; commonly anger, fear, anxiety, and depression top the list. Survivor parents can also feel unbearably vulnerable when showing positive feelings, such as love and affection.

Ahead we look at some of the powerful and sometimes difficult feelings that come up for parents and *consider what we want to teach our children about these feelings.*

### Anger

Anger is an important human emotion. Children feel anger. Adults feel anger. Learning how to recognize and learn from your anger is essential to your safety. It is also central in negotiating human relationships. Jean Baker Miller reminds us that anger is a clue that something is

wrong in a relationship. Anger in a relationship is often a warning sign that there is a need for better communication, that there is an imbalance, or an unacknowledged need or other feeling. It should serve as **a clue to slow down and start talking things out**. This approach also breaks the connection between anger and abuse. Anger is a cue to start talking and start repairing the relationship or situation.

Too often survivor parents did not learn how to use or express anger constructively. Instead, they may have learned that anger meant rage, violence, danger, abandonment, or loss of control.

**Anger and frustration are natural parts of parent-child experiences.** We are always teaching our children how to respond to their anger and frustration. We need to practice and get support to learn ourselves. The box below covers some of the ways to manage anger with children of different ages.

If anger is a problem for you, it helps to find other outlets. What helps you? List what helps in the moment, and what can you do to lower your stress overall and decrease the frequency of frustration or explosive anger.

### **Outlets in the moment:**

1. leave the room
2. call a friend and vent
3. go for a walk or run
4. deep breathing
5. count to 100
6. make your own list here:
  - 1)
  - 2)
  - 3)

### **Planned stress reduction activities:**

1. take a long bath daily
2. take a walk
3. find a support group (formal or informal)
4. take time away from kids
5. make your own list here:
  - 1)
  - 2)
  - 3)

## **How should you express anger? A Developmental Outlook**

from *Becoming The Parent You Want To Be* (pp. 58-59)

With babies and toddlers: use short and clear sentences, a serious tone of voice and body language; *“I don’t like it when you bite me. We are going to stop nursing now.”*

If you feel like you need to yell and hit, put baby in a safe place (crib, playpen) go into another room for a few minutes to vent your anger physically without scaring your child. It may help to talk about frustration later with a friend – but infants, one and two year olds are too young.

Preschooler: can handle more information about your anger and some can deal with a raised voice *“I feel really upset. I don’t like it when you do x. It took me a long time to... I want you to help me fix it.”*

Again remove yourself if you cannot control the intensity of your anger. *“I’m going into the bedroom for a couple of minutes and then I’ll be back.”* [If necessary, you can send your child to their room – explaining it is not a punishment, but a chance for you to get clear – an adult time out].

## What do you do when you get really angry?

Survivor Parents Answer:

Throw full toilet paper roll at the wall  
Whack a rolled towel on bed in bedroom with door closed  
Punch pillow, throw pillows, go for a “stomp”  
Take a grown-up time-out, put child in safe place  
and go to your room  
Digging in the dirt helps – gardening  
Go for a walk, run, bike ride, exercise  
Yell into a pillow – really loud, but kids can’t hear me

Ultimately, what we are trying to do for our children is provide a model of anger that is clear and honest without being hurtful. The following list is adapted from *Becoming the Parent You Want to Be* (pp. 59-61).

### What You Can Do When You Get Angry

1. **Think about what you want to teach your children about anger** – it’s a healthy emotion, there are positive ways to express it. People can move through it successfully.
2. **Give your anger a name** – and context (It makes me angry when you don’t come when I call you.)
3. **Avoid scaring children** – you can teach respect even in your angry moments.
4. **Work to express anger without blame** – children are not responsible for our anger – even if they do things we feel frustrated about. We feel angry in response to their behavior.
5. **Don’t hit children** – hitting them hurts and frightens them. Hitting also teaches them that violence is an acceptable way to express frustration and solve problems, and teaches them that, if you are bigger and stronger, it is okay to use force to get your way or to inflict hurt when frustrated. Too often it teaches them you don’t love them and/or they aren’t loveable.
6. **Don’t destroy property** of the child’s or resort to breaking inanimate objects or hurting the family pets. Don’t threaten to either.
7. **Find alternatives to screaming**
8. **Take a break** – I am going to sit on my bed for a few minutes, we can work this out when we both calm down a little.
9. **Observe (know) what triggers your anger** – “gorilla buttons” set clearer limits in these areas.
10. **Use your sense of humor:** “I turn into Momzilla” “You’re driving me bananas, bananananana”.
11. **Think about what happens when you get angry** – use your early warning system.
12. **Pay attention to the emotions that accompany your anger-** hurt, fear, shame, frustration, rejection anxiety – work to resolve these feelings.
13. **Separate your backlog of anger from the present** – what is appropriate to immediate situation. Ask yourself is this “my stuff” or is this “now” – this situation? Count to ten.
14. **Talk about your beliefs about anger** with partner or other adults.
15. **Anger is not a bad thing in itself.** Handling it badly is what we want to correct.
16. **It is never too late to apologize**
17. **Tell yourself, “I can do it differently next time”** as a way to deal with remorse, guilt.

## Fear

Too often survivor parents still live with a legacy of terror. We struggle with our own fear of the world, of our perpetrators. We fear for ourselves and for our children. We need to calm our own fears in order to help our children be safe and comfortable in their world. The legacy of trauma can include hyper-vigilance and over generalized mistrust.

Fear is linked to safety; the greater our fear, the more desperately we want our children to be safe. Ultimately, our goal is to teach safety without teaching fear to our children.

- Supervise your children; choose safe environment and oversee; setting limits without micromanaging or nagging.
- Don't give kids scary information that they cannot make sense of – “I don't want to undermine their sense of optimism during their most vulnerable years.”
- Present a hopeful picture of the world (e.g., *The Berenstain Bears: Talking To Strangers*, children's book by Stan and Jan Berenstain) This is necessary to offset sensationalism in our media which overemphasizes negative. Point out acts of generosity, kindness, helpfulness, trustworthiness.

To help your child deal with fear, give them tools and strategies, like

- Call 911
- Use the phone
- Yell
- Run
- Tell an adult and keep telling until someone listens (don't give up)
- Get Help
- Empower them: That's Not Right; That's Not OK
- Read helpful books about kids overcoming fear
- Understanding their bodies and boundaries
- What to do if they are lost in a mall, grocery store, etc.
- Practice safety drills

## Worry and Anxiety

For survivors who have experienced the worst and know that catastrophes can happen, their **anxiety is often driven by their previous experiences, and their high expectations** for themselves to do everything perfectly on their own.

- The **first** step is to questions your assumptions. “*So what if I am late?*”
- The **second** step is to de-escalate the feared consequences. “*What is the worst that could happen?*”
- The **third** step is to problem solve. “*IF that happened, what could I do?*”
- **Finally**, it is important to pay attention to what is different now from your past. “*Now I don't have to do it alone. I can speak up. I can ask for help. If the receptionist is rude or inappropriate, I can complain and ask to speak to someone else.*”

Another source of parents' anxiety is our unrealistic expectations for ourselves. Many of us expect perfection of ourselves. These expectations are often not limited to parenting, but they are even harder to meet as a parent because **there is no such thing as perfect parenting**. It is not an achievable goal.

Another area that can elicit enormous anxiety for survivor parents is trusting your children to other adults – relatives, baby sitters, neighbors, childcare providers. Yet, it is necessary that your children receive care from others as they grow up. To manage this anxiety, survivor parents have to develop a system of screening and knowing their child's caregivers that will allow them to substitute facts for their fears. Getting information about credentials and training for professionals is a start. It is important to get personal references, especially from people you know and trust. Observing the childcare providers is invaluable. Watching your child's reaction to the providers gives you more information. As you gather the information, be careful to separate today from the past, so you can

## The Balance of Teaching Safety and Trust

One survivor mother wondered, “*How do I decide between should I let her make choices and live with consequences vs. try to protect her from any hurt?*”? This is the tension of raising children; we have to both protect them and teach them (which includes allowing them to learn from their mistakes). We are making that choice all the time. And the balance is constantly shifting as they grow, from infants to toddlers to preschoolers to children to adolescents.

Generally, we assess the risk, and take more control when the consequences involve danger, but allow children to experiment and learn about “natural consequences” otherwise. For example, we won’t let a child play near a street or parking lot, but she can play in an area where she might get muddy or wet. A young child can’t play in a lake without a grown-up, but he can play in a puddle. We can’t and shouldn’t protect our children from ever getting hurt ( scrapes and bruises, hurt feelings), but we can be committed to protecting them from serious injury.

As survivors, the challenge is to realistically assess danger. Sometimes our fear makes even minor risk seem catastrophic. It can help to “reality check” with others – teachers, parents, health care professionals. Remember that part of our parenting challenge is to teach our children (over time, as they grow older) to handle life’s challenges and to assess safety and danger themselves.

evaluate your information accurately. Know your bottom-lines (I need to be allowed to drop-in any time to observe, I need to be able to call and check on how my child is doing, I need to have time to talk with the provider at the end of the day, I need to know exactly how behaviors are responded to in this setting) and ask your questions. Quality childcare situations are both understanding of these parent needs and welcoming of parent visits and input.

When anxiety gets the upper hand, survivor parents can either try too hard to be in complete control, or react suspiciously to the world as though everyone is dangerous and out to get them or their children. Either of these outcomes is harmful both to parents and to children. We cannot live under the terrible physical strain that chronic terror engenders, nor do we want to teach our children to live in fear – like we did. We need to **manage our anxiety so we can offer a balanced picture to our kids, teaching them to use reasonable caution and to trust in good things in the world.**

## Despair, Sadness, and Grief

There are a lot of reasons that parents can feel sad. For one thing, parenting involves change and loss. Your life changes forever when you become a parent. You are never again only responsible for and to yourself. Some of what parents may feel is grief.

They may grieve

- Freedom
- Spontaneity
- Sleep
- Your physical shape
- Time
- Self-care practices

There may be additional losses for survivors when they become parents, including

- Freedom from certain memories
- Time or money for treatment
- Time for self
- Certain coping strategies
- Option for suicide or running away
- Having to let go of the past to move into the future

First, **all parents are sad sometimes**. You do not have to be cheerful and ecstatic all the time. Being sad does not mean you are failing. There is nothing wrong with children seeing that their parents can be unhappy sometimes. This will be an opportunity for your kids to see that people can cope with a range of emotions. This is modeling “normalcy.”

But when sadness is chronic or becomes despair, it can overshadow all aspects of life. One side effect of despair is distorted perceptions of oneself and of others. Basically, when we are depressed, we are likely to see ourselves and others through a lens of negativity. As a parent, this can make us chronically disappointed in ourselves and our children, which leads to irritability and more despair. It is important to interrupt this cycle, and **challenge your negativity**. Look for what you and your kids are doing right. Comment on those things. Give out stars, rewards, hugs. A company called, “Positive Promotions” puts out “Caught Being Good” stickers with a list of “101 Reasons to Reward Kids for Being Good” on the back (see Resources p.58). Using prompts like that can help you shift your attitude when you feel stuck in negativity.

When you have a history of being criticized, blamed, and unappreciated, you often don’t think to question your self-critical thoughts. Another aspect of this negativity may be chronic pessimism; when you look at the world through the lens of negativity everything looks dreary, impossible, flawed. It is important to notice this tendency and correct it or we risk teaching our children hopelessness before we teach them hope.

**Children are drawn to hope.** The process of growth they are engaged in is nothing short of miraculous. Being part of that miracle makes them open to seeing beauty, wonder, and good things, and feeling hope and confidence that things will work out. We want to nurture this optimism in our children. It will serve them well even in the face of hardship. Optimism is good for physical and psychological health. It also helps people be able to conceive of solutions before they find them. “I don’t know how yet, but I believe that I (or we) will figure this problem out.”

## Shame and Guilt

Many survivors have a lifelong struggle with shame. Shame is deeply painful and can lead to self-hate, fury, and hopelessness. Shame is an integral part of the cycle of abuse. We were taught to feel shame. Shame rests on the assumption that in any circumstance there is someone at fault: ourselves (shame) or someone else (blame). As a parent, there are several ways to counteract this negative cycle:

1. Accept making mistakes: it is human and inevitable
2. Problem-solve when you make a mistake (how to fix it)
3. Practice and teach empathy
4. Challenge your unrealistic expectations for yourself (and others)

In their book, ***This Isn’t What I Expected***, Karen Kleiman and Valerie Raskin write,

*“Motherhood, by definition, involves impossible expectations. Each of us longs to become the perfect mother, always to give selflessly to our children and never to deplete our capacity to nurture those we love. But it seems that we all must wrestle this truth: The harder we aim for perfection, the less likely we are to find it.”*

*“Only when we learn that taking care of ourselves is as necessary as taking care of our families; only when we begin to accept ourselves, imperfections and all; only when we permit ourselves to face the limits of what we can do for the people we love do we achieve our fullest potential as mothers. Our children’s self-esteem is linked to our own. As we learn to accept ourselves as we are, we guide our children in their journey toward loving themselves as we love them, flaws and all.” (p.262)*



## Parenting is unbelievably hard for everyone

The authors of the book, *This Isn't What I Expected*, Karen Kleiman and Valerie Raskin, wrote about what it was like for them:

*“We learned that motherhood is great – when it’s great. But we also learned that when it is terrible, it’s very, very terrible. We learned that you can love your baby more than you ever imagined possible, and at the same time be scared by how angry and frustrated you feel. We learned that the sound of a helpless, crying infant who is not hungry, wet, or stuck by a pin can destroy self-esteem in a matter of minutes. We learned that night after night of interrupted sleep can make you think you might really go crazy. We learned that it is possible to experience even a hug from your husband as an intrusion into your five minutes of peace and quiet. We learned that breast-feeding is not innate and that a screaming infant who is refusing your breast can make you feel the pain of rejection as you have never known it before. We learned that even though we loved being home with our new babies, we missed adult company and missed feeling the sense of accomplishment that we all get from our work or outside interests. In sum, we learned that all the rough parts had been glossed over, left out of our culture’s idealization of new motherhood (p. ix-x).”*

To offset the cycle of shaming (oneself) and blaming (another – our children), **we need to model both making and accepting our mistakes.** When we do this, we model that learning is a lifelong process. We have the opportunity here to model kindness to oneself, forgiveness, and to reject perfectionism. Neither parents nor children are ever perfect. These lessons are invaluable gifts to our children. For ways to model making mistakes look at the upcoming section titled, “Transforming Guilt Through Repair: Modeling Mistakes. (p. 43)”

### **Mistakes are opportunities to problem-solve.**

Most mistakes are fixable. We can make repairs in relationships as well as with things. When we have made a mistake and feel ashamed or guilty, we can teach reparation.

- When *we* forget something important to our children, we can apologize, and work hard to remember next time.
- When we can’t attend a school event, we can make a commitment to do something special (have a tea party, go to a park) with our child.
- When *our children* harm someone or something, we can teach them repair that is appropriate to their age.
- For example,
  - young children can help you wipe up a spill,
  - they can hold the dustpan when you sweep up a mess,
  - or put dirty clothes in the hamper when they change.
  - They can choose a different toy to share when there is a particular one they are not ready to share.

Shame sometimes interferes with our ability to respond to our own needs. We can become completely child-focused to try to make up for feeling like a failure. Taking care of and time for yourself are part of teaching children empathy and respect for others. Empathy is the ability to understand another person’s experience. It is a very important skill for relationships, for conflict negotiation, and, ultimately, for peace. It is an

important part of the teaching that parents do with children. As you teach children empathy, you are truly breaking the cycle of abuse. Abuse is all about the abuser meeting his or her needs at the expense of the one being abused.

As parents, our shame is often made worse by the unrealistic expectations we have for ourselves. **Our expectations about what motherhood should look or be like come from three major sources.**

• **Culture:**

a) popular media images tend to idealize or denigrate mothers, but rarely accurately portray the stress and demands of motherhood

b) your own particular cultural heritage will include certain expectations about what motherhood means and what a mother should be like

*What did you learn from your culture(s) (both the dominant culture and your own culture) about what a mother should be?*

• **Childhood expectations:**

What we learned in childhood from our mothers and mother surrogates (What you imagined it would be like when you grew up and became a mommy)

*When you were a child, what did you imagine you would be like as a mother?*

• **Adult Expectations of Motherhood:**

What you imagine motherhood will mean to you, (e.g., I'll give my children everything I didn't get; this baby will bring me closer to my partner; having children will complete my life)

*As an adult, what did you imagine you would be like as a mother?*

**When our expectations are not met, what do we feel?**

- |                |                      |
|----------------|----------------------|
| Ambivalence    | Guilt                |
| Disappointment | Anger                |
| Resentment     | Dread for the future |
| Shame          | Trapped              |
| Self-blame     | Self-hate            |

In *This Isn't What I Expected*, the authors recommend a six step approach to unraveling this negative process by paying attention to the expectation and reassessing it given the reality (pp.207-208).

**Step 1: Identify the Expectation:** *"I imagined my baby would be happy and easy to care for" "I thought I would have lots of time to enjoy my kids"*

**Step 2: Acknowledge the reality:** *"My baby is fussy and hard to soothe" "I never have enough time to tie my shoes, let alone play with my kids."*

**Step 3: Identify your feeling:** *"This makes me frantic and angry." "This makes me feel like a rotten mom, and I get mad at them for pestering me to do more."*

**Step 4: Support and accept your feeling:**

*“No wonder I’m upset. It is hard to take care of a fussy baby.” “It is hard to have more things to do than there are hours in the day. It is hard to have to make so many choices every minute. No single parent can do all the things I expect myself to do.”*

**Step 5: State your loss:** *“I don’t have a happy easy baby.” “I cannot spend as much time relaxing or playing with my kids as they and I would like. I have to make compromises.”*

**Step 6: Refocus statement:** *“My baby is spirited and a strong communicator.” “It’s good that they can tell me that they want to play with me. Maybe I can plan some play or relaxation time each day that we all can count on.”*

It helps to **focus on positive moments of parenting.**

What feels good to you in your parenting – even if only for a brief time? Taking a nap with the baby? Watching your baby while s/he sleeps? Getting hugs when the kids come home from school or day care?

- 1.
- 2.
- 3.

Another feeling that can cripple parents is the burden of **guilt**. Sometimes it is all too easy to feel guilty

- For making mistakes
- For failing to live up to high expectations – our own or those of others
- For negative feelings: hate, envy, wish to flee, resentment
- For behaviors: yelling, hitting, abandoning, threatening
- For our mental state – depression, dissociation
- For not having enough money or resources

But guilt in and of itself is a dead-end. To **transform guilt** into something constructive:

1. Show compassion for yourself
2. Take responsibility and make reparation
3. Forgive yourself
4. Identify what you need to do it differently
5. Challenge unreasonable expectations

## Resentment

It is not uncommon for parents to resent their children for all the good care they are getting – especially when the parent

- a) did not get that kind of good care as a child and
- b) needs some right now and is not getting it.
- c) is mourning the loss of freedom and choice that come with parenthood.

One survivor mother reported, *“My children have not met their grandfather because I am afraid he will love them the way I feel he denied me. I don’t want to resent them”*

Feeling resentment makes sense and is okay. The next step is to become an advocate for yourself. The solution is not to hold your child responsible for what you did and still do not get. Rather, **it is a wake-up call about your needs**. How can you meet some of your needs? It may be a clue that you will help your children learn to wait to get some needs met, to tolerate some delay on non-immediate needs.

It is important to have a place where the focus is completely on you, just you – like a massage session, a therapy session, meditation. Parent groups, women’s groups, and survivors’ groups can be places to get support and have time to talk things out. Some survivor parents find it more helpful to talk to other survivors than other parents, while others may particularly want to talk about parenting issues. You may be able to do both.

Remember, your feelings give you important information about your needs. Your feelings are not created by your children. They come from you and tell you something about you and your needs. Listen to them and take steps to treat those needs with respect.

# Loneliness

Parenting can be very isolating. We have to work to make connections with other parents. It can be hard sometimes to find other parents with whom we feel comfortable or who have similar life circumstances. Especially if we are single-parenting or home alone with the child most of the day, we can miss adult conversation, adult connection and support.

We need to recognize the needs behind the feelings and think about a plan to start to meet those needs. Our children cannot be our sole companions. This places an unfair burden on them and is unfair to us who need adult companionship. For some survivors, closeness with their children is safer than with other adults, because there is no confusion about intimacy and sexuality and no pressure to be sexual or too vulnerable. It is important to think about what makes connection safe and rewarding for you. How can you get your need for connection met? What do other parents do?

Some ideas include:

- **Make connections through activities**
  - Exercise center
  - Craft activities
  - Church or temple
  - School volunteer
  - Hiking club
- **Make connections through structured groups**
  - Parenting support group
  - Book Club
  - Therapy group
  - Spiritual discussion group
  - Twelve step group
- **Make connections one person at a time**
  - Have a walking partner
  - Meet someone for coffee once a week
  - Share play dates with another parent
  - Use telephone contact



# What Helps: Ten Ways To Build Skills and Resources

## 1. Replacing Confusion with Information: “I Can Find Out”

A lot of parenting feels like flying by the seat of your pants. Every time you think you have figured something out about what your child needs from you, the child keeps growing and the needs change! Lots of people have opinions about what you should be doing, and often their ideas contradict one another! How do we sort it out when we feel confused?.

- **First**, confusion is common for parents. This is a hard job and there are no simple instructions. It is sensible and okay to be confused.
- **Second**, there are many right answers. There are many right ways to raise children.
- **Third**, you can get information to help you. There are many ways to get information.

For example, you can:

- Talk it over with another adult to share ideas (a friend, parent, teacher). Ask questions, share experiences about parenting
- As your child gets older, she or he can brainstorm with you
- Look at books about parenting and kids’ development
- View a video about parenting or kids from your public library
- Meet with your pediatrician or early childhood resource person in your town
- Use a parenting web site such as [www.nccc.org](http://www.nccc.org), [www.parenting-qa.com](http://www.parenting-qa.com), [www.parentsplace.com](http://www.parentsplace.com), [www.wholefamily.com](http://www.wholefamily.com),
- Call a parenting hot line, such as 1-800-632-8188 or 1-800-334-4KID
- Read magazines about parenting, families, adoptive families, child development to get ideas
- Start a support group yourself
- Barter childcare

It is unlikely that you are struggling with a problem that no parent has struggled with before. We all benefit from sharing information with one another, because we all face tough decision points again and again.

## 2. The Six Stages of Childhood and Parenting: Tasks and Challenges

Let’s look at some of the different stages of childhood and parenting to see some patterns of the demands and stresses of parenting. As you read this section, think of your own gifts and vulnerabilities. *What is easier and harder for you? Where will you need extra support or help?*

### STAGE ONE: PREGNANCY OR ADOPTION PLANNING

**Child’s Developmental Tasks:** Physical development, nourishment

**Parental Tasks:** Be physically healthy, provide appropriate nourishment, prepare psychologically for new child and role.

**Possible Challenges for Survivor Parent:** Body changes and triggers, other people’s attention on your body, fear and anxiety for child, need to go without medications, drugs, alcohol. Birth experience as trigger

**What Survivor/Mothers said:** “I felt physically vulnerable during pregnancy – felt embarrassed about my growing belly.”

“When I was expecting I was feeling scared, worried that I wasn’t ready.”

“I don’t know if I can keep this baby! I knew I wasn’t where I should be in my recovery to have a child. I know I wasn’t as ready as I should have been.”

**Parent Needs:** Support, safe place to talk about fears and doubts, help setting limits with others, information about your body's changes and process, connection with other pregnant women.

**Parent Needs:** Support, contact with other adults and parents (e.g., Mommy groups), safe place to talk about fears and needs, time to attend to own needs, help with infant care, information about postpartum adjustment and resources.

## STAGE TWO: INFANCY

**Child's Developmental Tasks:** Attachment, physical growth, early interactions with environment and body

**Parental Tasks:** Provide safety, physical care and nourishment, attunement, anticipate and meet needs.

**Possible Challenges for Survivor Parent:** Constant needs of another when overwhelmed, touch might be triggering, low self-trust, worries for safety of child or about own adequacy as parent, unrealistic expectations for self or infant, feelings about breast feeding. Returning to work – guilt, “abandoning” child with caregiver, balancing pressures from work and home

**What Survivor/Mother said:** “I had a fear of repeating abusive behavior even though that was the last thing I wanted. I was afraid of not being able to bond with the baby. Also, fear of the commitment – how could I do it for all those years?”

“After having the baby I froze and didn't know what to do. With both births my bosses were verbally abusive (critical). I was worried all my stress and crying would rub off on the baby.”

“As I was about to be there for someone else (my baby), I thought, maybe I'll leave the old me behind. I'll be a mother, a whole new person.”

“Not wanting to leave hospital because I was so terrified to take her home and be responsible for the little thing. I felt very alone. I did not want to be alone. I was afraid I'd drop it or be negligent and drop it. That fear led to me being very attentive. I was pretty angry and depressed about having to be that 'on' for another person.”

## STAGE THREE: TODDLER

**Child's Developmental Tasks:** Begin to explore physical world, say no and express wants and needs, early autonomy, increased physical mobility

**Parental Tasks:** Keep child safe, teach language and communication skills, support early autonomy and balance with providing security and predictability, develop or use your sense of humor.

**Possible Challenges for Survivor Parent:** Toddler behaviors might be triggering, e.g. clinging, defiance, tantrums, hitting, crying; need to balance letting go with holding on; anxiety about other caretakers; because communication skills develop slowly, child and parents can get very frustrated which may lead to anger, guilt, shame.

**What Survivor/Mothers said:** “By the time he was two years old, I let go. No one was there for me; I had an attitude of ‘Take care of your own self.’ Not mean, but in my head I was gone for about a month. I was not available to him or me. I snapped out of it when my son got into the knife drawer while I was napping.”

“And again when he was about two he walked into the road. I went to the basement for something and when I came upstairs my toddler was in the road. I never told anyone.”

“It's intense because they don't stop. There's a similarity of having a child who sucks the life out of you and trauma – it's all so demanding. Her toddler years – that was the time I was verbally abusive, and I did sometimes squeeze her hand when I got angry. A friend said I needed help or they would call somebody. I went to Parents Anonymous, counted

to 10, and still couldn't be the parent I wanted to be. If I could've tied myself up between her ages 2-5 so I didn't hurt her, I would have. And there were only certain people I trusted to leave her with. I needed help and support. I spent lots of time on my bed crying and feeling I just couldn't deal. I didn't want to use TV but it was better than screaming at her."

**Parent Needs:** Lots of support, time with other parents to talk, rest, breaks from childcare, understanding the developmental process of the child so it won't feel personal, compassion for yourself and your child, time-out options for both of you. Look for change of scenery – free museums, playgrounds, libraries.

#### STAGE FOUR: PRESCHOOL

**Child's Developmental Tasks:** Interact with the world more, early social relationships (sharing, play dates), language development, learning skills – self care, interpersonal, safety; asking questions

**Parental Tasks:** Facilitate learning, expand child's world, answer questions, teach skills, balance between exploration and home base – security; teach social skills and manners, and working things out with other people.

**Possible Challenges for Survivor Parent:** Age triggers (when child is age you were when bad things happened) more interaction with people in the world can increase worries about safety, giving your child things you were not given.

**What Survivor/Mothers said:** "I was so alone, lost in myself. I felt God was against me. I have black and white thinking – I'm either perfect or not good enough."

"If I'm not mean, I'm available to all requests. (If I'm mean,) I get my space but it's mean space."

"Innocence of the child. What they learn in the home growing up will affect their life. We are their first teachers."

**Parent Needs:** Support, help separating a) your child from yourself and b) now from then. Realistic assessment of dangers and safeguards, teaching children to speak and expect to be believed, noticing all the good parenting you are doing, noticing how your child is different from you at that age, places to talk about what's hard, time away from parenting, rest.

#### STAGE FIVE: SCHOOL AGE

**Child's Developmental Tasks:** Cognitive and social demands of school, finding own learning style, social and individual identity development, finding talents and interests, social skills; conflict negotiation, making friends.

**Parental Tasks:** Managing details of schedules, transportation, obligations; monitoring educational needs and progress, helping child identify and manage feelings and social relationships, conflict negotiations and limit setting at home, balance learning with relaxation, develop healthy relationships with mind, body, and peers.

**Possible Challenges for Survivor Parent:** Needing to be more active in the world with "authority figures", providing help and resources that you did not get, teaching child social skills you may feel weak in, your own discomfort with your body can make it hard to help your child feel okay about his or her body, you may be oversensitive on behalf of your child in social relationships or not know how to teach good interpersonal skills because no-one taught you. Wanting kids to take care of you, or help you take care of younger children.

**What Survivor/Mothers said:** (Re: clinging) “Now she’s 8 years old and I think, ‘OK, get off me now.’ I feel grateful I’m able to offer a close physical relationship to her but it’s been a hard adjustment sometimes.”

“Sibling rivalry with the 4 month old and 2 year old. The 6 year old starts to act out. I’m yelling at her a lot more now. I’m trying to stop myself from yelling at her. It’s a really big challenge for me.”

“We need to talk about the fear of or actually perpetrating the abuse onto your child. While you can do so much healing and discovery before you have your child, having a child and s/he being the age when you were abused can trigger memories, feelings, reactions, sadness, and depression.”

“As a survivor, there can be a tendency or occurrences to place your own child in the care of people who seem to ‘look on the outside’ – you may not know that well – which can set them up for victimization. The teaching component: educating your child about his/her body to keep it safe – that it’s theirs to protect, and that they can say NO! To any kind of unwanted touch.”

**Parent Needs:** Support, carpools, opportunities to talk with children’s teachers and observe your kids in their classes, safe place to talk about what gets brought up for you, hotlines or phone resources when you need them, time for yourself.

## STAGE SIX: ADOLESCENCE – TEENAGERS

**Child’s Developmental Tasks:** Identity formation, beginning separation from home, social networks, educational and vocational skill building, integrate sexuality into self, sexuality education and safety, gender role choices, friendships, peer pressure, and dating relationships.

**Parental Tasks:** Teach self-respect and other respect, facilitate logistics of activities and obligations, help develop work habits, support identity exploration, teach safety and personal boundaries while making room for child’s exploration and individual differences, develop or use your sense of humor

**Possible Challenges for Survivor Parent:** Sexuality can be a trigger, if teen is using drugs or involved in abusive relationships can be a trigger or make one feel like a failure; can see teen child as more independent than s/he is because of own experience of early independence or lack of protection, fear to let child become more independent because of fear of unsafe world, as feel out of control of older child may feel the need to use violence or force to try to regain control; may see adult sons as resembling perpetrators from past. As your child goes through puberty and his/her body changes and s/he gets more interested and curious about sexuality, a survivor parent can become triggered and worried for her child’s safety, but so anxious that she doesn’t trust herself to make reasonable decisions. Get information to help children not make the “right” choices but “smart” choices.

**What Survivor/Mothers said:** “Her developing body. How to talk and listen to her. Her changing body. Not to project my fear or over-protect. Should I let her make choices and live with consequences or try to prevent her from any hurt?”



*“Teens - how to set limits how to ‘be on their side’ and still get what I need – my values, rules. “I know you feel you’re ready for sex, but I feel that waiting is most appropriate because of all the issues that come with it” It’s important to be a parent, not their best friend.”*

**Parent Needs:** Support, Resources to teach respect and trust and talk with teens about sex, drugs, safety; support for own healing and awareness of alternatives, develop and use your sense of humor.

As survivors, many of us have learned to go it alone. We may not believe anyone will help us. We may believe we are supposed to manage alone. We may have trouble trusting anyone enough to let them help us. We may not know how or who to ask for help. For any number of reasons, we have the habit of isolation. These issues can be especially challenging when we are single parents. It is all too easy to feel like we are asking too much, imposing, and don’t deserve help.

## OVERALL TASKS FOR YOUR JOURNEY AS A PARENT

In *Becoming the Parent You Want to Be*, Laura Davis and Janice Keyser offer “**Nine Principles for the Parenting Journey**”

They are listed here:

1. *Developing a vision for your family*
2. *Learning about children*
3. *Cultivating a spirit of optimism about your children*
4. *Understanding that parents are always growing*
5. *Learning to trust struggle and disequilibrium*
6. *Working toward a balance of needs*
7. *Teaching children to be safe, strong and good about the world*
8. *Being human: When you are not yet the parent you want to be*
9. *Building a supportive community*

**It also helps enormously to nurture and use your senses of humor, spirituality and compassion**

### 3. Moving from Isolation to Connection: Belonging in the World

One of the most important principles of parenting is that **parents need support**. None on us can do this hard job alone. We need resources. We need a safety net. We need the help of one another. Our children need their village. We need our village.

A survivor mom tells us, *“I have most often been alone – I either can’t get help when I need it (people aren’t available, etc – or I’m unwilling to reach out because I’m tired of hearing myself, or feel too ashamed to reach out.)”*

Children change that. **Our children need to know that they live in a world where people help one another.** They live in a world where many people want to help children grow strong and healthy.

A survivor dad says *“I want him (one year old son) to feel that the world is his home, that he belongs here.”*

Parenting is too hard a job to do alone. We need help from others because the need for time and space to attend to our own needs is just as important as are children’s needs even though our children need care and attention all the time.

A survivor mother reminds us *“how it’s important to have a circle of people, organizations, groups in the parent’s life. We need the toolbox for when things get tough – but we need to practice them before things are tough so they can be used during crisis (hopefully).”*

**There is support for parents, children, and families.** There are many resources, people, and organizations that offer support, services, and help. Please let yourself reach out. Please let yourself accept support and help from your community. Let your family have the support it deserves. Even if you did not have it in the past, you can have it now. Look at the Resources Lists at the end of this Handbook; they include books and places that have more extensive resources.

## 4. Discipline Means Teaching... and Learning

Survivor parents worry a lot about discipline.

- Some fear becoming abusive in the name of discipline
- Others do not trust themselves because they do not know what appropriate parenting behavior is
- Others can become enraged when they feel out of control of their children
- Others can feel triggered by their children’s bad or unsafe behavior and respond out of fury or rage or defensive panic

Let’s start with some basic concepts. The word “discipline” comes from the concept of teaching and learning. **The purpose of discipline is to teach our children.** Ultimately, we want to teach them to discipline themselves. In the meantime however, there are countless lessons. What do we want to teach them? Know what your goals are, and then you can make a list of tools to help you reach those goals.

**Make your own list of teaching goals here.**

It might include:

- Safety
- Skills
- Courtesy or good manners
- Appropriate and effective communication
- Self-respect and self-confidence
- Values, ethics
- Self-discipline
- Add you own here:
- 
- 
- 
- 

**What do we know about the most effective ways to teach?** We know that praise is more effective than criticism, rewards more effective than punishment, and practice is more effective than lectures. So how do we make discipline effective teaching?

- **Praising your child’s accomplishments:** Notice first what they do right
- **Teaching kids respect** for self, family, and community
- **Leading kids by example:** to teach courtesy, use courtesy
- **Model the values** you want to teach: honesty, kindness, forgiveness, empathy, respect
- **Model the behaviors** you want to teach – e.g. non-aggressive driving
- **Read stories** that reinforce the values you believe in and discuss them
- **Do not have your children watch TV shows that model values or behaviors you do not agree with**
- **Talk about your values**
- **Talk about people whom you admire;** let your kids have heroes and talk about what makes someone a hero
- **Be consistent**
- **Use humor** and keep your sense of humor
- Add your own techniques:
- 
- 
-

Some of the hardest moments of discipline are when we really want our child to learn a particular behavior or to stop a particular behavior. What are some techniques for teaching a behavior skill or responding to a problematic behavior?

The following is a list of **twelve strategies for cooperative limit setting** adapted from *Becoming the Parent You Want To Be* by Laura Davis and Janis Keyser (pp. 226-239).

1. **Honoring your child's impulse** – usually a child's behavior is driven by an impulse that we can appreciate or understand
2. **Active listening** – allows us to respond to our child's communication, especially their feelings without judgment, often helps our children identify their feelings
3. **Sportscasting** – essentially providing a running report on what behavior you are observing, lets child know you are observing and noticing
4. **Facilitation** – giving prompts to help child use other skills or choices, “Is there another way you could do that?”
5. **Using “I” messages** – acknowledges our feelings and responses to child's actions without blaming
6. **Positive limit setting** – clear limits are reassuring because knowing what the boundaries are give kids room to explore.
7. **Giving a choice** – giving choices whenever possible honors children's autonomy and teaches decision making skills
8. **Giving information** – giving information about the impact of the child's behavior is an important part of the education, it allows us to teach about social behavior and safety, and it communicates respect and the expectation that they will be making their own decisions someday
9. **Natural consequences** – when they are safe and manageable, natural consequences help children come to understand cause and effect relationships between their behavior and what happens next
10. **Redirection** – we can often help our children find a more appropriate way to express or accomplish what they are trying with inappropriate behavior
11. **Inviting children's initiative** – there is often a healthy developmental initiative at work even in the most problematic behavior. When we can support the initiative, you create a win-win situation out of an impasse. Sometimes kids aren't being bad, they're bored (i.e., restaurants, shopping trips)
12. **Setting the stage for future success** – being able to anticipate conflicts and “head them off at the pass” by practicing prevention. It is surprising how many “scenes” can be averted by anticipating our children's hunger and fatigue or by altering the routine slightly to decrease stress on everyone. (Always leave the house with peanut butter crackers, juice boxes, coloring books!)

This approach helps give us a toolbox for responding to conflicts with our children. Sometimes we need more specific tools, when other strategies have brought us to a dead-end. One such tool is using “Time Outs”.

While many survivors grew up in families in which hitting, spanking, slapping, shaking, and yelling were common, most of them also remember the pain of those experiences. Yet, these responses to frustration and anger are deeply familiar to many and therefore hard to erase when we are at the end of our ropes. However, these approaches to discipline teach many lessons we do not want to teach. For example, **they teach that violence is an acceptable way to communicate**, that the stronger person gets to prevail, that hurting someone is a reasonable response to frustration or disagreement, that anger means violence, that a child's body and feelings do not deserve respect. **Ultimately, violence teaches that the child is bad, not the behavior.**

## Using Time Outs Constructively

Time outs are just what they sound like, a chance for a child and parent to have some time and space to calm down and sometimes get redirected. This should be stated to the child. This teaches the child that sometimes we all need to take some time, space, distance, etc., to “collect” ourselves. This can provide a valuable lesson about dealing with anger, frustration, etc. (i.e., a time out is a tool, not a “punishment”).

It is easy for us all to get stuck in a conflict and be unable to back down. A time out allows a change of scene and some solitude to get a break from the situation. Time outs are brief (generally the number of minutes is determined by the age of the child). The main goal is to decrease interaction, so there is little or no talking once the time out has been called. Many people use the “One Two Three... Magic” approach of giving two warnings to help a child anticipate the consequence of a time out ( That’s one, that’s two, now we need to take a time out”).

After the time out, it is important to reconnect and, if possible, not revisit the conflict. The reconnection should be about positive connection: “I love you. I enjoy spending time with you. Let’s do something together.” Let the conflict be over and the positive relationship be central.

When we slip and show our anger or frustration or fear in ways that we do not like, we can talk to our children about it. We can let them know we are sorry and tell them what we are doing or will do to change our behavior. And reinforce that they did NOT deserve the inappropriate behavior on our part. We are sorry that we caused pain.

Sometimes getting more information about your particular child can help you devise strategies for discipline and communication that will be more effective. There are many good books out for parents that can help. Below are a few very good resources.

**When you want to understand your child’s temperament better**, try reading *Raising Your Spirited Child* by Mary Sheedy Kurcinka or *The Difficult Child* by Stanley Turecki.

**When you want to help your child with sensory integration difficulties** (difficulty integrating information from different senses including proprioceptive, vestibular, sensory information) try *The Out of Sync Child* by Carol Stock Kranowitz. She also has a great book called *The Out Of Sync Child Has Fun* with lots of ideas for activities that can help your child build skills and confidence.

**When you want to feel more effective with your easily frustrated, inflexible, or explosive child**, try reading *The Explosive Child* by Ross Greene. This book is excellent and really helps re-frame the issues in a way that allows parents to become advocates and teachers rather than reactive angry punishers.

Also, for whatever special needs or circumstances your children may have, there are myriad resources available. Ask your librarian, pediatrician, or do an internet search for resources that will be specific to your and your family’s needs.

Mei, a thirty- four year old mother with two children under five tells her story in *Becoming the Parent You Want to Be*:

*“There’s a beast in me and my children bring it out in me. I don’t act this way in any other situation. When I’ve done something to one of my kids that I don’t want to do – like yelling or hitting them – first I feel total remorse. I wait for myself to calm down. I wait for my child to calm down. Then I say, “I would like to be with you” I always apologize. And I’ve talked to my son about it. I’ve said, “Mommy has a quick temper and I yell and I can see that scares you.” He’s talked about how it scares him. I always encourage him to express how he feels.*

*I’ve told him, “Mommy’s working on this.” And I do. I write in my journal. I talk about it with friends and in my parenting group. It’s something I have come to terms with. Inside myself I have to figure out where it’s coming from, why it’s there, and then work to change it” (p.63).*

### Using a Discipline Decision Tree

- **If your child:**

- refuses to brush his teeth
- lies about spilling ketchup on the carpet
- disobeys a time limit for a visit at a friend’s house
- crosses a street without permission
- uses disrespectful language and tone with you

- **Ask yourself:**

1. What is at stake? What is the lesson about?
  - Safety (Is it urgent? Is the child in danger?)
  - Cooperation
  - Time Management
  - Respect for self or others
  - Learning a skill
  - Values
  - Other (explain)
2. What do you want your child to learn here?
3. What are you choices of response?
  - Do nothing
  - Teach
  - Model
  - Redirect
  - Give a consequence

## 5. Rethinking Control: Pick Your Battles

Because a hallmark of traumatic abuse is lack of control, many survivors put a high premium on feeling in control – of themselves and of those they love. Control can easily be a central theme in parenting. On the one hand, we want to be in control of our children’s safety and on the other hand, our children will struggle with us constantly in their own pursuit of personal control. We have to find some balance within ourselves in order to allow them some control and honor our own concerns about safety. It is a constant tension in parenting. It overlaps with issues of trust. As children get older, parents want to trust that we taught them well enough to make good decisions. Ultimately we hope to come to trust our children’s judgment.

While the question of balancing control with letting go (trust) continues throughout each stage of childhood and development, there are some general principles that can help you sort out your priorities.

Example: When you hear your six-year-old daughter and four-year-old son start to argue about ownership of a toy, do you move immediately to “referee”, do you never intervene, no matter what? How do you decide if, when, and how to step in?

**When deciding how much control to exert in a situation, ask yourself,**

- What are your goals?
- What are you trying to teach your child?
- What skills do you want him or her to have?
- How could you and your child work together here? (compromising)
- What choices could you give him or her to help your child practice making decisions?
- Is this an issue of safety or values?
- Do you have time to work it out together (or is it urgent)?

**When control is about safety,** remember our goals are to teach our children good safety awareness and skills. That includes teaching them to make good

decisions, use good judgment, and have an effective approach to decision making that will serve them well across a range of situations. Therefore, as they get older, an approach to control that includes questions and answers about choice points, consequences, and back-up plans will teach them to solve problems as they go along.

Each of us has to notice how our need for control comforts us *and* when it misleads us by interfering with our **teaching our children the skills they need to make good decisions in their life.**

Alternatively, some survivors felt so controlled and trapped in their families that they want to make sure their children do not feel any such tyranny. These survivor parents may want to empower their children by never saying no to them, or having few or no rules. The problem of this swing in the other direction is that we fail then to teach our kids about some of the real limits, dangers, and consequences in the world. A key responsibility we have as parents is to teach our children about the world, and to give them skills to negotiate the world. Among these skills is conflict negotiation. Stepping out of our role as no-sayers, deprives our children (and us) of the necessary process of learning to handle and negotiate conflict.

Laura Davis and Janis Keyser write, “It is critical that children learn to resolve conflict with their parents....Putting things back in balance requires that parents reintroduce relaxed, everyday activities into their relationship and that they make room for the angry, disappointed feelings that inevitably arise when they set clear limits with their children” (p. 280). They suggest three questions to help guide parents:

1. What decisions in my family need to be made by adults?
2. Which decisions can children participate in?
3. What would I like my children to learn about making decisions? About being listened to?

**Exercise:** Think about the following decisions:

How do you decide who makes these decisions:

You?

Your child?

Parents and child together?

It depends. If so, on what?

Whether my child get a “treat” after dinner

What time is bedtime

Whether my child goes to school or stays home on any given day

What my child wears to school (which pair of pants, shirt, shoes)

What the family pet is named

## 6. Transforming Guilt through Repair: Modeling Making Mistakes and Correcting Them

We don't have to make an effort to model making mistakes; it comes naturally with being human.

None of us are perfect parents. There is no such thing (and it would be a terrible thing for a child if we were because there are no perfect children). We are all learning how to parent, and specifically how to parent our particular, unique children. We will make mistakes, many small and some large. The most important thing to understand is that **it is what happens next after the mistake that matters.**

- We can acknowledge our mistakes. We can take responsibility for our behavior and our errors.
- We can say we are sorry.
- We can make amends.
- We can learn from our mistakes.
- We can try hard not to repeat our mistakes.
- Also, if our children play a part (behave inappropriately) we can ask them “What’s your part? What can you do differently next time, too?”
- We can **not** punish ourselves later with guilt, but, rather, move on.

*A Survivor Mom recalled, “ I will always remember my dad saying, ‘That’s okay, Amy, that’s why they put erasers on pencils.’ This was his way of letting me know that: 1) I don’t have to be perfect and 2) that making mistakes is part of life.”*

When we do the things listed above, we are teaching our children many valuable lessons.

1. We are teaching them that they too can make mistakes, learn from them, and make amends or repair.
2. We are teaching them that we care when we have hurt or disappointed them and will try to do it differently in the future.
3. We are teaching them that we respect them enough to apologize, take responsibility for our part, and strive to learn from our experience.
4. We are making our behavior match our words. This is much better – and more effective – than the old “Do what I say, not what I do” style of teaching!

How and what do children learn from our mistakes? Laura Davis and Janis Keyser have a nice section in their book, *Becoming the Parent You Want to Be* called “Modeling a healthy response to mistakes” (pp. 62-63). They suggest, “*Through our example,*

*we can teach [our children] that how they deal with their mistakes is more important than the fact that a mistake was made” (p.62).*

They recommend,

- Acknowledge your mistakes
- Model that mistakes are manageable and that mistakes can be good learning opportunities
- Talk to your inner critic
- Remember that being able to correct yourself is a real sign of strength
- Apologize
- Take steps to avoid the same mistake
- Demonstrate how to learn from mistakes (tell your child what you’re going to do)
- Include your child in the problem-solving process (What would you have liked me to do? How do you think we could have handled that situation?)
- Use humor
- Remember that children are durable
- Learning to take care of yourself

**Remember that childhood is all about making mistakes as part of learning.** Our children need to learn to make mistakes and tolerate the process of learning as they grow. They need to be able to forgive and be patient with themselves.

We are also learning to parent our *particular* children and will be learning every second of the way. There is no manual for *this* parent and *this* child in *this* family, just learning on the job. Mistakes are inevitable and important. And some mistakes are more likely when we forget to attend to our own needs. Some mistakes come out of our fatigue, high stress, lack of attention to our needs, and endless demands on our overtaxed resources. **Self-care and self-respect (including limits and boundaries) are safeguards against certain kinds of mistakes.**

## **7. Being Respectful Teaches Self-respect and Other-respect**

A key guideline in Non-violent Communication (Marshall Rosenberg; also in Conscious Communication taught by Sandra Boston) is communicating respect. The most powerful tool you have is modeling; when you treat a child with respect, you teach that child to have respect for him or herself, and for others. You teach children to respect their bodies, their feelings, their needs, their personal space, their health, and the rights of others.

### **If you *have* repeated abuse, how can you still make it different for your children?**

Think about what did not happen for you when you were abused. Did anyone say they were sorry? Did anyone make repair? Did anyone help you heal? Did anyone acknowledge how much you’d been hurt? Did anyone believe you? Did they understand the harm that had been done to you?

If you can:

Acknowledge and take responsibility

Apologize

Get Treatment

Take action to protect yourself and your children from it happening again

Make reparation –regain trust

Tell those who need to know so it is not the child's secret

Then you can be part of your child’s healing process.

You can look in [Trauma Recovery and Empowerment](#) for a model of a group to help mothers who have abused their children. You can call STOP IT NOW! See *Resources for hotlines p.59.*



Part of that teaching involves **modeling self-respect**. When we assert our needs and acknowledge our children's needs we are teaching both empathy and respect for others. When we say we need Mommy time or grown up time as well as kid time, we model important principles about consideration, boundaries, and self-care.

#### **Ways of being respectful to children include,**

- Language: calling a child by his or her name
- Not allowing name calling or put downs in the family (including “shut-up”)
- Naming feelings and wishes without judgment
- Looking at a child when they are talking
- Using active listening that shows you are paying attention and thinking about what they are saying
- Respecting their boundaries when they say no when appropriate (e.g. always stopping tickling or playful touch when a child says no)
- Allowing them to make decisions about their own space, bodies, belongings, when appropriate
- Answering their questions in an age-appropriate way
- Involve them in problem-solving and family decisions when appropriate
- Safe touch
- Teaching that difference is okay (ethnic, racial, sexual orientation, class, religion, ability, gender)
- Teaching that conflicts can be negotiated with words not violence

**Encourage children to express their thoughts and emotions:** part of creating safety is establishing a family context in which children feel free to bring us their difficult feelings or opposing opinions: children need to know how to speak their minds – both to us and with strange adults they don't agree with. Family meetings or mealtimes are good places to practice.

### **8. Safe Touch and Physical Contact: Renegotiating Personal Space and Boundaries**

One set of issues parenting can bring up involve touch and intimacy. **Parenting is a highly physical job.** Our children need to be touched and many of them actively seek the sensation of touch, in both gentle (snuggling, cuddling, stroking) and vivacious (bumping, wrestling, hitting, pinching, biting) ways. Many kids are constantly in contact with their parent's skin. They need to be carried, held, soothed, dressed, changed, supported. Some survivor parents can go from little or no physical contact to almost constant contact in a very short time. This can be triggering. It can be overwhelming, It can be both pleasant and disturbing.

Some parents feel confused –about their own feelings, needs, and appropriate behavior. *How is it for you to have so much intimate nonsexual physical contact?*

For some survivors, learning about intimate touch that is not sexual is new territory. This issue can make a survivor parent anxious and worried about

#### **Teaching and Modeling about Physical Boundaries**

We teach children that their bodies are their own when we teach them about personal boundaries and comfort. Laura Davis gives an example with her son, *“Each time, I'd say to him, ‘It's my body and I don't want your fingers up my nose. I'm going to stop you. You can touch my cheek or put your fingers up your nose, but I don't want your fingers up my nose.’”* In other words, when we set limits according to our comfort and privacy needs, we are teaching our children to be safe in the world. We model saying , *“No”*. We model noticing, *“This doesn't feel good or comfortable to me.”*

appropriate touch with their children. It is important to understand the natural, normal, need of human infants and children for safe gentle touch. While this touch can and should feel good, it is not erotic or sexual touch. Some survivor parents worry that their closeness to their children will be seen as inappropriate by strangers in public. Others are not sure what is appropriate behavior, touch, and public displays of affection. Parents may wonder, *“Is it okay to be nude in front of my children? Is it okay for my children to be nude in front of others? I know it’s not right to engage in sexual behavior in front of children, but can I kiss my partner? What should I do when my child pats my breasts?”* For many questions, there are a range of possible answers, but it is a good idea to talk them out with a friend or partner, so you can notice how you are figuring it out. What beliefs, values, and concerns are influencing your thinking and behavior? Are you working primarily in the present or the past?

One survivor mom wondered, *“What about the personal space of trauma victims – touching, hugging, clinging – and allowing children into the parent’s space?”*

At the same time, one of the things we teach our children in the context of our close physical contact with them is about appropriate touch and personal boundaries. We model setting limits based on our comfort and right to privacy.

**Respecting ourselves is part of teaching children to listen to themselves.** Also when we respect children’s feelings, it helps them stay aware of what they are feeling. Then when someone is uncomfortable to them, children can recognize it.

## **9. Sustaining Yourself for the Long Haul: Finding Hope and Joy in Parenting**

Parenting is a long-term commitment. It requires great stamina. All parents must nurture and pace themselves. Part of that process is to find out what fosters hope and optimism within you.

Children are all about hope and unconditional love. They are both vulnerable and strong. They are symbols of our hope for the future, and hope that the future can be different and better. **For survivors of abusive childhoods, children can represent the hope for a world in which children are cherished and protected and therefore have energy to help the world because they do not have to fight to survive, or be afraid.**

We raise our children in the hopes that they will have the confidence to stand up for what is right, to speak out against what they disagree with, and open hearts to love and create. We want for them to appreciate and create beauty. We want for them to experience wonder and awe. We want for them to learn and to teach. We want them to have faith and hope. We want them to believe in themselves and in the power of love. We want them to know they can make a difference and that they deserve to be respected.

Parenting is inherently about hope and optimism. Our children need us to hold hope for the world they are inheriting and for their ability to navigate it successfully.

One thing that can nourish our hope comes from our **appreciation of our children** themselves. It is remarkable to witness the energy for life and learning that is innate within all children. They take in incredible amounts of information and digest it and grow spectacularly in competence and understanding. They are so motivated to explore, master, interact with, and know their world and everything in it! The development of a child is truly miraculous. We are important guides and protectors for them, but they are their own persons.

Kahlil Gibran wrote, in his poem “On Children”

*Your Children are not your children  
They are the sons and daughters of Life longing for itself.  
They come through you but not from you  
And though they are with you,  
Yet they belong not to you.  
You may give them your love but not their thoughts  
For they have their own thoughts.  
You may house their bodies, but not their souls,  
For their souls dwell in the house of tomorrow,  
which you cannot visit, not even in your dreams.  
You may strive to be like them,  
but seek not to make them like you...  
You are the bows from which your children  
As living arrows are sent forth....*

(From Kahlil Gibran; *The Prophet*, pp. 18-19, 1923)

Take time to notice the wonder of childhood and the developing person that is your daughter or son. It will help sustain you.

### **Survivor Mother’s suggestion:**

*“It would be helpful to have a phone tree to check up on people from the group/org/circle and NOT LET IT GO!! Regardless of how things are, the phone tree/email tree/fax tree/getting together for talk/walk tree maintains a steady thing. That is one of the most hopeful helpful elements. A call is put in once a week - whether it’s returned or not – because it’s more about letting the parent know that there is hope than actual connection sometimes.”*

## **10. How to Get Help – “Even When I Don’t Think Anyone Can Help or That I Deserve Help”**

The first step is to fight back against the old assumption that you do not need or deserve help (see “Challenging Old Assumptions”). We all need and deserve help with parenting. Then choose your resource. I will list some here, and there is more detailed information at about specific resources at the end of this handbook. Resources that you can use include:

- Books
- Libraries
- Pediatricians’ offices
- Organizations for children and parents
- Hotlines / crisis services
- Schools
- Early Childhood Intervention offices
- Special programs for children and parents
- Yellow Pages
- Info line (211)
- Churches, synagogues, mosques
- Internet resources
- Magazines and periodicals
- Friends
- Neighbors
- Other parents at your child’s school or daycare
- Teachers, principals, school counselors, nurses, social workers, psychologists
- Coaches
- Big Brother/Big Sister organizations
- Volunteer organizations
- Hospitals (Birth Center, childbirth classes, sibling classes, newborn classes) psychiatric services

Okay, so the issue is not who can help, but what gets in the way of asking.

**What gets in your way of asking for help?** *Check all that apply:*

- The belief that you can and should do it alone
- You have always done things alone
- All mothers manage on their own – so should I
- Only weak people who can't take care of themselves ask for help
- Other people will think there is something wrong with me if I ask for help
- People will think I am a bad mother if I ask for help
- I can't ask because I have nothing to give
- I'd rather give to others than ask for myself
- It feels too vulnerable; what if someone said no?
- I feel more in control if I am in charge
- I don't want to burden people with my problems

Now, rethink those old assumptions and remember no child is raised in isolation. **None of us can do it alone.**

**Exercise:** Practice Asking For Help: **First Steps**  
*What Do I Need and Who Could Help*

To practice doing it differently, use this exercise taken from *This Isn't What I Expected* by Kleiman and Raskin. Read the example and then add your own ideas.

First, identify what you need.

Next think of people or resources who could possibly give you that.

Example:

*I Need*

*Someone to talk to*

*Someone to watch kids for 1 hr.*

*Reassurance*

*Housework help*

*Advice*

*A hug*

*Crisis call resource*

*Person or Resource to Meet this Need*

*partner, other parents*

*neighbor, babysitter*

*clergy, parent group, childcare provider*

*teenager in neighborhood*

*pediatric nurse, childcare provider*

*sister, friend*

*another mom; hot line*

YOUR NEEDS:

YOUR RESOURCES:

You owe it to yourself to fight back against the old beliefs that keep you from reaching out for help. It is not fair to you to expect so much of yourself. It is not good for anyone in the family. We all need each other to do this hard job. We all deserve help and support. I am so glad you are reading this handbook. It is a great step toward community.

# Your Parenting Self: Goals, Tools, and Resources



## “I am a Parent”: Developing Identity and Self-Confidence

On the one hand, it is important to remember always that being a parent is only *part* of your identity. Staying in touch with your whole self is essential to taking care of yourself and noticing your own needs. So much of parenting is about taking care of others, that there is a danger you will forget to care for yourself. On the other hand, we need to develop our identity as parents to have self-confidence and comfort with the complex demands of the role. This section focuses on that process.

In their book, *Trauma Recovery and Empowerment*, Maxine Harris and the Community Connections Trauma Work Group offer a detailed description of a group for women survivors of childhood abuse who have children. It lists questions and topics and sample responses. It is thought-provoking and could be a great jumping off point for exploring the question of identity. This group usually follows a 33-week group on Trauma Recovery and Empowerment (TREM). The focus of the group for mothers is: “to contain the impact of trauma by reducing the multi-generational transmission

of trauma experiences”. The group “promotes development of cohesive and stable identity as a parent so mothers can adequately provide for safety and care of children.” The format of the group is 11 sessions in which certain key topics are explored through discussion (with specific questions) and education. The topics covered are:

- Topic 1: Who raised you?
- Topic 2: Becoming a mother: Starting a family
- Topic 3: Dealing with your children’s other caregivers
- Topic 4: The impact of forced separations
- Topic 5: Returning home after long separations
- Topic 6: What is important for children to learn from parents
- Topic 7: Discipline is not punishment
- Topic 8: What is age-appropriate behavior for children
- Topic 9: Communication with your children: learning to listen
- Topic 10: Communication with your children; knowing how to respond
- Topic 11: Decision making with children

If there is not a TREM group available to you, it would still be useful to look at the questions and topics listed in the book because they provide an excellent starting place for understanding what factors may influence your current identity as a

### **EXERCISE:**

Take time to think about your mother or father identity.

- Who are you as a mother? Or father?
- What has it meant to you to become a mother? a father? How do you feel when your children call you Mom, Mommy, Mama, Ma, Dad, Daddy, Pop, Papa, Pa, etc?
- What are you good at as a mother? A father?
- What part of being a mother or father do you especially enjoy?

mother. The book also includes the protocol for a group program for parents who have been abusive to their children.

Writing in a journal or having a structured discussion with a partner, friend, counselor, or therapist are all ways to create safety to look at these important questions.

### Who Are You As A Parent?

Consider discussing or writing about any of the following questions that spark your ideas:

- What kind of a mother/parent do I want to be?
- What kind of mother/parent do I think I am?
- What do I want my children to learn from me?
- What resources do I have?
- What resources do I need?
- What influences my parenting?
  - Cultural background: **What does my culture tell me about being a mother?**
  - Family values – then and now: **What values did I learn about mothers?**
  - Religion or spiritual beliefs and practice: **What religious or spiritual beliefs influence me as a parent?**
  - Personal history of abuse and neglect/attachment, love, and respect: **How did my childhood influence my parenting style?**
  - Treatment and attitudes of caretakers, how they cared for themselves: **What did I learn about what parents/mothers deserve?**
- What are my special gifts as a mother/parent?
- What strengths do I bring to my parenting?
- What am I good at as a mother?
- What do I like best about mothering?
- What is fun or enjoyable for me?
- What do my kids like about me?

#### **Exercise:**

How would you describe or draw yourself as a mother?

For example: A mother bear – protective? A mother lioness – good provider? A mother otter – playful. A mother whale – nurturant? A mother elephant – a good teacher.

#### **Exercise:**

Think of an interaction with each of your children that felt good.

What were you doing? What was your child doing? What felt good to you? Hold onto that memory. Mothering mixes joy with challenge. It is easy to remember the challenge and forget the joy.

## What are My Primary Goals, My Guiding Principles as a Parent?

Whether we are aware of it or not, the many **choices we make as parents are guided by underlying priorities and principles**. It is really helpful to try to put those guiding principles into words for ourselves. Think about what you most want to accomplish as a parent. In other words,

1. What values do you want your children to learn from you?
2. What are your most important responsibilities to your children?
3. What do you think your children need to grow up healthy and capable and happy?
4. What are your first priorities as a parent?

Think about what you *most* want to convey to or teach your children. What do you see as your primary goals or job a parent? What values do you most want your children to learn from you? The answers to these questions can help ground you at important decision points. Many of our goals for our children fall into three general categories:

- **Cherishing our children** – making them feel loved and valued
- **Protecting our children** – keeping them safe and healthy
- **Teaching our children** – giving them information and skills, and helping them learn to use those to solve problems and negotiate challenges.

All of these are crucial. They can also help us make parenting decision when we use them to clarify the goals of our actions or interventions.

### Application: Use Your Goals to Guide your Decisions and Actions

For example, how do you decide  
whether to let your child(ren) see a particular movie?  
what birthday gift to give your child?  
whether your child can walk by him or herself to your neighbor's house?  
what to tell your child about his grandparents?  
how to get your child to bed at a reasonable time?

Add your own relevant questions.

Think about what your parenting goals are and what conclusions they lead you to? It is useful to do this exercise with another parent so you can discuss your ideas and questions. If your primary goal is cherishing ... or protecting ... or teaching, how would that goal guide your decision?

## What Do I Need To Realize My Parenting Goals?

What do you need as a parent to do this hard work?

- Support
- Circle of people/friends/allies
- Organizations
- Groups
- Toolbox for when things get tough
- Don't wait for crisis – practice ahead of time.
- Have a protocol of how to handle certain situations (like a fire drill)
- Neighbors
- Other parents at daycare
- Teachers or childcare providers
- Town services
- Church, synagogue, meeting: spiritual community
- Phone tree for parents
- Grounding in the present
- Adult time away from the kids
- Sense of humor!
- Library reading hours and resources
- Relatives (extended family; Big Brother/ Big Sister; foster grandparent program)
- Play groups
- People and places to talk openly about feelings, fears, worries, questions, dilemmas
- The belief that you can make a difference: you can break the cycle
- Rest, sleep, breaks



## What is My Network/My Children's Network? Our Village?

This is a place to start your list of resources.

### **My Resources**

*List everyone and everything that could possibly be a resource to you as a parent and to your children (include anything or anyone you think of):*

## Special Tools for Survivor Parents

Survivor parents have many special gifts and some special needs as parents. What follows are ideas from several different sources about what helps support survivor parents and allows them most fully to use their gifts as parents to break the cycle of violence and abuse and be part of changing the world from the ground up through good parenting.

### **Recommendations to Strengthen Parent Skills for Survivor Parents**

These recommendations are taken from a Fact Sheet put out by "Women Co-occurring Disorders and Violence Project" (Winter 2000). This fact sheet points out how few treatment programs include any awareness of the parenting needs and stresses of their women participants. It strongly recommends that more treatment programs address both the strengths and the needs of parenting women.

It suggests that programs provide education and support in the following areas to help participants:

- Learn about kids' development to have more appropriate expectations for behavior
- Get their own needs met so they can have empathy for their child's experience
- Have satisfying relationships with adults, so they don't need to turn to their children for sustenance
- Know alternatives to corporal punishment
- Get help with life skills – organizing, planning, coping with stress, problem solving, self-instruction – to have structure for easier time with kids
- Acknowledge their struggle with shame and guilt – to help redirect and alleviate the power of those negative feelings – that otherwise find expression in self and other destructive ways

## **Tools for Parents Who are Survivors of Childhood Trauma and Abuse**

- Grounding skills
- Safe Place imagery
- Relaxation skills
- Mindfulness
- Distraction
- Re-frame
- Wise Woman voice: Listen to your internal wisdom
- Kind woman voice: Listen to the compassion you give to others
- Understanding Angel (compassion, forgiveness, not retribution): Listen for a gentle voice to counter the familiar blame – and – shame scolding
- Take it one step at a time, one day at a time
- Don't go it alone
- Prioritize
- Pick your battles
- Enjoy the rewards
- Try to find balance

What do you want to add to the list to tell professionals what you need from them to support you as a parent?

1)

2)

3)

4)

## **How to Help Survivor Parents: What Others Can Do/What We Can Do for Others**

This list was taken from a workshop taught by Sharon Melnick for mental health professionals. She was teaching them how to support their survivor clients who are parents. These are her recommendations:

1. Connect –validate, be respectful, authentic, interested
2. Counter trauma-driven beliefs (How did you come to believe that? Maybe it is not how things are now.)
3. Show Compassion – remember this parent was once the child
4. Collaborate – empower this parent to make choices
5. Coordinate services (How can I help you create a sustainable network of safe persons? Family, professionals, environmental supports?)



## More Resources

### Books

It can be helpful to browse the parenting and child development sections of your public library or bookstore to get ideas. Some childcare settings have libraries for parents. There are catalogues; for example, *Magination Press* specializes in “self-help books for kids...and the adults in their lives” put out by the American Psychological Association (Telephone: 1-800-374-2721 Web site: [www.maginationpress.com](http://www.maginationpress.com)) and the Centering Corporation ([www.centering.org](http://www.centering.org) ; 402-559-1200) has excellent resources on grief and loss for children and adults. Also you can look at the [Encyclopedia of Associations](#) available in most public libraries (3-volume set with over 22,000 non-profit associations and organizations). Below are some excellent books on particular topics.

#### About Parenting

*Becoming the Parent You Want To Be: A Source Book of Strategies for the First Five Years* by Laura Davis and Janis Keyser. New York: Broadway Books, 1997.

*Mothering the New Mother: Your Postpartum Resource Companion* by Sally Placksin. New York: Newmarket Press, 1994.

*Annie Stories: A Special Kind of Storytelling* by Doris Brett. New York: Workman Publishing, 1986, 1988 (USA printing)

*The Mother Dance: How Children Change Your Life – Seldom-Heard Wisdom Stories, and Healing Advice* by Harriet Lerner (author of *The Dance of Anger*). New York; HarperCollins, 1998.

*What to Expect Series: When you're pregnant*

*From your infant*

*From your toddler*

The *What To Expect* books; they start with pregnancy and go through toddler years and offer good info in a great questions and answer format. They also have books for kids.

*Touchpoints: Your Child's Emotional and Behavioral Development* by Terry Brazelton, a pediatrician who looks at the relationship between a particular child and his or her particular parent(s)

#### About Depression and Parenting

*This Isn't What I Expected: Recognizing and Recovering From Depression and Anxiety After Childbirth* by Karen Kleiman and Valerie Raskin. New York: Bantam Books, 1994.

*Postpartum Depression: A Comprehensive Approach for Nurses* by Kathleen Kendall-Tackett with Glenda Kaufman Kantor. Newbury Park, CA: Sage Publications (Sage Series in Clinical Nursing Research), 1993.

*Mothering the New Mother: Your Postpartum Resource Companion* by Sally Placksin. New York: Newmarket Press, 1994. (One chapter devoted to depression – with resources)

*Parenting Well When You're Depressed: A Complete Resource for Maintaining a Healthy Family* by Joanne Nicholson, Alexis Henry, Jonathan Clayfield, and Susan Phillips. Oakland, CA: New Harbinger Publications, 2001.

### **About Parenting Certain Kids**

*The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children* by Ross W. Greene. New York: Harper Collins, 1998, 2001 (Second Edition)

*Raising Your Spirited Child: A Guide for Parents whose Child is More Intense, Sensitive, Perceptive, Persistent, Energetic* by Mary Sheedy Kurcinka. New York: Harper Collins, 1991, 1998 (Reissued)

*The Out Of Sync Child: Recognizing and Coping with Sensory Integration Dysfunction* by Carol Stock Kranowitz. New York: Perigree Publishing, 1998.

*The Difficult Child* by Stanley Turecki. New York: Bantam, 1989.

### **About Trauma**

*Trauma Recovery and Empowerment: A Clinician's Guide for Working with Women in Groups* by Maxine Harris and the Community Connections Trauma Work Group. New York: The Free Press, 1998.

*Coping with Trauma: A Guide to Self Understanding* by Jon G. Allen. Washington, DC: American Psychiatric Press, 1995.

*Risking Connection: A Curriculum for Working with Survivors of Childhood Abuse* by Karen W. Saakvitne, Sarah J. Gamble, Laurie Anne Pearlman, and Beth Lev. Baltimore MD: Sidran Press. 2000.

### **About Coping Strategies**

*Getting Through The Day: Strategies for Adults Hurt as Children* by Nancy Napier. New York: W.W.Norton, 1993.

*Life After Trauma: A Workbook for Healing* by Dena Rosenbloom and Mary Beth Williams with Barbara Watkins. New York: Guilford, 1999.

*Beyond Survival* by Elizabeth Vermilyea. Baltimore, MD: Sidran Press, 2001.

*Wellness Recovery Action Plan (W.R.A.P.)* by Mary Ellen Copeland. West Dummerston, VT: Peach Press, 2000. (also see [www.mentalhealthrecovery.com](http://www.mentalhealthrecovery.com))

### **About Your Health**

*Our Bodies Ourselves - Boston Women's Health Collective, Nuevos Cuerpos, Nuestros Vides*  
by Boston Women's Health Collective, Latina Health Site (New York and Florida ISBN 1583220240)

### **For Parents Whose Children Have Been Abused\***

*When Your Child Has Been Molested* by Kathleen Hagan and Joyce Case (NY: Free Press, 1988)

*The Mother's Book: How to Survive the Incest of Your Child* by Carolyn Byerly (Dubuque, Iowa: Kendall/Hunt Publishing, 1985)

*\*Both these books are recommended in Becoming the Parent You Want to Be*

### **Other Books Recommended by Survivor Mothers**

These books were mentioned by the survivor mothers who read the early draft of this handbook.

*Mad in America* – caveat and information on psychotropic medications, especially antidepressants.

*Queen Bees and Wanna Bees* by Rosalind Wiseman (for parenting adolescents)

*The Dark Side Of Mothering* (author forgotten)

*The Seven Beliefs* by Beliva Lusano Vranich and Jorgo Petit (helpful for suicidal feelings)

## **Organizations**

### Local

**Public Libraries** – for books for adults and kids, videos, story hours, discussion groups.

**Parent Centers** –many towns have drop in sites for parents and their young children.

**STOP IT NOW!** – National organization to stop child sexual abuse. Focuses on early intervention to motivate adults to stop abuse before it begins. Fran Henry, Founder. Local office in Williamsburg, 413-268-3096.

**REACH** - Early Intervention services for children ages 0-3. Greenfield 774-3785; Northampton: 586-8680

**MotherWoman, Inc.**, “Dedicated to the well-being of all mothers”. Started by two local moms.

**Children's Aid and Family Services:** Parent Aid Program (For DSS-involved and non-DSS-involved families) support provided primarily by trained volunteers. Call 413-584-5690

**Healthy Families Program:** a statewide program funded by the Children's Trust Fund to help at-risk families. Call 1-888-775-4KIDS (or 617-727-8997) for local referral. Web site: WWW.MCTF.org

**Everywoman's Center,** Amherst , 413-545-0883. Has drop-in groups for survivors and other resources.

**Survivors' Project,** Greenfield. 413-772-2414.

**Yellow Pages:** Look under Social and Human Services for a range of local services

### National

**Sidran Foundation:** (410) 825-8888; [www.sidran.org](http://www.sidran.org). Sidran is a national nonprofit organization devoted to education, advocacy, and research related to 1) the early recognition and treatment of trauma-related stress in children and 2) the understanding and treatment of adults suffering from trauma-generated psychological conditions.

### **Depression after Delivery**

PO Box 1282 Morrisville, PA 19067  
800-944-4773

**Freedom Center** (for groups of people labeled with "Mental Illness") 413-582-9948  
[www.freedom-center.org](http://www.freedom-center.org); [info@freedom-center.org](mailto:info@freedom-center.org)

### **WelfareWarriors**

Mom's Help line: 414-873-MOMS  
Telephone: 414-444-0220

Multiracial group of current and former AFDC moms in Milwaukee, WI area. Offer help line (see number above), quarterly bilingual newsletter, a book, Mothers' Survival Self-Help Manual, and they offer startup materials and mentoring for women in other areas. *From Mothering the New Mother* (p.278.)

**ARCH: Access to Respite Care and Help.** Support for mothers and families who need crisis or respite care. National Center 1-800-473-1727

**Positive Promotions:** 1-800-635-2329. Company offers low-cost stickers, "E-Z Glance" stickers for the refrigerator, and booklets to promote positive parenting and fight child abuse.

**Encyclopedia of Associations:** 800-977-GALE (for orders) – or available in most public libraries (3-volume set with over 22,000 nonprofit associations and organizations).

## Telephone Numbers: Hotlines, Information and Referral Services

**Parental Stress Line** 1-800-632-8188 654 Beacon Street Boston 02215 – offers anonymous, confidential hot line services. Responds to distress calls and crisis call from parents frustrated with day-to-day issues, or in danger of harming a child or themselves, and offers referrals.

**KidsPeace Information Line:** 1-800-334-4KID (4543): offers information referral. They have a referral database of 20,000 referral resources.

**STOP IT NOW!:**     **Help line** 1-888-PREVENT (773-8368)  
                          **Local Headquarters** (Williamsburg) 413-268-3096.

Founded by Fran Henry, Stop It Now! is a national organization at the forefront of preventing the sexual abuse of children. Stop It Now! has moved the field of sexual abuse prevention from the sole focus on the children to be protected to one that motivates adults to stop abuse before it starts. By pioneering the innovative use of public health methods, they have shown that abusers, those at risk for abuse, and families and friends of abusers will come forward for help. This visionary organization was founded by a local survivor and a number of local people serve on its board.

**National Child Abuse Hot line** 1-800-4 A CHILD (1-800-422-4543) – for information or referrals if you suspect your child has been harmed .

## How To Form a Self-help Group

If you are not finding the resources you need, sometimes it makes sense to form your own parents' group. You can organize a group of parents who get together regularly to talk about parenting issues. Some options include:

- You can do this through another organization, a church or temple, the Survivor Center, a childcare facility, a neighborhood or apartment building, a work setting.
- You can arrange to hire a baby sitter for childcare and split the expense or plan a meeting time during childcare hours.
- You can have open discussion, or organize it according to topics, or share some information or reading material and discuss it (e.g. reading *Becoming the Parent You Want To Be*, or using the questions from the TREM mothers' group in *Trauma Recovery and Empowerment*).
- You can have a facilitator whose job it is to help the group stay on track and make room for all participants, or it can be leaderless, or you can rotate leadership to keep time and focus.
- It can be organized for a set number of meetings or length of time, or it can be open-ended.
- You can have a set, limited membership or it can be a drop-in group or the membership can change over time.
- It can have 2 people or up to 8-10 (with more than that, it is difficult for people to have enough time to speak at each meeting, although you might decide to have a larger group forum, like a parenting class with more limited discussion).
- The basics are to identify a **time** and a **timeframe** (Tuesdays at 10:00 a.m. for 75 minutes), **location** (the community room of the Jewish Community Center), **membership** (up to eight members at a time, first come first serve), and **responsibility** (group is free, but we ask people to share in the cost of childcare (\$15.00 for 90 minutes childcare per meeting)).

Use a drop-in center as a starting point. Many towns have a drop-in center for parents and young children open either in the winter or year-round. Look in your local paper for information.

Having a play group can create an informal parents' group. You can plan occasional play dates at a community playground, or set regular times at playground, public library, community center, Kidsports, etc.





## Take Home Messages

- **Parenting is the hardest and most important work of your life: Don't go it alone!**
- **You deserve help and support for this important work.**
- **You matter *and* your children matter; don't make it either/or.**
- **There are many gifts in parenting: don't overlook them.**
- **When the system is wrong-minded, don't lose sight of what you know is right.**
- **Good parenting happens a moment at a time. You get new opportunities every minute. We are all learning together. And we all have both strengths and weaknesses as parents.**



## About the Author

Karen W. Saakvitne, Ph.D. is a clinical psychologist with a private practice in Northampton, MA. She is the former clinical director of The Traumatic Stress Institute in South Windsor, CT. She has written books for therapists who work with survivor clients, a training curriculum (*Risking Connection*) for state and other mental health workers, and the pamphlet, “Hope and Resilience: Taking the Terror Out of Terrorism”. She has led hundreds of workshops, teaching mental health professionals about respectful relational work with adult survivors of childhood abuse. She is the adoptive mother of two daughters.