

TABLE 1: INSTITUTIONAL RETRAUMATIZATION

	<i>Early Childhood Trauma Experience</i>	<i>Common Mental Health Institutional Practices</i>
<i>Unseen and unheard</i>	<p>Anna’s child psychiatrist did not inquire or see signs of sexual trauma. Anna misdiagnosed.</p> <p>Anna’s attempt to tell parents and other adults met with denial and silencing.</p> <p>Only two grade school psychologists saw trauma. Their insight ignored by parents.</p> <p>Secrecy: Those who knew of abuse did not tell. Priority was to protect self, family relationships, reputations.</p> <p>Perpetrator retaliation if abuse revealed.</p> <p>Abuse occurred at a preverbal age. No one saw the sexual trauma expressed in her childhood artwork.</p>	<p>Adult psychiatry does not inquire into, see signs of sexual trauma. Anna misdiagnosed.</p> <p>Reports of past and present abuse ignored, disbelieved, discredited. Interpreted as delusional. Silenced.</p> <p>Only two psychologists saw trauma as etiology. Their insight ignored by psychiatric system.</p> <p>Institutional secretiveness replicates that of family. Priority is to protect institution, jobs, reputations. Patient abuse not reported up line. Public scrutiny not allowed.</p> <p>Patient or staff reporting of abuse is retaliated against.</p> <p>No one saw the sexual trauma expressed in her adult artwork with the exception of one art therapist.</p>
<i>Trapped</i>	<p>Unable to escape perpetrators’ abuse.</p> <p>Dependent as child on family, caregivers.</p>	<p>Unable to escape institutional abuse. Locked up.</p> <p>Kept dependent. Denied education or skill development</p>
<i>Sexually violated</i>	<p>Abuser stripped Anna, pulled T-shirt over her head to hide her face.</p> <p>Stripped by abuser to “with nothing on below.”</p> <p>“Tied up,” held down, arms and hands bound.</p> <p>Abuser “blindfolded me with my little T-shirt.”</p> <p>Abuser “opened my legs.”</p> <p>Abuser was “examining and putting things in me.”</p> <p>Boundaries violated. Exposed. No privacy.</p>	<p>Stripped of clothing when secluded or restrained, often by or in presence of male attendants.</p> <p>To inject with medication, patient’s pants pulled down, exposing buttocks and thighs, often by male attendants.</p> <p>“Take down,” “restraint.” Arms and legs shackled to bed.</p> <p>Cloth would be thrown over Anna’s face if she spit or screamed while strapped down in restraints.</p> <p>Forced four-point restraints in spread-eagle position.</p> <p>Medication injected into body against patient’s will.</p> <p>No privacy from patients or staff. No boundaries.</p>
<i>Isolated</i>	<p>Taken by abuser to places hidden from others.</p> <p>Isolated in her experience: “Why just me?”</p> <p>“I thought I was the only one in the world”</p>	<p>Forced, often by male attendants, into seclusion room.</p> <p>Separated from community in locked facilities.</p> <p>No recognition of patients’ sexual abuse experiences.</p>

<i>Blamed and Shamed</i>	<p>“I had this feeling that I was bad..... a bad seed”.</p> <p>She became the “difficult to handle” child.</p> <p>She was blamed, spanked, confined to her room for her anger, screams, and cries.</p>	<p>Patients stigmatized as deficient, mentally ill, worthless. Abusive institutional practices and ugly environments convey low regard for patients, tear down self-worth.</p> <p>She became a “noncompliant,” “treatment-resistant,” difficult-to-handle patient.</p> <p>Her rage, terror, screams, and cries were often punished by medications, restraint, loss of “privileges,” and seclusion.</p>
<i>Powerless</i>	<p>Perpetrator had absolute power/control over Anna.</p> <p>Pleas to stop violation were ignored: “It hurt me. I would cry and he wouldn’t stop.”</p> <p>Expressions of intense feelings, especially anger directed at parents, were often suppressed.</p>	<p>Institutional staff have absolute power/control over patients.</p> <p>Pleas and cries to stop abusive treatment, restraint, seclusion, overmedication, and so forth, commonly ignored.</p> <p>Intense feelings, especially anger at those with more power (all staff), suppressed by medication, isolation, restraint.</p>
<i>Unprotected</i>	<p>Anna was defenseless against perpetrator abuse. Her attempts to tell went unheard. There was no safe place for her, even in her own home or room.</p>	<p>Mental patients defenseless against staff abuse. Reports disbelieved. No safeguards effectively protect patients. Personnel policies prevent dismissal of abusive staff. No safe place in institution.</p>
<i>Threatened</i>	<p>As a child, constant threat of being sexually abused.</p>	<p>As mental patient, constant threat of being stripped, thrown into seclusion, restrained, overmedicated.</p>
<i>Discredited</i>	<p>As a child, Anna’s reports of sexual assault were unheard, minimized, or silenced.</p>	<p>As a mental patient, Anna’s reports of adult sexual assault were not believed. Reports of child sexual abuse were ignored.</p>
<i>Crazy –making</i>	<p>Appropriate anger at sexual abuse seen as something wrong with Anna. Abuse continued, unseen.</p> <p>Anna’s fear from threat of being abused was not understood. Abuse continued, unseen.</p> <p>Sexual abuse unseen or silenced. Message: “You did not experience what you experienced”.</p>	<p>Appropriate anger at abusive institutional practices judged pathological. Met with continuation of abusive practices.</p> <p>Fear of abusive and threatening institutional behavior is labeled “paranoia” by institution producing it.</p> <p>Psychiatric denial of sexual abuse. Message to patient: “You did not experience what you experienced.”</p>
<i>Betrayed</i>	<p>Anna violated by trusted caretakers and relatives.</p> <p>Disciplinary interventions were “for her own good”.</p> <p>Family relationships fragmented by separation and divorce. Anna had no one to trust And depend on.</p>	<p>Patients retraumatized by helping professionals and psychiatrists.</p> <p>Interventions presented as “for the good of the patient.”</p> <p>Relationships of trust arbitrarily disrupted based on needs of system. No continuity of care or caregiver.</p>