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Recreating the Familiar Dynamics of Childhood

All of us tend to gravitate to the familiar, even when the familiar is unhealthy or destructive. We are drawn to what we were raised with.

—Bruce D. Perry and Oprah Winfrey, *What Happened to You?
Conversations on Trauma, Resilience, and Healing*

When I speak to groups of social workers, I often ask them to complete the following sentence: *Hurt people* _____. Without fail, the audience immediately shouts, “Hurt people!” This phrase, “Hurt people hurt people,” has become almost a mantra for both society and the social work profession, reflecting the deep understanding we have of how early wounds—often from childhood—shape harmful, destructive, or abusive behaviors. In social work, we see this reality play out across experiences of intimate partner violence, child abuse and neglect, addiction, and countless others. As the profession tasked with healing these wounds, social work has dedicated immense time and resources to understanding the ways in which pain and trauma beget cycles of harm—a worthwhile and necessary focus.

While we have extensively explored the truth behind hurt people hurting people, I often wonder why we do not have a similar phrase to capture another, equally significant reality: *Hurt people help people*. The truth is, far more often than hurting others, hurt people help others. In recent years, many social workers, community advocates, and helping professionals have trusted me with their stories—stories of pain, suffering, loneliness, and resilience. In their stories, it has become clear to me that our early woundedness often serves as the organizing principle for how we approach our work.

2 Healing the Helping Professional

Many social workers' journeys into this profession are deeply influenced by their own experiences of trauma and adversity. Whether these wounds were interpersonal—such as abuse, neglect, or domestic violence—or systemic—such as racism, sexism, or economic oppression—these experiences often deepen our capacity to empathize, to stand in solidarity, and to sit with others in their most vulnerable and painful moments.

Our field has vast resources and knowledge to help us understand how trauma influences cycles of harm, but we have not devoted the same attention to understanding how trauma can inspire healing and compassion. Trauma often leaves individuals and groups more attuned to the pain and injustice experienced by others. In fact, for many of us, the same experiences that might have left scars also cultivate a profound sense of empathy and a fierce commitment to justice.

Having spent the past few years talking to social workers about their experiences with childhood trauma and the ways those experiences shaped their approach to the work, I am convinced that *Hurt people help people* is a more fitting mantra for our profession. Social workers, healers, and advocates are often uniquely equipped to engage in this work because of their personal histories. Their stories and the meaning they have constructed from them inform not just *why* they do this work but *how* they do it—whether it is their ability to create safety, hold space, or stand firmly alongside those on the margins. Their wounds from childhood and the narratives that were born out of them are also what make them most vulnerable to the harms that can be rooted in this work, another area of emphasis in this book.

While it is critical to understand how hurt people hurt people, it is equally essential to recognize the ways that hurt people help people. This truth reflects a unique capacity to meet pain with compassion, to transform adversity into action, and to heal others. It can also provide insights into how we can better engage in healing and caring for ourselves.

HOW DID YOU CHOOSE THIS WORK?

In the university where I teach, students have the option to choose from more than 75 majors. Each semester, I have the privilege of teaching a freshman-level Introduction to Social Work course filled with eager 18-year-olds ready to dive into the next four years of their academic journey. On the first day, I always pose the same question to the class: “What on earth would compel you to even

consider a career in social work?” Before they respond, I add a caveat: They cannot say they want to change the world. That answer is way too easy.

As students share their reasons for choosing social work, two recurring themes will inevitably emerge. First, many students exhibit an acute awareness of the profession’s challenges. I am always surprised at how aware they already are of them. They mention low pay, burnout, and the secondary trauma that social workers often experience. The diligent students, the “curve breakers” who have really done their homework, might even highlight issues like the lack of respect social workers face, the broken systems in which they operate, and the almost insurmountable obstacles they face in their work.

The second theme that arises in discussions with my students is the acknowledgment of personal adversity or trauma in their own pasts. As they share their experiences, the range of challenges they endured becomes evident: Some recount stories of having sick parents, navigating difficult childhoods filled with instability, enduring painful losses that shaped their emotional landscapes, facing bullying that undermined their self-worth, or surviving toxic dating relationships that left lasting scars. These narratives are rich with emotion; for instance, students will describe how witnessing a family member struggle with addiction not only affected their home life but also instilled in them a deep desire to help others facing similar challenges. Another will reference losing a parent to cancer and how they promised themselves that they would never let someone experience something like this alone. They articulate the confusion and pain they felt, emphasizing how it fueled their motivation to seek a career in which they could provide support to others in their greatest crisis.

Many students share that their personal experiences serve as powerful catalysts, sparking their interest in social work. Some aspire to emulate a supportive figure who guided them through their most difficult times—a compassionate presence who offered understanding when it was needed most. For many others, however, the drive comes from a deeper longing to become the figure they themselves did not have during those moments of need and pain. This aspiration is often accompanied by a sense of urgency, fueled by an intimate understanding of how isolating and overwhelming such experiences can be. They are determined to be a source of comfort and guidance for others, driven by the knowledge of how transformative such support can be—and how deeply painful its absence can feel.

When I follow up by asking why they are drawn to the profession that resembles their most difficult and painful experiences, the classroom often

falls silent, with students exchanging puzzled looks. A few attempt to articulate an answer, but their responses typically fall short.

I have asked this same question of seasoned social workers in interviews and community training sessions. While you might expect that, given their professional experience and extensive knowledge of generational trauma cycles, they might have a better answer, they, too, respond with the same silence and puzzled expressions as the college freshmen. As a social worker taught to always explore the silence, I often wonder why it is so difficult for them to articulate their motivations for this work. I also wonder what this reveals about their level of awareness—or lack thereof—that they might be driven to change and heal the world because of the pain they have endured from it.

HEALING THROUGH HELPING: HOW TRAUMA INFLUENCES OUR PATH TO SOCIAL WORK

I vividly remember the moment I decided to become a social worker. As a prospective college freshman, I felt overwhelmed by the multitude of possible majors my academic adviser presented. As he methodically went down the list, my discouragement grew; nothing seemed to resonate with me. By the time he reached the letter *S*, I was convinced that college was not for me. Then he started talking about social work, and I perked up a bit.

He described the role of social workers, outlining the qualities and traits essential for success in the field: selflessness, empathy, responsibility, critical thinking, adaptability, and the ability to thrive in crises. He glanced at me and asked if these attributes sounded like things I excelled at. I nodded in agreement, though internally, I thought, *You have no idea*. He then shared a disclaimer about the “occupational hazards” associated with social work, mentioning that this is where he often scared off students who were interested in the major. The list included things like high exposure to trauma, low pay, and overwhelming stress. He noted that many of his friends and former classmates who became social workers felt frustrated working in chronically overwhelmed systems, often without appreciation for their efforts.

Despite these warnings, I felt a rush of excitement. Instead of deterring me, his list of hazards only confirmed my interest in the field. I never questioned why those challenges did not scare me off, nor did I reflect on how I had developed so many of the necessary skills for a major I had only just learned about. For me, the decision to pursue social work felt less like a choice and more like a calling.

Much like I do with my undergraduate students, I encourage you, the reader, to pause and reflect on the factors and experiences that drew you to this work. Consider the following reflection questions and guided exercise. Taking the time to reflect on these questions can offer valuable insights into your motivations and how your past experiences have shaped your pathways into this work.

REFLECTION QUESTIONS

- Think back to the first time you felt the pull toward a career in social work. Was there a specific event or interaction that influenced this feeling?
- Reflect on any significant adversities, losses, or difficult relationship dynamics you experienced in childhood or adolescence. Did these experiences shape your interest in choosing a career helping others?
- Consider the qualities and characteristics that helped you to know that you would be a good social worker. Did you have any early experiences in which these traits were necessary?
- How do you respond to the hazards and systemic challenges that are well known in social work (e.g., low pay, burnout, lack of recognition)? Do these responses connect to any early narratives that you constructed about yourself and the world (e.g., look the other way, minimize the risk, see risks as a badge of honor)?
- Consider moments when you have felt especially connected to your work, feeling like it was exactly where you were meant to be. What was happening in these moments, and did they fulfill any unmet needs from childhood?

GUIDED EXERCISE

The Compassionate Presence I Needed: Reflect on the kind of support you longed for during the most difficult, threatening, or lonely moments of your childhood. Describe the qualities of the supportive person you imagined or wished for. Then, reflect on how these qualities show up in the way you approach your clients or colleagues today, considering how this desire to provide support influences your work.

GRAVITATING TOWARD THE FAMILIAR

The generational imprint of childhood trauma is a reality social workers know all too well. Few professions offer such frontline insight into how trauma is passed down from generation to generation. Social workers are acutely aware that addiction, mental illness, poverty, and family violence are almost always rooted in childhood trauma. This understanding is not merely theoretical; it is an everyday reality as many social workers grapple with their own histories of trauma, making the professional landscape one in which personal and client experiences frequently intersect.

Childhood trauma possesses a unique ability to transport us back to the loneliest and scariest moments of our childhoods. As noted in Bessel van der Kolk's best-selling book *The Body Keeps the Score*, when a child faces threats to their survival or attachment, their earliest reactions become deeply embedded in their nervous system. These reactions often manifest in adulthood, surfacing in response to situations that evoke even the slightest hint of those initial experiences of threat or chaos. Thus, trauma is not merely a recollection of past events; rather, it encompasses the internal disruptions we endure in the aftermath and the adaptations we develop to survive or belong in a world that can feel threatening or lonely. Over time, for many social workers, trauma can shape not just a way of being but also a way of working—impacting their relationships with clients, colleagues, and themselves. These early reactions are where we will spend a lot of time in the first parts of this book.

WHAT HAPPENED TO YOU?

It takes enormous trust and courage to allow yourself to remember.

—Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*

As social workers, it can be particularly challenging for us to acknowledge and confront the effects of our childhood wounds. To do so, we must first understand what trauma is and what it isn't. The word "trauma" originates from the Greek word for "wound," which underscores its profound impact on our psyche. We often conceptualize trauma in terms of specific events or experiences, such as abuse or domestic violence. However, it is crucial to differentiate between these events themselves and the trauma that ensues. The true trauma lies not just in the external circumstances but in the emotional and psychological wounds that arise as a consequence of these adverse experiences.

In his seminal work, *The Myth of Normal*, Dr. Gabor Maté aptly states, “Trauma is not what happens to us, but what happens inside of us because of what happens to us.” This distinction is vital, as it emphasizes that trauma encompasses our internal responses to external events. The internalization of these experiences shapes our identity, our perceptions of others, and the way we interact with the world around us. For many of us, it also shapes much of how we approach our work.

Reflecting on my own upbringing, I recognize the weight of this distinction. Growing up with a father who was a raging, narcissistic alcoholic, I cannot erase the reality of those experiences no matter how hard I try. They are an undeniable part of my history. Yet it’s important to note that the experience of living with a raging, narcissistic, alcoholic father was not my trauma in its entirety. The trauma manifested in the internal wounds and changes I experienced—changes that altered how I viewed myself, my father, and the world at large.

The narratives I constructed during those formative years were shaped by the chaos and unpredictability of my home environment. I learned to see myself through a lens of fear and inadequacy, crafting a self-image that was often rooted in shame. I developed coping mechanisms to navigate the emotional turbulence; these adaptations were my attempts to survive and find connection amid a backdrop of chaos.

This internal struggle is what trauma truly entails. It is about the emotional scars left behind and the ways we adapt to cope with a reality that feels unsafe. It’s about the strategies we develop to attach to others, often at the expense of our own emotional needs. The narratives we create in response to trauma can profoundly influence our relationships and professional choices, particularly in a field such as social work, where the echoes of our past may constantly resurface in the lives of those we serve.

Gabor Maté’s perspective on trauma—that it resides within us, shaped by our internal responses rather than the external events themselves—offers a powerful sense of hope. When a child endures experiences like abuse or neglect, those events become unchangeable aspects of their history. What’s happened cannot be undone or erased, no matter how much one might wish to forget or suppress it. However, since trauma is defined by the wounds created in response to these adverse experiences, healing is possible.

By understanding trauma as a wound, we can more clearly see the importance of tending to it with care and intention. Picture a small child playing on a playground who suddenly takes a hard fall, scraping their arm or cutting their leg. To properly care for the wound, a caregiver must

clean it—often with something like peroxide or alcohol. Any adult who has ever tended to a child's injury knows the pain this process can cause. I am reminded of the first time I cleaned a wound on my then three-year-old son's leg after he took a spill off his bike. When I poured peroxide on the cut, he looked up at me with tears in his eyes and said, "Dad, I thought you were my friend." His words stung, but I knew that despite the discomfort, this step was necessary to prevent the wound from becoming infected and spreading harm to other parts of his body.

In much the same way, the wounds of trauma—though psychic rather than physical and invisible rather than visible—require a similar kind of care to prevent them from spreading and affecting other areas of our body and nervous system. Healing begins when we move closer to the wounds of our past, understanding, confronting, and treating them so that true healing can occur.

A child who survives abuse or neglect carries with them the emotional and psychological imprints of those events, but healing begins when we focus on addressing the internal wounds rather than just the events themselves. By examining and transforming the inner narratives, coping mechanisms, and survival adaptations in response to trauma, individuals can start to reclaim their present and reshape their future. While the past may remain unchangeable, the wounds of trauma need not define one's ongoing experience or limit what lies ahead.

WHAT DID NOT HAPPEN TO YOU?

Trauma wounds can result every bit as much from the good things that didn't happen to us as they can from the bad things that did happen to us—especially during childhood. Many social workers, particularly those who did not endure acute traumas like physical abuse or violence, may feel that their own childhoods weren't "traumatic" *per se*. In some cases, that might be accurate. But trauma can also be rooted in unmet emotional needs or in the absence of nurturing, attention, and validation that foster a sense of significance and authenticity.

For instance, imagine a child who frequently felt overlooked or insignificant, whose parents, perhaps preoccupied or unavailable, could not create an environment where the child felt seen, heard, or valued. In response, this child may have learned that they could be seen as important only through their achievements—excelling academically, gaining admission to

a prestigious college, or choosing a career like social work where they could be seen as necessary to the well-being of their clients and colleagues. In this way, they may unknowingly be recreating familiar dynamics from childhood, working to fulfill the need for recognition and importance that was unmet during their formative years.

When a child must focus the majority of their energy on understanding and responding to their caregivers' needs—whether for the chance at a desired connection or as a means of staying safe—their internal resources become entirely absorbed by attachment and survival. In my consultations on child trauma cases, I often ask caregivers to consider what *isn't* happening in a child's life when so much of their energy must be spent seeking attachment or survival.

Take, for example, a child who learns that they need to cater to their alcoholic father's needs, striving to keep him calm or content to avoid conflict or receive attention. They are likely sacrificing many of their own needs in the process. This child is not able to focus on their own emotional growth, connect with peers, or engage in the playful, carefree activities that are central to healthy development. Instead, their attention is centered on reading, interpreting, and regulating an unpredictable caregiver, which becomes an ingrained role in their lives. Without the freedom to explore friendships, discover personal interests, or to just play, they may enter adulthood with a limited sense of self-worth or a belief that their worth is dependent upon what they do for others.

Over time, the cost of these early adaptations can deeply influence one's professional life, affecting self-care and shaping how individuals perceive and respond to relationships. When I talk to social workers about self-care, a recurring theme is the struggle to enjoy simple pleasures, such as relaxing, playing, or allowing themselves to feel joy or be in the moment. For many, these challenges can be traced back to childhood dynamics where play, curiosity, and relaxation were often unavailable or even threatening, as they risked destabilizing family roles or jeopardizing their standing within the family system.

In seeking stability and significance, many social workers unconsciously mirror these familiar patterns in their professional lives. They may approach work with an intense drive to be indispensable and important, a role that once earned them the acceptance and value that they so desperately coveted. Yet, by recognizing these hidden costs of trauma—where survival strategies

leave little room for self-expression, pleasure, or self-care—we can more clearly understand the enduring imprint of childhood experiences on long-term well-being.

WE AREN'T WIRED FOR THIS

The understanding of how acute forms of abuse affect us is well known among social workers. We are wired to handle stress only up to a certain threshold; when events exceed this threshold, they become traumatic. To keep us safe, our lower-order stress response system can take over, shutting down the more complex functions of our brain and triggering a fight, flight, or fix response. In the face of imminent threat, we are biologically programmed to react swiftly, prioritizing survival over complex thought. While this survival mechanism is essential in high-stress situations, it can also hinder us from engaging thoughtfully with our emotions and experiences when activated repeatedly.

Often referred to as “big-T traumas,” these acute and overwhelming experiences—abuse, disasters, domestic violence, and war—can dysregulate individuals to the point of reexperiencing pain, fear, and shame for extended periods. No professionals are more intimately aware of the prevalence of these acute traumatic experiences than social workers, as we are tasked with helping others heal from things like violence, abuse, trafficking, combat, and estrangement. However, this professional responsibility can also trigger our own unresolved traumas. These big-T traumas are not the only type of trauma that we experience.

In much the same way that our brains are wired for stress only up to a certain threshold, our brains are also only wired for stress that is temporary, not for chronic exposure. Prolonged stressors—such as poverty, family rejection, bullying, growing up in the shadows of immigration, homelessness, or a persistent fear of losing a loved one—can leave children in a sustained state of alarm, triggering the same fight, flight, or fix response again and again. This constant survival mode can significantly affect a child’s brain development, conditioning them to anticipate threats and heightening their stress response well into adulthood. For social workers, this is particularly relevant; the chronic exposure to trauma in clients’ lives can amplify our unresolved issues, creating a cycle of stress that becomes difficult to escape.