



Healing Panel Responses

Panelists:

1. Dorothee Tshiela
2. Meg Kelly
3. Dr. Sheila Sweeny
4. Pethuel LeFlore
5. Rachael Drago

Note: We recommend watching the recording of the panel to understand the context and more information shared by the panelists as the following notes briefly surmise what was shared by each panelist. Here is the link to the recording.

Panel Questions:

1. What does trauma informed advocacy or care mean to you? What does that look like in practice?

- a. Dorothee Tshiela

Importance of normalizing, believing, and VALIDATING a survivor's experiences, feelings, and reactions associated with trauma and a traumatic experience.

Could include mixed feelings, wanting to stay, still having love for an abuser, self-reality checks, seeking validation.

- b. Meg Kelly

A strengthening of systems involved in the process. To achieve healing or resiliency, a strengthening of systems around a survivor is important so they (and we) can identify what is most helpful and what resources to avoid for that specific survivor. Victim/survivor CHOICE and consent in the process is important. A lack of choice (control) can be re-traumatizing.

Examples of systems (relevant to Meg's work): The Family, The Peer Group (schools, staff), Justice System, Previous Case Management

- c. Pethuel LeFlore

Must understand the definition of trauma first.

It means assessing people, recognizing signs and symptoms of something more and deeply rooted, causing our emotions and actions to be different that seem normal to the person experiencing trauma.

Care looks different applied to each and every person. The work is the same, but the application is unique. The work with a child is different than with an adult female or adult male.

In practice, care could be group based to ensure victims don't feel alone.

The goal is the same: resilience, recovery and strengthening family or individual community.

2. Can someone heal from trauma that they won't identify as trauma?

d. Meg Kelly

When in the process in working with survivors, it's important to keep one's own ideas of trauma in check and be with the survivor where they're at in the moment, allowing opportunities for information and education and an understanding of their experience, hopefully progressing towards self-identification.

e. Pethuel LeFlore

Yes, but one has to recognize there is a problem and realize there is a challenge to be sorted out and work through. Then, a survivor can take inventory of their experiences, evaluate their physical, mental, emotional health, and how and where they need support.

Not a walk-alone process.

With sharing information and education, a survivor can learn more about how trauma is defined and identified, which would open their eyes to the processes of 'what do I do about it?'

f. Rachael Drago

We talk about mental health and trauma widely and trauma is a loaded word, where some people have trouble connecting it to their experiences. There is a risk of a survivor feeling excluded if they aren't fitting what they perceive as trauma.

Healing isn't linear. It's important for survivors to be validated and exposed to the idea of identifying their trauma without prescribing it to them and offering support regardless.

3. How can you truly center a survivor in their healing process/journey? How do you balance promoting survivor agency and providing professional guidance?

g. Dr. Sheila Sweeny

Partner with the survivor and help them to know that their story and experience is valid and encourage them to share their story out loud, maybe for the first time. This helps the survivor center themselves and unfold the story, where the advocate/supporter can find ways to support.

Some survivors don't think healing is even possible at first.

h. Pethuel LeFlore

Allow people to be who they are, how they are, with their emotions. It's healthy to get emotions out and process without losing dignity in the process.

Important to ask questions of what the survivor needs along the way and provide a level of (cultural, emotional) comfort so they know they aren't alone.

i. Rachael Drago

It's our job to present options, not decide the best option for someone. For some, this may be the first big step for themselves. Part of the healing is allowing this important experience of letting them lead and make their own decisions.

4. Many survivors struggle with self-forgiveness. How can advocates and providers support survivors through this process? How do you help a survivor hold two seemingly opposing truths?

j. Dorothee Tshiela

Sit with the survivor to help process how their experience started. Shock and shame can come up, so it's important to remember where things started and their experiences weren't their fault.

Humor is an important tool to use to provide comfort.

Cycles are cycles for a reason and it's very hard to break from them – our bodies and minds are used to repeating behaviors and cycles. It's important to acknowledge how it's human to love, to prioritize someone, to repeat a cycle.

k. Dr. Sheila Sweeny

Survivors may need to compartmentalize the two opposing truths so they can both be worked on and brought back together in harmony. Our role is to help categorize and make the process seem possible.

It's important to understand and ask what a survivor hopes for and what patterns have been involved in their hopes while in the cycle of violence.

5. What about the healing journey gets lost when the focus is consumed with convincing the victim-survivor to leave an abusive relationship/household?

l. Dorothee Tshiela

Convincing is not our role. Our role is providing education and resources, not forcing someone into something they aren't ready for.

We are meant to support either way – if someone leaves or if someone needs more time. Pushing too much can suggest a sense of opposition against someone the survivor still loves.

Much like a survivor is only human, so is the supportive person. We need to be able to take care of ourselves as well and we can only do what we can do, which doesn't include making someone's decisions for them.

m. Meg Kelly

When you're consumed with getting someone to leave, specific necessary safety elements may be skipped, which could re-traumatize, put someone in harm's way, etc. It can also remove a sense of autonomy from the survivor, putting them in a feeling of lack of control and added danger.

n. Pethuel LeFlore

We do not want to re-victimize and remove someone from their comfort or proximity to their access to comfort.

It's important to remain neutral while working with a client.

o. Rachael Drago

When a survivor decides to leave, their level of risk danger is highest. If they aren't ready to take that step and don't have the autonomy, there is even more added risk.

6. How can healing contribute to breaking the cycle of violence? (whether that cycle is within a relationship or across generations) How can you incorporate family systems into this process?

a. Dr. Sheila Sweeny

We need to model healing and vulnerability.

b. Pethuel LeFlore

Just like a witnessing of violence affects the next generation, so does the witnessing of the breaking the cycle. If they know they don't have to be stuck in a relationship, friendship, etc., they can learn that they have options or a way out.

7. How can we support survivors in learning how to trust themselves and others after experiencing domestic and/or sexual violence? How do we build rapport and discuss boundaries?

a. Dorothee Tshiela

Make sure clients know the defined boundaries and also discuss what can (sometimes inevitably) get in the way of those boundaries, so together you know how to address what can get in the way. Then, no one will be shocked. It takes practice to build rapport as well as establish and abiding by boundaries. Practice leads to confidence.

b. Meg Kelly

A way to build rapport and boundaries is to be forthcoming and transparent about the process. It's important to make sure the survivor doesn't perceive that there are things going on behind the scenes without them. The supporter should cover expectations and what to expect from them.

These things should be reiterated throughout the process.

Demonstrate to survivors what the boundaries are – be open and honest and include them in the process. "This is what you can expect from me and how it is working with me" - then follow through!

c. Pethuel LeFlore

We are meant to treat everyone with respect, with attention, and equitably. To build rapport, we make sure to discuss and set boundaries with each other. Healing doesn't take place overnight. Trust is difficult.

Provide tools and resources on how to rebuild healthy relationships and share information that identifies unhealthy relationships.

Our role is to help coach to dismantle old behaviors so the survivor can learn to do things differently, include learn to trust.

Applied Section:

- Added Trauma Informed Principle:
 - Pethuel: All individuals want to do well, be better, to get through this, to be successful. Our role is to add to that outcome.
- Added Treatment Approaches:

- Meg: Embodied Wellness – victims can become disconnected from their physical experience, but there is treatment available to guide bring a survivor back at their own pace, body-focused, and safe (yoga, meditation, holistic, etc.)

Questions from the webinar attendees:

For Dorothee, how to practice setting boundaries?

Dorothee: Role playing situations. The client is the expert in their own life so they know how people in the survivor's life will react to situations and boundaries. It's also important to prepare boundaries as much as possible as the practice of boundaries may be new for a lot of clients.

What is your treatment or response when a client has untreated substance issues or mental health disorders?

Pethuel: We do not service clients who are altered. We acknowledge it which is uncomfortable. Ask about challenges related to those issues, why we bring it up (observations), provide resources and information.

How to support someone who continually goes back?

Dorothee: Ask when do you think you started prioritizing your partner over yourself and what ways do you think you love them more than yourself? It's helps the person reflect on the relationship and find where things changed.

For survivors with partners with addiction – it's not their issue to heal. They can't - they can only do so much. It's important to help the survivor realize their own limitations.

Help them come to these realizations on their own.

What if the client denies substance abuse happening? Do you continue working with them?

Pethuel: We have a policy to ask for a voluntary urinary analysis. If they deny it and you haven't observed it, you can't prove it. If they deny it and you HAVE observed it, we owe it to be honest with them and have that uncomfortable conversation without sacrificing dignity.

It eventually comes out.