

Survivor–Affirming Support and Supervision

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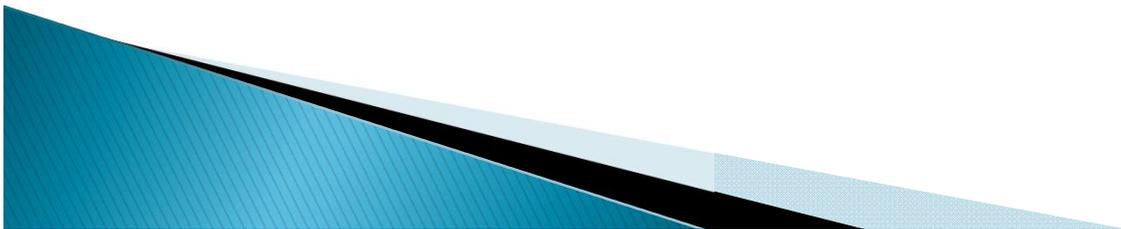


Tiombe Wallace, MFT

- ▶ Black Intersectional Feminist Therapist, activist, and educator
- ▶ Specializing in best practices for working with multiply marginalized communities, survivors of sexual and partner violence, child abuse, interpersonal trauma, and oppression
- ▶ National trainer and consultant on trauma informed, culturally relevant, LGBTIQAP+ affirming, anti-oppression responses, and survivor advocacy/support



Communication Agreements



Communication Tools

Signal



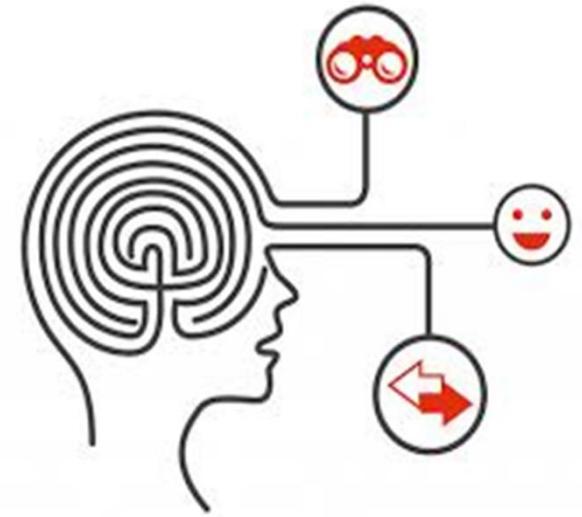
Bike Rack



access



Suggested Guidelines



- Use “I” statements
- Believe others’ experiences
- Challenge yourself and take risks
- Notice your positionality/ world view
- Move up, move back
- This is ongoing work
- All oppression is linked
- Watch for common reactions
- Self Care is encouraged



Sexual and Domestic Violence and Oppression

Trauma does not occur in a vacuum—it occurs within the personal, social and political context of the person and their identities: race, class, disability, gender, language, sexual orientation, religion, immigration status, body size, first language, tribal affiliation, etc.



Sexual and Domestic Violence and Oppression

Both victimization and
oppression depend on myth,
not fact

Both are about power and
control, “power over”



Sexual and Domestic Violence and Oppression

- Both can have a traumatic impact
- Both can change self definition or identity
- Both can change one's world view
- Both send a message about the worth of the individual



A compassionate witness

- ▶ We reasonably assume that many of the individuals and families we serve are survivors of trauma, oppression or marginalization—why not apply that same lens to staff?
- ▶ A trauma informed, best practice approach begins with this assumption—and a shift in our thinking



Reclaiming, Reconnecting

- ▶ Recall our beginnings: survivors supporting other survivors
- ▶ Recognize that communities of color, indigenous and native communities have long traditions of mutual support and sharing
- ▶ Communities experiencing marginalization
- ▶ Rosa Parks advocacy for Recy Taylor, sister circles, underground shelters, relatives, brujxs, healers, elders....



Trauma is experienced at the intersections!

Trauma bears the scars of the myths, microaggressions, hatred, oppression, and violence done in that context.



Healing

The adaptations made to survive, manage, and overcome traumas happen by pulling on strengths and wisdom from *who we are*.

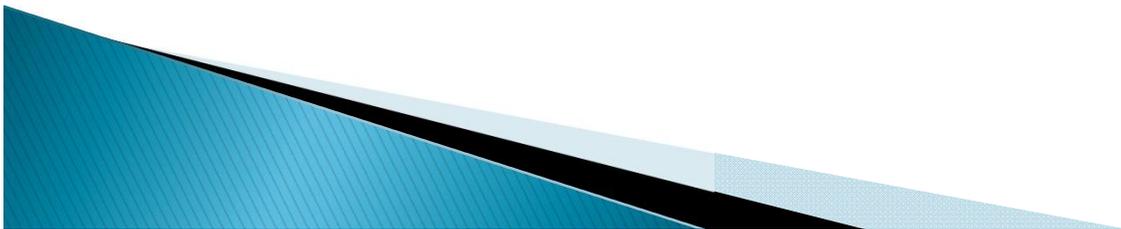
Healing and resilience grows when we can bring our full selves into that process--when my full intersecting roles, identities and needs are welcome and safe.



How did we get here?

Why don't we address it?

- ▶ History of funding and “professionalization” of the movement
- ▶ Shame
- ▶ Stigma related to mental health/neurodivergence



How did we get here?

- ▶ Adaptation over time
- ▶ Professionals are trained to see themselves as above/different/healed
- ▶ Complex issue to discuss
- ▶ Hierarchy and disempowerment of workers
- ▶ Pride in overwork, busyness, and “productivity”



Survivor-affirming practices

- ▶ Culturally relevant and affirming
 - ▶ Consistency and Choice
 - ▶ Honor and include survivor's self knowledge
 - ▶ Ongoing safe spaces, sustainable practices
 - ▶ Exploring and practicing boundaries
 - ▶ Collaborative policy making and skill sharing
 - ▶ Avoidance of clinical, psychopathologizing, funder-centered, and trauma-mining pitfalls
- 

What is Trauma Informed Care?

Trauma-informed care is an approach to engaging individuals with histories of trauma (crisis, marginalization, and oppression) that recognizes the presence of trauma (adaptations to extreme stress) and acknowledges the role that trauma has played in their lives, self concept, behavior, and well-being.



Becoming Trauma Informed

- ▶ Every part of the organization— administration, directors/supervisors, front line staff, volunteers and interns are involved
- ▶ All service delivery systems and the organizational culture is assessed and modified to create safety and avoid retraumatization

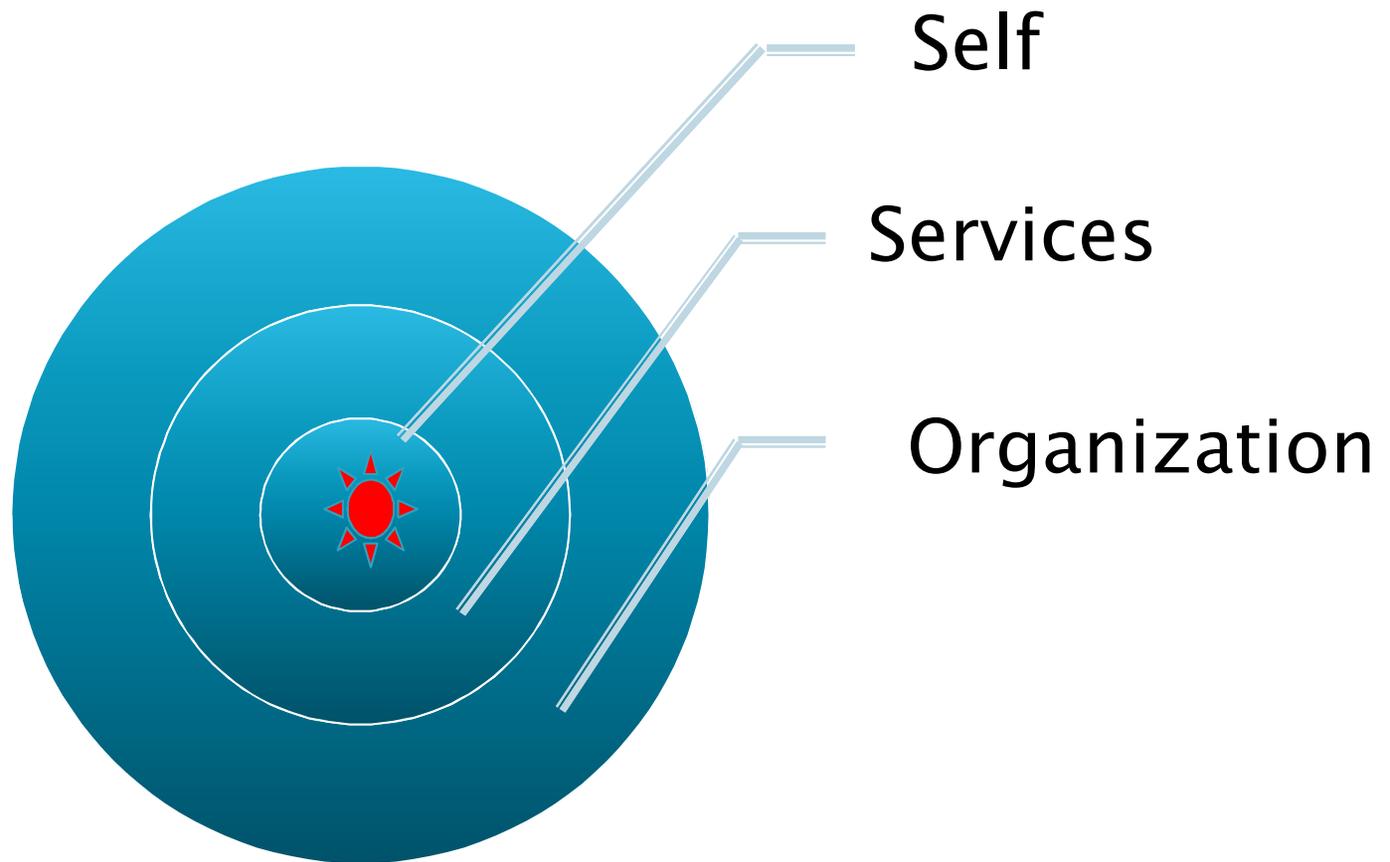


TRAUMATIC
EXPERIENCE

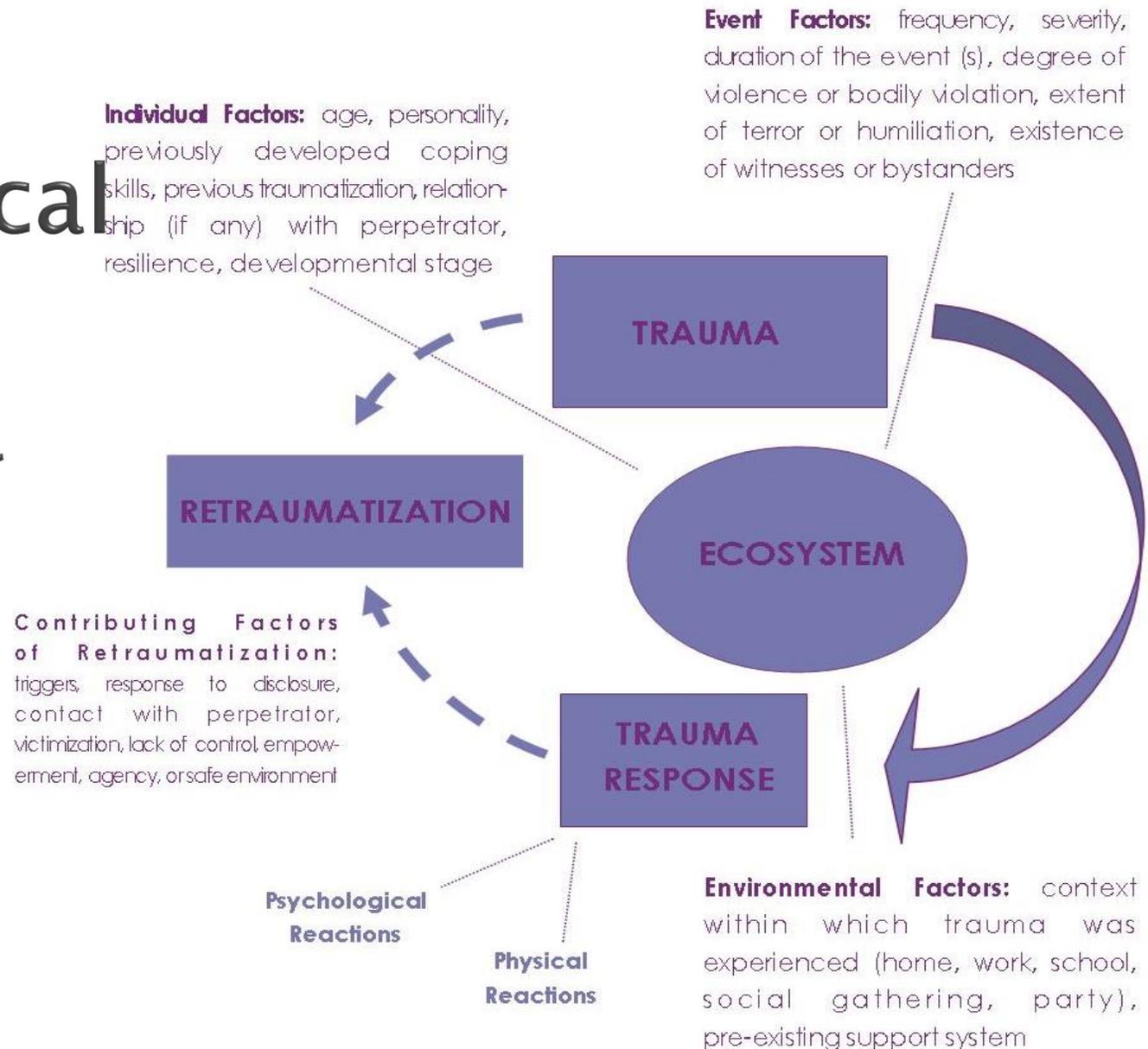
COPING
MECHANISM

We often
focus on
the coping
mechanism

Spheres of a Trauma Informed Culture



An Ecological View of Trauma



(Harvey, 1996)



Trauma informed care

- ▶ The person in front of me is the expert on their own experience
- ▶ Look at ways of coping/survival with curiosity, rather than judgment
- ▶ “Rather than standing *in judgment* of the person in front of me and how they carry their burdens...I must stand in awe of what they carry”

Father Boyle



Trauma informed care is:

- ▶ Collaborative, supportive and skill-building
- ▶ Promotes empowerment
- ▶ Creates safety, consistency and choice
- ▶ Avoids re-traumatization/victimization
- ▶ Provides an individualistic response, based on that person's identity, circumstance and needs



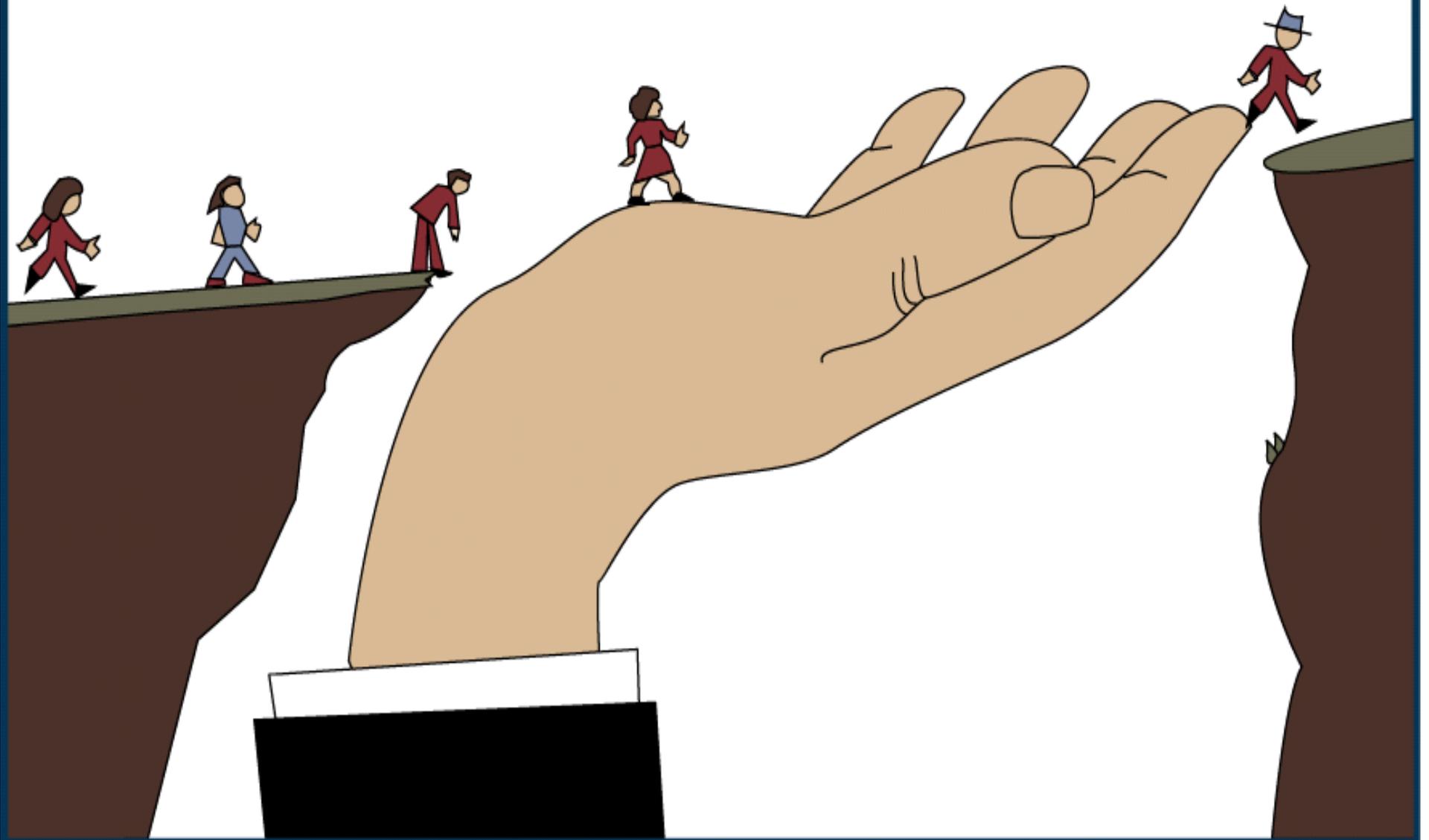
What strengths do I have?

What support do I need?

- ▶ Trauma Informed Care in supervision is a team effort—collaborate, get support
- ▶ Reinforces using TIC with participants
- ▶ Ongoing process—to help staff continue healing, creating sustainable practices, and often facing multiple organizational transitions



This is YOU!



Collaborative, supportive and skill-building

- ▶ Avoid being directive (invitation to collaborate)
- ▶ Strength-based modalities
- ▶ Watch for burn-out: rescuing, hurried in our work, all-or-nothing thinking
- ▶ Give flexibility to practice making choices
- ▶ Build skills: i.e. asking for needs to be met, finding what is already working, honoring and building on wisdom, creating trust, etc.



Promote empowerment in our work

- ▶ Manipulation, deception and power-over are tools of the perpetrator/abuser
- ▶ Give information!!! New/additional methods?
- ▶ What is changing/what is not?
- ▶ See 'resistance' differently—what are the losses?
- ▶ Replace and soften losses





resonate.

Resistance

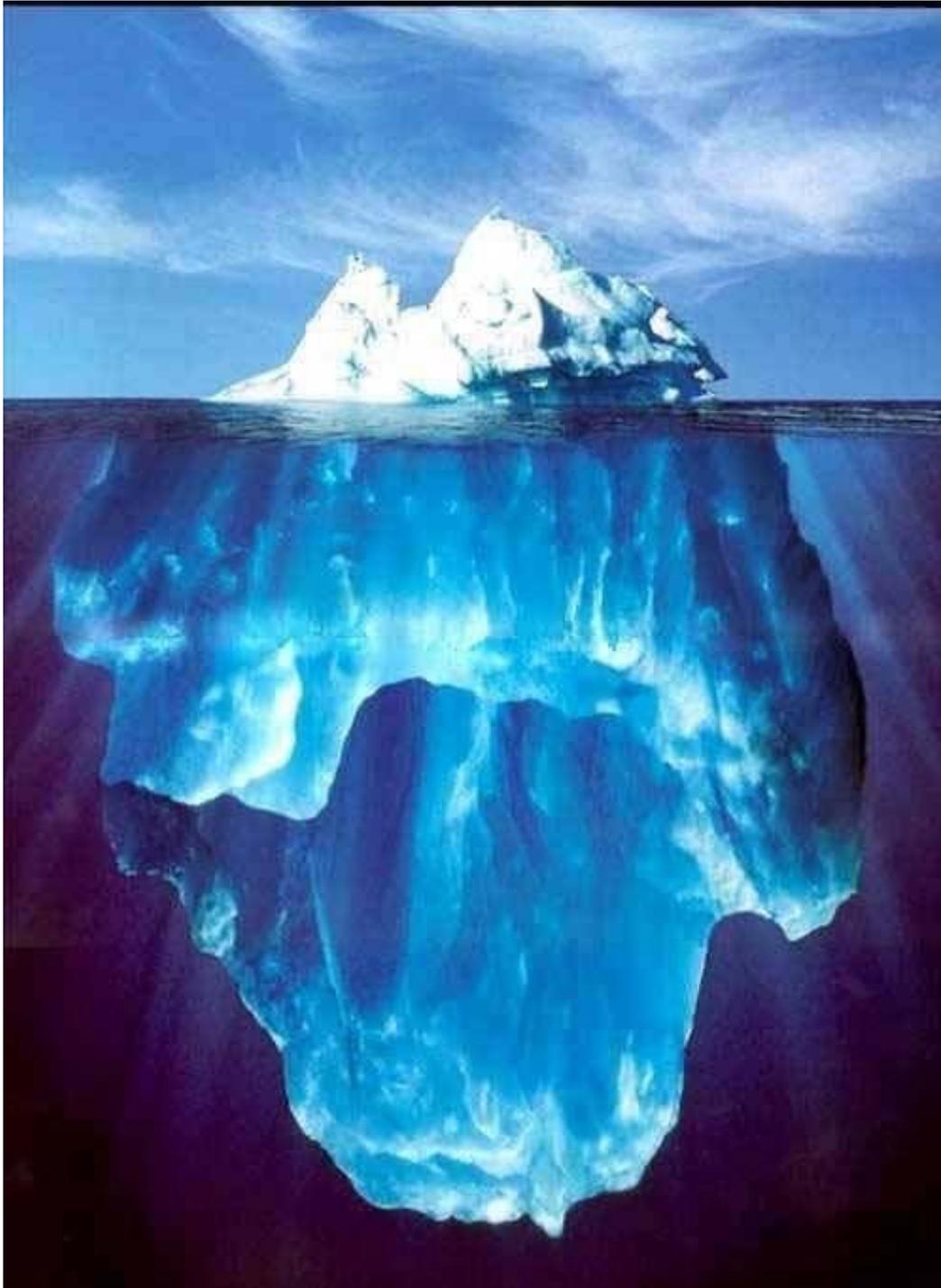
It's the **transition**, not the change that people often resist.

- Loss of identity or sense of competence
- Disorientation of the unfamiliar
- Risk of failing in a new beginning
- Resonates with past experiences or themes



Create safety, consistency and choice

- ▶ What are the vulnerabilities?
 - ▶ What might be a “trigger” or area of sensitivity for this supervisee/colleague?
 - ▶ Promises and follow-through
 - ▶ Defensiveness and accountability
 - ▶ Fully explaining the “why”—allowing time for transition and investment
 - ▶ Change vs. transition
- 



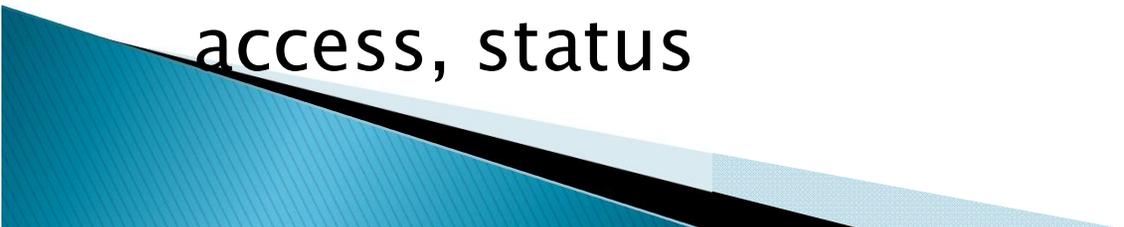
The
Difference
between

CHANGE

and

TRANSITION

Avoid re-traumatization/ feelings of being victimized, minimized, disrespected...

- ▶ Help supervisee understand and acknowledge their response
 - ▶ Where might rules that seem “reasonable” become triggering/disempowering?
 - ▶ Be aware of practices that create blame, shame or hyper-responsibility
 - ▶ Support and model self-care and healing work with awareness of positionality, access, status
- 

Consider each supervisee's identity

What are the individual needs:

- Impact of historical and generational trauma, trauma of immigration
- Multiple identities and intersections
- Differences in status/identity/power
- Internalized oppression (racism, sexism, heterosexism, ableism, classism, etc.)



Key Communication Goals for supervision and Management

Accomplish the **2 C's**

- Maintain Connection
- Show Concern



Key Communication Goals for supervision and Management

Communicate the 4 P's

- Explain/brainstorm the Purpose
- Show/co-create the Picture
- Lay out/co-create the Plan
- Allocate/co-create the Part



What is vicarious trauma?

- ▶ Vicarious Trauma is the process of change that occurs when you care about people who have been hurt and are committed to supporting their safety and healing.
- ▶ Over time this process can lead to changes in our emotional, physical, spiritual, relational, and social wellbeing.



The Impact

Vicarious trauma is a *natural response* to witnessing or acknowledging the trauma of others

- ▶ Personal traumas and survivorship
- ▶ Change
- ▶ Burnout and Boundaries
- ▶ Recognizing vicarious resilience
 - The healing properties of this work



Boundaries

- ▶ Create the structure and safety in all our relationships
- ▶ Create the support needed to take risks and feel empowered
- ▶ *Affirm our worthiness*
- ▶ Help to protect our relationships
- ▶ Clarify expectations



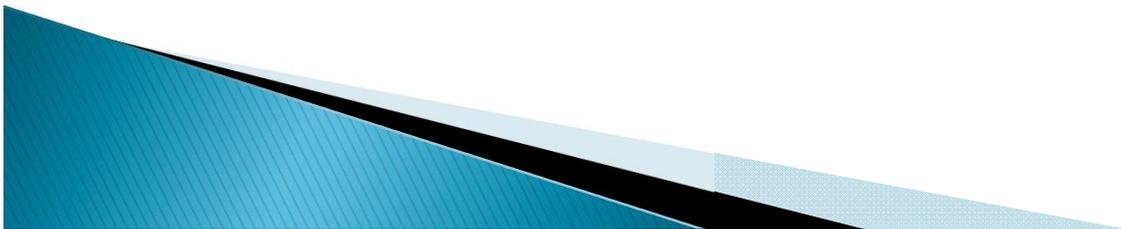
Organizational Responsibilities...

- ▶ Co-create and maintain safe space
- ▶ Communicate clearly
- ▶ Take accountability
- ▶ Be consistent
- ▶ Listen...listen again
- ▶ Supervisor takes good care of self (modeling)



In a small group...

- ▶ What needs to be honored?
- ▶ What are steps that help to foster a Survivor-Affirming Culture?
- ▶ What strengths do you or your agency already possess?



Factors that impact work trauma

- ▶ type of service
- ▶ nature of work
- ▶ listening to stories
- ▶ client characteristics
- ▶ personal circumstances of advocate
- ▶ safety/world view
- ▶ relationship between victim and staff member
- ▶ access to support

Factors that impact work trauma

- personal history of trauma
- spiritual beliefs
- personal therapy/healing work environment
- social justice focus
- effect on physical and mental health
- personal/social identities
- Boundaries
- Current stressors



Caring for self and
co-workers

Supporting a Culture of Resilience

- ▶ Reducing trauma and burnout is an organizational, peer, and individual responsibility
- ▶ Demonstrate the *same care &* attention to staff and colleagues as we would to the folks we serve



Supporting a Culture of Resilience

- “ Know your value, role/s and responsibilities, who to go to for supervision and support, your strengths and ability to create change
 - “ Support in policy and practice
 - “ Have safe and consistent avenues for communication to express joys and concerns
 - “ Recognition of vicarious resilience
- 

Possible solutions

- ▶ Access to chosen healing modalities
- ▶ Mentoring
- ▶ Ongoing supervision, support, and training
- ▶ Regular debriefing
- ▶ Using vacation or other accrued time
- ▶ Continuing education
- ▶ Acknowledgment
- ▶ Collaborative work
- ▶ Building community



Honoring Our Journey

- ▶ Where have we come from?
- ▶ What from the past/present needs to be honored?
- ▶ What might need to be acknowledged/healed before we move into exploring our future together?



The most important role leaders can play

With leader support, building a survivor-affirming culture belongs to the community.

It is the responsibility of the leader to draw from the group at-large the words to describe the vision as clearly as possible.

What commitments are needed to co-create this culture?



Soften or Replace Losses

How can we soften the changes' impact on people and protect their interests?

How can we help stakeholders replace, redefine, or reinvent a loss?

Be sensitive to the small issues. Sometimes people miss the small aspects of what was lost more than the larger important aspects.



Provide Information

Use different channels and styles. Vary the medium and use the 6X rule:

- After 3-4 times people pay attention
- After 6 times people take it seriously

Until it is heard coming directly from leaders, it is often not taken seriously.



Ceremonies & Symbolic Events

- ▶ In our personal lives, we gain closure on chapters in our lives through rituals like building altars, meditation, funerals and wakes, burning old love letters, reading over old diaries or viewing family photo albums
- ▶ In organizational life, what similar symbolic actions can we take to mark the change of something?



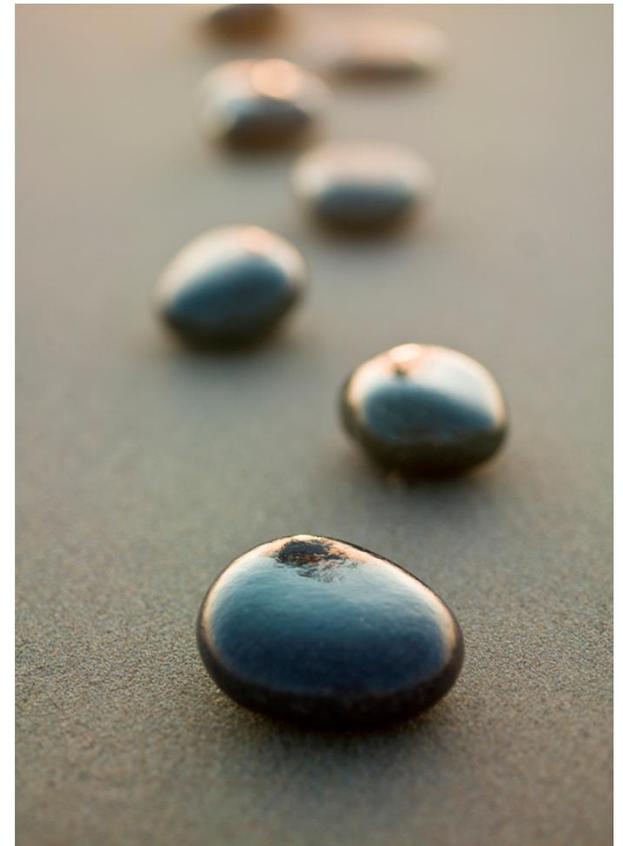
Assessing my self care



Healing Trauma

Self Care

- “ Take care of yourself—coping skills
- “ Don’t rescue or fix
- “ Remember you are having a natural reaction
- “ Attend to your own physical and emotional health
- “ Get information and support



Common Ground

- ▶ One thing I'm taking with me from today is...
- ▶ One thing I commit to do based on what we discussed today is...

