

National Sexual Assault Conference—When the Helper Needs Help--Friday, September 2nd 9-12 pm

Opener (Amanda)

- Stand Up If...

You've been to DC before; you live in DC currently; you've attended NSAC before; you identify as a clinician; you've worked on a hotline; you've worked as a medical first responder (EMT, emergency room, etc.); you've worked as a case manager; you've been a facilitator; this is your first year working in this field

Community Norms—Intro to Space (Amanda)

- 1) Challenge by Choice
- 2) It is safe to not know and ask questions; Take accountability for impact
- 3) Question assumptions
- 4) Accept non-closure
- 5) Emotions have a place
- 6) Set intentions
- 7) Name your resistance
- 8) Take breaks

Mingle—small group versus large group (Amanda)

- Prompt: What do think makes a therapy experience good or bad?
- Report Out
- Share Pre-collected Thoughts

What are some things that have made a therapy experience positive? (for share out)

- *Involved in choices that affect me*
- *Calm presence*
- *Consent vs. coercion*
- *Transparency*
- *Communication is varied/responsive*
- *Clinician is able to notice how I am reacting in the moment, and reflect that back to me*
- *Clinician utilizes grounding techniques and skills*
- *Prompting sentences—fluent communicator, initiates responses comfortably*
- *Free from pressure to conform to clinician's goals for my wellness*
- *Naming that I am the expert on myself*
- *Ability to respect my truth as mine and challenge beliefs constructively—able to engage my resistance and boundaries*

Stated concerns of clients working as professionals when asked: (for share out)

- *Are you accountable to me (my experience of/feedback to you)?*
- *Am I involved in deciding starting points and determining goals?*
- *Are my boundaries acknowledged?*
- *Can I choose what to bring to the space?*
- *Are there opportunities/shared language to check in when boundaries are violated or need to be adjusted?*
- *Are there points for me to opt in?*
- *Are you honest about the limits and gaps in your knowledge?*
- *Are you trying to present as a blank slate? (Presenting pearls versus breadcrumbs to test)*
- *Office set up/use of space*
- *Valuing formal information over lived experience*
- *Guise of rationality*

A Discussion on Power (Amanda)

What is power?

Ability to act, affect or prevent change; ability to influence events to get your desired results

Poder: noun and verb, I can; it can be done; to be able to

Multiple ways to get it: difference is whether and how consent is gained

Components/features to consider-

- self interest
- power level/position and or structure
- consequences
- methodology
- expectations
- associations/references
- beliefs/priorities
- rules for use/community agreements
- dominant messages
- contradictory messages

Types of power:

DCRCC uses three categories to indicate different sources, tactics and forms of power that we encounter, use and have used on us. The key features of each are distinct in where the power

comes from, how it is used or demonstrated, the messages we receive about power, and the tactics used to obtain, sustain and utilize power. In a US context, we typically are more aware of messages rooted in “power over”, and least conscious of examples of power with.

“Power with” is the form of power that describes a culture of consent where power is used mutually and with the consent of all involved parties. In this example, power is distributed and given voluntarily, increasing through the involvement of communities/community members as equal stakeholders. Power within, innate power, is acknowledged and affirmed, allowing individuals to feel empowered to distinguish between models of power that are coercive and abusive from expressions of power that are equitable and accessible to everyone.

- 1) Power over (Force and coercion),
- 2) Power with (Consent),
- 3) Power within (Empowerment)

Instruction— Trust, boundaries and safety are closely related. Power and choice inform our understanding of who we can trust, who believes us, who we are safe with and when we are in control. We are going to look more closely at building safety and seeking support in **power-over** relationships and **power-with** relationships.

Group Think—what kind of relationship is this?

- Parent and child
- Teacher and student
- Principal and teacher
- Two people dating
- Two friends
- Older and younger sibling
- Police officer and kid
- Doctor and patient
- Waitress and customer
- Faith leader and community member

Helpful Clues:

- Who makes decisions
- Who decides consequences

Introduce Slides *(Shannon)*

Use of Self (Shannon)

- Self awareness and relationship roles/patterns
- Communication of expectations and needs

Boundaries (Shannon)

- Informed Consent
- Negotiated mutual risk

Trust (Shannon)

- Transparent power dynamics
- Protective vs. exposing factors

Assessment (Shannon)

- Safety Planning and self care
- Confidentiality and competence

Dual Relationships (Shannon)

- Therapist
- Hotline (Responder/advocate; backup supervisor; department head)
- Setting/environment
 - >Policies/oversight
 - >In person
 - >Number of parties
 - >Length/depth of contact
 - >Consequences/impact

Breakout Groups—Scenarios ← →

Shannon and Amanda

1. What power does the provider have in the interaction?
2. What power does the client/service user have in the interaction?

Topical considerations—places of similarity/distinction regarding:

- Expectations
- Perceptions
- Expertise

- Boundaries
- Fears/Anxieties

What is impacting how each person responds and engages? What risk or perceived risk is present in this interaction—how do you know, what are the resulting dynamics?

Scenario 1:

The client fidgets, shifts, fidgets, paces, fidgets, “It must be so weird to see me in this state.”

Therapist: “not at all. This is actually really normal considering everything you are going through.”

Client: (matter of fact with a slight eye roll) “yeah. I know” pauses for a second, feels badly for being so short, “I mean, no, thanks, I appreciate the normalizing.”

There is a brief pause, and then both laugh a lot.

Client: “Sorry, I can’t help it!”

Scenario 2:

The client sits in session tearful and unable to verbalize what they are experiencing. The therapist has previously disclosed that they are a trauma survivor, but with no details. After several minutes, still crying, the client asks, “do you ever go nonverbal?”

Scenario 3:

The client and therapist have recently attended the same meeting for service providers in multiple agencies. While they did not speak during the meeting, they were both angered and upset by the content of the meeting. They have not spoken directly about politically charged service delivery issues before and do not know the other’s opinions. The client enters the room for session, sits down and says, ‘What did you think about that meeting?’

Scenario 4:

Client: ‘I think I am just experiencing a heightened trigger response. I have been working on my breathing to help manage the adrenaline responses, but am still really experiencing the flooding and overstimulation. Do you think I also have an exaggerated sensitivity to sensory input? I have been remembering Peter Levine lately, you know his work obviously, and I am finding that it really appeals to me and my understanding of self management. How do you think his work applies to my coping skills right now?’

Scenario 5:

A caller initiates a disclosure of specific details of their trauma history. As the conversation continues, the advocate learns that the caller is experiencing ongoing abuse, triggering the advocate’s personal history. The advocate loses neutrality and starts to frame comments to the caller as concerns and advice. The caller becomes frustrated and disconnects the call.

Scenario 6:

A caller self identifies as a parent of a survivor. They are experiencing dreams and flashbacks of their child's assault that they would like to process on the call. As they share more details, the advocate perceives that the caller is sexualizing the assault and experiencing gratification.

Scenario 7:

A hotline advocate self identifies as a male survivor of sexual assault. When supporting a caller, the hotline advocate realizes that their voice is triggering the caller. When the call finishes they feel upset and worry that they didn't meet the caller's needs.

Scenario 8:

A caller identifies as an adult survivor of CSA who uses hotlines regularly to manage their day to day crises. The caller resists boundary setting by the advocate, not allowing the hotline advocate opportunities to speak, and repeatedly misgendering the advocate. The advocate is triggered by the caller, but doesn't want to impact the call's anonymity.

Safety Planning Worksheet—integrating slides Shannon and Amanda

Key Observations/Take Away

- What power do we have in power over versus power with relationships?
- What decisions do we get to make for ourselves?

Relationships can be between people, an institution, or a structure—a series of institutions.

Thinking Systemically

What are the parts of a system?

Internal—individual thoughts, feelings and beliefs

External—relationships that involve power and choice

- Interpersonal—person to person
- Institutional—an organized place like a school, doctor's office, church, etc.
- Structural—an organized network—institutions that are connected by rules and people

Helpful Clues: Interpersonal

- 1) Who makes decisions
- 2) Who decides consequences

Helpful Clue: Institutional/Structural

- 1) What are the rules

- 2) Who controls resources
- 3) How do different parts talk about, work with and depend on other parts?

Individual Activity--Safety Planning in Relationships (Relationships with Institutions)

Safety plans are a way of planning ahead for a situation we could be in that could challenge us. Safety plans can be used in lots of different ways, but one way is in relationships. Safety planning helps us find out four important things:

- 1) How someone makes us feel
- 2) What type of relationship we have with them
- 3) What we can and cannot control within our relationship
- 4) Where we can get help if we can't solve something alone

Preliminary/First question: Am I safe with this person?

This is how you know if you feel comfortable in a relationship, and if you don't feel comfortable, what someone might be doing or not doing that makes you feel unsafe, out of control, treated unfairly or bothered/frustrated.

The first question is simply, "do I feel safe right now?"

If this were being asked by a second person, the listener would allow the individual to share more. This will give information to inform the direction of the support/and if you have a role in providing it.

The second question is then, "what do I have control over?" What kind of relationship are we in?

This helps you know what you can do to draw a boundary, end/adjust a relationship, get outside help, etc. so that you can feel more safe and respected.

The third question, "what can I not do by myself? What do I need help with?"

This is specifically in response to the safety concern being expressed. This is not general support; this is targeted help for a prioritized safety concern. This helps you identify specific people or places that you can go to for help with your concern.

This is where trusted peers and adults are identified.

Self Care—Preparation and Self Evaluation (Amanda and Shannon)

- Personal Definitions
- "Self Care Planning"

- Safety Planning—Before, In moment, After

When we think about power and control, it is important to know what kind of relationship we are in. Are we friends? Are you in charge of me? **Is the power equally or unequally divided between us? We refer to this as power over versus power with relationships.** Relationships with institutions are always power over relationships—control is not equally shared. Safety includes knowing what you can and cannot control in that relationship.

Examples:

- 1) **How do I enter this relationship**
- 2) **How do I exit this relationship**
- 3) **What rules do I need to follow**
- 4) **What happens if I break a rule**
- 5) **What resource do you control**

Safety and trust are present in any kind of relationship you are in to varying amounts. Knowing what type of relationship you are in helps you make informed decisions about your boundaries and needs. **Any relationship where power is not equally shared is an example of a power over relationship. Any relationship controlled by rules and policies includes an institution or a series of connected institutions.**

Systems are designed to follow rules. Those rules favor, or privilege, certain factors over other, and disadvantage other factors. They do not treat all things equally or the same and that is an intentional outcome. Systems encourage bias, discrimination and differential treatment, and that reality affects our relationships and beliefs about ourselves.

Facilitator Connection: Making a Support System

- When **offering support**—is it wanted; is it in my capacity?
- When feeling disconnected, **grounding**—returning to the present moment, can help relieve a crisis.