

DAY 2 – OCTOBER 14, 2022**PANEL 3: SELF-CARE AS SELF-PRESERVATION:
UNDERSTANDING VICARIOUS TRAUMA &
ENHANCING SUPPORT FOR PROVIDERS¹**

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JENNIFER FRIEDMAN:

I'm very pleased to introduce our much awaited and, I think, after this almost full two days of discussion of really heavy topics, much needed vicarious trauma panel. Thank you.

LISA ALEXANDER:

Good afternoon everyone, and happy day two of this amazing conference. It's nice to see all of you; some of you I have not seen in person for almost three years now. So, it's great to be here. My name is Lisa Alexander. I'm the supervising attorney at Day One. And before I introduce our amazing, wonderful, very talented panel, I do want to encourage everyone that since this panel is going to be recorded and it's going to be posted online—I'm not going to tell you not to take notes—but I would encourage you to maybe just be

¹ Sanctuary for Families, *Self-Care as Self-Preservation: Understanding Vicarious Trauma & Enhancing Support for Providers*, YOUTUBE (Oct. 24, 2022), <https://www.youtube.com/watch?v=3Bnf4sK8rfs&list=PLg6AMDhsnPQff9Ov29QqAvTJPIStuUc4i&index=10> [<https://perma.cc/2UB7-VFAC>].

present. Don't check your phone. Don't check your email. The emails will undoubtedly be there for you at the end of the day. Just be here in the moment. This is an important topic and I know that we've had a lot of really intense—helpful, but intense—conversations over the past two days, so I think it's important to focus on this.

I would like to introduce our panel. We have Victoria Goodlof, who is a supervising attorney at the Domestic Violence Law Unit at New York Legal Assistance Group; Dorcas Miller, who is the Senior Trainer at Safe Horizon; Dr. Hawthorne Smith, who is the Director at Bellevue PSOT (the Bellevue Program for Survivors of Torture); and Josie Torielli, who is a licensed clinical social worker and a trauma consultant. One of her consulting partners is Sanctuary for Families. All of our panels have amazing, impressive bios. I encourage you to read them after the panel, at some point later on today. To get us started—since, as I mentioned, there's a lot of intense topics and conversations that we've been having over the past two days—I would ask Josie if you could lead us in a brief grounding activity.

JOSIE TORIELLI:

Okay let's kick this off. It's Friday afternoon. Let's talk about some vicarious trauma. Talk about it from a work perspective. I understand that there's been some somewhat heavy content during the conference, which is not unusual. What I want to encourage folks to do is—since I am a social worker, of course I'm going to get all into the “woo-woo,” as one of my mentors says—as we're transitioning from content and also transitioning from our lunches and maybe checking emails, I'm just going to encourage everyone to transition into our space here.

I'm just going to invite you to take a moment to go ahead and feel yourself in your chair. I always like how when I say that, I notice people shifting around like, “Oh the chair is here.” Just take a moment to feel yourself in your chair, and if it's comfortable for you also feel the way that your feet are connecting into the floor. Just taking a moment to get here. And, if it's comfortable for you, you can close your eyes or find a spot of soft focus somewhere in the room and just let yourself be here. Let yourself notice again the feeling of being in your seat, the feeling of your feet on the floor, noticing your breath as it's traveling in and out of your body. Not doing anything to change but just noticing yourself in this space. If you have thoughts that are coming in, that's okay. Just notice those too, and then send them on their way. Just keep returning to the feeling of yourself in your chair, the rhythm of your breath.

Giving yourself these moments just to be here, knowing that you can come back here when you need to. Giving yourself a few more moments before you

maybe start to move your body, wiggle your toes. Give yourself a little stretch, and come back into the present moment. Wow, so quiet. Everyone was so like, “Yes, I will do your breathing exercise.”

I’ve kind of stacked the deck because the next part of the panel is “how you’re feeling about being here,” so I kind of prepped you for that one because everyone’s feeling awesome now, right? What comes up for you? And I’m speaking to the people that are in the room, but I also know we have quite a number of people that are participating online. So, I want to encourage everyone to either, you know, shout out some answers. If you’re online you can put those answers in the chat section or you can also direct them to the Q&A. We have someone who’s monitoring it who can direct those toward the panel if we need to. When you think about the content of this session or when you think about vicarious trauma, what comes up for you? Where are we starting from today?

[inaudible audience response]

LISA ALEXANDER:

This is a pretty standard response when we talk about vicarious trauma, so we’re right on point for that. Don’t be embarrassed. Feel free to shout out whatever comes up for you or to put it in the chat if you’re online using that.

JOSIE TORIELLI:

Go ahead.

[inaudible audience response]

LISA ALEXANDER:

Yeah. So, for people who can’t hear, a lot of eye-rolling about ten or fifteen years ago, and honestly sometimes still today.

JOSIE TORIELLI:

Yeah, so that was twelve years ago and that never happens now, right? Just so we’re clear.

LISA ALEXANDER:

Right, right.

JOSIE TORIELLI:

So maybe for some of us—I was going to say for some of us—it might be a new topic, but I think there is increasing dialogue around the impact that work has on our mental, physical, and emotional worldview. There are all kinds ways that it impacts us. I think there's a lot of dialogue around that, but I also know that once we're asked to contend with it, and once we're asked to really sit with it and figure out what that means for us or the impact that it's had on us, that's not always an easy journey.

So other responses? Is anyone feeling, let's just—I'm going to name some feelings—oh, go ahead.

[inaudible audience response]

LISA ALEXANDER:

Thank you for sharing. For people who are watching at home, the comment was that it's pain not just from working with survivors, but also as being a person of color, or being a woman, and all those other intersecting identities and experiences that folks have. The layering of pain on top of the experience of working with people who have been harmed or cause harm.

JOSIE TORIELLI:

Yeah, thank you for that perspective, because it really speaks to how—when I started working as a trauma consultant—it was pretty narrowly focused on vicarious trauma. And realizing the pain that's so interconnected alongside those experiences is really important, and of course how that changes per identities, so thank you. Go ahead.

[inaudible audience response]

LISA ALEXANDER:

Yeah, definitely. The feeling of things never being really resolved or never ending or really sometimes not even getting any better—and just having a Groundhog's Day feeling about it all—I think resonates.

JOSIE TORIELLI:

Yeah and I think there's definitely a feeling of, "I can never do enough," or, "I'm on this wheel where even if I accomplish something and I'm in the rare event that I'm able to actually internalize that and say, 'Wow, I actually accomplished this thing,' because I think we're so used to being like, 'No that's

just my job,' and moving on." That we are in this cycle of going and going and going. And what happens, in my experience, is that this idea of, "I can't do enough" becomes, "I am not enough." So, I think part of it is paying attention to how we internalize the impacts that the work has on us.

[inaudible audience response]

JOSIE TORIELLI:

Some trauma Olympics happening, right? Yeah, so that's the same process that our clients might go through, in terms of ordering what's really bad, what's sort of bad, and what's not so bad at all. We can go through that too in terms of the way it's impacted us. Thanks; it's important.

[inaudible audience response]

LISA ALEXANDER:

Yeah, definitely. Operating in systems that are flawed on their best day can compound the vicarious trauma that we all experience when we're taking about the stories of our individual clients.

JOSIE TORIELLI:

Yeah. Thank you all for sharing. I'm really impressed by the number of people that were participating, so kudos to you. Tori, I think you have another question, not that we're going to answer now, but it's something that we hope that all of you here and who are watching online keep in mind. We're going to revisit it at the end of this panel.

VICTORIA (TORI) GOODLOF:

Yes. So as we're talking today, I think it's really important that you think about the "why." Why do you do this work? What brought you to this work and what continues to keep you in this work? What is it that helps you find meaning in what you do? That's a really large, large question, and I'm not looking for responses now.

LISA ALEXANDER:

We'll take them in writing at the end.

TORI GOODLOF:

We won't grade them, but think about it as we go because I think it will naturally come up for you as we're talking about vicarious trauma.

LISA ALEXANDER:

As we're talking about vicarious trauma, Tori, I'm wondering what it is. I think it tends to get conflated with things like burnout and compassion fatigue or just overall stress. So, what is vicarious trauma, and why do we as lawyers or other legal professionals have to be cognizant of it and talk about it?

TORI GOODLOF:

Yes, of course. You may hear lots of different terms referring to how a service provider is affected: vicarious trauma, compassion fatigue, the cost of caring (you may have heard that before), secondary trauma. When we're talking about vicarious trauma, we're talking about the cumulative transformative effect on the helper, working with survivors of trauma—survivors of traumatic life events. Vicarious trauma could be both positive and negative. It can affect us in various ways. Generally, we tend to talk about the negative and difficult ways in which it affects us because that's practically what we have to deal with every day. But what we're talking about really is all behaviors subsequent to learning about trauma.

We're talking about our emotions as the service provider, resulting from knowing about a traumatizing event that a client went through. We're also talking about—and I think this is what you guys said when we were asking what it looks like for you—we're talking about the stress from helping or wanting to help a traumatized person. We're in this work because we want to help and we have the tools to help. I would say, and you probably agree, that almost on a daily basis you're reminded how you can't help all the way. And that's really hard for people like us, who really just want everyone to be okay. Vicarious trauma really changes how we view ourselves in the world, but it's not a reflection on whether we're strong or we're weak. There's this—like Kim said in the beginning—rolling your eyes just because we're talking about vicarious trauma and experiencing it. It doesn't mean that we're weak, that we can't handle our emotions. It means that we are empathetic service providers who have to take care of ourselves in order to take care of our clients.

Another point I want to make is that the single most important factor in the success of trauma work relates to the attention paid to the experience and needs of the helpers. Our experiences and needs need attention also. I'm sure you can all think of a time when you worked yourself into either a frenzy or a panic or exhaustion. Everyone's like, "Yeah, all the time, all the time." We can't meet the needs of our clients when we're overriding our own. Just sit with that for a

second. You can't. There's no way. If we're overriding our own needs, we are never going to be able to achieve the helpfulness that we want to give to our clients.

We are empathetic. Empathy is a blessing and it's a curse, right? We have to connect with our clients. I don't know if any of you have ever listened to Brené Brown on empathy—brilliant. I think the best takeaway that I have from those talks are that we have to connect with something within ourselves in order to connect with our clients. In order to be empathetic, we're searching for that feeling within ourselves. We may have not experienced what our clients are telling us their experiences are, but we can relate to that feeling. That's empathy, and it's exactly that empathy that puts us at risk for vicarious trauma.

What are some examples? We came across some examples from the audience—a lot of them. There's so many, and they kind of fall into the different categories of re-experiencing a trauma or avoidance or arousal. It could be all different things. For example, arousal. Doing trauma work may lead to some of us being hyper-vigilant. We may have trouble concentrating. We might be irritable in our personal lives—sometimes even at work.

LISA ALEXANDER:

No one in this room though—

TORI GOODLOF:

Never, no. [*laughs*]

TORI GOODLOF:

I know, sure. That could be a form of vicarious trauma—the arousal and feeling elevated like that. Then on the flip side—and I'm sure we've all experienced this as well—there's the avoidant behaviors. Efforts to avoid reminders, to avoid that difficult client call. You know, just push that off till later. Detachment and withdrawal, we all experience that as well. And we may also be re-experiencing either our clients' trauma or our own. Nightmares, triggers, intrusive thoughts. These are all things that we're faced with on a daily basis while trying to save another person.

It affects us in our intimate relationships, our personal and intimate relationships. Think about your intimate relationships, right, your interpersonal intimate relationships—romantic or not—and setting boundaries within relationships. That can be the product of vicarious trauma—having a lot of difficulty setting boundaries in relationships. But the flip side is that someone

could isolate themselves from their partner, alienate themselves from their partner, disconnect with others.

We sometimes see increased substance use. Or something that I see a lot is increased overprotectiveness of our clients. I'm sure you can all think of someone who—whether it's you or someone you work with—may be super overprotective of one or two clients. That happens. It's normal, but what do we do about it? We all throw around “self-care,” and sometimes when we hear “self-care,” that results in eye-rolls. And sometimes that's appropriate, because someone just saying, “Practice self-care,” at you—that doesn't actually achieve it, right? Just you know, “Self-care! Do it, do better. Yeah, try to do better.” But what does that look like? There's no real answer.

We're all very different from each other. We're all known to say something like, “Oh, but I'm so busy.” Right? “I'm so busy. I don't really have time to. I'm in the office. I don't have time to go for a walk at lunch time. Who has time to do that? Who has time to go to the bathroom, right?” Yeah, actually, I've had to leave meetings, just like, “This is my opportunity.” We are super busy, but we're not too busy for ourselves. We shouldn't be too busy for ourselves. Being totally selfless may nebulously be seen as an honorable thing, but being totally selfless doesn't help us help our clients.

So, what do we do, right? What do we do? We're going to talk about why it matters and what we may do. We want to make sure that we're providing a framework for our staff where it's safe for them to talk about how they feel, and even if we don't necessarily feel the same way, that our staff feels that their experience is a valid form of experiencing vicarious trauma. It matters for lawyers because as lawyers, advocates, service providers, we're not exempt. We have high risk factors as attorneys working within this crisis intervention modality, and also working with really large caseloads, with clients who have faced resistance at about every stage of trying to get help. We're working with the cumulative exposure to trauma.

So, I know that in the beginning one of the comments was that there's this layering of pain, and we're working within that, cumulatively. It just keeps building up and up and up, and each client we see and each client we service adds to that pain. Different kinds of pain, different experiences. We have high risk factors, and that's why it matters for lawyers. We can't meet everyone's needs. So hopefully today, as we're talking, you can revisit why you're here and why you do this work and maybe you can start to identify where [vicarious trauma] pops up in your day-to-day.

LISA ALEXANDER:

That was great. Thank you, Tori. I just want to quickly add that I think it also matters that we have an ethical responsibility to our clients. We have a duty to advocate for them zealously and to be competent. And a lot of the symptoms that you can experience by being vicariously traumatized can impact your ability to serve your clients in a successful way. So, if you're avoiding responding to an email, or putting off drafting motions to the last minute because you're understandably overwhelmed and trying to protect yourself, there's a risk of being on the line of these ethical issues.

But also, and I think everyone on this panel agrees and we're going to talk about this more, it's important because we matter. Our clients matter, and the work that we do matters, but we—as human beings and as individuals—matter. Our physical health matters, and our mental health matters, and our happiness matters. And I think that it's important that we prioritize ourselves for the sake of ourselves, and not only because it's in service to somebody else. So, that's my little spiel.

TORI GOODLOF:

Check in—how many of you feel guilty just for being here today and not being on your email or helping a client? Right, right, exactly, there we go.

LISA ALEXANDER:

Josie, I'm curious: as someone with a social work degree and background, what is your perspective having worked alongside lawyers in terms of vicarious trauma?

JOSIE TORIELLI:

It's all easy breezy is my perspective. No. I want to thank you, Lisa, for noting that, because we often hear that example, too, about self-care. I think self-care has so many good and bad things associated with it. But most of the time when we think about self-care, it's been so commodified and so aligned with the wellness industry that it loses meaning. Which is part of the reason why I'm trying to shift over to talking about self-preservation and retaining humanity.

One of the things that we hear is, you know, put your own oxygen mask on so you can help others. And I'm kind of like, “No—put your oxygen mask on because you need oxygen to live.” And, you know, we're laughing, but self-preservation isn't about, “Let's build you back up so that we can send you out to give all of it out again.” Certainly, paying attention to the impact that the work has on you and tending to those impacts is important for the work that you're

doing as service providers. But we talk about having all these different parts of us that are impacted by pain, and our work-selves cannot be the only parts that we're tending to for self-care, right? We're not *indulging* in self-care. It's actually a reminder that you're more than your work and your productivity. I'll get off my soapbox.

Being a social worker—in previous iterations I've worked with medical providers—I used to be like, “Oh social work, that's the toughest thing.” We really get in there and we're in there with all the feelings. This experience has been really transformative for me, because I often say that I can be a really impactful and effective therapist not having to know the entire story, or not having to know the entire narrative, because I'm focused on what the day-to-day impact is. Processing traumas is a much further stage. What I notice is that for attorneys in particular, you really have to ask about all those experiences, and you have to do that on a day-to-day basis and really get in there and get that information—not because you're curious but because it's an essential part of your job.

I would say the other part of it is that for social work we also, hopefully, have built into our supervision policies this idea of, “How's the work impacting you? What are you bringing into the room? And what's your lens?” I know Jennifer and I have had so many conversations about this. This is starting to exist more in legal supervision, but not nearly widely enough. I would say that I actually have the easier job when it comes to working with trauma because of these layers. I have to say, even me being here and in the position that I'm in—working closely with attorneys and working with people in that service provider role—it's really hopeful to me that we're talking about it, and that there's a position like mine that exists.

LISA ALEXANDER:

Thank you. I actually want to turn things over to [Dr. Hawthorne Smith] now. [Dr. Hawthorne Smith], you work with people who've experienced really horrendous forms of violence, and who help people who have experienced that violence. Many of those people, I'm sure, have experienced vicarious trauma. Can you give us some examples of how you've seen things go awry and how you've helped them navigate that, and how you think that we can start working towards—I love the way you would phrase, as you did before in one of our meeting sessions—towards subversive wellness?

DR. HAWTHORNE SMITH:

Absolutely. Thank you very much for having me and including me in this. And thank you all for the work that you're doing. I don't know if you hear thank

you often enough during the course of a day or a week. Really working with marginalized, traumatized populations and the impact [of that]. I just wanted to start with a thank you, with an appreciation. I've been doing this work now for twenty-seven years, some [of that time] over at Bellevue. What I'm going to do over the next ten to twelve minutes, I'm just going to share some stories. I just did a presentation for the Department of Psychiatry back there, but this is going to be a PowerPoint free zone—no stats.

LISA ALEXANDER:

There is his PowerPoint so feel free to check that out later.²

DR. HAWTHORNE SMITH:

Within my PowerPoint, there's a picture of a boat that I took when I was in Tanzania. I was looking for some sort of visual image. I was giving a talk like this in Dar es Salaam, and there was this rescue boat up on the beach. It was rusted through and had holes in it and all this sort of things. And it's like, how is this a rescue boat? It cannot even go in the water. The ancestors were looking out and giving me that little image.

Let me just say, I'm going to start from a subjective place, because I think that's where the rubber sort of hits the road. I remember my very first day as a counselor back in Washington, D.C. I think it was 1988—I'll date myself—but Washington had just become the murder capital of the nation. The crack epidemic was raging, and it was my first day. One of the more senior counselors pulled me aside and said, "Hey youngblood, it's your first day, right?" I was like, "How'd you know?" And he's like, "Well, one, I've never seen you before. Two, your eyes are like *this* big." He said, "Let me talk to you," and he let me know that I needed to get the Robin Hood complex out of my mind. And I was like, "Okay, that's great, I have no idea what that means." He said, "Look, you have to understand that you can't save everybody."

And he said, "No, no, it's deeper than that. You have to understand that you cannot save anybody. All you can do is to work with your client, put them in a situation where they can save themselves." And this person was a substance abuse counselor, so he gave the example of: if he was working with somebody over six months and they stayed clean, that's not his victory. That's the victory of his client. But if something goes wrong that first night of the seventh month

² See 2022 FAMILY LAW CONFERENCE, <https://www.familylaw2022.com> [<https://perma.cc/E27U-YLVQ>] (click "Access Panel Handouts"; then choose "7. Self-Care as Self-Preservation: Understanding Vicarious Trauma & Enhancing Support for Providers"; then choose "13 – Subversive Wellness").

and the person backslides, it does not mean that those six months were useless. It might be that that's what is necessary for the person to stay clean the next time. So, how do we sort of change our sine curve and modulate it a little bit so we don't have these peaks and valleys that can be debilitating?

I remember several years later, when I came to Bellevue and was working with a client from Burundi, I wanted to quit. I wanted to quit. I thought I was just a fraud; I don't know what I'm doing. This person, this gentleman, was sitting in front of me. Most of his ear was gone. He had scars all over the place. He was so sort of depressed; he had his head down on the desk, and I didn't know what to do or how to engage. I went to supervision and I was explaining all of this to my supervisor. And he said, "Well, what was going on for you when this was happening?" I said, "You know, I didn't know if I could help this person. I didn't know what to say, I didn't know what to do, I was scared, I was anxious, I looked at the clock and it wouldn't move, and I was having all these fantasies about fleeing the room." He said, "Okay, that's enough."

He was very supportive of me over the next twenty minutes or so and then he asked me what I thought was going on for my client. I heard myself saying, "I don't think this person knew if I could help them, they were scared, they were anxious, they didn't know what to say, they didn't know what to do, the clock wouldn't move, you know they probably you know... [trails off]...." He's like, "You see what's going on?" He said, "You were so in tune with what was going on with this person that you brought some of it on yourself. Now, some of it was yours, but some of it was also what you're picking up from the person."

We, as psychologists, we don't go into the room with Adler or Freud or anyone like that. You folks don't walk in with Clarence Darrow. You walk in with yourselves as empathic, trained, caring human beings. And never forget that you are that healing instrument, so we sometimes have to give ourselves permission not to know. We can't always solve everything. I'm dealing with so many of my clients now who are stuck in the affirmative asylum backlog—who haven't seen their families for seven or eight years. They ask me, "When will my asylum come? When will I see my family?" I cannot answer that question. I cannot solve it. But, I know that I can be there with them. I can walk with them and help guide them, and that is important.

Something I wasn't sure I was going to share today: I think beyond knowing and giving ourselves permission not to know, is having trusted colleagues with whom we can share that feeling. Last night, I spoke with my daughter. She's a young adolescent, and rumor has it that apparently the children in my house are not the only ones that had a rough time during the pandemic. [*Laughter*]. She's been going through a lot of things and last night we cried together. We cried in a deep way. I just had to finally admit, "I don't exactly know how to help you."

You know, apparently that was the first step, because she and I had a conversation like we have not had in eighteen months. That sense of authenticity you carry with you is really crucial.

My father used to always tell me that we control our thoughts, our behaviors, our comportment, our words. We can put that forward, but we have no control over how we're perceived. So, he would always ask me, "Son, where are you going to put your energy? The things that you can control or the things that you can't?" And it makes sense up top. You know, I'll just worry about the things I can. But, it's much harder here.

I was having a conversation similar to this with asylum officers in New Jersey, and at some point asked a question to about eighty people in the room. I asked the question, when they go to a party how many of them, if someone says, "Hey, what do you do for a living?" How many of them actually say, "I'm an asylum officer." About seven hands went up. And I said, "Well how many of you are a bit more general, like, "Oh, I work for the government?" Another dozen hands. And then I was like, "How many just lie, or make up some stuff?" They were like, "Well, you know if I'm talking to someone that has a particular point of view, how might they feel? That we as asylum officers are Draconian, Jack-whatever who are just separating families and destroying young children's lives. Or, if I talk to someone with a different point of view, they think we're just holding the door open and saying 'Hey, MS-13 come on in and overwhelm our cities.' No one knows what we do."

For a minute, how do you as attorneys in a field that is fraught—there's hardly anyone who doesn't have an opinion on this—how do you hold on to what you do—knowing the reasons you're doing it—even if it's contradicted by what people are trying to throw on you? How do you pay attention and give value to those things that you hold on to as opposed to those things that are being foisted upon you?

Another thing we have to really do is look at our micro-victories. Just a few moments ago, we were like, "It never ends." We have a victory, and there's more that will come out. I just had a grant of asylum for a woman from Congo who's been working with us for six years. A huge celebration. I went home that night and I was reading in the paper about 1500 Congolese who fled across the border into Uganda, and I'm like, "Okay, we're losing by 1499." But, understanding that part of the job that we are doing is truly a humanistic endeavor. Something I want you to hold on to, one of the sound bites, is that while it may feel frequently that what we're doing is not sufficient, please hold on to the fact that everything you are doing is important. Everything you are doing is necessary.

There's the old story of the young girl who lives in a fishing village, and there was a storm. The storm came, and, with the tide, it brought up all these shellfish onto the beach. And the tide went out, and a million fish are on the beach, or thousands of them. And, if they don't somehow get back into the water before the sun goes up, they're going to die. So just this little girl's out there, one by one, throwing these shells into the water. One of the village elders comes to her, watching, and says, "My daughter, there's no way you're going to get to all these thousands of shells. What are you doing?" And she picked up the next shell and she said, "Because it's important to this one," and she throws it back into the water. You have to understand that everything we are doing is important, and it is necessary, even if in the larger scale of things, you feel that it might not be sufficient.

So how do we engage in this? How do we not become that proverbial sponge that is saturated and can't take anything else? How do we gently sort of squeeze things so that we can continue to help folks—so that we can, for our own natural selves, respect ourselves and move forward? I think one of the things we have to do is to be a conduit as opposed to a container. We're taking on so much of the traumatic stories of our clients, but we're also coming face to face with these incredible manifestations of resilience. These children, these people who've been victimized, traumatized, were still pushing forward. So how do we do that? How do we sublimate? How do we turn what we're hearing and transform it into something that is positive or even creative?

My father used to talk to me—we were talking about intersectionality here before—and he used to say that the history of the Black people in the United States is, as he summed it up, "responding to adversity with beauty." You know, the blues came from pain, gospel music and all these different things. How do we do that? One of the things we have to do is find ways to transform. For myself, sometimes it's writing, it's being with the family, it's music. I play sax, I sing, I do things like that with a couple different bands. I have my own band in New York. The question comes sometimes, "Well you're running a program, you're raising kids, you're doing whatever. How do you find time to play music?" And like we said before, you really can't find the time, but we can make the time, and that's more than just semantics.

There are days like today, with a couple speeches and a gig tonight up in Harlem. I'm going to lose some sleep, but you know it's exactly where I need to be because there are other Fridays where Bellevue has won, you know, when I just want to get out of there, go home, find my remote control, get my seat on the couch, and maybe I'll move by Monday morning, I don't know. I look at, "Oh man, I have a rehearsal, I have a gig." I have it and the last thing in the world I want to do is go out and play music, but when I get there and I get with my colleagues—guaranteed, every time thus far—within a minute of playing, I

know that this is exactly where I need to be and what I need to be doing. Sitting passively with this poison that has come in is not an option.

Another aspect of that is, I think, the different things we do in our life. It's not a zero-sum game. Let's say, for example, if some of you are working out or doing whatever, that is something that provides discipline that can be applied to your legal work and other things. Playing jazz or improvisational music helps me in a moment like this, where I'm not reading from something but I know the tempo, I know the notes and things I want to hit, and I can improvise and talk with you. So, playing music, it doesn't take away from this. It adds to this. So, how can we fold things through?

There are two more things as I get to the end here. I got to the point a couple of years ago where I was really feeling—I won't say burned out—but I'll say crispy around the edges. And I went out with a friend of mine. We went to a beverage emporium of some sort. As we were talking, I was complaining, and he said, “Well, you know what you do for a living right?” And I was like, “I thought I was a psychologist, I don't know.” And he's like, “Nah, you're a boat builder, and you are dealing with thousands of people who are in the water in distress. And you're a good boat builder, you might be able to build a boat that can hold fifty people but it's never sufficient,” like we were talking about before.

He says, “What you need to do is to help teach other people to build boats, or to engage with other boat builders.” He said, “I know you're an egotistical [inaudible] and some of the people you teach might not be able to build boats like you. Maybe her boat will only hold twenty, his eighteen, here's another one who can build one for seventy-five, you might be jealous of that person. I don't know. But if you teach 100 people to build boats, imagine how many more people you can get.”

So, again, I'm thanking you for this invitation not because we're teaching you to build boats, but because we're engaging with other boat builders and just really recognizing what you are doing. And thank you. With that I'm going to stop. I can tell stories all day, but I'm not going to do that.

LISA ALEXANDER:

He has a lot of really great ones though, so find him later.

DR. HAWTHORNE SMITH:

I'll stop, and hopefully there's some time for discussion and Q&A afterwards. Thank you for having me. Let me stop myself.

LISA ALEXANDER:

Thank you so much, Hawk. [*Applause*]. I really loved everything you said, but the “crispy around the edges” really had me laughing. I want to tell a story about how I was beyond crisp. I was incinerated. I did not practice any sort of self-care or really even know what vicarious trauma was until it was really beyond repair. I went to law school from 2008 to 2011 and I did a lot of domestic violence work as a law student. Not one time in three years did I ever hear the words vicarious trauma. I never heard it mentioned; I didn't know what it was. It was probably about two or three years into practice before I had really heard them. I'm seeing a lot of you smile.

I went through a pretty serious personal trauma while I was still working. And I came back, and I had screened a client who was then killed in a murder suicide, and another client of mine was stabbed. I had nightmares regularly. I wasn't sleeping. I was dreaming that people were chasing me with knives that were coming to kill me, or that my clients were going missing. I was sick all the time. Pretty much everybody that I worked with at the time, we were all sick just constantly. Anytime that I would start to feel better, something would go wrong and I would just feel completely drained. I felt like I wasn't making a difference; I couldn't do anything right.

I remember, someone had been killed, not a client but just around the office, who was murdered. I came back from vacation to find that out. And I felt myself having a panic attack walking to the office being like, “I can't do this, I can't do this anymore.” I remember going for a donut. I had taken a mental health day. I had just bought *Trauma Stewardship*, if any of you haven't read it, I cannot recommend that book enough. I remember taking a bite of my donut looking at the first part of the book where she lays out all the wheels and symptoms and being like, “Holy F, I have almost all of them.” It was one of the most scary and enlightening experiences that I've ever had. And at that time, it had been probably about five or six years where I was experiencing these symptoms.

At that point in time, I decided: I cannot be the person that I want to be—for myself, for the people that I love, or for my clients—if I don't take a break and work on this. I was privileged enough to be able to do that, where I could step back from the work and go to therapy, do a lot of reading, take some time doing other things that I enjoyed both personally and professionally, and now I'm able to re-engage. That is to say, especially if you're new to practice, do not let it get to the point where you're trying to handle it on your own or you think that, “Oh it's fine, it's going to get better.” It may, but it's probably not, because the systems that we work in are not getting better and the experiences of our clients

are not getting better, and you still have to absorb that if this is the work that you want to do.

We'll probably talk about this in the next couple of session sections—and I guess this is a nice transition to the next one—but this is not just on you as an individual practitioner to solve this. It's not a shortcoming for you, and what you know, or what you don't know, or how good you are at your job. It doesn't mean anything other than: you are a person, alive, who is listening to trauma. That's all that it means. It doesn't mean that you're not a good attorney. It doesn't mean that you're not cut out for this work. Don't ever let anybody tell you that. It's not true. You just need help. And that help needs to come from yourself: where you're taking stock and recognizing what you're experiencing, what that means, and why. And awareness that: it's okay that you're experiencing it; it's part of doing the work. But it's not okay to let it go unchecked. And it's not okay if we don't have other people in our lives, both personally and professionally, that are able to help support and give resources and information.

With that in mind, I would like to turn it over to Dorcas to talk about what she thinks is the role of legal services organizations to provide support for staff who are engaging in the type of work that we do, and who are at risk of vicarious trauma.

DORCAS MILLER:

Hi everyone, I'm honored to be here today. Before I go into that topic, I want to share a little bit about myself, simply because in my role at Safe Horizon, I'm a trainer. You may say, "Well, how does a trainer have any knowledge of this thing called vicarious trauma?" I just stand in front of people and talk. But before I entered this role I spent my early years in ministry. Initially in administrative roles within my national denomination, I was with the Presbyterian Church USA. Then, I served as an associate pastor. I served as a pastor. The pastor is a profession where most people who are in that role do not recognize that they experience vicarious trauma constantly. I never heard of the word vicarious trauma—the phrase vicarious trauma—until I came to Safe Horizon. I just want to say a little bit about this, a little bit about how my knowledge. So, I just wanted to share that story with you.

As was just mentioned, managing vicarious trauma is the role of everyone. Everyone has a part to play in that. And I want to speak a moment about some of those roles, the first one being leadership. Leadership has to make managing vicarious trauma a priority, and part of the way that that happens is by recognizing that it is in fact a workplace hazard. Let me say a little bit more about that to make it just a little bit more digestible.

Someone who's working on a construction site, they are required to wear what? Some boots, a hard hat, maybe some gloves. A firefighter, if he's going in that building or she's going in that building, they need some protective gear. They are not allowed to engage in that work unless that gear is in place. What does that mean then for that person? It makes them better equipped to do their job. If that firefighter has on that gear and that oxygen mask, they're better able to go in and perhaps pull someone else out of that building. But they're also protected from the injuries that might occur from that activity, so that their quality of life is not impacted in a negative way. If the company that was employing that firefighter or that person on that construction site did not ensure that that protective gear was in place, it would be unethical and it would be unprofessional. Unethical and unprofessional.

Let's kind of relate this a little bit to the field that all of you are engaged in. There have been many examples of symptoms of vicarious trauma—we heard dissociation, we heard maybe intrusive thoughts, the changing of worldview. When you're in a courtroom and you're experiencing those things that we heard, experiencing those things in the moment, it impacts the quality of service that can be provided and has an impact upon the quality of life of the person who is providing that service. So, it then becomes an imperative—it becomes a mandate—that leadership embrace the fact that this is a workplace hazard. It is professional to address it, as well as it is the ethical way to go.

I heard it mentioned about the role of supervisors—because I'm just talking about different buckets of people, of places within an organization that have responsibility. Supervision provides a space that should not only balance the work, all of the deliverables—I'm not a lawyer, so I don't know all the stuff that you guys talk about—but also provides the space to reflect upon the impact of that work. And a place that is safe. When symptoms of vicarious trauma are normalized as opposed to pathologized or stigmatized, it helps to ensure that that person feels safe when they are struggling. So, normalize it.

It's also important for that supervisor to be equipped to check in with that staff person. [To say] “I know you're dealing with a case right now, that maybe you're looking at some photos that are very graphic, or you're hearing some details that may be very disturbing. Tell me about your sleep right now.” With that particular case that we're discussing right now, “How are you feeling about your safety when you go to look for a cab?” This was an example we talked about earlier, right? So, that supervisor being equipped to ask questions, to share coping mechanisms, to create a safe space, and for the person to be supported in that work. In other words, have a place where they can go, perhaps with other supervisors, to find support, and where the value of self-care is reinforced.

And what was the term that you were using? Self-preservation, thank you! Well, what is that quote by Audre Lorde that I love? Does someone know that quote off the top? Whenever I read it I love the quote, but then when I need it I don't remember it.

JOSIE TORIELLI:

Yeah, it's, "Taking care of myself is a revolutionary act, because it's an act of self-preservation, not indulgence."

DORCAS MILLER:

Look at that, right? Not indulgent. Look at that. Audre Lorde should have been presenting here, right? So, it's a space where those symptoms of vicarious trauma are not judged. They're normalized, they're encouraged to be discussed, they are checked in on. And what about everybody else? Buy into a culture that recognizes the severity of the hazard of vicarious trauma. Culture and organizational culture. And of course, that comes after leadership has set that tone, or at least it happens simultaneously, but everybody has to buy into that.

And what does that look like? It can look like simply what we did at the beginning of this session: we took a moment of grounding. Having the expectation, the culture that says, "That's a part of what we do in the beginning of a meeting, that's what we do when we listen to a challenging case, that's what we do when we pause after hearing something, so that we can get refocused." That being embedded in the culture. Valuing that people use their vacation—what a concept. Take your vacation.

LISA ALEXANDER:

And don't work while you're on vacation.

DORCAS MILLER:

Thank you for adding that. You may already be doing things to navigate through your vicarious trauma and not even recognize that's what you're doing. We talk about strength based [model]. Let me give you an example of that. My father was a minister. My father was also a chaplain in the Veterans Administration Hospital, so he dealt with men and women who had come from war. All day long: death, and dying, and all of that. And then got up on Sunday and preached. And he would come home at night to pool; we had a pool table in our basement. This was my father: he would come in from work, first thing [he did was] loosen the tie up, take the pool stick, swing it as far back as he could go, and boom—hit that cue ball. That was his way of managing vicarious

trauma. Now, I didn't know that. I doubt that he did. What is it that you do that you can build on? And at least acknowledge that you are managing some vicarious trauma already.

And then, finally—and I have to say this because I'm a trainer—but the value of training. Everyone should know—and I mean everyone, from the administrative assistant all the way up—what vicarious trauma is, what the signs of it are, and what are the coping mechanisms. Everyone should have tools and a time—maybe it's every three months in your agency, every six months, every year, whatever makes sense for you—where people take an assessment of: what are their symptoms of vicarious trauma, as well as what are they doing to manage it. There are some tools that are in the documents, I believe, of assessments. Everyone should have some tools. And then, there obviously has to be training to support supervisors to recognize and engage in conversations with staff. The role of leadership, the role of supervisors, a culture that normalizes training. And when all of that is in place, vicarious trauma is not minimized, but rather it's managed, to enhance professional and ethical practice.

LISA ALEXANDER:

Josie, from your perspective as a social worker: lawyers are notoriously not good at being in tune with their feelings or letting others help them. What do you think that we could be doing better in terms of addressing vicarious trauma?

JOSIE TORIELLI:

What she said. If you've seen one of my trainings, you've seen that I like to include a lot of memes because I tend to think that I'm cool like that. I don't know if anyone's seen the one when the ship got stuck in the canal. There's the big boat and then there's a little bulldozer trying to help it. And my favorite write-up of that is that it's a structural problem, which is the big boat, and then the bulldozer is making different personal choices. And I think that's often where we get stuck in self-care. We were saying self-care is the thing that you have to do, and the message that you get is: don't think about your clients when you're not at work, don't take it home with you, make sure you're taking care of yourself, and you know, just take a bubble bath. Examples are, you know, bubble bath, yoga, wine, and meditation, right? And I don't disparage any of those things, but I think it's been so individualized.

Really, Dorcas, what you're talking about is this community responsibility for all of us to contend with the issue. In my experience, the way that I'm working in my current project is certainly individual, which is my comfort zone with groups. And talking about the normalization, one of the biggest realizations is this idea of, “Wow, there are other people that are feeling the same way that

I'm feeling." That's really powerful. "I'm not alone in this. I'm not isolated. Other people are experiencing the same things that I am. It's not me; it's this role. It's the job that we're doing because we're doing it with empathy and compassion." Alongside of that is, "Oh, we're all in the same boat here, all of us are really experiencing vicarious trauma." No one wants to say like, "Yay! All my colleagues and I are really struggling with this," but there is great power in this idea of normalizing and not being alone in it. And placing the cause of it outside of anything that we're doing wrong, so not making it our fault. So, I would say that power and collective understanding, which is a lot of what Dorcas was talking about.

I think it also involves really turning the lens on how it impacts our culture. And we're thinking about non-profit culture—before I worked for myself, I worked with a lot of non-profit agencies—thinking about the things that happen in all—yes all—non-profits. Thinking about the ways that impact how we see the work that we do, how that impacts our communication, and how we talk to each other, how we talk amongst each other. And also—you know, Dorcas was bringing up this example of trauma being experienced within the court system—looking at those different systems that we're interacting with through a lens of, "Wow what's happening in that judge's life or in that person's life who is yelling or screaming or berating or being abusive? What's that person's context and where is that coming from, right?" So, looking at all the different ways in which the work impacts not only us individually but the way we come together as a team, or not come together.

One of my earliest experiences in working—and the way that I got into vicarious trauma—was at a really busy Brooklyn hospital. I worked in a rape crisis center at in the emergency department, also doing counseling for community members. And my experience was that my co-workers and I were so...what's the word for beyond incinerated? We all had our own offices and during lunch we would all go into our offices and just shut the door and be amongst ourselves. We didn't do any [socializing]. We just—we were so full up that we couldn't. And not looking at that like, "Wow there must be something wrong with you. Why aren't you interacting as a team?" Looking at that as, here are six individual people who are in a lot of pain, and here's the way that trauma is not only impacting us individually, but impacting the way that we're able to be there for each other and connect with each other. And that's only at work.

I think that idea of buy-in, really true buy-in. And that doesn't mean buy-in like, "Yeah, we have social workers to deal with that, so go ahead, Josie. Cope with it, carry all of that." We need buy-in because we need it to be everyone's responsibility, and everyone to realize that it's in their wheelhouse. Alongside that, we need support, right? It's not fair to ask supervisors, in particular, to have this be a topic of conversation during team meetings or during supervision if

they don't have the tools to hear what's coming toward them. And then also thinking about the impact, if you're a supervisor and you're carrying not only your own load, but you're also taking on that responsibility or sharing that responsibility for the folks that are working for you. I think, really, what it starts with is this: that it happens to all of us. I think what we also have to do is reframe and say, "If it happens to you, it's actually a good thing," because it means that you're doing your job with empathy and compassion and humanity, and you're listening, and you're having that experience with your client.

The other thing I want to talk about that's always on my mind is this idea of power. Often I have employees that will schedule sessions with me because they're going on vacation and they don't know how to tell their clients that they're going on vacation. [*Laughter*]. I'm guessing people are laughing because it's familiar. So, we'll have a session about, "How do I talk about this," or, "I don't want to tell my client this. My clients can't go on vacation. My clients can't take a break from their lives; like who am I to do this?" Right?

And I want to think about that in terms of: if we're hiding that piece of our humanity from people, if we're setting up clients as a set of people who have all the needs, they are the ones that need saving, they're the ones that hold all the trauma, and we're setting ourselves up as: we don't have any needs, we don't have issues, it's us and them, and they're the ones that are traumatized—that's really widening the power dynamic that we're seeking to address in our interactions with our clients. I wanted to just float that idea, tying in with being able to just self-preserve because we're human beings, and also to not hide those parts of ourselves in service of being professional or being strong.

LISA ALEXANDER:

Yeah, I completely agree with everything that both you and Dorcas just said. I think a good way for attorneys to frame the need to have assistance at all levels is when you're on a case, especially if you work at a non-profit—you're typically not just going to court, doing your thing, not ever speaking a word to another human being about what's going on. You have supervision. You have people who second seat you or who you're supervising. You have meetings every week that you talk about, cases, like, "What do you think about this, here's the solution." Why don't we do that for our own processing of vicarious trauma and how we are experiencing the cases that we're working on? If we can do it for a case, we can do it for ourselves.

Shani, do we have any questions for anybody yet? Well, there were some questions, but we already answered them because we're amazing. Not to take away from the panel that came before us that was also amazing, but I feel like we're at least tied.

So, first question, and I'm going to pose this to all of you so feel free to chime in. How would you support someone like a supervisee or a colleague who you identify as being impacted by vicarious trauma, but they may not recognize it in themselves yet? Whoever wants to start can start. I'm not going to call on you.

TORI GOODLOF:

Making yourself vulnerable. The more vulnerable we can make ourselves, I think, the easier it is to identify when that's happening in others. I find it incredibly impactful to—for those of you who don't know me, I've been supervising for two months—but I care very, very much about helping everybody see their own value and feel safe and comfortable within themselves. Easier said than done. What I really like to say is, “My heart is racing, I'm having heart palpitations. I need to take a minute, does that happen to you? Right? I'm experiencing something right now as we're talking about this case, what about you?” Putting myself in a position where I'm vulnerable and I'm essentially setting the example that this is happening to me. And I've been doing this for ten years, which is nothing compared to what some of you have been doing this work for. But just putting myself in a position to admit it to myself and to my team that this is happening within me and it may be happening within you, which is totally okay. Let's talk about it.

DR. HAWTHORNE SMITH:

I think a phrase that comes up for me is about the parallel processes in terms of what we're going through as service providers, as professionals, as human beings, and what our clients are going through, and of course our trainees. For me, it's easier to give the benefit of the doubt to the client that's sitting in front of us, and seeing the strength when she is telling me something that is horrific. And she's telling me through tears. The strength that it takes to be able to do that, to share with someone, and to be present and authentic. It's less difficult for me to put that in a positive regard for the client.

But then when it's me? “I'm a psychologist. I'm supposed to know better. I've been doing this for twenty-seven years; what's wrong with me?” And all those judgments that we don't put on our clients, we put on ourselves. And so, sometimes if trainees fall into that pattern and are talking about the strength of the client in front of them and all that, I will try to try to turn that mirror around a little bit so they can focus on themselves and what it is that they are bringing to this. How strong they need to be to even tolerate that.

And I think another thing is to give that benefit of the doubt to ourselves that we give to our clients, and to share that within our team. And in order to do that, sometimes to sort of “prime the pump,” so to speak, we have to use the judicious use of self. Because we don't want to go so far that we're talking about everything going on with me so it becomes about me, and not the trainee, and not the client, or what have you. But we should use just enough of ourselves to sort of spark the conversation into a shared space. I think that that's one of the things that has been helpful.

DORCAS MILLER:

I just want to add that providing a space for that supervisee to reflect: the power of mindfulness in recognizing what someone is experiencing, how something is showing up for them. People need space and practice at that. So, as a supervisor, to be able to provide that practice.

JOSIE TORIELLI:

I'd say transparency, also. Just naming what you're noticing, and not in a pathologizing way, but just, “I'm noticing these things happening and I want to check in with you, not because you're in trouble for that or because it's something that's impacting your work. But this is standing out for me, and I'm wondering how it feels for you right now.” I think just transparency around where you're coming from, and that you're noticing.

LISA ALEXANDER:

Yes. Great. Thank you all. So next question is—as we've heard a little bit from the check-in question—a lot of vicarious trauma also comes from or is exacerbated by the systems that we have no choice but to engage in, and that our clients are also engaging in. The racism and misogyny that we experience when we're operating within those systems, and the helplessness that we feel because we're just watching things unravel and never get any better. How do we handle that? How does that impact vicarious trauma? Can you separate it out from vicarious trauma? It's not like any one of us is in a position to end racism or misogyny, so how do we manage all of that while recognizing that there are real issues that we need to be able to, if not address them, at least acknowledge?

DORCAS MILLER:

I think you just hit it on the head. Number one, acknowledging it. There is a model for managing racial stress which simply starts with, counting from one to ten, where are you experiencing this? On what level, what continuum is this stressful for you? So that you are able to identify, “Okay, I am in this space; is it

showing up in my body in any particular place?” So, scanning yourself and saying, “Okay, yep, I feel it in my gut.” Having that conversation with a colleague. Making a quick phone call to someone and saying, “I’m in a very challenging position right now and I just want to, you know, share that information with someone so that I’m not alone in this moment.” And then breathing. I think it was Howard Stevenson who came up with that model there. Acknowledging it, being mindful about it.

DR. HAWTHORNE SMITH:

We don’t even view our micro-activities and our micro-realities as a part from the macro, but they are linked. That everything we are doing in terms of our own wellness, in terms of what we’re trying to put forth within our agencies. But then we’re also dealing with these systems and the societal impact. So, I feel that we’ve seen movements from all around the world that have started with the grassroots. A conversation. If it can happen in a room, it can happen in a building, in a neighborhood, in a community, etcetera. It sort of goes out.

I feel like being here this afternoon with you—and I don’t know all of you personally—but I know that what we are talking about today is really important in the sense that at least one of you is going to carry this out there, and it’s going to be a major impact in the work that you’re doing with a particular case, or perhaps advocating, or what have you. I hope that what we’re able to do on a societal level is informed by what we’ve learned from our interactions with our clients, and the micro should inform the larger issues.

But also, understanding that by doing this, we’re in some ways chipping away, and that we’re sort of paying our cover charge at that smaller individual level but we’re also making these efforts to add to the public discourse. I was meeting earlier today with some folks who were like, “All these busloads of asylum seekers are coming to the city, what are we going to do? It’s a crisis.” It’s like, “Yes, they’re all coming, and there’s a hundred thousand Ukrainians that are going to be resettled, and there’s the 85,000 Afghan evacuees, and my clients have been sitting here for seven or eight years without an individual interview at the asylum office.” So, what can I do in public for a [situation] like this to make sure that these folks are not forgotten? And again, it’s not sufficient, but I know that it’s important. So, hopefully that is something we can hold on to as well. “The inevitability of gradualness” is what my dad used to call it. Little by little, we’re getting at this, and we can make major change by doing these things we’re doing every day.

LISA ALEXANDER:

I would actually argue that it is sufficient. Not on the whole, but for you as an individual. Because no one person, none of us alone, can do anything to solve any major issue. We do not have complete control over anything other than ourselves and our reaction to things. So, expecting that you're going to be able to come in, change the family court system, fix the criminal justice system, get your client justice and accountability, and then go home and do it all again the next day—it's not reasonable and it sets everybody up for a feeling of constant failure. And you're not failing—you're doing your best. And if you ask yourself every day, "Did I do today everything that I could reasonably do under the circumstances?" And if the answer is yes, you're doing enough.

DORCAS MILLER:

I was just going to add, prepare for it. You know, prepare. If you know that you're going to have a tough day, what are you going to do at the end of that tough day? I know I get emails that have links to videos I need to watch and articles I need to read, and I've been training on race and racism, and I've been hearing all this stuff, and I go home and I'm going to watch videos on cute puppies and cats. If I don't read that article or if I don't watch that video, it is not the end of the world. No one's giving me a quiz.

TORI GOODLOF:

Hawk said before that we have to give ourselves permission not to know. I think we also have to give ourselves permission to admit to our clients that we're working within, at best, a flawed system that we don't have control over. I used to tend towards saying to my clients, "I'm helping you with a small part of this process and there are other people who can help you with other parts. I'm the lawyer, I'll help you with the court stuff, but I can connect you with a therapist; I can connect you with someone to help you with your public benefits or housing issues." And then when I step back and think about it, I think that's even idealistic in itself, right? I'm assuming that all of these things are going to just be accessible to my client. So, accepting my role in limitations and giving myself permission to not be the savior is key, because—like we have all said—we can't solve our clients' problems. But often our clients are looking at us like we can, especially those of us who are incredibly empathetic. Our clients see us as "Oh, this person is listening to me." Working within that flawed system, and helping my client connect to whatever outside resources as best I can, is part of what makes me feel better about the helplessness I may feel when it comes to the court system.

JOSIE TORIELLI:

I'm going to come back to this idea of power. There's a saying within research and within work with communities about, "You know nothing about us without us." If we're coming in and trying to be a savior or solve for, but not include folks in the ways that we're organizing ourselves, we're not going to get very far. So, I also wanted to mark thinking about what brought you here and why you are in your career—kind of your origin story. If you think of yourself as a superhero, what we have to note is that a lot of people are drawn to work with trauma—and specifically interpersonal trauma—because they have experiences themselves, and that's something that we erase. We have to get out of that mindset of talking about them, you know, "Clients are the ones that have experienced these things, clients are the ones that hold trauma, clients are the ones that have needs," and recognize that we have to keep on bringing up those ideas of power and who gets a voice.

We have to think about, as Hawk said, this idea of letting our individual, our micro, inform our macro and also how we're doing things. How strong are survivor voices within the places that we are moving within? Do we realize how interconnected the cross issues of racism and misogyny are? How much do these things get layered into and brought up as a consideration?

LISA ALEXANDER:

I think it's also important that we recognize that we also have power over some of these things. We may not be able to solve them, but there are things that we can do when we're experiencing some of these issues within the systems, as we learned the last couple of days. If you're experiencing bias, you can report it to the Inspector General's office or to other offices. If you're experiencing things within your office, you can talk to a supervisor, or talk to HR. There are little things that you can do that might not fix or solve something completely, but at least you can make that effort. It's the same kind of thing that we tell our clients, "We're not going to be able to fix everything, but we can at least get you to a point where you feel like you have some power or control back over your life." And it's the same for us.

We are down to our last question and I wanted to—and I hate this phrase; I'm going to do it—circle back to the question that Tori posed to us in the beginning. I'm going to ask each of you to state: what meaning do you find in this work, and what keeps you going when you know that you're experiencing vicarious trauma? When you've had a really kind of crappy day?

DR. HAWTHORNE SMITH:

I'll jump in. Sometimes working with the clients at Bellevue—the survivors of torture, the asylum seekers—I think of them as a crossroads generation. In a

sense, people who are making an extraordinary sacrifice, an incredible risk, to put their family in a position where perhaps the trajectory of where that family goes will change. Like just standing at a crossroads. They've been on this road and they're trying to take their family this way, and again at a huge price. Years away from their spouses or children, you know, dealing with New York City and all of our infamous warmth and fuzziness.

You know, we talked about intersectionality before, so I'm descended from slaves on both sides of my family. My mom's family in the Caribbean and my dad's family here in the States. And I can think back about my ancestors maybe to my great grandfather, and I've witnessed, I've seen, what they've done to help each generation of our family move ahead. I know their names, but there's so many people whose names I don't know. Who went through the seasoning process, who survived the Middle Passage, who were born into captivity, had children born into captivity, with no idea that perhaps they would ever be free or be able to live their lives but still somehow were able to inculcate some sort of notion of value that you are worth something, you are valuable, and you can keep moving forward. That's the sort of thing that kept our family moving for many generations. I don't know their names, but I know the names of the clients I work with, and I know that they are taking a similar risk. That they are putting forth that effort to move their family in a different way.

So, I find it to be an extraordinary honor to be with these people at the crossroads, as I wish somebody was or would have been for my family members back in the day who were also facing these sorts of issues. And it might be a few generations hence that they won't even know the names of the clients that I'm working with. But I know them and I have the honor to be with them. And again, when we're sitting at this thing where we're hearing the worst things human beings do to one another, but also these incredible manifestations of human resilience, anything we can do to tip the scales this way, just a little bit. We were talking about whether it is sufficient. I hope so, but I know it's important, and I know it's necessary, and I got to hold on to that. And that helps me to sleep at night.

TORI GOODLOF:

For me, the answer is also value—the intrinsic value that each person has. Our clients come to us, at times, seeing themselves as this thing that happened to them. And I find incredible reward in helping my clients see that they are far more than something that is happening to them, than the abuse that they are experiencing. That they are a full person with intrinsic value. That's what really keeps me going. You know everyone is much more than the worst thing they've ever done, but everyone is also much more than the worst things that happened

to them. They are whole people, and what I really find rewarding is being able to help someone rebuild their whole of a person.

JOSIE TORIELLI:

I want to say things about hope and resilience, and about working with people, and helping people develop stories that aren't just about the things that happen to them but about all their parts. I also fully want to endorse and lean into the “not knowing” that we've talked about. I just want to endorse that idea. On some days, if you were to come to me and say, “What keeps you in this, what are you doing here, and why are you doing it?” I'm like, [*shrugging*]. Sometimes it's going to feel like that, and that's okay. You're going to lose sight of what keeps you going in the morning, and what wakes you up, and gets you. It's going to feel distant. I think admitting that sometimes it's a struggle to grab onto that hope, and grab on to that sense of purpose, that's okay too. Just to be kind to ourselves around that and say that it's going to come back.

I think it's a question we have to hold ourselves accountable to. We have to say, “Why am I in this work? Am I in this for the right reasons? Am I in it for my own healing? Am I in it for my own trauma experiences? How am I benefiting off pain and suffering?” Right? We have to hold ourselves accountable to those things, but we also have to give ourselves grace and permission for those days where we're like, “I just don't know.” I know I'm doing something that's worthwhile. I know legacy is planting seeds in the garden we'll never see— thank you, *Hamilton*—and some days it's really tough to grasp onto it. I think that's okay too.

DORCAS MILLER:

Well, I shared with you a little bit about my background, and, for me, the work that I did prior to coming to Safe Horizon was really about service, about calling, words like that. I think at this particular junction of my life and this particular work that I'm in now, I don't have direct contact with clients, but I have impact upon people who do. I take satisfaction in having impact in the lives of people who I train who are primarily early to mid-level in their career. I enjoy working with people who are just entering the workforce. And then, indirectly, having impact upon the clients that they impact. So, there's some selfishness there, because it is satisfying to engage in that work.

LISA ALEXANDER:

I would encourage everybody—if you haven't done this—to write down your reason, your motivation, that keeps you going. Even if some days you take it out of your notes app or you take out the paper you wrote it down on and

you're like, "Who wrote this trash? This is ridiculous." It helps to build a habit that: there is a reason that I'm here, there's a reason that I'm still doing this even when it's hard, and this is it. It helps to have that reminder in front of you.

I just want to say thank you so much to all of our amazing panelists, to the rest of the group that helped plan this panel, and to all of you.

DR. HAWTHORNE SMITH:

I might have forgotten to send you the link but that's okay, I will get that to you. The band is called Casa Mantequilla. There's a whole story behind it that I'll get to at some point, but we are playing tonight up in Harlem at a club called [Silvana] that's at 116th and Frederick Douglass Boulevard, 8th Avenue, starting at ten going to midnight. And then we're playing for you Upper West Siders, we're playing at a street festival tomorrow on Amsterdam Avenue around 106th Street so it's just like a nice little street fair thing to do.

LISA ALEXANDER:

Thank you so much. Thank you all, and go check Hawk out.