

Answers to questions for IIRP Graduate School Pepper Black

1. What informed your thinking when deciding what to present?

It's personal, from what I've witnessed, and experienced, and because of the hope I have for relief for people who suffer ongoing from trauma. We all experience trauma in our everyday lives and have the resiliency to move on without any residual effects.

However, with individuals overwhelmed by and therefore stripped of that innate resiliency, I have witnessed deep and long lasting immobility, panic, and suffering, along with the pain of those sharing their lives.

I have also experienced what we call "trauma workers trauma" which is one form of vicarious trauma. Before that I thought such an experience was only possible in war zones. Now I realize it is common to what we now call chronic PTSD or complex PTSD, which can exist alongside developmental and intergenerational trauma. I was healed by my trauma recovery expert colleagues' invaluable support.

Directly witnessing the effects of trauma in so many is why I hope to pass on a little bit of what I have learned about the prevalence of traumatic response, and what can be done to help us become more trauma aware. In addition, I wanted to say something about what is helping and what is not, for thousands recovering from trauma.

Traumatic response is an attack on the core of who we are in mind, brain and body, and most of all body. And body mindfulness is key to what is all about resetting the limbic system. It seems necessary to have a rudimentary understanding of this in restorative work...not that we are expected to be experts in this area, but that we need to collaborate consistently in our work with those who are.

We are then following Common Shock's author, Kaethe Wingarten's diagram of being **aware** and **empowered** to take action. It behooves us all also to recall what she says about being in an **empowered** position, which we often are in restorative justice work, and **unaware**; the most dangerous position in which we can inadvertently do harm.

2. How does your topic relate to and influence the emerging Social Science of Restorative Practices?

To be deeply committed to the vision of Restorative Justice Practices is to embrace the responsibility of our influence and affect on others in our work done inside relationship. One way we can do so is by acknowledging that all restorative work is restorative justice work, even if we are merely pointing toward a more just outcome

in an informal conference with two children. It is serious work, and we don't always get to know that one sentence, one interaction can change a life; even save a life. It's serious work even when we can be light and use benevolent humor.

As has been stated, to be involved in restorative justice means we need to be collaborating with the subject matter experts in the prevention and treatment of trauma in our communities. So much of the mental illness we see is trauma related. When we are not sure trauma is involved, we can allow the experts to solve that problem. Our role is simply to get the person to the help they may need.

There is no one "best practice" treatment because trauma is highly individual. What is a traumatic event that will cause PTSD in me may be your greatest most joyful adventure. Trauma is a perceived life threatening or overwhelming experience that registers as traumatic inside a person's nervous system, not in the event itself.

We can't all be as well versed in these areas as we would like, so it is imperative that we use the "911 Rule".

When we are in doubt about whether we need emergency services (911), we just call them, and they love to be able to decide from their knowledgeable experience that we did NOT need them after all.... but if we do need them and we don't call them, we can be responsible for great harm.

It works the same with being able to at least begin to recognize that something is obviously going on with a person or persons we are seeing, which may be trauma - domestic violence or mental health - related. This is even more imperative if the trauma is from interpersonal or domestic violence because the person may be suffering immobility in a life threatening home situation.

If we are not sure, we can always connect them to a person, not just the name of an agency, but a person expecting them to come into that agency or office, (with their consent form signed to give them their name so they are expected), to get the help they need.

Restorative Social Science can be at the forefront of changing policies that allow support persons into some of our restorative practices to give individuals social support before and after meetings. This can happen where they may or may not need to tell their traumatic story, or even allude to the story. We can also help formulate protocols and policies on formal follow-up in collaboration with other professionals, for those who may be suffering from trauma/ domestic violence/mental health struggles.

Perhaps being at the forefront, much as IIRP is, can also mean that we individually take an active role as much as we can, in the development and acceptance of the Social Science of Restorative Practices in our communities. This can mean finding us writing our congressmen, beginning a network of restorative justice practices study

group, establish a network, speak publically, or demonstrating on the streets, just as the women of Kathmandu in 2013 taught me, to be a "vote in the streets". We can fight against cuts in community arts and the arts and counseling, and physical education in schools, and to add trauma-informed restorative training in schools, all things that can help relieve trauma symptoms in our children. This is restorative justice without walls.

If the Social Science of Restorative Practices is to be effectively utilized in our schools and communities, and grow in acceptance within and without the walls of academia, it will be achieved by Restorative Practices social scientists accepting community-building responsibility. We all can do outreach for policy change, and therefore systems change, as an integral part of the discipline itself.

This would mean each petition, each letter to policy makers, each demonstration, each "vote in the street" for what we know are grave injustices to our most vulnerable, especially the women and children in our society, would be a part of the work of restorative justice without walls.

In Kathmandu, Nepal, in 2013, I witnessed the first One Billion Rising demonstration where 222 countries of men, women, and children joined together on Valentine's Day, all over the world, to sing the same song and dance the same dance in their communities in order to raise awareness of violence against women and children. Nepali Women for Human Rights members such as Kunda Sharma, risked her freedom and her safety to do so in a way we don't have to take into account to act politically in many of our countries. It was a humbling, life-changing experience.

She and hundreds of others were demonstrating in front of armed militia, for all abuses, but in particular over a brutal rape of a young immigrant girl inside the Immigration office by immigration official who had up until that time of their 52 days of daily demonstrations, suffered no repercussions, and was still on the government payroll.

To further address the question, I want to say that we know trauma's major and most serious, most prevalent cause is violence, not natural disaster, or accidents which traumatize people. Trauma is ever-present, with the primacy of the effects of violence being on our physical bodies. Our ability to have healthy connections with others and ourselves is severed in trauma, and at the same time trauma is healed inside relationship, first with ourselves, then with others.

This means that we must address trauma in order to address the major destructive force in the world, interpersonal violence. It is what is called the "original violence", the violence that begins in the home. The home is being recognized as the most violent place in the world, sadly. Nothing is solved when this primary force for trauma is not generally acknowledged, not paid attention to, and not openly addressed in our communities. This speaks to the very heart of restorative justice.

3. What is one thing that you would want IIRP graduate students to know about and take away from your presentation?

Fortunately this work has begun, and I would want those bringing their own wisdom and experience to the study of Restorative Practices to honor the use of their own internal resources, and to realize that we can all be empowered by what is being learned and relearned. Neuroscience is returning us in part to ancient wisdom and the wisdom cultures of those we once labeled as heathens. We are also now acknowledging in some respects, what may have been part of your grandmothers' sharp instincts.

Also, I would like for people to see that trauma is physical. We have very useful and powerful talk therapies, Dialectical Behavioral Therapy, Cognitive Behavioral Therapy, Internal Family Systems Therapy, psychopharmacology, and on and on. However there is a problem with using one lone approach, or believing that only psychotherapists need to be concerned about recognizing trauma.

Those of us working in restorative justice practices and who may be hearing traumatic stories, or dealing with those previously traumatized, need to be able to recognize when we are faced with a trauma response.

When someone is traumatized, their traumatic response has them disconnected from their innate reasoning capacities. Yet we ask traumatized individuals to connect with a therapist or a restorative justice practitioner using those same disconnected reasoning capacities.

Talk therapy in many cases is being more and more frequently combined with what we have learned about the way trauma manifests and heals in the body, by utilizing body-centered approaches, and focusing on the connection between the emotional and the cognitive centers of the brain, which is the breath.

Those of us who come into contact with traumatized individuals, and who may experience trauma ourselves, also need this information in order to effectively refer to treatment choices, and to inform our warm-hearted, empathic connections with ourselves first and with those we serve.