**Faith and Health Community of Practice**

**Thursday, April 27, 2017**

**Trauma and Resilience**

A group of about 25 people met to share wisdom and resources for building trauma-informed faith communities and growing the Trauma Informed Congregations Network in the metropolitan Chicago area. We had a wide-ranging discussion about the many levels of trauma and resilience and also about things we need to consider as we talk about what it means to be Trauma Informed (TI).

One of the uncomfortable but true issues that we need to recognize and talk about honestly as we foster this movement is that faith communities can be sources of hurt and wounding and damage. This is especially true for LGBTQI individuals, but for many other people who have experience abuse, shaming, exclusion and judgement at the hands of their faith leader or congregation members. Faith communities also perpetuate structural abuse across who traditions and judicatory bodies.

We talked about how we manage our own need to control when we engage with people who have experienced trauma. One participant said, “The more I try to control, the less helpful I am.” We have to learn to just be with people, to hold them accountable by inviting their own giftedness to come forward. There is a difference between expectancy and expectation. When we have specific expectations about what people should be doing, we often don’t see the person who is there.

Participants were also concerned about moving too quickly with building a trauma-informed movement. We want to have a level of rigor around being trauma informed so that it really means something and so faith communities have to actually do meaningful work to attain the designation.

We have to take care not to be so eager to move the work that we lose the base principles and philosophy that grounds it. People like the use of the word “principle” versus “theology.” Theologies can divide, but principles can work across all perspectives. Some of those principles include:

* Being welcoming of the “other”
* Being intentional about not having the outcome already in mind
* Being present
* Ensuring that any resources that we offer people meet a standard of criteria for being trauma informed

We also need to take care with words.

**Faith community** may not work for everyone. What constitutes faith? For example, in the Unitarian Universalist tradition, there may be members who are humanists who don’t have a deistic view.

**Empathy** can be confused with **pity.** The difference between empathy and pity may lie in whether or not we see the “other” as different from ourselves. If the I feel that you are different than me, it’s east to move to pity vs empathy—we share the human experience and I can imagine myself in your shoes. This is why it’s important for us to do our own work first. If we don’t have that self-awareness, we are more likely to move to pity and to trying to “fix” the other.

**Trauma** means someone has experienced pain. That may look different for different people. What one person experiences as a trauma may not be painful for others. We need to build our own sensitivity about how to engage with people around their own vulnerability and suffering that has yet to be touched.

**Resilience** is a real phenomenon that changes outcomes for people. The communities in which we live have a big impact in supporting resilience. Some people may come from backgrounds that better prepare them to be resilient. Eg. Loving adults who see potential and giftedness that tells a child a different story about themselves that what the rest of the world may tell them. How do we foster resilience in both individuals and communities?

Talking about trauma can be complicated. If a child experiences trauma and the parent needs to talk about it, how can they do that in a way that doesn’t expose or re-traumatize the child? Many adults carry trauma and pain from their own childhoods and there is not a history of being able to talk about these experiences in a healthy, healing way. College campus ministries and seminaries might be good partners for dealing with this since educational settings are places that people are dealing with learning and personal growth. It also catches people as they are beginning professional lives and may teach good skills as they enter into adulthood or ministry.

What are some guideposts from our faith traditions that we can use to help shape how we are approaching the work around trauma and resilience?

* Stories provide a great way to pullout the guide posts that speak to resilience. In stories we can find what is helpful and what can be dangerous (e.g. what stories have been used to traumatize)
* What are the pragmatic handles or places to start?
* Lexicons—what is the language that we want to use from a faith-based or spiritual perspective?
* Transformational versus transactional approaches. Engaging people and their stories versus trying to “fix” people with specific steps or formulas. It’s not how I fix you, it’s how I am with you.
	+ Restorative Justice (RJ) practice is a great resource for this. RJ includes certain skills and approaches for creating opportunities for people to tell stories in a safe way, especially related to centeredness and being present. This is critical for good TI work.
	+ One example that was shared was a program for children that provided an opportunity for kids to share at a very basic level as a way of building trust, and then moving into more vulnerable areas. Staring with “interactive comfort building” was a good way to get the children to build trust and then the issues that were most important to them and that needed to be addressed began to emerge.
	+ Restorative Justice involves skills and but it really is a way of life. RJ is a way of practicing presence and non-violence in all that we do.
	+ Non Violent Communication (NVC) is another great resource. It is built around the practices of Love, Courage and Truth and helps us practice these three things together.
	+ Ultimately, we need to follow what flows from where people are. We may know that circle practice or NVC are wonderful practices and be excited about bringing it, but people may have other, more practical or immediate concerns. If RJ or NVC is a way to help people achieve what they want, ok….but it may not be the right approach for the situation.
	+ Our approaches can’t be “cookie cutter.” We need to contextualize what we are doing.