

## Expert Q&A

**Topic:** What You Need To Know From Survivors About Trauma-Informed Programming

**Moderator:** Heather Wilson

**Hosts:** Aubrey Lloyd and Joe Samaha

**Date:** January 24, 2018

**Length:** 1 hour

***Heather: Does knowing how trauma affects the brain help survivor recovery and empowerment?***

**Aubrey:** Yes, I think trauma is very important to understand in survivor recovery and empowerment. For me, I did not have a sense of what was happening to me, and as I started to understand how the brain works, how the brain functions, I began to understand that I was not going crazy, and I was not responding inappropriately, I was having a normal biological response, and my brain was trying to protect me. When I would suddenly have new memories and didn't understand where they were coming from, I was able to understand that this is something that is normal brain and body functioning and reaction to trauma. In relation to understanding trauma, outside of it being helpful for me, I think it is extremely helpful for families, as well. My husband has taken a lot of classes around trauma and did some introductory work into EMDR because he wanted to understand how he needed to support me. Even though I am 17+ years outside of my victimization, this is a lifelong process in healing. So I think for him to understand trauma, and for him to understand that we could be going somewhere and a certain smell can cause a reaction for me, for him to know how to respond appropriately, I think is extremely vital and important. I think this is not just focusing on the victim, but who will be in the relationship with them. I think as clinicians or service providers, or the people at a front desk of an organization, the more we understand how things can manifest, the more it will improve service delivery for everyone. This is not a completely clinical answer, but this is absolutely invaluable.

**Joe:** I kind of had an out of body experience as an observer, not only being traumatized, but watching others who are traumatized in learning where they were and how they dealt with it or did not deal with it. Trauma is amazing in how it affects the brain. It can look anywhere from people going home and locking the door and turning out the lights, to shock therapy, to people just wanting to be able to talk, and yell and scream, and say nothing. There are variables, and those are the variations that I have experienced.

***Heather: That leads into the next question that we're going to talk about; what are the strategies the people who are working with survivors can use to support victims or those that have experienced trauma throughout their lifetimes?***

**Aubrey:** So Joe and I are coming from different perspectives of being a survivor and kind of our own victimization, but we have similarities. We also have things that we have done differently. One thing that we both came back to, especially in consideration of this question is, I would like to ask the field, how are you building resilience? I think it is important, instead of thinking about what are strategies that I need to help someone to overcome trauma, think about how you are building them up to be successful. I think building resilience is really key to the conversation when you talk about historical or developmental trauma, that's very overwhelming, and when you're talking about someone like myself, who had trauma from a young age into early adulthood, how do you start to figure this out and sift through the nuances and dynamics that are in place? It's overwhelming for the clinician and service provider, so it's obviously overwhelming for the victim. It is not just the vastness of the challenge, but

what are some things that will be true to the situation? Have they had inconsistencies in their life? Probably. Could you just increase consistency to let them know what consistency looks like? Have they been hurt by relationships? Probably. How can you intentionally build the importance of how to elicit a healthy relationship and how to maintain a healthy relationship? One thing for me, as far as a strategy in dealing with the vastness of my experience, is that everyone is focused on me not trusting someone else, and no one took the time to think about how much I did not trust myself. Most of the people that had harmed me, I had a relationship with, I trusted. Outside of being hesitant to be involved in relationships with other people, I didn't trust who I was, I didn't trust my ability to make decisions. So having people come into my life and say "you can trust the inner voice, this inner voice was not wrong, you do have power in your voice, and you do have power and potential, what would you like it to be?" When they allowed me to trust my own decisions and choices again, and I made wrong ones, they were not all stellar, when I had people that trusted me in the process, that helped me heal immensely, as well. For me, I think this is always going back to how we are framing this conversation, and if we frame it as this person is broken and they need to be fixed, we will lend ourselves to trouble. I was not broken, I was hurt and needed to heal and that comes with time, and I know that you will talk a lot about time today, but it is important in how we frame the conversation. That it is possible, but those different dynamics should be in place.

**Joe:** I think simply to say, how do you nurture someone from being a survivor to becoming a thriver? I think this is a lifetime journey, and so time is a big word, and I capitalize time, and it does take time to nurture someone over their lifetime because, as my wife said, "What happens to my brain 20 years from now?" And I say, "We will be there to work with you and help you." I found out 8 years later that my brain was not there either! So I did a check-in and this is what we need to do periodically, even as providers.

**Heather:** *Thank you both on the relational and consistency aspect and restoring agency. That leads into our next question: What were the most helpful trauma approaches in your experience?*

**Joe:** I would say a lot of walking and a lot of talking. Keep the phone open, keep the door open, and keep connecting, connecting with people who had the same experience or not. Always leave your heart open. I think that's important. So, various methods of therapy are here, but one of the greatest hopes to me was doing long walks with my wife who was on a completely different path than I was. And what we did not do was close off to each other, and we continue to hold hands on that path and learn from each other, so we did share a lot. That was probably the most helpful approach in the last 10 years that I have experienced.

**Aubrey:** Joe and I were talking about this story, and I had the same reaction, "Yes, that's exactly it," of being connected and committed to that connection. For me, from a clinical standpoint, I think experiential and narrative therapies were helpful. I didn't define them as experiential, these were just ways that I processed it, and I got into art and music and was able to experience and learn things in different ways. I did not have the ability to connect with some of my feelings, and I did not quite understand what I had experienced. It was hard to conceptualize everything that had happened because it was all integrated to me from an early age, and it was hard to pull the pieces out. After I lost my sister, it put me into a whole different perspective of my life. One of the things that has been helpful when I worked with other victims and survivors as a clinician is what I call "out of box" experience. I was living in a box, I had framed my life as this is all I will be allowed to live and do in my experiences. I could not trust anyone, and I did not want to get harmed anymore. So I put myself in a box, and I limited in my mind what I thought I could do and be. And then I started having out of box

experiences. When someone pushed me and said, “You could go to grad school,” and I said “You’re crazy.” And they said, “No, you have something specific, you need to share this.” And when I applied to grad school, I thought I could not get in, and when I got in, I thought, what else can I do? I would take some of these victims and survivors that I was working with, and we would go on a white water rafting experience, and maybe they thought they could not do something like that. When they challenge the fear and challenge what they thought was possible, they began to question, “What else can I do?” That was the snowball effect that I had. Once I saw myself out of my little box, I had to question those parameters and boundaries and ask myself, what else could I do? And when the self-doubt came in or when the critics came in, I could go back to my experience and know, I climbed a mountain, a literal and physical mountain, and you cannot take that from me. When I integrated this into my therapy with others, they had the same, “Aha! What else can I do?” realization. When I get down on myself, and life happens, these experiences have been pivotal in helping me to maintain forward momentum.

**Joe:** They create strength.

**Aubrey:** Absolutely. They uncovered what was already there, but I did not have the faculty to understand.

**Heather:** We appreciate how you both commented on how there is not just one clinical approach to healing. It is personal relationships and being in the moment with another person who may or may not be experiencing similar feelings and emotions and building these relationships and growing together. And taking the time to find strength in yourself again.

**Joe:** It’s powerful.

**Heather:** **How long do you think that behavioral support should be extended? Is there a timeframe?**

**Aubrey:** I can start this, and Joe has some good examples to lend to this question, but trauma is a continuum and healing is a continuum, and there definitely should be a commitment to help a person heal. We do not heal in a vacuum, and we don’t heal on others’ timeframes. It is important to forecast this issue on programming and, if you are unable to provide longer term services, to be really active in the community and really cementing these community stakeholders so they can do the next step, as well. For me, in a lot of the work that I do, I am helping to build a bridge. It is up to the person to get to the other side and what that looks like for them. A bridge should include ideas for 15 years from now, who will you call if something comes up? I thought that you go to therapy and resolve everything. That is not reality. It is important to be able to allow them to understand what this could look like. It does not mean it is the same trajectory or same path, but giving them insight on things going forward is powerful, and to know that when something does come up, it is normal and it is an important piece.

**Joe:** The question has a monetary factor about offering compensation for behavioral support, it’s a great question. And then how long? Your lifetime? There is no definitive. The financial support, again, this is something from our experiences that we took, the question was, “what happens to my brain 20 years from now? Who will be there to help me? And can I afford the help?” The compensation is a big factor. One of the examples that we have in our experience is that we formulated a fund. There is a compensation fund that reimburses for out-of-pocket costs. I wish we could do this nationwide. As a result of our tragedy—and this is one of the positive things that came out of it—the question was answered by saying we will post this as a solution and see if it is acceptable, and it was acceptable. Our roof was defined as 169 victims and survivors. They are eligible for compensation and out-of-pocket

expenses for any type of physical injury that they need to follow up with or any therapy that they might need when seeking psychological help. Furthermore, I think the question, as an example related to a tragedy or a national disaster, is that it's not just over, there is a continuum there that you need to continue building on.

**Heather:** Do you have information from childhood survivors of trauma who broke the cycle as adults about their perceptions of what helps them succeed from CD programs and foster care and other programs?

**Aubrey:** Again, it goes back to the importance of relationships. Relationships have caused me both pain and, in my ultimate guide for freedom, also joy. The importance of having relationships that are transparent, I remember caseworkers that would tell me everything would get better and be better and that is not always the reality. I think people that would say what the real deal was, I always respected more. Some people said just get over it. I think it is important to be able to understand the power of the influence of your personal relationship with them—relationships that were transparent and consistent. I have people in my life now that without whom, I would not do this work. They are my core team, and they will tell me exactly how I am doing. Doing this work I can sometimes forget the impact it has on me, so I have people in my life who remind me of how I am doing. I think that is invaluable as well. I do not always like what I hear, but I do respect this and know that they have my best interest. Any way that you can integrate support systems are incredibly valuable. They have picked them up along the way, and they were not all there at the beginning. I was hesitant to build relationships with most of them, but they were persistent. There are people every day and people who work alongside and live alongside and have lived to these experiences, but we don't know because they do not share. It is important to broaden our mindset, just because you do not see a lot of what survivors overcome, they are living and thriving next to us. You can be a survivor without acknowledging that. With the right system, the right support, anything is possible.

**Heather:** I agree, thank you. Now we will move into more conceptual questions on the clinical impact of trauma and neurobiology. I want to start with some of the “Don'ts,” what stands out as the most significant “Don't” when working with survivors?

**Joe:** Do not force it. Everybody has their time; everyone has their moment. Some people open up quickly and some people take years to open up and ask for help, or they do not even know that they needed or think that they need it. I would say, do not put time pressure on anyone. It's unlimited, just be there for them.

**Aubrey:** I guess one thing for me to echo is, do not assume. It's troublesome when we hear, “I think they are okay,” or “I don't know if they will do well or get it.” We should know these answers. And in knowing these answers, we would need to be okay with asking, “How are you?” and “How are you really?” and to be okay with whatever answer we get back. I think sometimes we are scared of the ugliness of that, but what I think is uglier is not being willing to uncover these things. There is this perception that if you are a survivor and doing campaigns and speaking publicly that you are okay. I think we need to have the perception, do not assume they are okay because they are vocal with their story, because they are people and they struggle. Healthy adults struggle. Healthy adults have depression and go through divorces and have concerns about their finances and so do survivors and people who write books and do fabulous things in the field. Do not assume, and be willing to be thoughtful and mindful of what you engage and how you engage. Just being willing to be transparent is really critical for me.

**Joe:** Those three words, “How are you?” open up a conversation that you probably would never expect, and that is so simple. A lot of the things that victims do, they go out and speak and write and so forth, that is their therapy. That is helpful. Do not suppress any feeling, let it hang out.

**Aubrey:** Be okay with the muck, I would tell people as a clinician that sometimes I would just sit down and let a person be however they needed to be. There were times where I was very ugly because things were coming up. This does not mean that something failed, this is just where I was, and being okay being mad or sad. You are always okay with being joyful, and survivors that did well, you know, experiencing joy. For me, when I could experience sadness in a way that was true to the situation, that was real to me. We would like people to have whole and real experiences, and part of this is identifying anger in an accurate way outside of something that is outside of our control. All of the experiences, good, bad, and different, this makes us whole. Outside of victimization, this is what we strive toward, and those pieces are powerful and important.

**Heather:** **How would victim service providers who may not have that personal relationship check-in? So maybe if you are seeing a medical provider or seeing someone who could see some sadness or concern, how would you want someone to check in with you to approach this and make sure you're okay and not in need of additional services or maybe not ready for additional services?**

**Joe:** Simply ask. So many people are afraid that we don't know how to approach, and we approach just like anyone else. They will give you the answer. They will answer, “I want to participate” or “do not want to participate.” If you do not ask the question, you will not get the answer.

**Aubrey:** This goes back to not assuming and being willing to go there.

**Heather:** **Thank you. Next slide, what is the biggest disconnect between survivors and advocates/work clinicians' experiences of being trauma-informed? What does that work mean to survivors versus clinicians? Are we speaking the same language?**

**Aubrey:** I am not sure if anyone knows exactly what this means. I am a clinician and a survivor and this is still a big struggle in the field. To me this is about application, I am not concerned with how you define this as much as how you apply it, and it should be integrated into everything you do. It's a natural part of how you live and breathe. An interesting example from my life, as I was doing work with a young woman, her psychiatrist who was doing some of her med checks called me and said, “I am really concerned about the therapy that you are doing, when will you start therapy with her? All I hear is that you are going on walks and going hiking and you started boxing. She is doing a lot of painting, when will you start therapy?” And I said, “That is therapy.” So I think being able to help and never assume that someone understands what trauma-informed means, either from a survivor or clinical perspective or service provider, and being willing to ask these questions, ensures that everyone is on the right foundation, because systems change and thoughts change and evolve and not everyone has the same mindset. Being able to make sure everyone is at that baseline is really imperative.

**Heather:** **The follow up to that would be, is there a difference or what is the difference between survivor-informed and trauma-informed in programming and services?**

**Aubrey:** There are different thoughts on this. For me, it can be the same or vastly different. There are some survivors who are not trauma-informed and vice versa. I think that you have to make sure you're

in a place of healing or have a sense to know where you are to engage in this work as a survivor. Even as a survivor, I am only an expert in my experience. That's the only kind of expert I am—in the experience that is mine. I have some tools and techniques that could be helpful to you, but this does not mean that mine automatically transposes onto yours. There are some survivors who have been pushed into the field that are not ready to be doing this work. They may be making suggestions or recommendations that are not healthy for them or others. Therefore, they are not trauma-informed. Sometimes we think that because a person has gone through a situation that they are an expert in every element of it. I wasn't. I was very aware that things happened, but I was encapsulated into this fullness of what this experience really was. I had to go back and do Human Trafficking 101 and Child Abuse 101 because I did not understand, because I was coming from a different perspective. I think this is powerful to make sure that people do not just get this greenlight because you have had an experience that you are fully knowledgeable of all things. You need to give them opportunities to understand their own victimization as well. Sometimes we forget this and assume that because they lived it, they understand it. I did not, and a lot of people did not until they started wrapping this later in different elements of their life. I think they can be the same, but it is important to not automatically assume that they are one.

**Joe:** I do not think we differed in our opinions in that, so I defer to your response.

**Heather:** I think that survivor-informed aspects really brings us to the next question, which is evolving and implementing survivor input in every part of our programming and evaluation. How do we do that effectively in the field?

**Aubrey:** As a caveat, I think you need to be cautious to not just have a callout for survivor feedback. You should be able to look at program evaluation and implementation in a broader spectrum that a person does not have to identify the survivor to give you critical feedback. I see requests for "I need survivors, a survivor advisory board," and there is power in that, but there is also potential harm. There are some people who have great experiences and amazing guidance, but they do not want to identify, and we should not force that. I think we should give room for survivors who are in a place to share and also survivors who are not in a place to share to also give recommendations. Being mindful of that dynamic first, as we would integrate anything else in other effective programming. I would have people come in and gauge what the agencies look like, and the building and environments, our program, how we evaluate programs, the effectiveness, long-term range, how would the family be integrated. We had people on the board, advisory committees, staff, we supported all of this, and we gave professional development to everyone who came in, not just survivors, because we wanted to set the standard for everyone. When you can level the playing field, and have a lot of inclusive opportunities, it is helpful.

**Joe:** Inclusion is a big word here, because part of our process was getting involved, getting families of the victims involved in the process. This can be as clinical as going to the crime scene and actually visiting the crime scene with police. It is actually wanting to be part of an investigation and saying they could ask questions, but we might have different questions. They might not be digging deep enough, but inclusion in the process was key to helping people heal. Not everyone wanted to do this, not everyone could do it. If one person starts, it is surprising how the change keeps growing. It started with one asking a question and then you turn around and there are seven more in line saying, we want to be involved and included in the process. I think that is key to helping people heal.

**Aubrey:** And another piece of that is how can you create an environment where people want to be involved. We talk about inclusion, but we don't always have the same mindset. Are we setting ourselves up so people want to be involved? What does our social media presence look like, what does our reputation in the community look like, how will we value confidentiality or share their story? This is about providing opportunities and being mindful about how we will respect that going forward. Are we creating the right opportunity?

**Joe:** And giving the victim a choice.

**Heather:** I appreciate that...a choice. Having a sense of agency is extremely important and part of the process.

**Joe:** It could be the wrong choice. But, you will soon know.

**Aubrey:** We learn from these as well. We do not only learn from the good stuff. Sometimes I learn more from the bruising than anything else.

**Heather:** **Our next section, and we will breathe through these tangible ones because we want to be mindful of the time, the first tangible question, how can we weave trauma-informed case planning into existing case plan structures?**

**Aubrey:** This goes beyond case plan structures and says, how can we really make this an application? We go back to the building block and intentional resilience building. You should have the answers before you have the questions. If you are talking about the case plan, do you want to just exit the foster care system? If this is the goal, okay. Or, is your goal to have this person become a healthy adult and to be able to have agency and choice? This will change, and I think when you look at the change of outcomes it will be easy to interweave. Do I want them to stop blowing out of placements or understand a healthy relationship? If we reframe, and I know we all have forms to fill out and a structure, this is where training comes in to help inform people that you work with. I think as we challenge the systems that are not always working, which sometimes can be detrimental to us all, and we challenge the systems and the outcomes and look for trainings and opportunities to broaden that conversation, this becomes easier to interweave. For me, this is going back to if I was just intentional in my relationship, what would this look like for every kid that I work with? And then in my experience, they knew what an intentional relationship looks like. Then we would all be different. I think to take out what you have control over, what you have in your current role, and how can you plant the seed is very beneficial.

**Joe:** I think thriving through the system and challenging it is critical.

**Aubrey:** This could be where we jump into early, how do we survive the system? I was teasing Joe, I want to make bumper stickers of some the things he says. That's another one, "Thrive through the system."

**Heather:** And "challenging it."

**Heather:** So, what would survivors most like to see implemented as daily practices from victim advocacy? I know we discussed from your perspective, we are all survivors, but from your perspective, what would like to see implemented?

**Aubrey:** I would like people to understand self-care and have intentional time to take care of themselves. Walking alongside me was a harried journey for the people in my life. It is hard to do that work day in and day out. If you are modeling self-care—I am observing this and it will have confidence in my healing. But I do know a lot of amazing people that are burnt up and cannot do the work because they did not take care of themselves. I had caseworkers that get on me for not taking care of myself, but they were not doing that for themselves. Consistency and transparency and really wanting to have more self-care—I think that would be a game changer for any system.

**Joe:** Mental health providers are being sent to the Virgin Islands to help burnt out first responders, so we are back to self-care. The different helpful things that I have implemented personally were meditation, just breathing, if we just breathe and relax; and the opposite of that, going out and walking and getting exercise. You have to take care of yourself first and your heart-mind connection really, you have to realize what this is to be able to nurture this. But, self-care, absolutely!

**Heather:** Thank you. How do we ensure that survivors who wish to be a part of the initial stages of creating effective tools and processes are not simply being asked to educate us but have a proactive role throughout every stage? We touched on this a little bit on implementing and integrating actual survivor-informed voices into programming, how do we ensure this is active and proactive?

**Aubrey:** Sometimes when we work with survivors we forget every other element of basic program structure. We should have clear roles and expectations and have a clear sense from both ways of what is expected, and if things change, how are we going to resolve that. There are people who just want a survivor to speak, and there is no process to ensure they are the right person in the right space. I actually wanted to work with agencies that would ask me these questions because they understood the impact this would have for me. I am okay with you asking me these questions to make sure I am in a space to share. Also, to this caveat, what part of my story is important and imperative and what other skill sets do I have? I have lived experiences but also have other pieces that make me a viable candidate to the program that have nothing to do with eliciting details of my story. It is about engaging these pieces with constant communication and clear roles and structure and consistent check-ins, also to have some element of program and professional development. Maybe someone does not understand what it is like to be on a board, so we would have all board members go to this boot camp, and it did not matter if they were a survivor, everyone did it. We wanted everyone to have this foundation and the opportunity to develop professionally so they know what to ask or expect is very relevant to how we do work in general—not just to victims or survivors. Definitely, this is communication and clear roles and expectations, because they might not know what to expect and that can be frustrating.

**Joe:** Not everyone can do this, and there are trainings that we have been through as a board. To your point, we asked how many would volunteer to get victim assistance training through an organization, and we had 20 hands go up. So many people wanted to be helpful. When we went through the training, we realized that only five people could actually do this, and participate, and go into the field and work with victims. It was quite a weeding out; it helped with the education process.



**Aubrey:** Continuing education is pivotal. We should do that for everything we do, not just for victims and survivors. The more we can learn and grow and have a sense of what's really happening can only be beneficial.

**Heather:** This speaks a little bit to the question of wondering how education fits in and educational opportunities fit into recovery.

**Aubrey:** I have learned some of my victimization perspective and understandings as an adult, I don't know if I could assume some of those as a child. If someone taught me everything about human trafficking as a teenager, I would not be ready to acknowledge those perspectives. Having a sense of domestic violence and choice, and what stress does to your body outside of just specifics about trafficking, was helpful for me. A lot of my trauma manifested in speech, so being able to understand the mind-body connection when I was speaking and the importance of breath—that wholeness perspective was helpful. Just like it was for everyone. We can always learn and integrate. Just because we have different lived experiences, it does not mean that we would not thrive like everyone else would. There could be different challenges.

**Joe:** If you are into something, why would you not want continuing education? Why wouldn't you want to learn more? You are just hungry. Let us thrive on education!

**Heather:** Thank you for those reminders. It does not have to be hard, it can just be this question, what are you interested in, how are you doing, and where are you at? After we asked those questions, the next question talks about how can victim services feel, and how can we hear these stories, and possibly share survivor stories, and still remain sensitive and not re-exploit victims and survivors?

**Aubrey:** As human trafficking people want to say, everyone needs to be aware that this is happening so that we can share our dialogues over and over again. Some things to keep in mind are what is the purpose of sharing my story? Is it to inform the community that this is existing? Or what would be more powerful to say, let us take the parts of my story that are relevant to everyone, there are places in the community where kids are being harmed. There are also opportunities to help these kids thrive in the future. For me, this is never about how can we talk about trafficking specifically, but how can we re-engage and re-solidify these community systems. Sharing the hard parts and the painful parts of my story, there is a purpose to this, but I think it does not lend itself to a lot of momentum. Having conversations about how can we take pieces of that and really do system change is what could be beneficial in sharing the stories, and how can we say this is happening and say this is what we can do in the future not just to change one, but all.

**Joe:** I think when the opportunity is given, you want to be able to help the victim tell their own story.

**Heather:** I want to jump in to some of the general questions that we received. One is, how do agencies get over their fear and misconception of working with victims and survivors of human trafficking, of trauma, of mass violence and mass shootings?

**Aubrey:** I think we need to be cautious of how we educate the public. If we only share scary parts, and we only show casualties and things that were amiss and did not go right, then it is hard for someone to want to engage in this. No one wants to engage in something that feels like it will always fail or always be harmful or difficult. What can be helpful is when we show what happens next, we do not show the

victimization, we show this person thriving, and we show this person who had a tremendous tragedy and moved forward and done amazing things. I think if we focus on this first and then backfill, we will have a better embrace. No one wants to say yes, sign me up for the challenging pieces, but to know that there are opportunities in the future can make it more beneficial. I think this is how we frame it and educate it. If we only show *Taken*, which you should not do, you will not have a realistic expectation about what trafficking looks like.

**Joe:** Focus on the positivity and the good that victims have done from their tragedy.

**Heather:** I think that touches a little bit on Anna's question, Anna, please follow up. I think this is specific to a certain population, but not necessarily identifying as a victim or survivor and how people might not identify with these terms, and how do we work to support people who might not identify as victim or survivor?

**Aubrey:** This is how I opened up the conversation, I never assume that a person is a victim or survivor, and I always ask, "how do you want to be addressed?" I think this is about going back to that. I work with amazing people every day who have shared experiences like I do, and they have never shared this outside of intimate relationships. I think we have to be mindful that you do not have to say, "I'm a victim," to heal. You do not have to put on your survivor badge and be able to say that you are healed. You can do the work, even be integrated into the field, and never acknowledge that you are a survivor. It is important to not feel like the only place that you can get support is if you become acknowledging of this. In the human trafficking world, sometimes survivors think if they want recognition and support they have to become vocal in their advocacy, and this is not true. If you want to, this is amazing and we can support this, but this goes back to the agency question. And if you do not want to be recognized as this, how do you want to be recognized? This is not about me, this is me walking alongside you in your journey, so I do not want to prescribe this to you, it is a shared dialogue.

**Joe:** That is a great answer.

**Heather:** I think we will go to the last slide. I think this comes up a lot in a different frame, how can a person make meaning out of their trauma?

**Aubrey:** To me, this is always about the opportunity, just because you have an experience, we all have experiences, we have all been through something, and everyone goes through something, it is what you do with this. I chose a different platform, but for me, my trauma, how I made use of my trauma is I am a loving wife and mother. That is the way that I say, trauma does not define me, I am bigger than this experience. This is part of who I am but nowhere near all of me.

**Joe:** I think the question that I ask is what will you do about it? It has happened, do we go forward? Or do we dwell? My instinct was to take action, others could not do that, so it is your ability to be able to address your situation as a survivor, and I think the path forward can be extremely positive. You have to be able to make this decision. And so again, be a survivor or thriver, or maybe do nothing about it.

**Aubrey and Joe:** We are back to choice.

**Heather:** Thank you both again, so much, for your openness and honesty and candor in sharing your experience, and expertise, and where you are today, and all that you have accomplished.