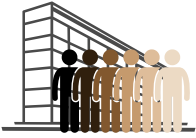


Organizational Considerations for Working with the Global Majority:

A Somatic Lens

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This project supplements existing material that offer guidance to organizations for implementing vicarious trauma-informed practices within their structures. It highlights workplace practices that may re-traumatize People of Color working within them due to lived experiences and historical trauma. Because experiences of oppression, including institutional or work trauma, uniquely impact the way people express themselves in their bodies, organizations may consider adopting a somatic lens to investigate racialized stressors or other sources of re-traumatization. Such awareness can cultivate and sustain a healthy workplace culture.

WHAT TYPE OF ORGANIZATIONS CAN BENEFIT

The intended audience for this project are victim-service agencies/advocacy organizations staffed by diverse ethn racial and gender-inclusive people, serving broad and/or culturally-specific ethn racial and gender-inclusive groups of people.

TERMINOLOGY: GLOBAL MAJORITY

The Global Majority (GM) refers to groups of people who do not have access to White privilege. This includes Black, Indigenous, Brown, and Latinx peoples, Pacific Islanders, Native Hawaiians, the Inuit communities/Alaska Natives, Native Americans, Arabs, Western Asians/Middle Easterners with dark skin, Southeast and South Asians, East Asians, North/Africans with dark skin, and biracial and multiracial people who are mixed with one or more of the above (Hawthorne, 2023).

Global Majority, as a conceptual term, disrupts the default centering of the experiences and lives of White people. The term “minority” is stigmatizing, as it reinforces a racial hierarchy in the United States, implying low numbers and less power. GM centers and challenges who truly holds power and who is inflicting harm (Portelli & Campbell-Stephens, 2009). The GM comprises a majority of the world’s human occupants.

TERMINOLOGY: SOMATIC

Somatic broadly refers to embodied practices that focus on internal experiences and perceptions, physical sensations, and wellness.

“Trauma is not the story of something that happened back then...It’s the current imprint of that pain, horror, and fear living inside people.”

- van der Kolk, 2014

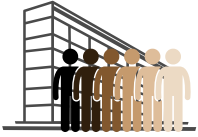


SERVING GLOBAL MAJORITY COMMUNITIES

Research has shown that an individual who has experienced traumatic events such as unstable housing, racism, or witnessing violence in the home between the ages of birth - 17 is more likely to experience burden of disease, violence, criminalization, and stigmatization later in life. Some of these early life events are known as Adverse Childhood Experiences (ACEs) and impact the GM across the United States at disproportionate rates (Sacks & Murphey, 2018). It stands to reason that these populations are the most representative of those seeking support at victim-services agencies.

Consequently, individuals staffed within victim-services agencies are at increased risk for indirect or direct trauma exposure. This is known as Vicarious Trauma (VT) and encompasses the emotional residue of exposure to traumatic stories and experiences of others through work.

SERVING GLOBAL MAJORITY COMMUNITIES, CONTINUED



The Diagnostic and Statistical Manual of Mental Disorders, a reference book on mental health conditions and disorders, notes that those exposed to traumatic material through their work are actually at risk for developing Posttraumatic Stress Disorder (Diagnostic and statistical manual of mental disorders, 2013).

While there are personal risk factors for VT such as trauma history (especially significant if similar to the populations served), pre-existing psychological disorders, and inadequate support systems, organizations play a large role in reducing risk factors, as VT is an occupational hazard. Organizational risk factors include lack of quality supervision, high percentage of trauma survivors, and inadequate orientation and training for the role (The Vicarious Trauma Toolkit, OVC).

LOOKING INWARD: THE INFLUENCE OF ORGANIZATIONAL CULTURE

Beyond the prevalence of VT within victim-services agencies, organizations may be sources of institutional, historical, or intergenerational trauma through policies, hiring practices, or overall organizational structure and culture (Menakem, 2020). The following experiences can result in a staff member feeling unsafe, which may activate a crisis stress reaction such as quickened breathing, perspiration, or heightened sensory perception:

- Harsher reactions to GM members during normal disagreements;
- Heavy scrutinization of task completion;
- Excessive monitoring and micromanaging of workload;
- Little-to-no representation of the GM in senior leadership positions and overrepresentation of the GM in lower-level positions.

ORGANIZATIONAL CONSIDERATIONS

Leaders in organizations across the victim services field may begin by reviewing practices within their agencies that are already equitable and vicarious trauma-informed and strengthening them. Leaders may then take stock of where practices can be improved and create a strategic plan for development. This plan should include somatic considerations as people of the GM may express concerns beyond workplace norms (see box to the right). This helps move an organization from a dominant culture approach to a transformative one.

- In which ways do you understand your social positioning in relation to those you lead or supervise? What privileges do you hold and what does this communicate to staff?
- How might you encourage power dynamics within your organization from a standpoint of power-with rather than power-over? In which contexts and interactions do you feel more or less powerful? What about staff?
- In which ways do you reflect upon your own implicit biases and assumptions?
- How is your ability to move about in your body linked to history, community, culture, and politics?

Leaders might encourage or collaboratively guide such reflection discussions across organizational levels.

CULTIVATING SOMATIC AWARENESS WITHIN SUPERVISORS AND STAFF

Hierarchical and dominate norms may create an environment where one cannot move freely in their bodies due to societal pressures to perform or exist in a certain way. Because of cultural interdependent self-concepts, disclosing feelings to those outside of one's circle may be difficult for those in the GM. Organizations can consider adopting a somatic lens to investigate instances where staff are having such responses in their work as a result of VT or workplace culture, but are not necessarily voicing their concerns. Even though norms may dictate limited movement, supervisors might:

- Pay attention to nonverbal boundaries and posturing
 - *Shutting down; turning away; low eye contact (if not culturally indicated); sudden stiffness; crossed arms (may communicate discomfort); etc.*
- Be attuned to other signifiers in body language
 - *Breathing changes; indications of dissociation (glazed eyes); excessive fidgeting; etc.*
- Acknowledge cultural responses to traumas or feelings of frustration
 - *"Sucking teeth"; eye-rolling; using specific music or humor to cope; etc.*

REFLECTIVE QUESTIONS FOR LEADERS TO CONSIDER:

ORGANIZATIONAL CONSIDERATIONS CONTINUED

In adopting a somatic lens, organizational leaders may begin to notice nonverbal boundaries and posturing, signifiers of discomfort, or somatic responses to trauma-cues. Although it may initially feel awkward, leaders will have to investigate the source of these actions. It could potentially require an internal assessment of how the leader presents themselves in relation to the power or privilege they hold. There may be instances where microaggressions have to be addressed or interrupted. Organizations must regularly review policies and practices that threaten the integrity of value alignment. Such practices inform a workplace that is truly trauma-informed.

According to Haines (2019), embodiment creates a sense of unity between people and develops an understanding of interdependence. Organizations may invigorate embodied practices by offering a dedicated space for movement. This could be maintaining a wellness room in the office or virtually sending permission to step away from the computer via calendar invite. To embody, or be the visual representation of some quality or connection, one must develop an interoceptive awareness. Somatic Mindfulness is the practice of increasing interoceptive awareness of bodily states and self-regulatory capacity, and has been associated with building resilience in the helping professions (Fisher and Ogden, 2009). An organization that promotes somatic attunement understands the significance of internal emotional states on the impact of service delivery and workplace cohesiveness.

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About the Author

Shannarese (Reesie) Sims is the Director of Therapeutic Services at Network for Victim Recovery of DC (NVRDC). She holds a Master of Arts in Counseling Psychology from Bowie State University and practices as a Licensed Professional Counselor. Reesie's interest in anti-violence work began as an undergraduate at The Ohio State University where she earned a Bachelor of Science in Human Ecology/Community Health. After relocating to Washington, DC, Reesie worked at various victim service organizations and has accumulated over a decade of experience working with survivors of power-based violence. She joined NVRDC in 2019 and in 2021, developed a therapy program to expand support for survivors of violence. Reesie is a Cohort 10 member of the Office on Violence Against Women's LEAP fellowship (via ValorUS). She strives to address the wellbeing of trauma survivors and remains steadfast in her commitment to eradicate power-based violence through advocacy, education, and trauma-informed services.

