

WE ARE ALL NEWTOWN

TRAUMA-INFORMED SCREENING GUIDE



A TRAUMA-INFORMED APPROACH TO SCREENING

WE ARE ALL NEWTOWN

BY REV. STORM SWAIN, PH.D.

Documentary film screenings engage the visual, auditory, emotional centers of the brain for everybody, and, as a screening host, it is important to be aware that the topic of a documentary is likely to relate in some way to the lived experience of persons in the room. An audience member experiences both the content of the film, and the context of a film screening. During a screening, a person who has experienced traumatizing experiences may be triggered by the documentary, and their bodies may experience a fight, flight, or freeze response.

Anyone could be a survivor of traumatic experience, and not everybody's trauma response looks the same.

Trauma does not mean someone is sick or weak; it means that someone is both a survivor and is vulnerable. With the right conditions, traumatic experiences can be addressed, worked through, metabolized, healed, and provide an impulse for social change and personal growth.

Odyssey Impact has prepared suggestions for taking a trauma-informed approach to your screening of **WE ARE ALL NEWTOWN**. In engaging any documentary film, we need to attend to the three following spaces:

**1.
THE HOLDING
SPACE**

The host should build trust and establish safety before a screening to create a space that is as safe as possible for all audience members.

**2.
THE SUFFERING
SPACE**

Audience members who identify with subjects of the film may find themselves grieving losses anew; for others, for whom the subject material may be new, empathy with the suffering of others can foster accountability and inspire action in new ways. Hosts need to be open to audience members experiencing the film in different ways.

**3.
THE TRANSFORMING
SPACE**

Through solidarity and discussion, hosts can help engage audiences to reconnect with the ordinary goodness of life and community, through compassion and action.

The following sections offer hosts the opportunity to think critically about how they can seek to cultivate spaces that attend to audience members' traumas with compassion.

1. THE HOLDING SPACE



Pastor Sam Saylor.

1. THE HOLDING SPACE

Traumatic material warnings are not enough when the subject is in the room. When screening a documentary that contains emotionally provocative content, we need to be conscious of the likelihood that audience members may have experienced or witnessed, or been connected to someone, who has experienced the situation or similar to that being screened. This trauma - informed reality needs to shape our awareness, attitude, and actions before, during, and after a screening.

As a host, we need to attend to the context of a screening to make the experience of the content something that can be witnessed and processed in ways that are not overwhelming. The Holding Space is both environmental and relational, which in a trauma-informed approach seeks to establish a safe space for gathering, viewing, and discussing a documentary film, in a way that may lead to post-traumatic growth (small or large) rather than re-traumatization.

A trauma-informed approach seeks to build, even before the viewing of the film, a relational holding space that reminds people that they are not isolated, but in community, and it is okay to be vulnerable. Cultivating a holding space informs audiences that there are trusted others and intentional actions they can take to prevent or cope with being overwhelmed. Knowing that a documentary engages almost all the sensory areas of the brain, attention to the sensory experience surrounding the film is important.

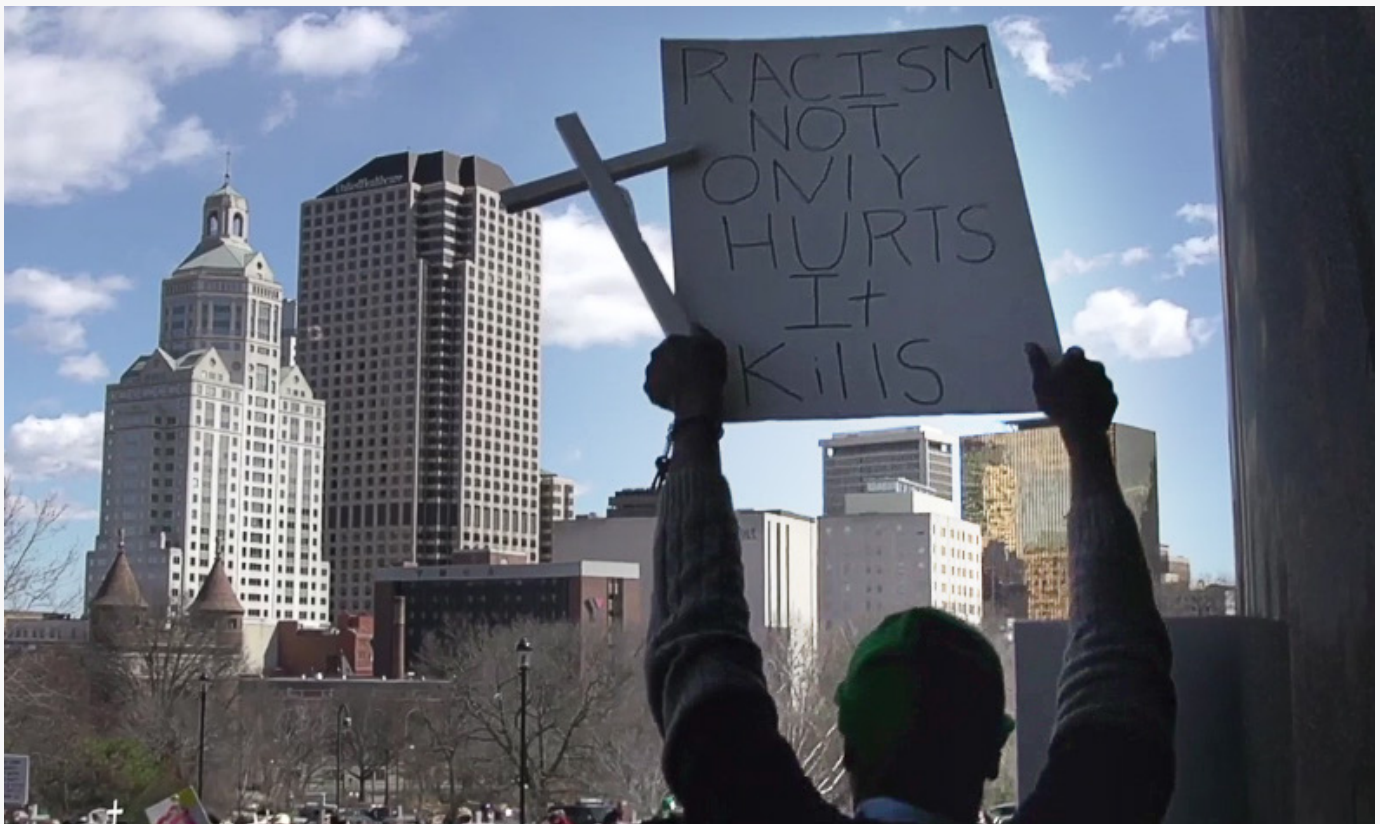
For those with a history of trauma, this may be crucial in making the screening a safe space. For screenings in settings like educational institutions, community organizations, or houses of worship, this would mean attention to seating, lighting, sound, entry and exit, distractions, bathrooms, food and drink, etc.

The space should be set up well before attendees arrive, and the screening team should familiarize themselves with the space, and work out a plan before a screening, which includes decisions like - what lights to turn off first/last, and what to keep on.

Ideally, you would want to have a screening in a room that can be darkened but with some visible light for people to orient themselves when looking away from the screen, and safe enough to see to leave the room while the documentary is playing. Ideally the room should have multiple exits, and the seating should be set in a way that people can choose to leave their location without drawing too much attention to themselves.

If feasible, there should be a space adjacent to the room where the film is to be screened that people can be without leaving, perhaps with water and food, which provides normality and agency. This may also be a good space for quiet conversation.

It is important to research appropriate local resources for support, referral, and calls to action. If there will be outside presenters, especially representatives for support, it is critical to have these individuals introduced by local trusted persons. This will contribute to setting the scene, or framing the space before starting to play the documentary.





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IT IS IMPORTANT TO FRAME THE SCREENING WELL, THROUGH:

1. Building Trust by sharing identity and identification in context.

For example: “Welcome to... [location]. I am...[Name and title]. You will notice, as you look around the room, that available exits are... and in case of an emergency exits are... [orienting to the physical space]. Bathrooms are... and there are [beverages/and appropriate food (e.g. not popcorn)] available [in another location]. This screening is of... [name of film and brief public description]. It is produced by/or shown in partnership with... [name of organization, with brief content of mission].”

THOSE FRAMING THE SPACE WOULD DO WELL TO MAKE COMMENTS INCLUSIVE AND NOT OBJECTIFY THOSE WITH A TRAUMA HISTORY. FOR EXAMPLE, “THOSE OF US WHO...” RATHER “THOSE OF YOU THAT HAVE EXPERIENCED...”

2. Establish Safety by providing a road map that tells people what is going to happen and orienting them to the context. For example, “Our plan is to... [screen, provide space, panel/discussion/etc.]. I encourage you all to take care of yourselves, monitor your response, and if you feel overwhelmed, get re-grounded with your feet flat on the floor, look around and check out your surroundings, including behind you. You may find it helpful to consciously breathe in and out, three times, making sure you breathe out for one count longer [as that activates the parasympathetic nervous system].”

2.

THE SUFFERING SPACE

2.

THE SUFFERING SPACE

A trauma-informed approach recognizes that many more persons are survivors of traumatic experiences than may have been diagnosed with post-traumatic stress disorder. Beyond those who have suffered events that could have caused a loss of life, serious injury, or some form of sexual violence, many have survived other potentially traumatizing events, adverse childhood experiences, or a series of continual threats that have overwhelmed their physical, psychological, social, and spiritual resources to cope against such a threat or event.

For those who have not had the benefit of trusted others with whom they could share, remember, and work through the thoughts, feelings, and reactions associated with the traumatic experience, there may be a greater risk of being unconsciously triggered by a sight, sound, or other circumstance in a documentary film. This may activate the traumatic experience and risk re-traumatizing the person. Even those who have had the privilege of working through trauma can also be surprised and triggered unexpectedly.

Several practices can mitigate against being unexpectedly triggered, and other practices can help when it happens. In fact, a number of trauma survivors find it helpful to be able to experience the sense of solidarity with those who have suffered similar circumstances, and not only “lived to tell the tale,” but have allowed their story to be a gift of survival to others. They also may find it helpful to face their feelings in a safe space, in a gradual way, without becoming overwhelmed.

CULTIVATING A SUFFERING SPACE IN WHICH TO VIEW WE ARE ALL NEWTOWN CAN BE AIDED BY THE FOLLOWING TEN SUGGESTIONS:

1. A screening is not therapy, therefore, practices around a screening must be appropriate to the context. Whether a screening is in a classroom, community center, or house of worship, any suggested intervention or practice is best offered generally to the group as information or education, and no one should be compelled to participate, nor singled out to disclose any traumatic history before or afterwards.

2. A brief explanation of what to expect by a trusted person, or someone who seems trustworthy, can go a long way towards countering an unexpected and unconscious response. This is best done in a non-anxious way where the presenter is settled or grounded in their own body, in touch with their

emotions, and will not communicate anxiousness to the viewers.

3. When screening documentary films that focus on personal or communal violence, it is a good practice to have an experienced supportive community resource person, such as a local clergy person or a mental health professional, available for informal conversation should someone be triggered unexpectedly by the film's content. It is to be expected that some members of a group may self-select not to view a film they know might trigger traumatic associations. Oftentimes, knowing that they have the choice not to stay, or there is someone there to speak with should they experience distress, are other factors that make viewing a documentary feel safer than would be the

case without these possibilities. Even when a support person may not be used, it does not mean their presence is not valuable.

4. Many people watching a documentary will have a strong emotional response, which is not uncommon or undesirable. Being triggered is an instinctual response that can precede emotion when a person unconsciously perceives they are under threat, perhaps in the same way they encountered during a traumatizing experience. They may react by wanting to (or actually) fleeing, getting ready to fight, or freezing up, and feeling incapable of action. These are all common ways our body instinctually copes with threat. Also, common are a crying out for those who could offer protection, or an instinctual reaching out for those in their care (this response is often called the “tend and befriend” response). The key thing to note is that these

responses are faster than thought, and even emotion, and therefore do not necessarily seem rational or connected to present reality. These adaptive survival responses were necessary when they needed them, but when they remain, they can become emotionally destabilizing and demoralizing to the survivor.

Many people who experience “triggers” of reactivations of trauma become quite adept at managing or predicting them, and others may not know they are in distress. If a person self-discloses or is noticeably triggered by traumatic content, such as being unable to move after a screening, or in a discussion group, or leaves the room during the film, it is often helpful for a support person to sit or stand near them, without intruding on their intimate personal space (establishing safety).

5. Keep interventions focused on the here-and-now, coping with and orienting to the present rather than exploring the past. You do not need to know what triggered the reaction, and any later question should be open-ended and invitational.

For example, “Do you want to tell me what’s going on with you here?” It is okay if they don’t want to talk, or aren’t ready to do so.

Responses can range from flashbacks and other forms of re-experiencing to dissociation, where a person feels cut off from emotion, sensation, or may even feel disembodied. It may be helpful, if possible, to assess whether the person is experiencing too much or very little. If you are alongside someone whose coping resources are (temporarily) overwhelmed, it can be easy to feel anxious yourself.



6. Grounding yourself is part of being alongside someone who needs to be grounded. Whether a person is feeling too much or very little, it is helpful to direct their awareness to their here-and-now sensory experience.

For example, "I'm wondering if you can hear my voice/ feel the seat beneath you and at your back (orienting). It would probably be helpful to open your eyes and notice that..." "You might find it helpful to flex your feet, and push them into the floor a bit, so you can feel the ground solid beneath you." "How about we take three deep breaths, and blow some of the stress out (grounding)?"

It is important that you do not presume you can touch the other person, even if your intention is to give them a supportive hand-on-the-back or arm. You do not know how touch was connected to the traumatic experience and you do not know how touch will be received or interpreted.

7. When someone, who has experienced a traumatic trigger, is able to talk, continue to affirm their agency and orient them to the current reality through questions that help them move from that instinctual reaction, and regulating their emotional experience, to thinking about what is next.

For example, "Would it be helpful for someone to get you a glass of water?" to "What do you need, here and now?"

8. It is not appropriate for an untrained person to delve into the content of someone's traumatic experience as this may risk re-traumatizing them. However, they may wish to share something of their story and have you respectfully listen, and witness this, and affirm their ability to cope.

9. When it seems appropriate to start orienting to "What's next?", it is helpful to assess resources in the person's life to process their experience.

For example, "Who do you have that you can talk to about what happened here?" If they do not have anyone, then referral to a local resource (mental health practitioner, trusted and experienced clergy person, etc.) may be called for.

10. Orienting the person to leaving is a helpful way of engaging their own ability to care for themselves.

For example, "What will you do today/tonight after you leave here?" "What might you do to take care of yourself?" "What do you need to do to be ready to leave?" Some way of closing the conversation is helpful for both of you. "I trust that you'll do what you need to do to take care of yourself. All strength to you. I'll let you collect yourself before you go. Bye, now."

3.

THE TRANSFORMING SPACE



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When a documentary is coming to a close, it is a good practice to more visibly enter the screening space, to the side, perhaps by standing, and watch the credits yourself. This continues to psychologically hold the space for the viewers without making an abrupt transition.

If you are able, start to turn the lights up slowly behind the viewers first, rather than turning them on all at once and startling those who may be still drawn into the experience of the documentary. If you have to turn lights on all at once, give people a verbal warning before you do so.

Moving into the central place to address the viewers, it is helpful to take a large breath – in and out - (or three) before you begin talking. This communicates taking care of yourself, and grounding yourself in the moment. Reaffirm the road map or plan of engagement that you outlined at the beginning of the movie to remind people or inform latecomers. Reaffirm the choice to stay or leave, and the ability to take a break before discussion may start.

A trauma-informed approach to viewing *We Are All Newtown* seeks to build a safe holding space with trustworthy people to facilitate the process, attend to suffering that arises, and discover life-giving transformation in community and conversation in an effort to build resilience in individuals and communities.

SUGGESTED READINGS

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