



Anita Kwok: Welcome to the SCSG podcast. My name is Anita Kwok, an intern at SCSG. Today, SJ Dodd, our founding director, will discuss sexual violence steps to recovery with Poonam Melwani, a Silberman School of Social Work alum. Trigger Warning: there will be discussion on sexual assault.

SJ Dodd: Today, I'm here with Poonam Melwani from the Great Lakes Therapy Group just outside Detroit, Michigan. Is that right?

Poonam Melwani: That's correct. Yeah.

SJ Dodd: And a proud Silberman alum.

Poonam Melwani: Yes!

SJ Dodd: So that's always nice and special. And Poonam wrote the Chapter 25 in the Routledge International Handbook of Social Work and Sexualities, titled Sexual Violence and The Steps to Recovery From Reporting to Healing. So I'm thrilled to have Poonam with us, and I can't wait to have a conversation. Thank you.

Poonam Melwani: Thank you for having me. I'm looking forward to this opportunity as well.

SJ Dodd: My first question is, how did you end up in this work? Was it something you did while you were at Silberman or..?

Poonam Melwani: I was volunteering for RAINN, I guess, my last year as a student, but a lot of it comes from my own personal experience. I'm a survivor myself. So I've always been interested in the healing process and my own experience, which led me to learn more about other people's experiences. And you know, there's a lot of reward in being able to help survivors because it is such a difficult recovery process. And everyone's healing journey looks different. And the reasons for their healing looks different, right? It's not a simple issue. It's a complex one. And there's so many layers to it. So I think that really drew me to understand more about sexual assault and how people are using different ways to survive and get through those experiences. So I did do my senior thesis on sexual assault recovery, using animal-assisted therapy. And then once I graduated, I did work as a sexual assault advocate. And that definitely got me



more interested in helping survivors. So I've actually been part of like, not only doing counseling, but I've done advocacy. So I've sat in on legal cases, I've sat in on situations where, you know, people are reporting for the first time to a police department, I've actually also sat in on case meetings with prosecutors and police officers to see how they're going to move forward with certain cases. So I've seen all angles of it, and that has helped me to even just provide counseling on an individual basis on able to provide like the full framework for survivors, so they understand what to expect from the whole gamut of things. And if they do decide to report and that's the one thing, oftentimes you do see survivors not wanting to report, because there's so much shame around it. You know, there's a lot of self-blame. And then when they go through the legal process, there are questions that they're often asked that makes them revisit those dots, right? And then that can really be difficult for them to heal. And most survivors just want to get through the healing part.

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SJ Dodd: In the chapter, you do a good job of setting up some of those reasons why people self-blame, it's all the structural stuff. Right?

Poonam Melwani: Right. Like a lot of the societal factors involved in it, right? What were you wearing? Why did you go out so late at night? Or why did you bring them back home with you?

SJ Dodd: Yeah, “had you had a drink?” and all those things, you put the onus on the survivor to have somehow created this opportunity that somehow made them have responsibility in the situation when, clearly, that's not the case.

Poonam Melwani: Right. And oftentimes, you know, when I work with clients on an individual basis, it's almost embedded in them. They don't even have to have these experiences, but they already are feeling this guilt, like, maybe I shouldn't have spent time with this person, or maybe I shouldn't have given them my address, right? And there's so much self-blame around this, that it breaks my heart to see that there are double standards. And this isn't even just a male-female issue. I've seen this even with clients who are part of the LGBTQ community, even males who've been sexually assaulted, right? They feel like they have control. And that's a common thing is that you want to feel like you have control over the situation. And when you're losing control in



these situations, you want to make sense of it. And it's easier to blame ourselves than to blame the perpetrator. So oftentimes, you know, I think it's just a mental process like I need to make sense of what happened. So it must have been my fault.

SJ Dodd: And then you mentioned that oftentimes people don't come forward and report because of all the barriers to reporting that we've put in place, right? And so can you just speak to a couple of those barriers that put people off?

Poonam Melwani: It depends on the individual, but for some people, if they haven't even contacted anyone and the first person they reported to with a friend or a family member, that could start that barrier, because the way they respond, right, if they don't believe them, or if they start asking those victim-blaming questions, then they're already feeling like, well, if my own family or friend doesn't believe me, then a police officer won't believe me. So that's definitely a first step. But if they have moved on and spoken to a police officer, those questions that they receive from police officers, like we mentioned earlier: were you drinking? What were you wearing? Where were you? Why were you out so late? These questions make them feel like, well, if that's what you're focusing on, then it feels like I don't have a chance to move forward. Some survivors do move forward. They're feeling like they know that they didn't do anything wrong. And you know, what I've also seen, even in cases where there is evidence, like physical evidence, if there's physical harm done to the survivor, like if they have marks on their body, right, or if they've had to go to hospital because they have broken bones, right? Even in those cases, it can be difficult, because if you make it to court, then you have the defense attorney bending it on you and telling you that, you know, well, this is your fault, right? And then you have to present this information to a jury. And what if the jury doesn't believe you? So there's so many people that you have to convince, to believe your story and believe that you were a victim of assault, and it gets exhausting, you know, and it's not as simple week or month process, it can be really drawn out. And at that point, many survivors feel like, you know, I just don't think I can go through this anymore, right? So some people do start the process, but then they stop in the middle of it, because they want to just get to the point of healing. And every time they have to revisit their story, it's a reminder of what happened, and it prevents them from healing. And then when they're often asked these questions that are victim blaming, they're going backwards, they keep going back to that self-blame, they keep going back to the guilt versus moving forward and focusing on the reprocessing of those memories.



SJ Dodd: There is that wanting to get to healing, and we haven't created a legal system that facilitates the healing, right? It interrupts or disrupts the healing in the process. And so I think that plays a role.

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SJ Dodd: You talked about reprocessing, and I think that's very important. In the chapter you talk about, there's four different responses, neurological, psychological, environmental, and social, and then the need for reprocessing. So talk a little bit about those responses in the body and how they play an important role.

Poonam Melwani: Definitely. So you know, because the first response is our biological response, right -- our body's responding to a threat and so we are entering a fight flight, potentially freeze response. And there's a new response now that a lot of researchers are talking about called fawning, what I like to call it Julie Peters calls it "tend and befriend." She's written books on like sexual assaults and recovery. And I like her term for it because it's a better understanding of tend and befriend, right oftentimes, we're soothing the perpetrator over our own needs, because we want to feel comfortable. But this is still a biological response of like trying to make the situation feel more comfortable so we can move forward. But through that biological response, you know, our body's in a state of heightened anxiety, and fear, PTSD symptoms show up -- flashbacks, and reliving the moment, and having dreams or memories that make us feel uncomfortable, forgetting where we are. So these definitely are experiences that survivors are struggling with, from a physical point. And in through that where like EMDR, mindfulness and yoga have been very helpful in getting through those physical reactions, because it's a way to reconnect our minds to our body. Because there is a big, big disconnect, our bodies don't feel like our own, we start feeling like our bodies are an object for others to use and abuse. So we want to have the survivors start to feel like their bodies are their own. With the psychological components. It's a lot of like the self blame how we're viewing the experience, right? But guilt, the shame, and through that a lot of like CBT, cognitive reprocessing trauma, narratives that helps us kind of revisit those stories, but view them from a different angle, you know, create our own narrative of what happened, and taking away the elements of self blame, recognizing who was actually at fault here, and all the things that you did do were actually actions that were trying to protect you, right? A lot of survivors don't even realize that when we go back and revisit these moments, they did try to fight, right, or they did try to flee, right? But



they don't remember those because in the moment, they were only focused on what actually happened, right, the part that was the most harmful. You know, with the environmental, that's a lot around, you know, family and friends and how they're responding to us, so when we have a good support system that helps us heal, right? Bessel van der Kolk, who's a big researcher, trauma talks about how like, the first response when you're experiencing a threat is to call out for help. And he's seen that with children who've been through 911, the children who've received the most support and care healed much quicker than those who didn't have a support system, because if people believe you, people show up when you're having trouble, people are there to help you get through these moments, it's easier for you to feel safe. So if you don't feel safe, then it's harder for you to heal. And then with the social component, it's how the police officers respond how the legal system responds. I've noticed that a lot of cities are working towards educating different organizations and care that survivors may experience like starting from hospitals, right, the first time they get to a hospital, how are nurses responding? So a lot of sexual assault advocacy centers are providing education, to hospital staff, to police officers, to lawyers.

SJ Dodd: You make that point in the chapter. And I thought it was so important, the need for those medical and other professionals to have training and awareness and a trauma-informed approach because there's the potential to do more harm or along the way. And so making sure that we're building capacity in those medical and other service providers who the person is going to interact with to ensure that they're coming from an informed position.

Poonam Melwani: All those different levels of care, and as well, as you know, your own self, all those aspects are important to the healing process. And there's different ways of this is what I was saying earlier, it's not as simple. It's so complex, in terms of the healing process for sexual assault survivors.

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SJ Dodd: This notion of the emotional and arousal regulation, and that a lot of what people are experiencing after this traumatic event is that they stay activated or they stay dysregulated. If they're encountering a perceived threat or an actual threat, their response is heightened and activated. I think your aim is to try and bring that activation down and reintegrate it, right?



Poonam Melwani: Exactly. It depends on when you meet the survivor. A lot of like sexual assault advocacy centers are meeting survivors right after an assault has occurred. So they're seeing more of that. Currently, I am doing counseling for survivors. So I'm seeing them maybe months or years after the assault. Even though those parts of emotional regulation and our how our physical body's responding to what occurred is still present, it's not as prominent as it is in the immediate the assault has occurred, right? Because when you see a survivor, right after there's an assault, you can see like they're in a daze they don't even know, you know, that's the freeze response. You know, they're, they're not even sure what just happened. They're in shock. It's hard for them to talk. But a lot of times you hear them say like, "I'll be okay," "I'm fine," right? They're like trying to rationalize what just happened to them. They're seeing as calm as possible. But internally, you can tell that they're struggling with what just occurred.

SJ Dodd: If you could say, "Hey, these are the things we need to improve in the system, to help us get to healing quicker or to not get in the way of the healing or not to create a barrier to healing," what are the things that we should be improving in the system?

Poonam Melwani: I think a lot of times survivors first disclose to a therapist about their assault. So the way therapists respond to survivors, right? Not asking those same questions that they're afraid of where they there could be victim blaming, giving them a space to be able to share their story, knowing that they're not going to be judged and it's a safe place for them, focusing on their healing versus trying to learn the details of the event, because that's what we end up focusing on are the wrong aspects of what happened versus what's important to this person right now? What do they need to help move forward from what happened to them, right? And believing them is so important. If it's not from micro lens, and if you're not meeting them as a client, if it's a friend or a family member, also providing that same space, right? Believing them understanding them, right, because I think it's often does lead to victim blaming, and that's not helpful in the moment. It's not helpful ever. So I think a lot of education is important here. I know a lot of agencies are even starting with high schoolers and talking to them more about consent and working through that toxic masculinity behavior. And that's also important, right, we need to educate. So if you have clients who aren't survivors, but you have clients who are having ideas of how to connect with others, and it feels unhealthy in terms of how they're trying to connect on a relationship level, or to personal level. It's important to talk to them about consent and understanding what feels right and



comfortable for them and their partner. So I think there are different levels of where we can kind of do the work here. I'm talking mostly on a micro level, but from a macro level, working with officers, working with lawyers working with different agencies that come across survivors, and, you know, educating them on how they can provide a space to allow for healing, allow for them to share their story and not worry about how it's going to be perceived. And you know, being trauma informed as to understanding how our bodies respond in the moment because a lot of survivors will come in and their stories won't add up. There are lots of blanks and moments where they can't remember what happened. But knowing that that's natural, through the process, that doesn't mean that their story or they're trying to fabricate something, it's just how they respond.

SJ Dodd: So normalizing that experience for them. Yeah, it's interesting that you bring up consent. I did an interview with Dr. Adrienne Baldwin white and Dr. Candice Christiansen, on consent in emerging adults and consent education, because I do think that's the toxic masculinity, that social context is problematic. And we were talking about the way in which the social or cultural taboo around talking about sex also makes this complicated, but they pointed out and you do in the chapter as well, that this isn't about sex. This is about power and control.

Poonam Melwani: Yes, exactly. It is about power and control, because a lot of the survivors are in vulnerable positions, right? They're either in, you know, minors, or this could be someone who's a boss, or you know, someone who isn't a place of power, and the person feels like they don't have the option to say no, right? And that's the other element, right? This is why a lot of survivors aren't believed, because they may say yes, but it's actually coercion, right? Because it's not something they want. But they've said no, and enough times that they're at a point where they feel like they just have to say yes, otherwise, something terrible is going to happen to them, or this person is going to get more aggressive, or I'm going to lose my job, right? So these are positions where a lot of survivors do feel like, "How can I report this? It's going to look like it's my fault when I said yes." But really, it's not consent, because it's coming from a form of coercion, you said no, multiple times and that was not respected.

SJ Dodd: Yeah. And or there was a power imbalance or there was some kind of consequence that felt like it wasn't possible to say no without a very serious and potentially differently harmful consequence.



Poonam Melwani: With minors, they're children. They don't know they even have the option to say no. They don't even say anything. They're just shocked afterwards, because they don't know what just happened to them.

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SJ Dodd: Of the treatment approaches that you mentioned the CBT, the trauma-informed CBT, EMDR, are there any that jumps out to you that you recommend people look into more or they're all differently helpful?

Poonam Melwani: I believe that they're all differently helpful. Everyone responds differently to different treatments, right? So not everyone's happy with EMDR. You know, it's so effective, but it is very invasive. And you do have to revisit these past memories, it can be very uncomfortable and exhausting, right. So a lot of people have a difficult time initially feeling comfortable with it. But it can be so tremendously helpful to reprocess these old memories and look at them from different angles and use this biological component to heal from what happened to you. It's definitely dependent on the client and what they feel comfortable with, you know, you can definitely use different modalities throughout treatment too. You can start with something simple and work with something that can be more invasive or intensive because as the client starts developing more trust and comfort with the clinician, they may be more open to trying something else. But sometimes it's about just retelling the story and just having a space to feel heard and believed. But for other survivors, it might be more of working on some of these physical reactions for the flashbacks and the anxiety that stems from the trauma, you know, feeling comfortable in public spaces to get some maybe some exposure work, right? So it varies for each client. It depends on what they're coming in with and what, what support they need at the moment.

SJ Dodd: Right. Right. Thank you. I'd like to ask sort of some key takeaways. So in a nutshell, what is it that you want mental health providers to know?

Poonam Melwani: The first thing to know is that many survivors are already coming in feeling guilt and shame. So to address those emotions and thought processes around how they're feeling from the experience, and I think that would be the most important takeaway here. It's the victim blaming aspect, you know, whether they've had



interactions with different legal systems or not, that is such a main reaction, a common reaction, that all survivors have. So I think that would be important to address.

SJ Dodd: Right. And so that, to me, speaks to all the structural stuff, the cisheteronormativity, that toxic masculinity, or the consent, even the sexual taboos that we don't talk about it, that leads to guilt and shame, right? That we have to move the lens up and really attack some of those structural things that put this person who's had this traumatic experience, in a position of somehow feeling responsible for it. And carrying guilt and shame around that we both have to attend to the person and address the system that is putting them in that place with those feelings.

Poonam Melwani: Yes, exactly. Believing them is so important, because they may have never met anyone who has believed them.

SJ Dodd: Yeah, that's crucial. Is there anything you want mental health providers, social workers to do? What is it we should be doing?

Poonam Melwani: Education is so important, so whether you have a client who's a survivor or not, when they talk about interpersonal relationships, if you pick up on any toxic masculinity, behavior, or any behavior that feels like, there isn't consent, or there's coercion, being involved, to educate. I think that's very important, right? Because we are having an advantage where we could prevent something from happening, if we're working with clients who are misinformed, who do come from a background or you know, a knowledge that interpersonal relationships are unhealthy, right? So, especially if they been exposed to that in their own world, right? So we want to be able to provide that education because then we could prevent things from happening moving forward. But for those of us who are working with survivors, you know, I think it's important to create a space where they feel safe and believed and thanking them for sharing their story, because it's so difficult to even talk about being able to create a space for healing.

SJ Dodd: I know this is your current focus of practice. Is there other things that you're working on, other populations you work with, other things? What else is in your orbit? Have you written anything else?

Poonam Melwani: My most recent writing was a blog post. It was a financial agency on how to help couples talk about finances. So I do work with couples also, which



sometimes trauma shows up in couples. So that's an important aspect to be a support system to a partner who is a survivor of assault because it can show up in intimacy, relationships, as well as anxiety, right? like if they're having flashbacks or triggers, how to help your partner through it. So I do work with couples. I also work with clients who just struggle with generalized anxiety disorder, major depression, interpersonal relationships, stress. I work with a lot of young clients who are going through the education system dealing with high school or college and especially these days, a lot of our younger generations are really struggling with climate change and having to feel like they have a place with opportunities, whether it's in a job or house or moving forward. There's so much fear on like, you know, having these expectations and goals, being met and creating a space for them to realize that every path is different, and they're on their path, the right path together. I think that's a good generalization of what I'm working on right now.

SJ Dodd: Well, thank you so much. I really so appreciate you giving us time and spending time today.

Poonam Melwani: I appreciate this opportunity and being able to talk about this. I am very passionate about it. I do enjoy working with these clients and helping them get to a place of healing. Great.

SJ Dodd: Thank you so much.

Poonam Melwani: Thank you.

Anita Kwok: Thank you to SJ Dodd for hosting this podcast and to Poonam Melwani for sharing her insights. For more information on SCSG, visit silbermanscsg.com or visit our social media all under the handle SCSG_SSSW. Thank you for listening!