



Hopes and Changes

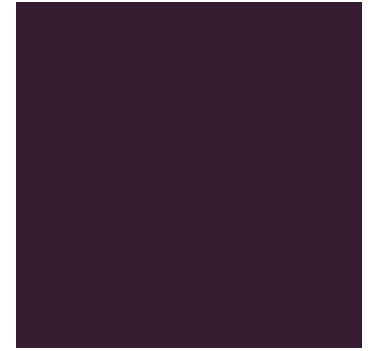
Promising Practices for Domestic Violence Programs

VA Department of Social Services
Office on Family Violence
September 17, 2013

What are we going to do?



- Why do we do this work?
- What do shelter residents say about shelter rules?
- What are our hopes and fears as we engage in critical thinking about our services and how we support survivors?
- How does a focus on enhancing the “social and emotional well-being” of survivors and a commitment to services that are *survivor-defined, empowering, trauma-informed, and culturally-relevant* help us do our best work?
- What have you already found to be helpful, and what more do you need going forward?



Why do you do this work?

What *gives* you energy?

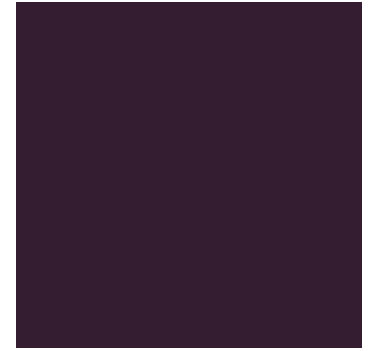
What makes you feel that you are
making a *difference*?



What do shelter residents say about shelter rules?

Findings from the 2008 *Meeting Survivors' Needs:
A Multi-State Study of Domestic Violence Shelter Experience*

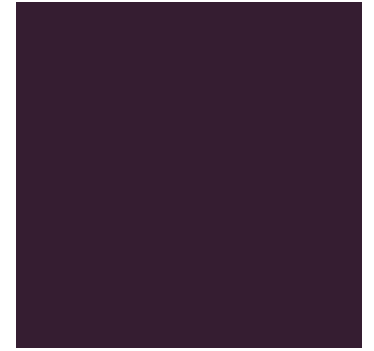
What are our hopes and fears as we engage in critical thinking about our services and how we support survivors?



HOPES

- Less stress in our daily interactions with survivors (“don’t need to feel like we are running a “boot camp””)
- More respectful, trusting, and meaningful relationships with survivors
- More time to work on survivors’ goals
- Survivors have more time/energy to work on goals rather than worry about rules
- Better outcomes
- More funding

What are our hopes and fears as we engage in critical thinking about our services and how we support survivors?



FEARS

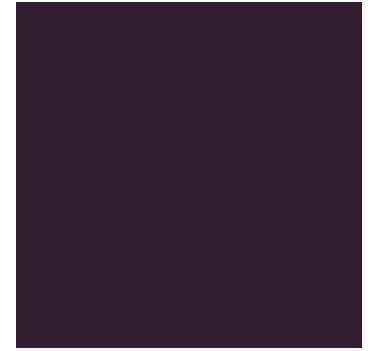
- **Increased danger** (loss of confidentiality of shelter location; more violence; weapons; medications not secure; more drug/alcohol issues; unsafe contact with abuser; no supervision of children)
- **Increased chaos** (more conflict related to chores, food, TV; disruptions if residents come and go whenever; don't know where anyone is)
- **Increased health risks** (food safety and fairness compromised; cleanliness harder to maintain)
- **Wasting scarce resources** (holding beds for survivors who don't need them and others could use; residents won't attend groups unless required)

What are our hopes and fears as we engage in critical thinking about our services and how we support survivors?



FEARS

- Survivors “taking advantage” of staff and other residents
- Residents who need structure won’t have it (won’t get needed rest, won’t attend groups, etc.)
- Survivors not motivated to work on their goals
- Implementation challenges – time, energy, ability to get staff on board and moving forward together
- Loss of funding



How does a focus on enhancing the
“social and emotional well-being” of survivors
and a commitment to services that are
survivor-defined, empowering,
trauma-informed, and culturally-relevant
help us do our best work?



What have you already found to be helpful and why?

What else would be helpful going forward?

(be concrete)