

# Next Steps

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Promising Practices For  
Domestic Violence Programs

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# Common Themes Discussed at the Conference:

An emphasis on services that are:

1. Survivor – driven
2. Empowering
3. Trauma informed
4. Culturally relevant

# Survivor Driven

- We aren't driving the bus
  - Riding the tandem bicycle together
- Survivor is in charge
- Advocates bring expertise and support
- Voluntary Services

# Empowering

- Improving the emotional well-being of survivors and children
- Alternative strategies that address the needs of victims who use substances or have mental health issues.
- Increasing survivors' personal, interpersonal and social power

# Trauma Informed

- Reduce re-traumatization *and* support healing
- Services for victims with addictions
- Services for Children
- Create an open environment to talk about difficult issues

# Culturally Relevant

- Services that are relevant to diverse, culturally specific communities (race and ethnicity, religion, sexual orientation/expression, and others)

# Your Concerns

- Training is needed
- Specific examples
- Staff angst
- Defensiveness
- Programs are at different points in their implementation of Trauma Informed approaches
- Need more services to assist people with drug and alcohol abuse issues
- More practice

# Concerns

- Want concrete, practical solutions
- Safety
- Increased danger for staff
- Increased chaos
- Increased health risks
- Wasted resources
- 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.)



# Concerns

- 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

# Addressing Concerns

- Here at the conference
- At home –
  - Conversations with staff, board AND clients
  - Review resource materials
- Not an instant change but change over time
- Ongoing discussions
  - w/ VDSS, Action Alliance, other DVPs, AND clients

# The final steps

How can VDSS – Office of Family Violence help you, other staff, and agency leadership make additional strides toward trauma informed, voluntary services?

# Exercises / Table discussions

- You have
  - Done the Learning Modules
  - Started Voluntary Services
  - Heard the experts on TI Services
  - Talked amongst yourselves
  - Been provided with resources
- The following exercises will give you another opportunity to reinforce what you know.

# Akasha

Akasha, a client, is a new resident of the shelter. She has resided there for a few days and still hardly looks up while her two young children cling to her tightly. She was living in a car for a couple of weeks during the summer after losing her apartment. Akasha and her children were unable to access bathroom and shower facilities and, therefore, arrived at the shelter wearing clothes that were turned inside out and covered in sweat. After three days, she and her children still had not showered or changed. Other residents are beginning to complain to the staff.

One of the shelter workers, Maria, approaches Akasha and in a friendly voice says, “Hi, my name is Maria, what’s yours?” while extending her hand. Akasha doesn’t look up or make any motion to indicate that she sees Maria standing there. Maria continues, “I know it has been hot out there. Maybe you and the kids would like to use the shower.” Akasha becomes immediately angry and starts to raise her voice saying, “I don’t need a damn shower and neither do my kids.” She gets up off the couch where she was sitting and storms toward her room.

At a staff meeting later that day, staff members Rose, Maria, and Carla disagree about how best to approach Akasha. Rose says the shelter should call the mental health emergency services team to conduct an assessment. Her belief is that Akasha probably has some sort of psychiatric problem. Carla wonders if Akasha was taking medication and has stopped. She also suggests that the new resident is withdrawing from drugs and that is why she is a bit edgy and withdrawn. Maria wants to ask what is making Akasha so angry. Is she frightened? Does she feel unsafe? Did something happen?

Carla and Rose disagree with Maria’s approach. They think that only professionals should ask Akasha about her anger. They feel unqualified to ask her in-depth questions about her life. In addition, Carla and Rose are concerned that Akasha will scare the other residents and children. They express uncertainty about whether the shelter should have admitted her at all or if she would be better served by the mental health system.

# Akasha

- 1a. Who is thinking in a trauma-informed way?
- 1b. What makes their approach trauma-informed?

# Akasha

- 2a. Who is approaching Akasha more traditionally?
- 2b. What makes this approach traditional?

# Akasha

- 3a. Can you think of other relevant questions to ask Akasha?
- 3b. What might have been going on that could explain Akasha's response?
- 3c. What might be some possible remedies or alternative ways of addressing this issue?



# Organizational Changes

- Write a list of low cost ideas and activities for changing your work environment to be more trauma informed.

# Trauma Informed Services

- Where was your program in terms of providing TI services 12 months ago?
- Where are you today?

# Voluntary Services

- Where was your program in terms of providing Voluntary Services services 12 months ago?
- Where are you today?

# Voluntary Services Learning Modules

Certificates for those completing all 5  
Learning Modules.

# Conference Evaluations

Thank you for attending the

Office of Family Violence

Promising Practices for Domestic

Violence Programs Conference