

The background of the entire page is a close-up photograph of a wood grain, showing concentric rings and a central spiral. A large, white, semi-transparent circle is overlaid on the image, framing the text.

RECENTERED

TRAUMA INFORMED ASSESSMENT PROJECT

A STATEWIDE REPORT

Jen Margulies
Molly Voyles &
ReCentered Project Team:
Elyssa Schroeder
Mikisha Hooper
Claire Sudolsky
Tracie Moore
Alexandra Cantrell
Diane Bocklage

CONTENTS

Introduction Domestic Violence Services in Texas: Centering Survivors	1
Why ReCentered: Trauma Informed Assessment Project.	2
The ReCentered Process	3
Results from the ReCentered Trauma Informed Assessment Project	5
Recurring Themes of the Trauma Informed Assessment Project	9
Philosophical Grounding	9
Trauma Informed Understanding of Success	10
Rules Reduction	13
Survivor Involvement	16
Creating Consensus	18
Staff Supports	18
Culturally Responsive and Affirming Environments	25
Survivors as Parents	29
Areas for Change	33
Reflections	44
Appendix	48
TIAP Visual Model	48
The TIPS for Survivors and Staff	49
The Staff Professional Quality of Life and Burnout Scale	56



ReCentered

A Report from TCFV's Trauma Informed Assessment Project

Authors:

Jen Margulies

Molly Voyles &

ReCentered Project Team: Elyssa

Schroder, Mikisha Hooper, Claire

Sudolsky, Tracie Moore, Alexandra

Cantrell, Diane Bocklage

Additional ReCentered Project

Team Facilitator:

Roy Rios

This report offers a summary of outcomes from the ReCentered: Trauma Informed Assessment Project. In the following pages, you'll find a discussion of the insights gained from the ReCentered process at programs across Texas. You'll find an in-depth look at what comes up during the process for programs working to improve their capacity to provide services in trauma informed, empowerment-based, and survivor-centered environments.

*In this report, you'll also get connected to resources that support the reflection and skill-building needed for effective commitment to survivor-centered services. All of these materials are here for your consideration and use, and we hope that they help you re-center your own work in ways that feel meaningful and affirming of the purpose that drew us all to the movement to end domestic violence. For more detailed recommendations and tools to strengthen your service environment, we encourage readers to check out the accompanying **ReCentering Toolkit**.*

We acknowledges the many great TCFV staff contributors – current and prior who inspire this work daily. Further we offer this report in a spirit of tremendous gratitude for all of the domestic violence survivors and advocates in Texas, and with particular thanks to the survivors, advocates, and leaders who shared their thoughts and process with TCFV through the ReCentered: Trauma Informed Assessment Project.

Domestic Violence Services in Texas

CENTERING SURVIVORS



There's no such thing as a typical survivor of domestic violence. In Texas, someone who is trying to survive and get free from their intimate partner's violence might be a parent, a young person, an elder, someone living with a disability, someone with a job, or someone who's been kept from working. She might be living more than one hundred miles from her nearest neighbor in one of Texas's 172 rural counties¹, or he might be living in one of the largest urban areas in the United States. She might be trying to find shelter in the same community where she and her abusive partner both grew up, with family roots on both sides going back generations — or they might be someplace they moved to just a few years ago, where they know no one except their partner and don't speak the dominant language.

Survivors of domestic violence may be of any age, race, ethnicity, economic status, immigration status, gender, sexuality, or life circumstance—and Texas domestic violence programs work to serve them all.

Texas is home to 100 organizations with the primary purpose of providing domestic violence services. These domestic violence centers, across 254 counties, provide non-residential services that include hotline, support groups, counseling, legal advocacy, medical accompaniment, casework, and children's services; they also provide residential services ranging from emergency shelter to short- and long-term transitional housing. In all that they do, Texas domestic violence programs strive to keep the individual needs, strengths, perspectives, and experiences of survivors at the center of their work.

The Texas Council on Family Violence (TCFV) is the statewide non-profit coalition against domestic violence, with more than 100+ organizational members across the state. TCFV works to expand and strengthen the statewide network of domestic violence organizations, enhancing their ability to reach more families in need of help, deliver high quality services, and ultimately, end domestic violence. Local domestic violence programs of all sizes, in urban, rural, & suburban areas across Texas, turn to TCFV for professional education, guidance in dealing with difficult issues, and opportunities to share new strategies for meeting the complex needs of domestic violence survivors. Each year, TCFV responds to more than 2,200 requests for technical assistance and trains more than 1,500 people at over 150 training sessions held locally, regionally, statewide, and online.

TCFV developed the ReCentered Trauma Informed Assessment Project after hearing directly from survivors and advocates throughout Texas that domestic violence centers needed help strengthening their capacity to provide survivor-centered services. Local programs must navigate safety requirements and state regulations that impact the day-to-day experience of providing and receiving domestic violence services. Through the ReCentered Trauma Informed Assessment Project, TCFV works with domestic violence centers that are seeking to balance these requirements with their commitment to building survivor-centered environments that are empowerment-based and informed by a deep understanding of the effects of trauma.

[1] Texas Department of State Health Services, from U.S. Office of Management and Budget

"The creation of shelters designed specifically for battered women is the only direct, immediate, and satisfactory solution to the problem of wife abuse."

-Del Martin, Battered Wives

Much has changed since early movement activist Del Martin wrote those words in 1976. Terms have changed—we say domestic violence now, or family violence, or intimate partner violence. Domestic violence programs now shelter and serve survivors of all genders. And, as a result of the domestic violence movement, laws and attitudes have changed, and residential and nonresidential centers are more widely available than ever, offering a greater range of services each year. We understand that shelter isn't the right option for everyone, and mobile advocacy can even bring services to survivors in everyday community settings. But what hasn't changed is that domestic violence centers remain a uniquely valuable and important response to relationship violence.

Domestic violence programs are places of immediate refuge, places to find safety, places to get perspective. They are places to find allies and supporters, places to find hope and help. A domestic violence center is somewhere to take a rest from the struggle of living with violence, and a place to plan for a life without abuse.

Since movement activists created shelters for battered women in the late 1970s, domestic violence advocates have worked to make shelters places that can be both peaceful and empowering. In Texas, domestic violence programs have been working with TCFV for over 15 years to align their services with their ideals, through the ReCentered Trauma Informed Assessment Project and the TCFV projects that were precursors to ReCentered.

"Use us for what you need us for. If it gives you a safe place for 12 hours, great. If you need it for a month, awesome. Our agency is a launching pad to determine, where do you want to go and how can we help you get there?"

- Counselor, Texas domestic violence center

In presenting the results of the ReCentered work over the past seven years, TCFV wants to thank those who laid the early groundwork for this project: Suzanne Pharr (the former Executive Director of the Highlander Center, who asked, "where are survivors in your everyday work?"); Pam Willhoite, formerly the TCFV Program and Education Director; Maggy McGiffert, who led the development of the first TCFV Listening Project; the members of the former TCFV Program and Education Team; and all of the advocates and survivors who participated in the Creating Liberating Environment workshops and Survivor Listening Project sessions. The ReCentered Project exists today because of their willingness to take a brave and honest look at how power and control tactics operated within their own programs, and to dream together about what it would take to create program environments that give survivors the chance to experience respect, dignity, and compassion entirely free from tactics of power and control.

For years, TCFV heard from survivors and advocates that certain rules and practices in DV centers made survivors feel re-traumatized or disempowered. DV staff would tell TCFV staff they came to this work to support survivor empowerment and healing, but felt at times that all they did was enforce rules.

TCFV staff members knew it was time to give domestic violence centers a way to refocus on frameworks for service that center survivors' needs and sustain the domestic violence staff who work to make the mission of the movement live.

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ReCentered offers a systematic opportunity for entire organizations—survivors and staff together—to reflect on their programs and make the changes they feel will lead to environments of even greater trust, respect, dignity, safety, self-determination, and support.

ReCentered gives programs a method for bringing survivors’ voices and perspectives back to the center of domestic violence work.

Over the past decade of working with domestic violence centers on survivor listening projects and trauma informed assessment, TCFV has developed a process for conducting the ReCentered: Trauma Informed Assessment Project with interested domestic violence centers. The process evolves regularly to improve the project and enhance the support offered to advocates and survivors.

- in-depth interviews and listening sessions with staff & survivors who are using services or previously used services
- anonymous surveys with staff and survivors
- program observation
- collaborative goal-setting for the program based on survivors’ input on service experiences and staff reflection on what’s challenging and what works well in the organization.



THE PRO CESS

The **ReCentered process** is strengths-based, building on the positive work already happening at each program. After an initial conference call between TCFV staff and the Executive Director, Program Directors and any other key program team members, any or all of the following may occur, depending on the site: TCFV conducts a pre-assessment with all program staff who have any contact with the domestic violence program (e.g., direct service staff, prevention staff, finance staff, cooks, maintenance, transportation, childcare). The pre-assessment can include qualitative assessment via interviews, along with formal assessment tools as appropriate, including the Trauma Informed Practice Scales, the Professional Quality of Life Scale, and a Readiness to Change scale (see Appendix).²

Two TCFV staff members then make an onsite visit for 1-3 days to hold interviews with program staff and survivors. TCFV holds multiple staff interviews with small groups of employees. No staff members participate in a group with their supervisors; management is included via a separate group interview. When appropriate, TCFV holds one-on-one staff interviews and visits a staff meeting at the center.

While onsite, TCFV also conducts group interviews with survivors (listening projects) and collects their responses to any formal assessment tools used. These responses are then compared to staff answers to the same questions. TCFV aims to meet with thirty survivors at each program, including current and former clients in residential and nonresidential services.

TCFV works with the program to arrange for childcare, translation for survivors whose preferred language isn't English, and a confidential space to hold the sessions without staff present.

Flyers are distributed at the program in advance of the interviews, and group sessions are held at different times to maximize survivor participation. Staff and survivors are clearly notified throughout the process that participation is not mandatory for individual survivors.

After the site visit, TCFV staff develop a detailed report or in-person presentation highlighting the program's strengths and recommended areas of growth. This report is sent to the domestic violence center in time for all program staff to review before the staff meets again with TCFV for a change review session. The change review session is a dynamic opportunity for staff to discuss recommended changes and make collective decisions about which changes they would like to implement, ranging widely from rules reduction to staff scheduling to changes in the physical space. Change sessions are often paired with training provided by TCFV to domestic violence center staff. Once the center has decided to make changes in their program, TCFV provides ongoing support with additional staff training and facilitated discussions over the following year. TCFV returns to hear from staff how change work has been going, help staff work on new questions and challenges, and provide more follow-up trainings and resources.

12-24
MONTHS

TYPICAL
TIME FRAME

2-3 site
visits

FOR EACH DV
CENTER

includes

SHELTER,
SUPPORTIVE &
TRANSITIONAL
HOUSING,
NONRESIDENTIAL
SERVICES

To learn more about training & support available to programs through the Trauma Informed Assessment Project, please refer to the Visual Model in the Appendix to this report.

[2] Sullivan, C.M., & Goodman, L. (2015). A guide for using the Trauma Informed Practices (TIP) Scales. Available at: dvevidenceproject.org/evaluation-tools;
B. Hudnall Stamm, 2009. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). /www.isu.edu/~bhstamm or www.proqol.org.

ReCentered BY THE NUMBERS

Key Strengths

89-93%

*of advocates said
their work makes
them feel satisfied*

In interview after interview, survivors emphasized that domestic violence centers provide them with life-saving assistance, hope, a safe place to regroup and plan for a life free from violence. Survivors said programs connected them with essential community resources and helped them experience themselves as capable and valuable people.

In all the ReCentered interviews, domestic violence center staff measured their success and satisfaction by how well survivors were doing, how connected survivors felt to advocates, and how supported survivors felt by the program. It was unmistakably clear that advocates across the state have a powerful commitment to working as hard as it takes to help survivors.

more than

110

*interviews &
listening sessions*

over **275**

survivors

over **200**
staff

FROM THE LISTENING PROJECTS

"I feel truly blessed to have a place to come to, where I actually feel 'heard' and helped and also SAFE!"

"I feel less stressed and am able to focus on taking care of myself and my children and move forward. I hope to continue on with their assistance, knowing I cannot do it alone."

"If I didn't have them, I really don't know what I would have done."

AREAS FOR GROWTH

Survey results from ReCentered found clear areas for growth to help programs become fully trauma informed and survivor-centered. Survivors and staff alike reported that it was only “somewhat true” that programs were survivor-centered and trauma informed in a number of key areas.



Implications for Change

**AGENCY &
MUTUAL
RESPECT**

**TRAUMA
EDUCATION**

**CENTERING
SURVIVORS'
STRENGTHS**

**OPPORTUNITY
FOR
CONNECTION**

**CULTURAL
INCLUSIVITY**

**SUPPORT FOR
PARENTING**

**ECONOMIC
ADVOCACY**

The most common divergence between survivor experience and staff perception—and the one that differed by the largest amount—was when it came to economic issues. Most staff felt confident that they understood the realities of survivors' financial situations, but most survivors said this was “not at all true,” “a little true,” or only “somewhat true.”

Agency & Mutual Respect

Re-examine policies that restrict survivors' autonomy and compromise their dignity.

Set the expectation that all staff will work from an empowerment-based philosophy, and provide support and education to assist staff in taking an empowerment-based approach to their roles.

Centering Survivor's Strengths

Work with survivors to develop individual goals and plans for action that stem from their own needs and strengths. The TCFV model [Survivor Tools and Empowerment Plan \(S.T.E.P.\)](#) provides an example of working from a strengths-based approach, rather than a deficit model.

Re-examine policies and practices that inadvertently set cookie-cutter standards for survivor success.

Support for Parenting

With input from survivors and staff, re-examine policies and practices to see how they disrupt survivor-parents' ability to support their children's healing.

Build capacity to recognize, educate about, and address the needs of parents and children who have experienced domestic violence.

Trauma Education

Incorporate education about the effects of trauma into all survivor services.

Opportunity for Connection

Re-examine policies that directly or indirectly discourage survivors from connecting with one another.

Create opportunities for survivors to connect formally and informally through support groups, parenting classes, meals, peer support programs, peer-to-peer new client orientations, arrangement of physical space, and honoring of unscheduled time in shelter.

Cultural Inclusivity

With support from survivor advisory groups, affinity groups from marginalized cultures, and/or assistance from outside the organization, re-examine policies and practices to see how they may unintentionally privilege some cultures over others.

Build capacity for structural competence so that the program is equipped to support survivors around the inequities they experience within and outside of the program.

Economic Advocacy

Build capacity to assist survivors with budgeting, credit repair, housing assistance, and other financial needs.

Integrate advocacy to support survivors' financial wellbeing into core services.

PROJECT OUTCOMES

For participating programs, the ReCentered Trauma Informed Assessment Project has led to:

new methods of incorporating survivor input into program design and policy decisions

improved mechanisms for staff feedback about domestic violence center operations

an understanding that rules reduction can lead to a stronger, more effective structure in the program



Creating Safer Spaces

New Resources

ReCentered has also resulted in the development of new resources for advocates around the state.

A series of ReCentered sessions in 2013 that focused specifically on the intake process helped TCFV develop an online resource center dedicated to best practices for intake, program policies, and privacy supports. After interviewing over 100 Texas survivors and program experts, TCFV developed new model forms to guide intake processes that are friendly and welcoming to survivors.

Texas is home to a wide variety of communities and cultures, so the forms take literacy and language access into account. The [Creating Safer Spaces online resource center](#) includes multilingual sample intake forms, checklists, and tip sheets for advocates that support the implementation of trauma informed, survivor-centered, and empowerment-based practices during intake.



RECURRING THEMES OF THE RECENTERED TRAUMA INFORMED ASSESSMENT PROJECT

Philosophical Grounding

At the core of Texas domestic violence services is an empowerment-based philosophy that holds that survivors are the experts in their own lives. In this framework, the role of advocates is to provide information and resources survivors can use to make sense of their situations and take the steps they identify for themselves as important. Grounded in the understanding that domestic violence is a pattern of coercive control in which one partner uses abusive tactics to establish and maintain control over the other, domestic violence centers aim to provide survivors with physical safety, respectful connection, and support for autonomy.

At times the dual imperatives of prioritizing both safety *and* freedom, both support *and* autonomy can be challenging. More control can seem like a guarantee of greater safety, especially in a shelter setting, but it can lead to an environment that feels more regulatory than empowering. More directive guidance can seem like the most efficient way to set someone on the path to self-sufficiency, but determining survivors' priorities for them undermines autonomy. On the other hand, expectations of what survivors *should* be able to do for themselves can get in the way of providing the support survivors actually need.

“I know that they [survivors] are coming from a world they don’t have control over. Even in protecting them, we’re trying to control certain aspects of their lives. They may not feel like they’ve stepped out of where they were a whole lot.”

– DV Center Staff Member

Domestic violence programs work every day to balance the implementation of these philosophical principles. When programs are able to reflect directly on the way they implement their philosophical commitments in their daily work and absorb feedback from survivors about their experiences in services, then organizations can better achieve this delicate balance.

Trauma Informed Understanding of Success

Survivors of domestic violence are dealing with significant personal trauma. Taking a trauma informed approach to survivor services means that in addition to directly helping survivors work through their traumatic experiences, organizations recognize the widespread effect that trauma can have on people's bodies, behaviors, mind set, and coping mechanisms.

A trauma informed program :

builds all of its policies, procedures, and practices
around a deep understanding of trauma

actively resists re-traumatizing people

- National Center for Trauma Informed Care

TCFV offers a number of trainings to help domestic violence programs develop trauma informed approaches to particular aspects of service provision, including **intake, ethics and boundaries, conflict resolution, and staff wellness**. The ReCentered project has also surfaced a broader theme: the overall idea of success in domestic violence centers changes when seen through a trauma informed lens.

Advocates are driven to help make life better for survivors. Domestic violence center staff participating in ReCentered overwhelmingly reported that they feel successful when survivors experience success. For many advocates, a sense of effectiveness comes from

helping people complete service plans and make progress towards established goals.

Many staff say they feel *unsuccessful* when a survivor goes back to or remains with an abusive partner; they feel successful, on the other hand, when survivors find a job or an apartment.

Other program staff say that they feel successful when survivors advocate for themselves, or when survivors feel they can safely tell their story, or when survivors know that no matter what, they can always return to the program for services.

“We are an emergency stay shelter. We want to find you a place to go where you can get a job and self sufficiency without your abuser.”

-Shelter staff member

Training and reinforcement can help advocates adopt a different framework to understand and see the effectiveness of

When “success” is narrowly defined as reaching certain milestones, a push for success can lead to a de-centering of survivors’ needs and choices, as the program works to move survivors along a pre-defined roadmap that includes leaving the abusive partner, engaging with the legal system, becoming economically self-sufficient, and so forth. This understanding of success can lead to an emphasis on the importance of “working the program” as a measure of progress. In such a framework, survivors in shelter reported that they feel an expectation to maximize the available resources or else face disapproval or exit. Some survivors reported that they felt the need to demonstrate their progress to prove themselves worthy of services or deserving of an extension of their shelter stay. Unintentionally, **this can create a re-traumatizing environment where survivors feel that they have to justify themselves in much the same way they do with an abusive partner.**

their work with survivors. It's helpful to consider what we know about abuse and what it can mean to provide an alternative. Recovering from trauma is non-linear. The work of domestic violence programs is often imagined as a straight line: survivor reaches crisis point, calls hotline, comes into services, creates goals within first week of being in services, works towards goals, leaves partner, builds a new life. The reality, as all advocates and survivors know, can involve back and forth, detours, stalls, and leaps into previously uncharted territory.

An important part of the work of domestic violence services, especially in shelter, is giving a lived experience of an alternative to abusive control. A domestic violence center can give people a chance to experience what safety, freedom, and respect feel like. Every moment of services can be a concentrated antidote to abuse. As service providers, we can ask

ourselves: *How can we always be sending a message that honors survivors' expertise in their own lives—and is opposite in every regard from the message that the abuser sends?* The abuser says you can't be trusted, but we say we trust you. The abuser says you can be hurt at any moment, we say you can relax and know that here you are safer. The abuser says you are a worthless parent, but we say you can be exactly the parent your child needs. The abuser says you are stupid, but we say we believe in your abilities. The abuser says you can't make it without me, but we say you can do this. If people end up leaving services before they meet their goals, or if they make a decision to continue living with an abusive partner, or if they end up with someone else who abuses them, the experience at the domestic violence center is still something survivors can carry with them as they move forward and navigate their options.

A trauma-informed understanding of success can also help advocates see survivors' actions and their own advocacy differently. If success is in part defined as creating a safer environment for survivors, then instead of fearing that survivors are "getting too comfortable" in emergency shelter, advocates will recognize that they are doing their jobs well if survivors allow themselves to rest and to not always put their best foot forward. Trauma might mean that a survivor sleeps a lot, or someone might not do their hair or change out of house clothes or pajamas on days their only appointments are in the shelter.

What would you tell advocates is important?

"Understanding and patience"

"Compassion more than anything"

"Realize your tone or actions can be taken the wrong way because of our emotional issues."

"It's already hard, don't make it harder."

—from survivor interviews

SURVIVOR CONNECTION AS A MEASURE OF SUCCESS

“When I look back, I will be grateful to the friendships and how we helped each other.”

- Survivor, on building peer relationships in shelter



SURVEY RESULTS

- Survivors reported valuing peer support highly.
- Unfortunately, both survivors and staff rated the opportunities for survivor peer support in programs fairly low.
- In ReCentered surveys, peer support measures rated only as "somewhat true."

SURVEY RESULTS: PEER SUPPORT

Q: IN THIS PROGRAM, I HAVE THE OPPORTUNITY TO CONNECT WITH OTHERS.



Q: I HAVE OPPORTUNITIES TO HELP OTHER SURVIVORS OF ABUSE IN THIS PROGRAM.



Q: I HAVE THE OPTION TO GET SUPPORT FROM PEERS OR OTHERS WHO HAVE HAD EXPERIENCES SIMILAR TO MY OWN



THE NUMBER ONE WAY SURVIVORS DESCRIBE SUCCESS IS THROUGH CONNECTION WITH OTHERS*

To align program success with survivor-defined success, programs can take steps to commit to facilitating survivor connection.



* How Do Survivors Define Success Full Frame Institute Study, 2014

FACILITATE CONNECTIONS BETWEEN SURVIVORS

Peer support groups, peer orientation at intake, house meetings, and informal social time together are examples of how programs can create space for peer connections. Programs can also support survivors by offering collaborative problem-solving, mediation, and conflict resolution in communal living service settings.

FACILITATE SURVIVORS' CONNECTIONS WITH THEMSELVES

The Full Frame Institute study found that survivors' sense of success most frequently tied into their sense of themselves outside of their experience with domestic violence. Helping to reconnect survivors with the aspects of their lives that nurture their identities and sense of purpose can be powerful. Programs can assess where their policies and practices encourage this connection and where they inadvertently discourage it.

FACILITATE CONNECTIONS WITH POSITIVE PEOPLE IN THEIR LIVES

Supportive social networks, including friends, co-workers, and religious communities, can provide valuable continuity and support. Advocacy services can help survivors think about which friends, family, and community members are likely to be positive supports, and how to reach out to these networks. Programs can provide support and general information about abuse to people in survivors' networks. Consider how rigid rules regarding curfew, confidentiality, and cell phone use can increase social isolation and keep survivors from connecting with their supportive social networks.

A trauma-informed understanding of success helps advocates who may be concerned that survivors are “settling in” to a temporary arrangement or, as one advocate phrased a common worry, “focusing more on life here in the shelter instead of getting out and focusing on their next steps.” Rather than seeing survivors decorating their personal spaces in the shelter as a sign of ineffective advocacy, a domestic violence worker who sees success through a trauma informed lens could feel successful in observing that the shelter has become a welcome respite, a place where a survivor can, even if temporarily, create some peace and security, some beauty, joy, laughter, or comfort for themselves and their children.

“I slept through the night for the first time in a long time here.”

-Survivor

Spotlight: Survivor-Led Peer Support at SAFE

Survivors helping survivors is the bedrock of the domestic violence movement. At SAFE Alliance in Austin, the Peer Support program connects domestic violence survivors in crisis with survivors who have rebuilt their lives after domestic violence. The Peer Support program was started by Lisa P, who had lived two years in SAFE’s shelter and supportive housing programs before she became a volunteer leader and educator in SAFE’s Life Skills and Survivor Voices program. Together, Lisa and SAFE staff built out the Peer Support Program and put protocols in place for training and supportive supervision. The program soon grew to include more than a dozen Survivor Peer Support volunteers, who facilitate regular peer support groups and meet with survivors living in the emergency shelter. SAFE now also employs fulltime Survivor Peer Support Specialists, who play crucial roles in conducting outreach to survivors, offering individual peer support, connecting with immigrant survivors, and coordinating the Survivor Peer Support volunteer program.

Rules Reduction

Before beginning the ReCentered process, a majority of staff who completed pre-assessment surveys said that they thought their programs had the right number of rules.

After participating in the ReCentered process, many programs determined that some of the rules and policies in their program were getting in the way of creating the trauma informed and survivor-centered service environment the organization desired.

While rules were intended to provide safety and structure for programs, rules-driven service environments can be a severe source of stress for survivors and domestic violence staff.

- Rules can convey a lack of confidence in survivors, or a sense that they are not full adults. Many things about a rules-driven environment mirror the controlling and abusive tactics that survivors are seeking to get free from.
- Even in a rules-driven environment, individual circumstances come up. Survivors and advocates who are looking for some flexibility within rigid systems of rules are faced with the inconsistent and unclear practice of “making exceptions” — which frequently causes perceptions of unfairness and unpredictability. This breaks down the trust and transparency that survivors of trauma depend on in a healing environment.
- Some rules can become a barrier to people getting the services they need, and can actually stand in the way of survivors seeking safety and healing. When people come to a domestic violence center for help and experience the program as punitive or disempowering, they are not likely to keep using the resource. The perceptions spread into the community and influence how other survivors think about coming in for help.

“A lot of times with victims, the survivors feel like they’re being re-victimized when they come here because there are so many rules that they have to follow. And they’re so terrified of....messing up on some rules that they’re going to get relocated.”

– Survivor

There were mixed feelings among staff about reducing rules. A few stressed that the structure of rules and schedules worked well for both staff and survivors in their program. Other staff members believed that certain restrictions on survivors’ time and actions felt controlling, and the service framework should be centered on the flexibility to respond to each survivor’s successes, struggles, and strengths.

“Yes, society has rules. And there are rules everywhere. So our discussion around that is, why do we have to have additional rules? They are already there! There are already things that are in place. If we can use the structures that are already in place and not create additional real barriers for people accessing services and staying in services, then why shouldn’t we really think about not having these rules?”

- Melinda Cantu, Vice President of Housing, Healing, and Support Services at SAFE

A related research study from the Institute on Domestic Violence and Sexual Assault in coordination with TCFV found that *“at their best, rules provide stability and motivation for some survivors. At their worst, rules create isolation and force exit from shelter into unsafe circumstances, causing a ripple effect of impact.”* The study points to the *“need to restructure rules and policies collaboratively with residents, and reduce the amount of rules used in services.”*³

An entire track of support in the ReCentered Trauma Informed Assessment Project focuses on rules reduction.

In supporting programs through their change processes, TCFV emphasized three points:

1. Rules reduction doesn’t seek to get rid of structure in a program. Instead, it aims to create structure that is responsive, equitable, and transparent.
2. Programs can maintain healthy structure by reducing rules only to those that focus on creating a safe and secure environment and, in a shelter setting, increasing understanding of the cooperative living agreement.
3. It is important that all staff be part of the rules reduction process, with all questions, concerns, and ideas welcomed.
4. Rules reduction puts the principles of trauma informed advocacy into action.

Power and Control in Programs

Examining the full effects of program rules—their intended and unintended consequences—has led to meaningful self-reflection in the domestic violence movement and in programs participating in ReCentered. Anti-violence activists Emi Koyama and Lauren Martin adapted Ellen Pence and Martha McMahon’s classic Power and Control Wheel (which illustrates the common tactics abusers use to maintain power and control), to help advocates look at power dynamics in domestic violence programs. The [“Abusive Power and Control within the Domestic Violence Shelter” wheel](#) illustrates the ways that

³ Wood, L., Heffron, L. C., Voyles, M., & Kulkarni, S. (2017). Playing by the Rules: Agency Policy and Procedure in Service Experience of IPV Survivors. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260517716945>

common practices in domestic violence centers can unintentionally mirror the very tactics of abuse that programs want to work against, and from which survivors are trying to get free.

Rules Reduction: A Tool for Strengthening Trauma Informed Advocacy and Services

Trauma Informed Approach	Rules Reduction
Recognizes the effects of trauma	Acknowledges that expectations for “perfect” behavior are not appropriate for survivors of trauma.
Builds an understanding of trauma into policies and procedures	Creates an environment that allows for rest and healing. Reduces the need for survivors to navigate near-constant opportunities to “mess up,” shifts away from an experience where daily activities are shadowed by the underlying threat of termination of services.
Actively resists re-traumatizing those who seek services	Removes rules that seem arbitrary, punitive, controlling, or otherwise mirror a power and control dynamic or remind survivors of how the abuse feels.
Safety	Prioritizes rules that directly enhance safety; eliminates rules that might drive survivors from services.
Trustworthiness and transparency	Removes anxiety about keeping up with large numbers of rules and uncertainty about inconsistent application and the underlying threat of consequences; builds trust and reflects trust by communicating a focus on basic safety rules and expectations for cooperative living.
Peer support	Creates more opportunities for support by reducing the elements of supervision of survivors and competition for favor.
Collaboration and mutuality	Builds relationships of trust. Creates environment of equality between survivors and staff. Invites survivors to partner in a cooperative framework.
Empowerment, voice and choice	Supports survivor choices about what to wear, what to eat, where to go, how to parent, when to be at the shelter/center, what services they want to access, etc.
Cultural, historical, and gender Issues	Allows advocates to be responsive to each survivor as an entire person.

Survivor Involvement

The Re-Centered project is about keeping survivors at the center of domestic violence work. This means listening to survivors to learn more about their experiences of using domestic violence services, and shaping services around the perspectives and ideas that survivors share. Survivor involvement is a bedrock principle of the ReCentered Project and was a foundational common theme for every participating program.

Survivor-driven Services

The empowerment-based voluntary service model in Texas domestic violence centers is survivor-driven: it respects the autonomy and agency of survivors to make their own choices about their lives, their goals, and what help they need.

Reviewing ReCentered survey data from staff and survivors, programs determined that they had work to do to help the practice of respecting survivors' autonomy and agency match up with the philosophy.



Survivors and staff were also asked to assess other statements directly related to survivor autonomy, including how true it is that:

- staff in the program understand that survivors know what's best for themselves,
- staff respect survivors' dignity,
- the strengths survivors bring to their relationships with their children, family, or others are recognized in the program,
- survivors decide what they want to work on in the program, and
- survivors can share things about their own lives at their own pace.

Generally, the scores for these questions fell into the medium-high range, indicating that programs were starting from a fairly strong baseline when it came to respecting survivors' ability to think and act on their own behalf. Organizations did find room for growth in their ReCentered process related to survivor autonomy. In no case did the average scores in response to any of the autonomy and agency questions rise above 2.5. The average response for all questions directly related to autonomy and respect was below 2.5—an overall score of “*somewhat true*” that was closer to “*a little true*” than to “*very true*.”

Programs discussed ways they could reinforce empowerment-based advocacy throughout the organization to recognize and build on survivors' strengths, and to honor and support survivors' decision making. Staff training, supervision coaching, and use of new intake processes and forms were common pathways for change. Programs also discussed how to incorporate increased survivor input and power sharing with survivors into program operations.

Survivor input and power sharing

Programs in the ReCentered Project explored different ways they could solicit input and feedback from survivors. From formal assessments to informal regular check-ins with advocates, including survivors is a critical piece of survivor-centered services. Survivor inclusion means creating opportunities for survivors to participate in decision-making and offer input into program operations. Domestic violence programs can include survivor feedback in meaningful ways that range from suggestion boxes and house meetings to formal grievance procedures and survivor evaluations of the program. Shelters can have certain regular staff meetings that are open to residents, or a shelter resident advisory board to provide ongoing insight and guidance to domestic violence program staff, management, and leadership.

“Shelter clients should have input into how the shelter is run.”

- Domestic Violence Program Director

Survivors hold valuable information about what it's like to use services at domestic violence centers. Making sure that survivors have multiple avenues to share their perspectives will help programs stay on track with their core values. Seeking survivor input on how services operate is a valuable way to treat survivors with dignity and approach them in a spirit of mutual respect and partnership.

Creating Consensus

Moving at the Speed of Democracy

When programs make changes to grow as survivor-centered environments, it is important to build agency-wide understanding of why change is happening, what change should take place, and how it will be implemented. Organizations benefit from creating a space to have dialogue about changes that are frustrating or lack clarity, so that all staff members are clear on the intent and implementation of new policies and approaches. Taking on a trauma informed approach to survivor-centered services requires deep training for all staff on how to enact this approach in their daily tasks. Staff in the midst of a change process are well supported by interactive training that gives specific examples and opportunities to role-play the new approaches.

TCFV recommends that agencies develop regular opportunities for staff to dialogue about guidelines, discuss policies that are frustrating or lack clarity in implementation, and identify ongoing changes that can be implemented to support the survivor-centered environment they seek to create. At times, rules reduction can leave service providers without a clear understanding of how to address issues with survivors, so ongoing training and opportunities for feedback and problem-solving are crucial to a successful transition.

Staff Supports

Domestic violence program staff make more of a difference to survivors' experience of services than any element of programming.⁴ What does it take to support program staff in their work? The answer is a holistic mix of attention to staff wellness, staff training, organizational structure, and staff input.

Staff Wellness: Preventing Burnout, Compassion Fatigue, and Secondary Traumatic Stress

Domestic violence workers are constantly performing feats of nearly impossible balance. They extend themselves to offer personal support from the heart, while appropriately maintaining professional boundaries. They get in close to accompany adult and child survivors through some of the most emotionally intense times of their lives, without getting attached to the outcomes of their work together. Week in and week out, they bear witness

“What we also found through several of these sessions is that you have to get all your staff’s feedback. All of your staff really need to be heard. You have to be super open to listening to the concerns that staff have and not minimizing them, because you will not be able to explain anything if you aren’t really listening and taking heed of the concerns that you’re hearing.” – Abeer Monem, Chief Programs Officer, Fort Bend Women’s Center

⁴ Lyon, Bradshaw and Menard: Meeting Survivors' Needs, November 2011.

<https://vawnet.org/sites/default/files/materials/files/2016-08/MeetingSurvivorsNeeds-FullReport.pdf>

to horrifying stories of the worst of what people do to other people, without letting the horror become either routine or overpowering. They do everything they can to help survivors get safe and free, but rarely get to find out how the survivors they have worked with are doing years down the road. The risk of secondary trauma is real, even before taking into consideration that many who work in domestic violence services have close experiences of domestic violence in their own families or histories. Compassion fatigue and emotional shutdown can be one result, along with personal stress for workers who are

“This feels like the abuser, when you’re questioning us and our needs—my kid needs a ride from school, I need a ride to work. Don’t question me like he would. He would say, ‘why do you need gas money?’ It feels the same. We need a friend here who says “No problem, I’ll help you” and they don’t always do that. [If you can’t do it] explain the situation instead of being disrespectful—you can say, ‘can you wait 30 minutes while I take so and so to school?’ instead of just being mean.”

- Survivor in a ReCentered listening session, demonstrating how staff overwhelm can lead to trauma reminders for survivors

continually holding space for others’ pain. Shutdown, burnout, and stress can lead to advocates approaching survivors with skepticism (*is she really a victim or “just homeless?”*) and resorting to rigid rule enforcement to manage situations that are beginning to feel emotionally overwhelming.

The Victims Services Occupation, Information, and Compensation Experiences (VOICE) Survey, conducted by the Institute on Domestic and Sexual Violence, surveyed 530 domestic and sexual violence advocates in Texas and

found that some of the most significant factors predicting burnout and secondary traumatic stress were workload, organizational culture, use of coping skills, and percentage of work time spent doing direct service. Researchers recommended that domestic violence and sexual assault centers act on a set of organizational factors to support staff resiliency and improve working conditions for advocates:

- improve compensation, benefits, and leave policies
- foster community among staff
- focus on organizational climate by improving transparent communication, increasing dialogue, and strengthening anti-oppression efforts
- promote fairness and shared values
- provide particular support for direct service roles
- support and foster effective supervision structures
- give time and support for employee coping and wellness strategies
- balance workloads in the position design⁵

These same issues surfaced in the ReCentered interviews and surveys in Texas programs.

⁵ Wood, L., Wachter, K., Wang, A., Kammer-Kerwick, M., Busch-Armendariz, N. VOICE: Victim Services Occupation, Information, and Compensation Experiences Survey Technical Report. Institute on Domestic Violence and Sexual Assault. October, 2017. <https://sites.utexas.edu/idvsa-redesign/files/2019/03/VOICE-Technical-Report.pdf>

STAFF WELLNESS

In ReCentered change sessions, domestic violence centers explored a variety of options for supporting staff around the traumatic nature of the work.



Employee Assistance Program access for all staff

Regular opportunities to debrief individually within supervision or with counseling staff

Practices of collectively celebrating successes and connections, through, for example, staff meetings that include dedicated time for recognition of that week's successes

Staff wellness programs that include fitness program discounts, free external therapist visits, self care perks, walking clubs, monthly potluck meals, etc.

Staff appreciation committee to recognize staff accomplishments and work anniversaries and plan staff appreciation days and gifts.

In-service training about secondary trauma and avoiding burnout

Critical Incident Stress Debriefing for particularly traumatic situations

Note on ReCentering and Staff Wellness

The change process can be destabilizing for staff members in an organization looking to re-center on survivors and sharpen their organization's focus on creating an empowerment-based, trauma-informed service environment.

New approaches may ask staff to let go of coping mechanisms they've been using for years to deal with secondary trauma and to abandon practices that have been working for them in their day-to-day jobs.

Staff may not understand how they are supposed to address issues with survivors if all behaviors are now understood in a trauma-informed context; they may not feel that

there is space for their own confusion or frustration in the process.

This is why it's essential that the change process be a collaborative one, engaging all staff in hearing survivor input, identifying needed areas of change, and prioritizing the agency's next steps forward. Managers should make sure that all staff understand the reasoning behind organizational changes, and that staff have many chances to ask questions before, during, and after changes have been implemented. Organizations should provide ongoing managerial support for staff after adjusting rules and policies, inviting staff to provide necessary feedback on how the changes are going so that the change process can be stronger and more effective for staff and survivors alike.

Staff Wellness: Organizational Factors

Staff interviews indicated that attention to structural issues in the organization has an impact on staff appreciation as well. Some staff noted that not all roles or work areas in the organization seem to be appreciated in the same way. Staff particularly noted differences between residential and non-residential staff. There was a feeling of inconsistency regarding salary, professional development opportunities, and understanding of the work each individual accomplished.

A mix of shorter and longer term solutions related to staff development opportunities, promotions, salary increases for certain positions, and transparency around the responsibilities of each role should be used to clearly recognize staff roles and value their contributions within the organization.

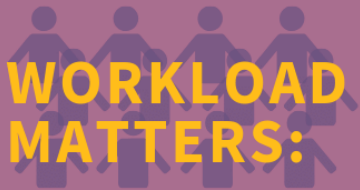
The Survivor Success Crew

Some of the hardest moments for advocates come when they feel like they cannot help. Feeling disconnected and underappreciated by other teams within the organization is another commonly identified job challenge. The Internal Motivation Committee is an innovation developed by one domestic violence program that addresses both of these issues, while improving outcomes for survivors in services. This committee brings positions from all around the organization together to help survivors in some of the most challenging situations move forward towards their self-defined goals. The committee process begins with one-on-one motivational interviewing with the survivor to clarify the survivor's priorities. Then the committee comes together to act as the survivor's success crew, meeting across departments to bring in a range of ideas and expertise and identify all the different resources that staff from across the organization can bring together to support the survivor. On a follow-up ReCentered session reflecting on changes put into place, one staff member shared that the increased internal motivation committee was "working very well on multiple levels: teamwork, staff input, problem solving before matters get out of hand, and including clients in the process."

The VOICE Survey of 530 Texas domestic violence and sexual assault advocates found the same organizational factors influencing wellness that TCFV heard from staff throughout ReCentered interviews.⁶

⁶ Wood, L., Wachter, K., Wang, A., Kammer-Kerwick, M., Busch-Armendariz, N. VOICE: Victim Services Occupation, Information, and Compensation Experiences Survey Technical Report. Institute on Domestic Violence and Sexual Assault. October, 2017. Accessed at <https://sites.utexas.edu/idvsa-redesign/files/2019/03/VOICE-Technical-Report.pdf>

VOICE STUDY IMPLICATIONS FOR ORGANIZATIONAL CHANGE & STAFF WELLNESS



WORKLOAD MATTERS:

Workload mismatch was associated with increased secondary traumatic stress and burnout. The more burned out advocates are, the more they plan to leave the work. The more direct service people do, the greater their risk of secondary traumatic stress. Advocates with lower rates of secondary traumatic stress report the highest increased job satisfaction.

COMPENSATION & BENEFITS MATTER:



Advocates with higher salaries are less likely to plan to leave their positions. Less paid and unpaid leave is associated with less job satisfaction.

COMMUNICATION MATTERS:



VOICE survey participants rated improved communication as one of the most important factors in improving job satisfaction.

SUPERVISION & SUPPORT MATTER:



Advocates who report being satisfied with their supervision and supported by colleagues are less likely to want to leave and less likely to experience secondary traumatic stress and burnout.

The VOICE study suggests important considerations in structuring organizations to support staff wellness and capacity to provide compassionate services.

RESOURCE TIP: Managers and organizational leaders are encouraged to look into the [TCFV webinar on advocate career satisfaction](#) available on the TCFV website.

RESOURCE TIP: Read the [Victim Services Occupation, Information, and Compensation Experiences \(VOICE\) Survey](#).

RESOURCE TIP: Advocates, managers, and organizational leaders are encouraged to check out the Self Care for Advocates section of the ReCentering Toolkit for more specific suggestions.

Staff Wellness: Staffing and Workload

Across the state, survivors and staff alike brought up the trouble it creates when there are not enough children’s advocates, counselors, caseworkers, or advocates to cover a program’s needs. Organizational capacity issues lead to staff overload, less availability of resources, and a changed service environment.

Staff reported that at times there could be only one employee who is tasked with conducting intakes, answering phones, handling crises, and providing resources for up to 70 shelter residents. At one program, a majority of staff surveyed said they can be worn out and discussed the burden of working nights and weekends. Having

“When they are short staffed, they get annoyed with us more.”
- Survivor

additional part-time staff could assist in supporting overall wellness. **Organizations are strongly encouraged to find ways to double staff shifts so that no one staff member is working alone**, especially when the number of survivors is high, to give additional

“I felt really unsuccessful when somebody comes to the office with a real need, but I can't do it because this will come in, and that will come in, and they all have a need and this person's need was here first. And I can't help them because I'm so busy doing other stuff. And that's really frustrating.”

- Staff Member

bandwidth and other people to consult on shift. Managers and organization staff can work together with survivors to identify peak times and develop a plan for ideal staffing numbers per shift.

Staff Wellness: Staff Input

Just as survivors feel more valued and organizations improve when survivor input is taken into account, organizations

and staff members benefit from staff participation in organizational management and growth. The ReCentered process offered several tools, from regular anonymous surveys to quarterly discussions in staff meeting, that programs adopted to include staff input and create consistent feedback loops for staff to share their ideas and concerns with management. Detailed staff input recommendations can be found in the ReCentering Toolkit.

Training to Build Capacity for Trauma Informed Advocacy

Staff and administrators talked about the need for ongoing and consistent staff training to build skills, reinforce a shared vision for service provision, and support burnout prevention. Ideally, all staff, regardless of their position in the organization, should undergo a comprehensive initial training and then be offered time during work to pursue further staff development.

“I'd like to get everything that we're meant to know [about trauma informed care] right now, so that we could all do it the way it's meant to be. I think that the goal is to get it down to where we can actually work with this new program, and feel comfortable and feel like we're helping”
- Staff member

While formal training opportunities such as conferences are always valuable, staff development options at low or no cost are also available and worthwhile. Programs participating in ReCentering explored internal mentoring programs, peer observation and feedback, team-building potlucks for discussing challenges and successes, book or article discussion groups (see the ReCentering Toolkit for readings), and free webinars (TCFV’s [online training library](#) is great start).

Training Topics Indicated by the Areas for Growth:

Agency and Mutual Respect

In Her Shoes (experiential learning about domestic violence)*
 Survivor-Centered Services*
 Understanding Rules Reduction
 Advocacy with Peer Counseling
 Empowerment Based Advocacy

Trauma Education

Trauma Informed Services with Survivors of Family Violence
 Mental Health and Trauma-Informed Care*
 Avoiding Burnout*

Centering Survivors’ Strengths

Motivational Interviewing*

Opportunities for Connection

Conflict Resolution*
 Navigating the Intersections: Cultural Humility and Trauma Informed Approaches

Cultural Responsiveness and Inclusivity

Power and Privilege
 Cultural Competency in DV Programs
 Women in Community and Context
 Language, Culture and Gender-Based Violence: Ensuring Meaningful Access to Limited English Proficient Speakers and Deaf/Hard of Hearing Individuals
 Enhancing Safety Planning with Immigrant Survivors
 Opening Our Doors to Men and Boys
 Advocating for Survivors of Faith
 LGBTQ Legal Issues for DV Advocates

Economic Advocacy

Economic Agency For Survivors
 Economic Options for Victims of Family Violence
*Note: Although economic advocacy was not a commonly requested training topic, ReCentered survey results show that **economic advocacy is a critical staff development need**: survivors consistently rated staff lower than the staff did on the question of whether staff understand the realities of survivors’ financial situations.*

*Domestic violence programs participating in ReCentered prioritized the starred training. Additional training requests included training on emergency medical care, best practices, managing direct service staff, and interagency cross-training to share skills and increase understanding of services available across departments.

*“When we go without training, we forget what our goal is.”
 - Advocate*

A Note on Homelessness & Staff Training

At times, staff expressed skepticism about whether survivors had experienced “true abuse” or were just using services because they were “only homeless.” Staff might benefit from training and support surrounding the high correlation between homelessness and domestic violence. One study of a large, diverse sample found that 92% of homeless women had experienced severe physical or sexual assault at some point in their lives⁷. Even if the primary concern at a particular moment is homelessness and not physical safety, providing shelter to homeless survivors may offer them safe alternatives to returning to an abusive partner for housing or economic security.

Culturally Responsive and Affirming Environments

When survivors turn to domestic violence services looking for safety, freedom, and healing, meeting them with cultural responsiveness and inclusivity is essential. Survivors and program staff alike say that when organizations don’t take culture into account, then staffing issues, program rules, and interpersonal and structural bias can leave survivors more isolated and at risk. The majority of surveyed survivors rated the levels of cultural responsiveness and inclusivity in Texas domestic violence programs as moderate to high, but across the state, survivors’ evaluation of programs’ cultural responsiveness and inclusivity were lower than staff members’ perception of their program’s cultural

In a statewide survey of 530 domestic violence and sexual assault advocates, 76% of Texas advocates wanted more diversity training

76%

RECENTERED RESULTS

Survivors rate programs' cultural affirmation & structural competency lower than staff do.



When it comes to cultural affirmation & structural competence

- staff perception doesn't match survivor experience
- program intentions don't match the effects on survivors

PEOPLES' CULTURAL BACKGROUNDS ARE RESPECTED IN THIS PROGRAM.



STAFF RESPECT THE STRENGTHS I GET FROM MY CULTURE OR FAMILY TIES.



STAFF UNDERSTAND HOW DISCRIMINATION IMPACTS PEOPLES' EVERYDAY EXPERIENCE



competence, with 17% of residents surveyed at one program, for example, saying that their cultures were not respected.

One study on advocates’ experiences on the job found that **almost one third of advocates working in domestic violence and sexual assault centers had witnessed microaggressions based on race in the workplace, and nearly a quarter had witnessed microaggressions based on sexism. More than one in ten advocates had witnessed microaggressions based on gender identity, sexual orientation, and disability.**⁸ The study further found that witnessing these microaggressions contributed to more secondary traumatic

⁷ Browne, A. and Bassuk, S. S. (1997), Intimate Violence In the Lives of Homeless and Poor Housed Women: Prevalence and Patterns in an Ethnically Diverse Sample. American Journal of Orthopsychiatry, 67: 261-278. doi:10.1037/h0080230

⁸ Wood, L., Wachter, K., Wang, A., Kammer-Kerwick, M., Busch-Armendariz, N. VOICE: Victim Services Occupation, Information, and Compensation Experiences Survey Technical Report. Institute on Domestic Violence and Sexual Assault. October, 2017. Accessed at <https://sites.utexas.edu/idvsa-redesign/files/2019/03/VOICE-Technical-Report.pdf>

stress for advocates. If these are the violations that advocates are witnessing, consider what survivors experience in these same environments. The impacts leave survivors less likely to benefit from services and less likely to turn to domestic violence programs for help again should they need it in the future.

“To be an advocate is to suspend your judgments.”
- Staff member

Transparency about Values and Policies

Personal and generational experiences of racism and discrimination can lead to deep skepticism about the intentions and practices of social service institutions. Domestic violence centers do not exist in a vacuum — they operate in the same world that routinely privileges white people and the cultural practices that the majority of white people share. This means that survivors who are people of color, or who have cultural or religious practices outside of local majority norms, may not automatically trust domestic violence centers to treat everyone fairly. As discussed in ReCentered change sessions, domestic violence service providers can do two important things to convey commitment to cultural acceptance:

1. *State clearly that the organization values individuals from all cultures — then match actions to words.* Programs should help all staff members avoid assumptions about shared religious practices, clothing choices, food, child rearing (for example, breastfeeding, independence/family separation, sleep practices), and other personal and culturally informed choices. Staff and survivors should understand that valuing people of all cultures means that the program is not a place for comments based in cultural stereotypes or racial microaggressions (expressions of bias against survivors of color and other targeted cultural groups). Staff can help communicate these values to survivors and facilitate resolution when those values have been breached. Outreach efforts, brochures, and art on the walls should include all the different kinds of people who live in the community. Programs can also be sure to research and provide culturally specific community resources and referrals, along with culturally specific products (as in the food and beauty products discussed below).
2. *Be transparent and communicative about rules and policies.* Explain why policies are in place and under what circumstances policies can be implemented with flexibility. Ensure that survivors and advocates have the opportunity to question policies and their implementation, so that the program can openly address perceptions or instances of bias. Be aware that rules and policies can have different impacts on people with different cultural identities. For example, policies regarding identification are challenging and possibly even threatening to undocumented survivors; transitional housing policies that ban any visitors with criminal records pose a particular challenge to people who come from African American and Latino communities that are unjustly over-policed and over-criminalized. Discussions that openly acknowledge the existence of prejudice and the organization’s commitment to overcoming discrimination pave the way for reexamination

of rules and policies as needed. And know that in providing survivor-centered, empowerment-based services that treat survivors as the experts in their own lives, domestic violence centers are supporting survivors in defining the culturally specific and individually relevant options that will help them find safety and healing.

Staff Representation

It is terribly isolating to be unable to communicate, or to feel like the “only one” in a service setting. Survivors who are African American, Latina/o, and Asian American noticed when there were few positions in domestic violence centers staffed by people who shared their identity and background. At one center, African American survivors noted that the few positions held by African Americans were kitchen or warehouse jobs. Survivors stated that this sent a message to them about the role of the African American community within the organization. With no African American staff in direct service roles, the program felt isolating to survivors who wished they could turn to someone who would already understand some of their strengths and the conditions shaping their particular struggles. Employing and retaining staff at all levels of the agency who mirror the demographics of the local community is an important step in creating a culturally affirming environment.

FACT: Some programs with up to 10% African American clientele have no African American staff.

FACT: At one smaller program, staff stated that Spanish-speaking survivors could go two to three days without any staff members at the shelter who speak their language.

Language Access

It is crucial that survivors be able to speak their hearts and their minds, to understand what is going on around them, and to be given the information they need to explore options. Survivors commented that it was hard to share personal or in-depth information at intake when no advocate spoke their language. While they might be able to convey basic information to the advocate in English, they were unable to share nuances of their experiences or deeply relevant information about their hopes, fears, and goals. One survivor who spoke Spanish shared that during group meetings, she felt as though she could not speak or give her opinion because no one was available to translate for her. Even when surrounded by supportive people, without language access, survivors remain deeply isolated.

Survivors with limited English proficiency also commented that at programs unequipped to provide multilingual services, it was bewildering to receive information at intake in English only. Survivors expressed frustration with the lack of information provided at intake in their language. One survivor stated that she was able to figure out the program information later through others in the shelter, but that it would have been helpful if it had also been

offered in Spanish from her first contact. Staff and survivors noted that night and weekend shifts are also times when survivors speaking languages other than English are often left without anyone who speaks their language.

RESOURCE TIP: Model intake forms in Spanish, Vietnamese, Arabic, and English are available at TCFV's [Creating Safer Spaces online resource center](#).



Programs can achieve language access through a variety of avenues, including using professional interpreters, using the Language Line, creating a special pool of volunteer interpreters, and paying attention to languages spoken when hiring and staffing shifts. More detailed recommendations to guarantee language access are offered in the ReCentering Toolkit.

RESOURCE TIP: Organizational members of TCFV have access to telephonic translation at greatly reduced rates, and TCFV can assist member programs in setting up the service.



Culturally Affirming Counseling

Survivors noted that different cultures have different norms around professional counseling. To support survivors of all cultural backgrounds in accessing affirming support for them, domestic violence programs can invite the counselors on staff to provide informal information sessions about counseling. Survivors also suggested that programs consider offering different kinds of support groups to extend the reach of supportive therapeutic services for people who are not culturally accustomed to counseling. (For example, an informal drop-in peer support group may be more appealing for some survivors than formal individual counseling appointments.) A counseling staff that represents a range of racial and ethnic identities can also make counseling more approachable for those who may find it culturally unfamiliar.

Culturally Specific Foods and Beauty Products

Two of the most commonly mentioned indicators of a culturally unresponsive environment are the difficulty in getting culturally specific foods and the absence of culturally specific body care and beauty products.⁹ Creating a welcoming environment means making sure that survivors can observe religious practices related to food, have access to culturally specific foods, and care for themselves and their families with culturally relevant personal care products like shampoo, conditioning products, lotions and so forth. Donations might come from culturally homogenous sources within the community, so it may be necessary for the program to supplement donated food and beauty products with additional products bought with a culturally diverse clientele in mind.

⁹ Nnawulezi, N. A., & Sullivan, C. M. (2014). Oppression Within Safe Spaces: Exploring Racial Microaggressions Within Domestic Violence Shelters. *Journal of Black Psychology, 40*(6), 563–591.

Accessed at https://safehousingpartnerships.org/sites/default/files/2017-02/Nnawulezi%20%26%20Sullivan_Racial%20Microaggressions.pdf

Survivors as Parents

Support for Parenting

Survivors who are parenting want respect for their choices as parents, support for their children, and safe childcare. They are concerned about how domestic violence might have affected their kids. They may have questions about Child Protective Services, or want to understand more about what might be going on for their children and how to support them in dealing with their own trauma. Survivors are fiercely committed to their children’s wellbeing and often experience a whirlwind of feelings about their children’s exposure to domestic violence. Survivors in shelter have additional needs as parents: the autonomy to parent, the opportunity to reconnect with their children, and the ability to reestablish a rhythm as a family.

“Where I feel like we’re not being client-centered is mainly about the kids.”

-Staff member

Abusers often undermine survivors in their roles as parents. Domestic violence services can help survivors repair this damage. Programs can facilitate survivors getting the help

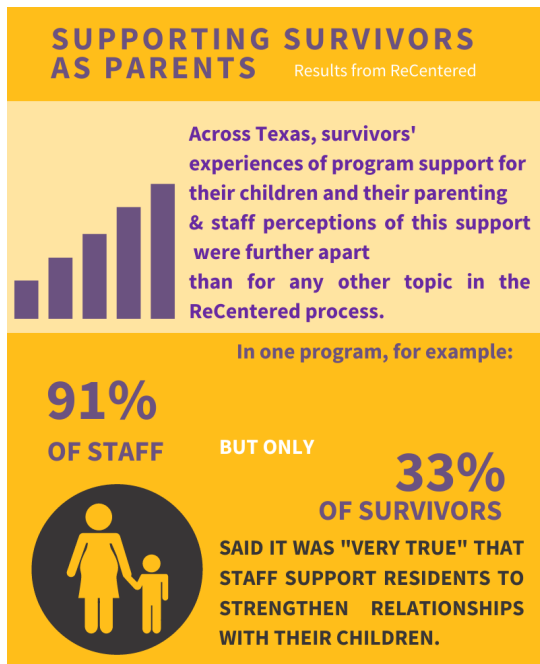
they and their children need, rather than creating more barriers. Shelter rules can be structured to support parents rather than to judge or isolate them, and to nurture rather than disrupt family connection and

“I want my kids to think, My mother was strong.

She knew not to take it anymore.”

-Survivor

rebuilding. Programs can provide information about how domestic violence commonly affects children and how parents can support their children’s resilience as young survivors. Programs can offer nonjudgmental, supportive, and voluntary parenting classes accessible to all survivors with children.



Programs seek to provide survivors with support for their parenting. However, the ReCentered: Trauma Informed Assessment Project found that **survivors reported significantly lower staff support for their parenting than staff did.**

Some survivors discussed how they were reminded of living with their abusers when their kids were yelled at by adult authority figures or disciplined by staff, and survivors felt once again unable to protect their children from the adult in charge.

“Our natural instinct is to protect our kids, and if it feels like an attack, we’re going to get angry and defensive. We’re here to protect our kids.”

-Survivor

Due to discrepancies between staff and survivors' perception of support to parents, many programs participating in ReCentered put thought into how to enhance their support for parents. An essential first step is gathering input from survivors who are parents about the resources that they need.

RESOURCE TIP: Texas domestic violence programs have been piloting a model curriculum for parenting classes that help survivors parent after violence. Call the TCFV Policy Department at 1-800-794-1133 to learn how to get a copy of the curriculum and be trained on using it.

For parents whose families are involved in the **Child Protective Services (CPS)** system, advocates can be a valuable resource in helping survivors as protective parents navigate investigations and CPS safety plans. All Texas programs funded by the Health and Human Services Commission are required to designate a staff member as the organization's CPS liaison. This liaison helps clarify confidentiality limits, arrange cross-trainings, and take the lead on problem solving when issues arise

RESOURCE TIP: TCFV offers resources to support programs in helping survivors involved with CPS at <https://tcfv.org/policy/working-with-cps/>.

Children's Services

Child counseling and other services for children make a tremendous difference for survivors and their families. In addition to helping children get the support they need for their own trauma, children's and family services also can strengthen survivors' sense of connection to the program and their likelihood to stay in crisis services and use follow-up services for themselves and their family.

However, children's services are not consistently available at all domestic violence programs in Texas. Many programs provide some services, some programs provide very comprehensive services, and some programs do not offer many services for children at all.

"There needs to be a lot more for the children."

- Survivor

Staff in programs that don't provide much in the way of children's services are painfully aware of the lack. In ReCentered interviews, staff commented on the issue directly when they felt

their program did not provide enough children's services. One staff member stated that the shelter was "hell for children," with little programming and no children's advocate.

Sometimes children's services are available, but survivors are unaware of what the domestic violence center offers. In at least one program, most of the non-residential survivors TCFV spoke to did not know that they could access individual counseling or any services regarding their children. Several programs had designated a children's room or

playroom that was a wonderful resource, but adults and children were unsure of when children could be in the room. In one shelter, residents found the playroom frequently locked, with no information about when it could be used.

When programs do not have staff and budget in place to provide the level of children's services that survivors and staff feel are needed, creative solutions include seeking additional funds to enhance staffing, contracting with part-time service providers, and coordinating with local community resources. Programs may also be able to coordinate with community service providers to provide access to services such as Early Childhood Intervention, for example. Local colleges with child development majors or psychology or social work programs may also be interested in coordinating to provide internship or even volunteer opportunities in which screened volunteers or interns provide supportive psychoeducation to children.

Impact of Shelter Rules on Families

ReCentered interviews with staff and survivors brought to light the particular pressure that shelter rules can put on parents and children. While shelter life has its challenges, survivors who are parents expressed gratitude for a violence-free space where they and their children can rebuild their lives. To help shelters fulfill their potential as restorative places for families, programs could look more closely at the impact that shelter rules have on parents and children. Rigid rules around curfew, bedtimes, personal food, and set times for meals and chores create real challenges for survivors with children.

When it comes to rules addressing children and parents specifically, child supervision requirements were a commonly identified area for change. In some Texas programs, all children up to age 17 must be within eyesight of their parent at all times in the shelter. Parents commonly expressed that this rule felt unnecessary, inconvenient, and not appropriate for families with older children, who might also appreciate some private time while staying in shelter. One program revised the age of the requirement so that parents were no longer required to keep their teenagers (ages 13-17) within eyesight, outside of individual situations that staff bring up with parents.

Childcare

Survivors across the state commonly cite childcare as one of the biggest barriers they face in accessing social services, finding jobs, seeking new housing, and making other major life changes. ReCentered interviews with survivors confirmed the importance of childcare for parents who use nonresidential services and those in residential services alike.

Lack of childcare is a barrier to survivors' participation in domestic violence programming as well. Survivors mentioned in ReCentered interviews that they are interested in attending support groups or other classes at the domestic violence center, but they don't have any options for childcare.

Domestic violence programs are working on responding to this need in different ways.

"If there is no daycare, then we can't do it."

-Survivor

Some programs have a staff position that is dedicated to providing children's services, including childcare. However, advocates and survivors in several programs shared that during periods when that staff position is vacant, there is no one providing childcare.

Domestic violence programs in some areas have been successful using trained and screened volunteers to provide regular childcare during groups and classes. Some programs extend this childcare to include simple respite care time, so that parents have the opportunity to have some privacy and quiet, to manage life tasks, or to reconnect with other adults.

Some ReCentered participants discussed an agency-provided childcare voucher, but domestic violence program staff and survivors mentioned that the participating childcare provider was across town without regular transportation, making it difficult for survivors to access.

Reliable childcare gives survivors who are parents time to get done what they need to get done, to rest, or to just fall apart for a bit without having to hold it together in front of their kids. Survivors — whose children have already been exposed to trauma — need childcare that is accessible, safe, positive, and understanding of their children's situation.

Rethinking Childcare, ReCentering Survivors

After two years of work with the ReCentered project, one program relaxed the strict requirements that had been in place to qualify for childcare provided by center staff.

“You don't have to have rigid reasons for them now. I think we were forgetting that a mom just needs a break. I think we were forgetting that people need to go see friends and family, because social connectivity is super important to the success of a survivor. Time where they can just breathe and think and not have to necessarily supervise their children is super important if they are going to achieve self-sufficiency.”

AREAS FOR CHANGE

Programs participating in ReCentered identified a number of particular areas for change in addition to the broad themes discussed above. The table below offers a brief overview of the areas for change that surfaced in the ReCentered project. For more details on steps programs can take to make changes in these area, the ReCentering Toolkit offers specific suggestions and options for action.

Welcoming Survivors

Reaching out for help from a place of crisis is an act of tremendous bravery and belief in the possibility of something better. Programs can honor this deep courage and radical hope by meeting survivors with abundant welcome. This means not simply processing people through a system of services, but offering a warm, trustworthy introduction to services that is as welcoming as possible, each step of the way—from the physical environment, to hotline calls, walk-ins and intakes, to how survivors participate in the program.

Hotline and First Contacts

Hotlines are a uniquely crucial aspect of seeking domestic violence services. Sensitive, professional, and caring hotline workers mean positive experiences for survivors. Survivors also emphasized that hotline calls are often emergencies, and suggested that staff should assess for the safety of the survivor early in the call. When a hotline worker can balance an empathetic approach with the necessary screening to learn what services are appropriate, it can make a huge difference in survivors' initial experience of the program and the likelihood that they will continue to try to access services and support. It's important that hotline workers be sustained in their role through ample compensation, training, and supportive supervision and debriefing opportunities.

As crucial as they are, hotline workers are not the only frontline staff survivors encounter. For programs that provide transportation to shelter, the transportation staff could be the first staff member a survivor interacts with face to face. Receptionists can also be the first person that survivors see or talk to in some domestic violence programs. All of these frontline staff have a critical role as survivors' first contact with programs. Receptionists and transportation staff are often the least compensated and least clinically trained staff, yet they have the most impact on how it feels to walk or roll into the domestic violence center for the first time. It's important that all frontline staff have training on trauma-informed care, active listening, and triage skills, and that they all have opportunities to debrief emotionally challenging contacts.

RESOURCE TIP: As a result of Listening Sessions with hundreds of survivors and advocates, TCFV developed the [Hotline Call Information Form](#), a tool that guides hotline advocates and volunteers to focus each hotline call on immediate needs and start each call with a safety check and a survivor-driven assessment of need for emergency services. The [Hotline Call Information Form](#) is one of the downloadable and customizable forms available in the Intake and Case File Package at [Creating Safer Spaces](#).

Physical Environment

Survivors and staff talked about what a difference it can make when an office or shelter environment feels “homey” and not institutional. Flowers, art on the walls, soft lights, and fresh-looking, comfortable furnishings put people at ease.

Using clear way-finding markers in lobbies, entryways, and hallways can help survivors physically navigate their way through the service environment. Visible signage, open views to front desk staff, and art that indicates the right direction to move all work to reduce confusion about where to go and provide a sense of emotional reassurance. Survivors shared that they felt hesitant to approach advocates at times, simply because of how the physical space was set up.

RESOURCE TIP: The Washington State Coalition Against Domestic Violence [Building Dignity](#) website on shelter design suggests ways that domestic violence organizations can create a more welcoming physical environment, from construction to furniture arrangement to design and decoration.

RESOURCE TIP: Welcoming Immigrant Survivors - TCFV has developed materials to send immigrant survivors the message that Texas domestic violence centers are here to help. [These materials](#) can be used for outreach and also posted in public settings in the center.

Intake Process

Intake is a critical part of establishing services. The intake process can be an opportunity to help survivors feel comfortable about accessing services and to open a positive relationship of trust. Intake also provides the chance to find out survivors’ most immediate needs, so that the intake worker can get survivors connected with the right staff members and programs within the organization as soon as possible.

Many survivors expressed a sense of connection and relief when they spoke about their experiences during the intake process. Some survivors, however, shared that intake felt more like a test, an interrogation, or an impersonal routine task. Survivors whose primary language is a language other than English expressed the need for intake and information in a language they could fully understand and communicate in. Survivors shared how difficult it was to have to repeat information collected at intake over and over during their time in services.

To improve intake, programs participating in ReCentered explored a number of recommended practices: two-step intake that saves more detailed information for later; survivor-led story-telling to gather information for forms; use of trauma informed forms that provide accessible information about available resources; and various methods of documenting intake or passing relevant information on to other staff members so that survivors are not compelled to repeat their stories.

When intake is denied: Sometimes, domestic violence centers can’t provide the help survivors are seeking or have to turn them away for reasons of capacity. Survivors interviewed outside of domestic violence centers spoke of how crushing it is to seek help only to get the response “we’re full,” with no other problem-solving help. When it’s necessary to deny services, it makes a meaningful difference to use a “warm referral” to

other providers (calling ahead and making a personal introduction for the survivor) and a follow-up process to make sure the survivor has found appropriate resources.

RESOURCE TIP: As a result of ReCentered, TCFV has developed extensive resources, now available in the [Creating Safer Spaces online resource center](#), for programs that want to ensure that their intake process is as survivor-centered and trauma informed as possible.

Resources include a model Intake and Case File packet, based on survivor listening projects. This extensive packet contains a Wellness Check form, as TCFV recommends that each intake begin with a wellness check—a simple opportunity to offer hospitality, check in on how a survivor is feeling, and begin with immediate needs and a human-to-human connection.

The packet also includes a customizable Resource Checklist, which gives survivors a quick overview of the services a survivor can access at a domestic violence center.

Intake into Shelter

Thinking about intake in shelter brings up additional specific considerations. Many survivors talked about how entering shelter was traumatic in and of itself — they were afraid, they had to answer so many questions, they didn't know what to expect, they were bringing their children to an unknown place and hoping for peace and safety.

Programs are taking these issues into account by providing a brief intake session where survivors have the chance to ask immediate questions and are informed of basic shelter guidelines. Then, once survivors have settled in, staff offer an orientation session where more in-depth guidelines and expectations are discussed.

Staff discussed focusing on the Cooperative Living Agreement as a positive tool for living communally, rather than presenting survivors with a long list of rules that they must not violate.

Survivors also suggested that the process of getting oriented to shelter could be eased if current shelter residents were part of the effort to welcome new survivors and show them around.

Building Consistency in Philosophy and Practice

Transparency and consistency are important in domestic violence services, where survivors are trying to break free from gaslighting and arbitrary exercises of authority. During ReCentered change sessions, two powerful facets of consistency in domestic violence services emerged: 1) words being consistent with actions (that is, policies and practices matching philosophy and empowerment talk) and 2) consistency in how policies are explained and implemented.

Getting Everyone on Board

Agency-wide training on empowerment-based, trauma-informed approaches can help practices match up with survivor-centered philosophy. Cross-team training for all staff on how to apply survivor-centered values also helps create more consistency in how policies are implemented.

Building Common Knowledge

Rumors and misinformation about policies and procedures were not uncommon among survivors and even among staff. All staff should receive agency-wide training on general operations across the organization and in-depth training on policies and procedures for their department or section of the organization. Programs could benefit from creating or enhancing systems to share information across shifts

Tools for Consistent Implementation

Survivors and domestic violence program staff alike noted that inconsistencies in applying policies create uncertainty and mistrust. Consistent implementation could be strengthened by tools such as a handbook of policies that is available in common areas and accessible to all staff and survivors, a reference guide with procedures that staff can consult, and posting of information on how to access certain services in relevant public areas.

Access to Services

Survivors were extremely appreciative of the resources available in domestic violence programs, from the basics of food, a bed, a safe place to be, to services like counseling, advocacy, support groups, childcare, transportation, and housing assistance. In smaller programs, some survivors in the shelter emphasized the importance of activities to keep them occupied and less anxious during the day. At the same time, survivors discussed the difficulty at times of knowing what resources were available to them and how to access those resources.

Accessibility for All

Staff discussed the need to make services more accessible to survivors who have physical disabilities, chronic health issues, mental health needs, and substance abuse concerns. At times, advocates may not feel comfortable that they know how to appropriately address the needs of survivors with certain disabilities, health issues, or mental health or substance abuse concerns. Partnering with local community health, mental health and substance abuse providers can help advocates build capacity.

Mental Health

Many nonresidential and residential staff interviewed for ReCentered expressed the desire to better serve survivors' mental health needs and said that they need additional training to help them improve their understanding of trauma and mental health.

Resource Tip: The National Center on Domestic Violence, Trauma and Mental Health offers a set of recommendations to assist programs in working with survivors who have diverse mental health needs. These guidelines emphasize that mental health needs should not be a reason for screening out survivors, and that advocates can provide information and advocacy to all survivors related to mental health, disability status, and domestic violence.

Substance Use and Abuse

Given the prevalence of alcohol and substance use co-occurrence with domestic violence,

programs are exploring how to support survivors in considering drugs and alcohol in the context of safety planning. Developing working relationships with local treatment providers and recovery organizations can help the community as a whole provide interdisciplinary services that address all aspects of a survivor's safety and wellbeing.

Best practices suggest that programs not drug test survivors before admitting them or require them to take regular drug tests to stay in shelter. This strips survivors of autonomy and could be perceived as screening out survivors. When working with clients who might have been drinking or using drugs outside of the shelter, a better policy than exiting them is to address any specific behaviors that compromise the security of the shelter and shelter residents individually, and work with survivors to realign behaviors with the needs of community living. A trauma informed approach to substance use supports survivors in understanding the role that substances play in their coping, safety, and healing.

Timing of Services

Survivors and advocates in residential service settings noted the time of services as an area for improvement. Survivors who were not available in the evenings expressed a need for more groups in the daytime; in other programs, survivors who worked during the day expressed a need for more groups in the evenings. Survivors at times felt there was a general lack of accessibility to caseworkers in shelter. Advocates, for their part, mentioned that a primary cause of feeling unsuccessful in their work came from staffing a shift alone when more survivors needed help than they could respond to at one time. The solutions that domestic violence programs discussed in response to this feedback included both short-term and longer-term changes to staffing patterns, service availability, and schedule transparency.

Counseling and Support Services

Survivors commented positively on the variety of services available in the majority of domestic violence centers. Survivors and staff at a number of programs did suggest that more could be done to make counseling services, support groups, and parenting groups more accessible to survivors. Having a broader range of non-residential support groups in non-residential settings is a valuable extension of services for survivors who are navigating domestic violence or freedom from domestic violence outside a shelter environment. Groups are a key method of facilitating the peer support at the heart of the empowerment-based model.

Advocate Availability

The one-on-one support of advocates is meaningful for survivors. Structural issues can compromise an organization's ability to provide this support. Programs were urged to use feedback from staff and survivors to assess and address understaffing or underutilization of existing staff on shift.

Transparency and Communication

Commonly, survivors and staff alike felt that access to services could be improved by making more consistent information about services available to survivors. Survivors spoke

about not knowing how to access certain things offered by the program, or feeling awkward about asking. Sometimes both survivors and staff were unclear when certain types of services were available or what the policies and procedures were for accessing them. These inconsistencies present additional challenges to survivors and can lead to frustration, confusion, and a perception of favoritism or inequity. It is helpful to advocates and survivors when programs clarify available services and procedures for all staff and make sure that all survivors receive information about available services without having to ask.

Resource Reminder: The model Resource Checklist, available with the model forms at the [Creating Safer Spaces online resource center](#), is a helpful tool for quickly conveying to survivors what kind of help the program can offer. Once a survivor has filled out the Resource Checklist (on their own or with an advocate), advocates can use the checklist to identify which co-workers should follow up with the survivor on the help indicated. This way the program can address survivors' needs without survivors having to ask for help or mention a need more than once.

Language Accessibility

Survivors and staff alike have a keen understanding that access to services is deeply compromised when survivors cannot communicate in the language with which they are most comfortable. Too often, survivors in domestic violence programs can go hours or days without being able to speak in their own language about their abuse, their needs, their hopes and fears, and the program's guidelines and services. Some survivors are never able to speak in their own language during their time attempting to access services. Language access should be taken into account when hiring, staffing shifts, budgeting for translation services, planning use of the Language Line, and developing volunteer pools.

Resource Reminder: Model intake forms in Spanish, Vietnamese, Arabic, and English are available at TCFV's [Creating Safer Spaces online resource center](#).

Trauma Informed Approaches in Shelter

Autonomy and Mutual Respect: Cooperative Approaches to Communal Living

Both program participants and domestic violence workers have an awareness of how power and control can play into relationships between staff and survivors in the center itself. Programs explored how they could reduce dynamics of power and control to create a service environment more characterized by autonomy and mutual respect. Reducing program rules to only those rules that address safety, and working creatively to develop rules that address safety in the least restrictive manner, was a first approach for many programs. Another crucial step for many was providing staff with opportunities to reflect honestly on their own attitudes. Domestic violence centers can provide philosophy-based guidance and coaching to help staff follow their commitment to helping survivors define their own priorities and act on their own choices for their lives.

Length of Stay

Length of stay is a particular source of anxiety that comes up during intake for many

survivors. While many programs do not have a maximum length of stay policy, there are still staff and survivors who have the impression that survivors can stay in shelter for only 30 days. In many programs, it is unclear to survivors whether there is a maximum length of stay, or whether survivors can apply for extensions. It may also be unclear how survivors can get extensions for longer stays, which can become a topic for rumors, misinformation, and mistrust. In this atmosphere of uncertainty, sometimes survivors can feel they have to “earn” the time by displaying gratitude and compliance.

Exit Policies

Many staff and survivors expressed uncertainty about when and how survivors can be asked to leave shelter. This uncertainty can affect survivors from their very first day in shelter. An agency-wide review of the exit policy and procedures and the rules that lead to write-ups, if any, helps programs be sure that their framework for addressing security and communal living in the shelter lines up with their core values. The state requires that termination of services at state-funded programs be only for actions that threaten the safety and security of residents, staff, and/or the program. TCFV recommends that all programs follow this guideline, regardless of their funding sources.

Chores

Chores present a common frustration for staff and shelter residents.

Survivors commonly expressed the wish that shelters could reexamine the expectations and nature of the requirements related to chores, along with how chores are talked about, how responsibilities are assigned, and what the consequences are if chores are undone.

Programs that pursue rules reduction efforts find ways to address the need for chores to be completed while taking a non-punitive approach. Chore sign-up (rather than assignment) and incentives programs have also been helpful.

Curfew

Curfew was commonly named by staff and survivors when discussing shelter rules. Early curfews can limit survivors’ access to jobs that have early morning or late night shifts, or can make it difficult to travel to nearby towns looking for housing options. Curfews can also keep people away from supportive friends, family activities, weeknight religious groups, and other forms of connection and support that support healing. Curfew policies can also contribute to an environment of mistrust, as staff are tasked with regulating survivors’ coming and going in a way that reminds many survivors of their abusers. TCFV recommends a more collaborative approach to curfew, which can replace a sense of vigilance and overprotectiveness with an experience of partnering together to increase safety. Individual safety planning, curfew flexibility, and a re-examination of curfew times can be more supportive.

Food

Struggles with food came up frequently in staff and survivor discussions about shelter services. Food offers both physical and emotional sustenance. For parents, food is a central

way of nurturing their children; for many of us as adults, food is an important way of nurturing ourselves. In a residential service setting, food can also be flashpoint for conflict and control. Kitchen hours and access, meal planning, and personal food were all common issues. Programs explored solutions like engaging survivors in meal planning, revisiting kitchen hours/access policies, making alternate modes of food storage/preparation available, and providing survivors with an individual locking box, personal locker, or locked cabinet to store nonperishable foods of their own.

Hygiene

For survivors using residential services, personal hygiene becomes a more public issue. Not only do many shelters include shared bathroom facilities, shelter staff may also be in control of survivors' access to various necessities, and shelter rules may govern things like clothing, sanitary supplies, and other health and hygiene items. To the extent possible, shelter hygiene policies should be structured with enough flexibility to meet the varying needs of survivors and provide as much control over private personal matters as possible.

Household Supplies

Making supplies available by leaving them out in small quantities where survivors can get them as needed increases survivors' experience of autonomy and dignity in the shelter. Decreasing the demand on advocates' time for small tasks like handing out supplies individually on request also helps strengthen the service environment by freeing up advocates to provide support to survivors.

Room Sharing

Survivors report that finding privacy is one of the most challenging aspects of being in shelter. In some shelters where room sharing can't be avoided, staff have begun using a roommate matching system to try to ease some of the smaller inconveniences of rooming with a stranger.

Bedtime/Rest Time

Consistently across the state, shelters have bedtimes (or quiet times) at night for all residents in the shelter, with specific times being different within different programs. Many shelters also have a rest time during the day to facilitate children's naps. Rest time and quiet times work best when staff introduce the idea as a way to allow adults and children to get sleep in a communal environment, and when residents can collaborate to develop schedules that make sense for their activities, families, and need to connect with others. Consider maximum flexibility with this sort of policy, including considering whether it is in fact necessary.

Wake Time

Some shelters have a wake time by which time all residents must be up; at some shelters, staff wake up residents. Requiring everyone to be up by a certain time does not inherently honor the need for rest that trauma survivors may have or the particular circumstances of individual survivors' lives. TCFV recommended that instead of a formal wake time policy,

staff should talk with individual survivors about what they feel like their daily schedule in shelter should look like and how to maintain it. Shelters with wake time policies should consider how they can bring maximum flexibility to the policy or whether it a formal policy is truly needed.

Room Checks

Survivors and staff alike often felt that regular room checks compromise the dignity and self-determination of shelter residents. Room checks can also provoke anxiety for survivors, who often fear being asked to leave the shelter if they don't meet standards. Survivors whose abusers used criticism of their housekeeping as tool of control are also uncomfortably reminded of their abusive homes. One advocate reported that a positive result of the rules reduction process at her shelter was the elimination of the stress of the room check for survivors. This also lifted the burden from advocates of regularly monitoring survivors' housekeeping in their personal spaces.

Cell Phones

Cell phone bans in residential settings present a number of logistical, philosophical, and emotional challenges for survivors and advocates. Cell phones are a lifeline to support, connection, and resources for survivors. TCFV recommends that programs do not take survivors' phones nor ban their use. It is true that cell phones are also a potential security risk, in shelter and outside of it, as location services and other features make phones a possible tool for abusers' surveillance. Advocates can provide information about how phones and tablets may inadvertently share locations and help survivors change privacy settings to use phones safely and independently.

RESOURCE TIP: Resources on domestic violence and technology safety are online at techsafety.org. TCFV also provides staff training on this topic.

Contact with Abuser

One of the most common expectations around confidentiality and security is that survivors cut off contact with their abuser. It is important to note that there are many reasons why survivors may choose to maintain some contact with an abusive partner, including court orders related to child custody. Individual safety planning around contact with an abusive partner is more empowering and useful for increasing security.

Medication

Survivors coming into shelter might bring medications for themselves or their children. Some programs, to reduce risk of misuse and risk to other children in the facility, require survivors to store medications in locked staff areas. Staff are then responsible for providing access to the medication on request and, in some programs, monitoring its use. As most staff are not medical professionals, this creates anxiety and potential liability for staff. TCFV and programs participating in ReCentered discussed that best practice is for staff not to store or administer medication. Instead, survivors can be given a locked personal storage space to which they have the key, so that they can safely store and access their own medications.

This supports survivors' autonomy and relieves staff of the time-consuming and uneasy task of administering medication.

Medical Treatment

While survivors should not be required to access treatment in order to access domestic violence services, domestic violence programs can help survivors access medical information and care. One survivor with recent injuries observed that it would be helpful to have a nurse come by the shelter periodically to do basic health screenings and answer questions about health concerns or medications. Survivors and staff interviewed as part of ReCentered cited incidents where shelter residents needed immediate medical attention and had delays in getting care.

Pets

For survivors with pets, the safety of their animals impacts their safety directly. Survivors talked about the impact of having a kennel available when they were deciding to leave an abusive situation. One survivor expressed gratitude that she was able to bring her cats, saying that she did not know if she would have come in if she could not have brought them.

RESOURCE TIP: [RedRover.org](https://www.redrover.org) has information and financial resources for shelters looking for ways to keep pets safe.

Survivors as Parents

Survivors who are parenting want respect for their choices as parents, support for their children, and safe childcare. They are concerned about how domestic violence might have affected their kids. They may have questions about Child Protective Services, or want to understand more about what might be going on for their children and how to support them in dealing with their own trauma. Survivors in shelter have additional needs as parents: the autonomy to parent, the opportunity to reconnect with their children, and the ability to reestablish a rhythm as a family.

Support for Parenting

Despite the stated intentions of domestic violence programs to support survivors as parents, the ReCentered: Trauma Informed Assessment Project found that **staff and survivors were further apart on the question of how well programs support parents than on any other issue. Survivors reported significantly lower staff support for survivors' parenting than staff did.** Some survivors discussed how it reminded them of living with their abusers when their kids were yelled at by adult authority figures or disciplined by staff, and survivors felt once again unable to protect their children from the adult in charge.

RESOURCE TIP: Texas domestic violence programs have been piloting a model curriculum for parenting classes that help survivors parent after violence. Call the TCFV Policy Department at 1-800-794-1133 to learn how to get a copy of the curriculum and become trained on using it.

Childcare

When survivors don't have access to reliable childcare, it compromises their access to

community services and impedes their participation in domestic violence center programming. Survivors mentioned in ReCentered interviews that a lack of childcare has kept them from groups or other classes at the domestic violence center, as well as community resources outside the center. Programs are addressing this need with dedicated childcare staff positions, community childcare vouchers, use of trained and screened childcare volunteers, flexible respite care, and other changes to make in-house childcare more accessible.

Children's Services

Children's and family services improve outcomes for parent and child survivors alike, providing needed support and healing and encouraging more engagement with program services. Staff and survivors alike in many Texas domestic violence programs expressed the need to expand services for children and to make sure that survivors are aware of what the domestic violence center offers for children and families. TCFV recommends that, for survivors who are parents, all available children's services be included in the Explanation of Services offered to survivors at intake.

Although staff and budget may not currently be in place to provide the level of children's services that survivors and staff feel are needed, programs can seek additional funds to enhance staffing, contract with part-time service providers, and coordinate with local community resources such as local colleges or counseling programs to increase availability of programming.

RESOURCE TIP: The Children Information Form (in the Model Intake and Case File Package at TCFV's [Creating Safer Spaces](#) online resource center) is a way to make sure that children's needs are considered from the time of intake.

Impact of Shelter Rules on Families

Shelter rules can create serious challenges for survivors with children. Programs can help shelters serve as uplifting places for parents and children by learning from survivors about the impact of shelter rules on families and rethinking rigid rules around daily living, such as curfew, bedtimes, personal food restrictions, and set times for meals and chores.

REFLECTIONS

Rules Reduction: A Lesson in Humility and Patience

*An Oral History of One
Program's ReCentered
Experience*

- Abeer Monem, Chief
Programs Officer of the
Fort Bend County
Women's Center

We embarked in the
early 2000's on looking
at our rules and trying
to see which ones were



not really necessary, were punitive, or really had no positive purpose. And from there, it actually got harder! It was harder than I thought because there were some splits in philosophy between members of the staff, and I realized that changes like this take time and lots of conversation. Having the TCFV ReCentered project team here was helpful as far as bridging the gap between where the leadership wanted to see the program go and where the teams that were having the concerns were.

Over time, we kept hearing from clients, "I might as well go back to my abuser." That cuts like a knife. I think really listening to survivors was important. With all of our best intentions, [with] nobody ever intending on making somebody feel that way, the fact that it kept coming up over and over led us to think we really do need to look at this a little more carefully. What had ended up happening is survivors in our shelter felt like they were subservient, like there is a definite power imbalance. And that's exactly the way it was when they were in the home with their abuser. They were the one that had to behave a certain way, do certain things, in order to please their abuser so that they then wouldn't be abused. So it sort of had the same feel, again without having that intention. And we know that clients were motivated to do what we asked simply because they were afraid of having services terminated. That led to the realization, are we contributing to the negative impact of the trauma by then putting more fear on them, when that's exactly what they just escaped from? A combination of things that you wouldn't even think would be supportive of a power imbalance really were. And then it kind of grows. If you start off with that mind frame, that translates into further things that will cause a survivor to be very uncomfortable and then leave. And our whole purpose is safety for a survivor.

We kept on thinking that something else needs to happen, we had to dig deeper. We say on one hand that we want to empower, but it's this weird dichotomy where we want to do things

that are well-intentioned but we end up doing things that have these unintended consequences of really taking power away from survivors.

We took out rules that previously were thought to be smart to have. Things like, if you're intoxicated, you have to be exited. And these awful extension criteria we had. There was another disciplinary system that we removed where it was three write-ups and then you had to exit. There's a plethora of things that we have changed since the four ReCentered sessions. Like our childcare and transportation: you don't have to have rigid reasons for them now. We also did some things with the chores where we incentivized them, and that effort is really taking off. Chores are chosen rather than assigned. We have people earn what we call shelter bucks in order to purchase these items weekly from the little store that we've set up. We also have some supplies out now. They don't have to *ask* for the supplies. That's another power imbalance thing that we took out immediately.

It's really a balancing act to try to figure out which rules serve your survivors and your staff, and which rules have unintended consequences for the survivor that in the long run will end up coming back on your program. Even rules that are in place for the best of intentions can have unintended consequences. But changes like this take time and lots of explanation in order to reduce the fears that staff may have of the shelter getting out of control. Here it's been a year and a half, and we still have a long way to go. But I am now content that the process is happening, and I don't have a time limit that I am putting on it.

It's also helpful getting the complete trust from the staff that the old way doesn't work. There's tons of research out there that shows that the punitive, coercive, old way does not change behaviors long term. It is well worth your while to spend time reviewing that research so that everybody can see that there's evidence. We also found through several of these sessions that you have to get *all* your staff's feedback. *All* of your staff really need to be heard. You have to be super open to listening to the concerns that staff have and not minimizing them, because you will not be able to explain anything if you aren't really listening and taking heed of the concerns that you're hearing.

We have many things we are still looking at. It's been in some ways a difficult journey, but I'm so happy that we're doing it because I really do feel that changing the paradigm of services is going to make a difference as far as our survivors achieving the success that we all want to see them achieve.

The story of the ReCentered: Trauma Informed Assessment Project is a story of change — of hundreds and hundreds of changes, all across the state. Changes in people's hearts and in people's minds. Changes on pieces of paper and in daily routines. Changes in survivors' lives, in advocates' words, in leaders' goals. And changes for the ReCentered team at TCFV, who have worked closely for a decade with domestic violence program directors, managers, advocates, and the survivors at the center of it all.

REFLECTIONS FROM THE TCFV RECENTERED TEAM

WHAT HAVE YOU LEARNED IN DOING THIS?



"Being a part of this for ten years has completely changed the way I think about most things in service provision. I would say that everyone has the capacity for immense change, even organizations. That at the end of it all the thing that really matters most to survivors are simple hellos, do you need a hug, I see you. That for change to occur we need to create an environment where an advocate can see themselves in a survivor's place and all light bulbs will come on. That advocates need that [lens], a living wage, and someone to turn to the 100th time they are worried about an outcome for a family or hear another story of a survivor being raped, abused, or minimized. That there is almost nothing more important than safer, affordable housing and peer support."




"That every survivor is looking for different resources or services but most just want to be treated with respect at the end of the day. I have also learned that ... advocates and program staff come from a good place. Sometimes their version of success may be different, but they all want the survivors they serve to succeed."

WHAT WOULD YOU WANT PEOPLE TO KNOW?



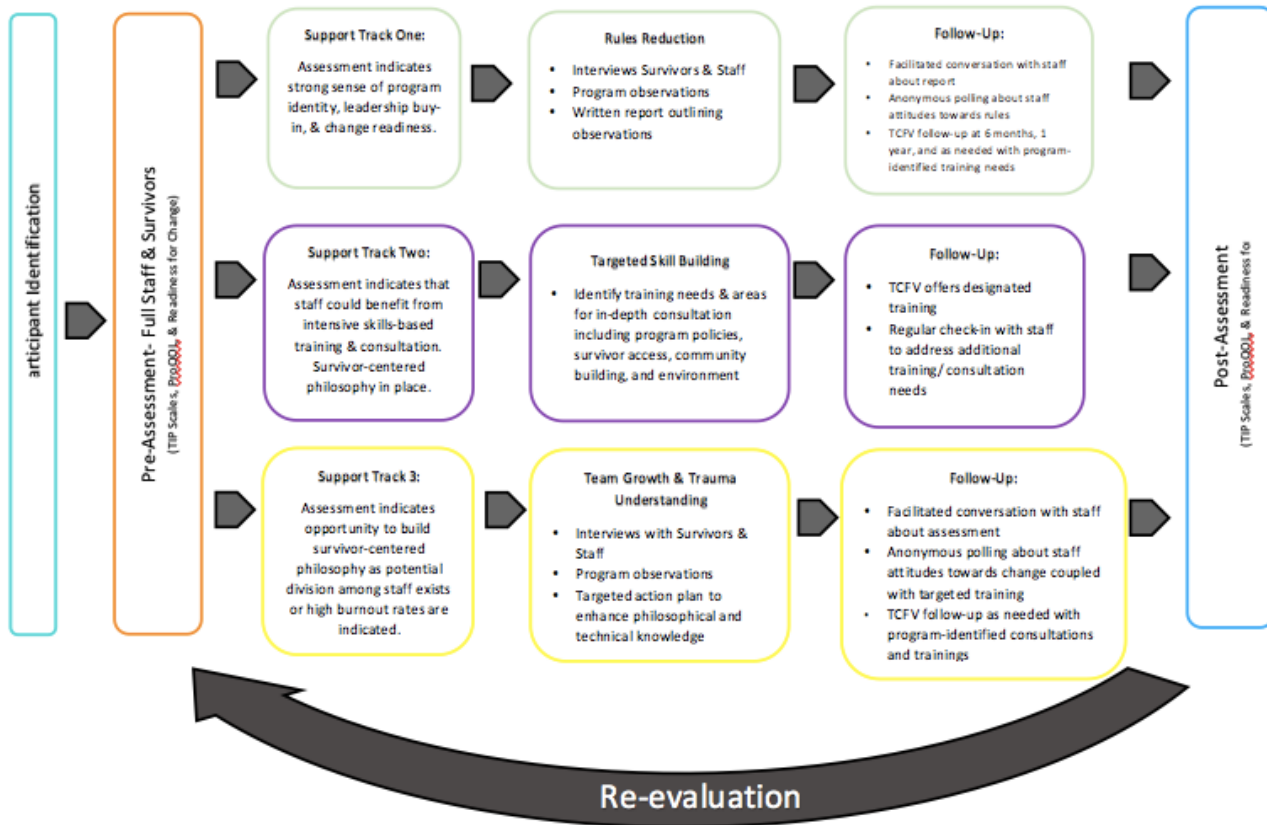
"Believing in someone's capacity will yield the greatest reward."

"That the process is long and you may learn a lot you didn't know about your agency, but the results are creating the best and most supportive environment for survivors."



The vision of the domestic violence movement is that until we bring an end to abuse, domestic violence centers will be places where survivors can stand in their own power and find safety and healing. Domestic violence programs across Texas bring this vision to life every day. The ReCentered: Trauma Informed Assessment Project offers a way to renew commitment to this vision through reflection and action. When the people who work in domestic violence programs and the survivors who come for services are empowered to share their experiences, their feelings, and their ideas for the place where services happen, programs grow into their promise in amazing and unexpected ways. What might that look like for your program? We hope you feel encouraged to pick up the ReCentering Toolkit and dive in to the process to find out.

Trauma-Informed Assessment Program



Survivor Feedback Survey

Hello! The state domestic violence coalition, Texas Council on Family Violence, would like to know how you feel about the services you have received at this program. Sharing this information will help us know how to make services better in the future or know what is already working well. Your responses on this survey are anonymous and confidential. No one from this program will see your answers directly, but they might be reported back with no names. Once you finish the survey, you can put it into the stamped envelope and mail it to us. If you have any questions you can contact us at DataTX@tcfv.org:

We would like to ask you some questions about how it feels to participate in this program. We are especially interested in the extent to which staff at this program recognize your challenges and difficulties, as well as your strengths and coping strategies.

1. Please let us know how true the following statements are as **you think about your interactions with staff in this program** on a scale from 0 to 3. You may feel different ways about different staff members. Please respond with your overall impression of the staff. This picture will help you think about

	Not at all true = 0	A little true = 1	Somewhat true = 2	Very true = 3
Staff respect my privacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff are supportive when I'm feeling stressed out or overwhelmed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I decide what I want to work on in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the opportunity to learn how abuse and other difficulties affect responses in the body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the opportunity to learn how abuse and other difficulties affect peoples' mental health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff treat me with dignity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff respect the strengths I have gained through my life experiences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff respect the strengths I get from my culture or family ties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff understand that I know what's best for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In this program, I have the opportunity to connect with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have opportunities to help other survivors of abuse in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This program creates opportunities for me to learn how abuse and other hardships affect peoples' relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The strengths I bring to my relationships with my children, my family, or others are recognized in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff respect the choices that I make.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In this program, I can share things about my life on my own terms and at my own pace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This program gives me opportunities to learn how abuse, and other difficulties affect peoples' ability to think clearly and remember things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the option to get support from peers or others who have had experiences similar to my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff can handle difficult situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am learning more about how to handle unexpected reminders of the abuse and difficulties I have endured.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can trust staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. The next set of statements are also about **your experience of this program**. Please let us know how true the following statements are on a scale from 0 to 3. Note that as you think about these statements you have the option to circle "I don't know." Also note, that you may feel different ways about different staff members. Please respond with your overall impression of the staff.

	Not at all true = 0	A little true = 1	Somewhat true = 2	Very true = 3	I don't know
Peoples' cultural backgrounds are respected in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peoples' religious or spiritual beliefs are respected in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all true = 0	A little true = 1	Somewhat true = 2	Very true = 3	I don't know
Staff respect peoples' sexual orientations and gender expressions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff understand what it means to be in my financial situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff understand the challenges faced by people who are immigrants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff understand how discrimination impacts peoples' everyday experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff recognize that some people or cultures have endured generations of violence, abuse, and other hardships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This program treats people who face physical or mental health challenges with compassion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Is there anything else you would like us to know?

4. Do you have children?

- Yes – please complete question #5
- No – skip to next page

5. Please let us know how true the following statements are as you think about your interactions with staff in this program on a scale from 0 to 3. Note that as you think about these statements you have the option to circle “I don’t know.” You may feel different ways about different staff members. Please respond with your overall impression of the staff.

	Not at all true = 0	A little true = 1	Somewhat true = 2	Very true = 3	I don't know
I am learning more about how children react emotionally when they have witnessed or experienced abuse, and other hardships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff help me explore how children's relationships can be affected by witnessing or experiencing abuse, and other life difficulties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am learning more about how my own experience of abuse can influence my relationships with my children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program provides opportunities for children to get help dealing with the abuse and other hardships they may have experienced or been affected by.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff support me to strengthen my relationships with my children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We'd like to know a little bit more about you, but please skip any questions that you do not feel comfortable answering.

1. What is your race/ethnicity? (Please check only one)
 - African American/Black
 - Native American/Alaska Native
 - Native Hawaiian/Pacific Islander
 - Asian/Asian American
 - White Caucasian
 - Middle Eastern
 - African
 - Hispanic/Latin@
 - Multiracial
2. If there is a particular ethnic background or identity that is important to you, please identify:
3. How old are you?
 - 18-20
 - 21-30
 - 31-40
 - 41-50
 - 51-60
 - 61-70
 - Over 70
4. What is the highest level of education you have so far?
 - 8th grade or less
 - 9th – 11th grade
 - High school graduate or GED
 - Some college
 - College graduate
 - Advanced degree
5. What is your gender identity?
 - Female
 - Male
 - Transgender
 - Other
6. How would you describe your sexual orientation?
 - Heterosexual /Straight
 - Lesbian/Gay
 - Bisexual
 - Other

7. Do you have any children?
- Yes
 - No
8. If yes, how many?
9. If you have children, are they in shelter with you?
- Yes
 - No
- If yes, how many?
10. How would you describe your current financial situation?
- I do not worry about paying for things I want and need
 - I can easily pay my bills, but need to be careful
 - I can pay my regular bills, but a big expense would cause a hardship
 - I have trouble paying regular bills
 - I simply can't pay my bills
11. Do you consider yourself to have a disability or disabling conditions?
- Yes
 - No
12. If you have a disability/disabling condition, in what ways did this program make accommodations to meet any specific needs you have?
13. If you have a disability or disabling condition, what needs related to your disability/disabling conditions, if any, were not met by this program?

14. How long have you been living at this shelter? (Please answer in days)

15. Have you lived in this shelter before?

- Yes
- No
- Unsure

If yes, how many times?

16. Have you lived in another shelter for people that have experienced domestic violence?

- Yes
- No
- Unsure

If yes, how many times?

Staff Survey

About Agency

We would like to ask you some questions about the services at your agency. These programs might include counseling, medical advocacy, shelter, supportive survivor services (case management/advocacy), supportive groups, or any other programs used at the Agency. We are especially interested in the extent to which you think staff at this program recognize survivor's challenges and difficulties, as well as your strengths and coping strategies.

1. Please let us know how true are the following statements as you think about interactions between clients and staff in this program on a scale of 0 to 3. You may feel different ways about different staff or survivors. Please respond with your overall impression of the staff.

	0/Not at all true	1/A little true	2/Somewhat true	3/Very true
Staff respect survivors' privacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff are supportive when survivors are feeling stressed out or overwhelmed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors decide what they want to work on in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors have the opportunity to learn how abuse and other difficulties affect responses in the body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors have the opportunity to learn how abuse and other difficulties affect mental health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff treat residents with dignity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff respect the strengths survivors have gained through their life experiences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff respect the strengths survivors get from their culture or family ties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff understand that survivors know what's best for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In this program, survivors have the opportunity to connect with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors have opportunities to help other survivors of abuse in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This program creates opportunities for survivors to learn how abuse and other hardships affect peoples' relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The strengths survivors bring to their relationships with their children, their families, or others are recognized in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff respect the choices that survivors make.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In this program, survivors can share things about their lives on their own terms and at their own pace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0/Not at all true	1/A little true	2/Somewhat true	3/Very true
This program gives survivors opportunities to learn how abuse, and other difficulties affect peoples' ability to think clearly and remember things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors have the option to get support from peers or others who have had experiences similar to their own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff can handle difficult situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors are learning more about how to handle unexpected reminders of the abuse and difficulties they have endured.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors can trust staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are the right amount of rules at your program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The rules at your program are fair.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The rules at your program make it safer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. The next set of statements are also about your **understanding of staff at this program**. Please let us know how true the following statements are on a scale from 0 to 3. Note that as you think about these statements you have the option to choose "I don't know". You may feel different ways about different staff members. Please respond with your **overall impression** of the staff.

	0/Not at all true	1/A little true	2/Somewhat true	3/Very true	I don't know
Peoples' cultural backgrounds are respected in this program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peoples' religious or spiritual beliefs are respected in this program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff respect clients' sexual orientations and gender expressions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff understand the realities of survivors' financial situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff understand the challenges of people who are immigrants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff understand how discrimination impacts peoples' everyday experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff recognize that some people or culture have endured generations of violence, abuse, and other hardships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This program treats people who face physical or mental health challenges with compassion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please let us know how true the following statements are as you think about survivors' interactions with staff in this program on a scale from 0 to 3. Note that as you think about these statements you have the option to choose "I don't know". You may feel different ways about different staff members. Please respond with your **overall impression** of the staff.

	0/Not at all true	1/A little true	2/Somewhat true	3/Very true	I don't know
Survivors are learning more about how children react emotionally when they have witnessed or experienced abuse and other hardships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff help survivors explore how children's relationships can be affected by witnessing or experiencing abuse and other life difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors are learning more about how their own experiences of abuse can influence their relationships with their children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program provides opportunities for children to get help dealing with the abuse and other hardships they may have experienced or been affected by	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff support residents to strengthen their relationships with their children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. When you help people you have direct contact with their lives. As you may have found, your compassion for those you help can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as an advocate. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

	0/Never	1/Rarely	2/Sometimes	3/Often	4/Very Often
I am happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am preoccupied with more than one person I help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get satisfaction from being able to help people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel connected to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I jump or am startled by unexpected sounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel invigorated after working with those I help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it difficult to separate my personal life from my life as an advocate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not as productive at work because I am losing sleep over traumatic experiences of a person I help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that I might have been affected by the traumatic stress of those I help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel trapped by my job as an advocate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0/Never	1/Rarely	2/Sometimes	3/Often	4/Very Often
Because of my work, I have felt "on edge" about various things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like my work as an advocate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel depressed because of the traumatic experiences of the people I help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel as though I am experiencing the trauma of someone I have helped.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have beliefs that sustain me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am pleased with how I am able to keep up with advocate techniques and protocols.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am the person I always wanted to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work makes me feel satisfied.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel worn out because of my work as an advocate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have happy thoughts and feelings about those I help and how I could help them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel overwhelmed because my case work load seems endless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I can make a difference through my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid certain activities or situations because they remind me of frightening experiences of the people I help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am proud of what I can do to help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a result of my work, I have intrusive, frightening thoughts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel "bogged down" by the system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thoughts that I am a "success" as an advocate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't recall important parts of my work with trauma victims.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a very caring person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy that I chose to do this work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Please let us know how true the following statements are on a scale from 0 to 3. Note that as you think about these statements you have the option of selecting “I don’t know”. Also note that you may feel different ways about different staff members. Please respond with your overall impression of the staff.

	0/Not at all true	1/A little true	2/Somewhat true	3/Very true	I don't know
Management makes opportunities for employees at every level to have their ideas heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff are willing to try new ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff work effectively together as a team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leaders actively seek input from employees concerning challenges, expectations, and ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff trust that the administration and leadership of the organization is making fair decisions with survivors in mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are too many rules and limitations on what staff can and cannot do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Is there anything else you would like us to know?

About You

This information helps us understand your answers. If you prefer not to answer a question feel free to move on to the next one.

7. What is your race/ethnicity? (Please check only one)

- African American/Black
- Native Hawaiian/Pacific Islander
- White/Caucasian
- African
- Native American/Alaska Native
- Asian/Asian American
- Middle Eastern
- Hispanic/Latin@
- Multiracial

Other:

8. If there is a particular ethnic background or identity that is important to you, please identify:

9. How old are you?

- 18-20
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- Over 70

10. What is the highest level of education you have so far?

- 8th grade or less
- 9th-11th grade
- High school graduate or GED
- Some college
- College graduate
- Advanced degree

11. What is your gender identity?

- Female
- Male
- Transgender
- Other

12. How would you describe your sexual orientation?

- Heterosexual/Straight
- Lesbian/Gay
- Bisexual
- Other

13. How long have you worked at this agency?