



In Our Hands:
Everyday Trauma Informed
Advocacy



A ReCentering Toolkit



TEXAS COUNCIL ON FAMILY VIOLENCE



**In Our Hands:
Everyday Trauma-Informed Advocacy**

A ReCentering Toolkit





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ReCentering: A Trauma-Informed Toolkit for Domestic Violence Advocates

At its heart, domestic violence advocacy honors the strength, courage, and hope of each survivor. Domestic violence programs in Texas strive to be **empowerment-based, survivor-centered, and trauma-informed**.

Empowerment-based advocacy acts against the many ways abusers try to control their partners, by helping survivors regain control in their lives. Empowerment-based advocacy is rooted in the strengths of survivors. It holds that the role of an advocate is not to make decisions for survivors, but to provide the support, encouragement, information, and resources that survivors need to make their own decisions about how to take action for their own lives.

Survivor-centered—or survivor-defined—advocacy, in the words of the Center for Survivor Agency and Justice, is a “*comprehensive and individualized*” way to “*work with survivors that strive to meet their individual needs, as they define and prioritize them.*” Advocates are partners with survivors, companions on each survivor’s journey rather than limited to merely providing pre-determined social services from a standard list.

Trauma-informed care is an approach to working with people that recognizes the widespread effect of trauma on people’s mindset, behaviors, and coping mechanisms. According to the National Center for Trauma-Informed Care, a trauma-informed program builds all of its policies, procedures, and practices around a deep understanding of trauma. It seeks to actively resist re-traumatizing those who seek services.



Empowerment-based. Survivor-centered. Trauma-informed. All describe an organization that listens to survivors and is guided by what survivors say about their experiences and goals. All describe an organization with advocates who are empowered and supported to respond creatively and flexibly to the needs of individual survivors. All describe an organization that operates from principles of compassion, dignity, liberation, mutual aid, and the principle of curiosity. Honoring the expertise of survivors in their own experiences means working from a place of not-knowing and being open to learning.



TCFV’s ReCentered: Trauma-Informed Assessment Project was born of this type of compassionate curiosity. *How do survivors experience their interactions and connections with Texas domestic violence centers? How do advocates, caseworkers, counselors, and other domestic violence workers balance the emotions, demands, and pressures of trying to protect survivors’ safety and support their empowerment, while balancing rules, regulations, and real-life? How do leaders inspire, mobilize, and support advocacy that empowers survivors and advocates in domestic violence programs?*

What do you think? Take a few moments to jot down some thoughts on these core questions.

ReCentered: Trauma-Informed Assessment Project

TCFV turned to domestic violence programs in Texas that wanted to know more about how they could grow in their ability to align with their core values. Over ten years, TCFV worked with dozens of distinct domestic violence centers across Texas—rural, urban, and suburban, small, medium and large, residential and nonresidential—to learn about the experiences of survivors and advocates in Texas programs and understand how Texas programs were taking on trauma-informed, survivor-centered, and empowerment-based advocacy. TCFV staff interviewed hundreds of survivors and advocates and worked with programs to support them in multi-year efforts to adapt and grow—to recenter—as a result of what they learned in their programs’ interviews and what they discussed in their change sessions, where they analyzed their learning and decided how to take action together.



In Our Hands: The ReCentering Toolkit

This ReCentering toolkit brings some of the key questions and tools of the ReCentered process to you. This toolkit is meant to be a guide for anyone who wants to reflect on their advocacy or their organization, with the goal of re-focusing on the experiences and empowerment of survivors. (For more detailed information about the ReCentered process and a comprehensive discussion of the results of the ReCentered project to date, please see the ReCentered: Trauma-Informed Assessment Project report.) This guide offers tips and resources for implementing

trauma-informed, survivor-centered, and empowerment-based approaches in everyday advocacy work.

Trauma-Informed Advocacy

Time and time again, researchers who study survivors' experiences in domestic violence programs find that survivors say their connections with advocates are among the most important parts of their experiences. Advocates listen; advocates connect survivors with essential resources and information; advocates accompany survivors as they find their voices, find their anger, find their power, find justice, find security, find hope, and find peace. Being an advocate is a job title, but not only a job title. Empowerment-based advocacy is a role that anyone working with survivors can take on, whether they work as drivers, cooks, counselors, legal advocates, childcare workers, shelter advocates, or in any other position in a domestic violence center. The role of the advocate is essential, but not an easy or a simple one.

On top of the innate stress of bearing witness to what can feel like endless streams of violence and trauma and working urgently at all hours to help people navigate difficult and unfair life circumstances, there are times when advocates find

"You're not a person for such a long time and then all of the sudden you're a person, and she remembers your name."
- Survivor

it challenging to balance all the different demands of their role. Advocates have to balance supporting a survivor's safety and the individual choices they make every day. They have to show empathy and be attentive to survivors while also maintaining professional boundaries. They want to support and empower survivors to move forward towards their goals and make their own choices. At the same time, despite advocates' best intentions, there are times when

"Some of the staff make us feel like we put ourselves in this situation, and they have no respect for us. This feels like the abuser when you're questioning us and our needs... Don't question me like he would."
- Survivor

survivors report that they don't always feel respected, supported, or empowered in our programs. At times, survivors say being in shelter feels like being in jail.

Trauma-informed advocacy supports survivors and advocates.

Many programs participating in TCFV's ReCentered Project, and programs in other states taking part in rules reduction processes to build more trauma-informed, survivor-centered, and empowerment-based environments, have found that this advocacy can help support advocates and survivors.

If you are an advocate or other direct service staff, what does this mean for you?



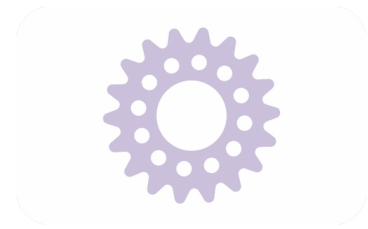
“I’m so grateful to all the staff in the shelter for helping me find the strength and all the information I need to point me in the right direction.”

- Survivor

When domestic violence programs make changes to create more trauma-informed, survivor-centered environments, advocates often ask how to put the idea of trauma-informed, survivor-centered services into practice in reality. Below you’ll find some tips and tools for applying these philosophies to issues that come up in everyday advocacy situations.

What Does Trauma-Informed Advocacy Look Like In Practice?

Trauma-informed advocacy creates welcoming environments that make space for survivors who are experiencing the effects of trauma. Coping with and healing from trauma can look many different ways for different people.



- Wilson, J. M., Fauci, J. E., Goodman, L. A. (2015)

In a trauma-informed environment, we honor the strengths of survivors while acknowledging that even if they don’t seem to be in immediate crisis, dealing with trauma might leave them feeling angry, bitter, tired, despairing, depressed, overwhelmed, or foggy. Trauma-informed

advocacy means doing advocacy in a way that avoids re-traumatizing people. *Advocacy that avoids threatening, policing, or controlling survivors is trauma-informed advocacy.*

CHECKING THE BOXES: Trauma-Informed Communication in Your Shelter

- ❑ All the written material given to residents, including rules/guidelines, invites cooperation, collaboration, and mutual accountability in tone and wording.
- ❑ Advocates assess each resident's readiness to receive information during the first few days and know new residents may not be ready to hear about and remember all the rules and routines when they first arrive.
- ❑ Routine processes for intake are trauma-sensitive and acknowledge that people can only take in so much information at one time. The staff does not expect residents to fully take in or read the information given to them about rules and how the house runs.
- ❑ Information and expectations about communal living (what to do with dirty diapers, chores, etc.) are clearly distinguished from information about behaviors that threaten safety (i.e., threatening someone with a weapon or cooking meth in the kitchen) and might lead to being asked to leave the program.
- ❑ The response to behavior that does not harmonize with group living comes from understanding that residents need information and doesn't assume that residents willfully and knowingly break the rules.
- ❑ Routine practices ensure that literacy and language access are not barriers to understanding how the program works. Rules are explained verbally. When staff cannot communicate with residents in their primary language, discussions about rules and communal living take place with interpretation.
- ❑ Staff frame problems in terms of fit with the program instead of personal failure; staff avoid judging residents in their conversations with residents and with each other.

from [Making Minimal Rules Work: A Checklist](#) (Washington State Coalition Against Domestic Violence)

What does it mean to take a trauma-informed approach to advocate success?

Understand that advocates can't control the outcomes of survivors' time in services.

What you *can* control is the support you provide, how you communicate with survivors, whether you communicate mutual respect, create space for survivors' voices and choices, and demonstrate respect for the survivors' histories, identities, and cultures. These are the principles underlying a trauma-informed approach.

*"If I can't keep myself together trying to tell you what's going on, don't push."
- Survivor*

What else does it look like to make services accessible for people affected by trauma?

CHECKING THE BOXES: Making Your Program Accessible to Trauma Survivors

Every agency should have policies and practices that support access for survivors experiencing mental health issues. Here are some everyday practices that make your services more accessible to people surviving trauma and its effects:

- Acknowledge that reduced energy, anger, and exhaustion are real. The need for rest is real. Be flexible in how services are offered to accommodate survivors' energy levels.
- Some survivors are also experiencing psychiatric disabilities. Below are some links to tip sheets and trainings for advocates on how to provide advocacy to survivors with psychiatric disabilities.
- Be aware that there is a high risk of traumatic brain injury (TBI) among survivors of domestic violence. TBI can cause problems with thinking and remembering and can impact behavior and emotions. Domestic violence centers should share information about TBI with survivors, provide advocacy to help survivors problem solve the effects of TBI on their daily living, and make accommodations to services for survivors who are having problems with cognition.
- Give survivors information about the physical and emotional effects of trauma and what strategies might be helpful for survivor's experiencing those effects.

What does your program already do to increase accessibility for trauma survivors? What else do you think would be helpful?

Trauma-Informed Advocacy Resources

Effective advocacy on behalf of domestic violence survivors requires a commitment to ongoing learning and professional development. Beyond this toolkit, here are some opportunities to continue exploring trauma-informed care and advocacy best practices:

Tip sheets

Practical Tips for Increasing Access to Services: http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet_Practical-Strategies_NCDVTMH_Nov2011.pdf

Tips for Supporting Survivors with Reduced Energy:

http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet_Reduced-Energy_NCDVTMH_Aug2011.pdf

Tips for Making Connections with Survivors Experiencing Psychiatric Disabilities:

http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet_Making-Connections_NCDVTMH_Aug2011.pdf

Traumatic Brain Injury and Domestic Violence: Understanding the Intersections (National Online Resource Center on Domestic Violence):

<https://vawnet.org/sc/traumatic-brain-injury-and-domestic-violence-understanding-intersections>

Trainings

TCFV Webinar: [Trauma-Informed Services with Survivors of Family Violence](#)

TCFV Webinar: [Exploring the Impact of Trauma on Adolescent Brains](#)

Webinar: [Promising Practices from the National Center on Domestic Violence, Trauma, and Mental Health](#)

Webinar: [Trauma-Informed Peer Support: Effective Strategies for Domestic Violence Services and Organizations \(NCDVTMH\)](#)

Webinar: [Trauma-Informed Care Manual and Best Practices \(Ohio Domestic Violence Network\)](#)

Webinar: [Moving Ahead Positively: Trauma-Informed Culturally Specific Model](#)

Webinar: [Mindfulness Stress Reduction for Survivors: An Introduction](#)

Webinar: [Beyond Trauma: A Healing Journey for Women](#)

Webinar: [Understanding Trauma and the Body: From Theory into Practice](#)

Readings

Promising Practices and Model Programs: Trauma-Informed Approaches to Working with Survivors of Domestic and Sexual Violence and Other Trauma (National Center on Domestic Violence, Trauma, and Mental Health)

http://www.nationalcenterdvtraumamh.org/wpcontent/uploads/2016/01/NCDVTMH_PromisingPracticesReport_2015.pdf

Manual

Trauma-Informed Care Manual from the Ohio Domestic Violence Network

https://www.odvn.org/wp-content/uploads/2020/05/ODVN_Trauma-Informed_Care_Manual_2020.pdf

Creating Welcoming Environments

The Physical Space

Welcoming environments can start with the physical environment. Take a look around your spaces and imagine what it would be like to come in there for the first time while you are in crisis. Is it clear where you should go? Does it feel calm and peaceful? Does it seem warm and personal, or cold and institutional? If there are pictures of people on the wall, do they reflect a variety of people and cultures? If there is any written material posted, is it in all the languages commonly used in your community?

- Review the [Building Dignity](#) (WSCADV) website about design for domestic violence shelters. Even if you are not building a new space or undergoing a major renovation, what elements of your program's space can be designed for greater dignity for all the different adult and child survivors who visit your space?
- Ask survivors about their experiences entering the physical service environment. You might learn some things that your program may want to change.

Getting Ready: Creating the Physical Environment

Some things to consider:

- Is the space too bright or too dim?
- Is it a quiet space? Can you hear others pass by? Are you routinely being interrupted?
- Can you offer them something to eat and drink?
- Is the client sitting with their back to the door?
- What is on the walls? Is it clear where the bathrooms are located?
- Is there a desk or table in between you and the survivor?

Source: TCFV's [Creating Safer Spaces](#) online resource center

What do you think works well about your program's physical environment? What are some small changes that might make a big difference for survivors?

First Connections

Welcoming environments can start at first contact. Whether your role is administrative/front desk support, hotline worker, or transportation staff, when you are the first person someone contacts when they're reaching out for help, you are the most important representative the program can have.

"The phone call is the most important. If you don't feel comfortable with the person you are talking with, what is the use of getting out of this situation if the person who you are talking with doesn't care?"
– Survivor regarding hotline calls

Goals for Survivor Contact



Some Things to Consider:

Kindness counts. Understand that people may not be coming to you at their best, but they need your best. Expect the unexpected and listen without judgment.

"It's huge that somebody on the phone was a safe person to talk to on the hotline."
– Survivor

Have a contact list of bilingual staff and language interpreters on hand so that people can be welcomed by someone who speaks their language. Be aware and mindful of the impact this role can also have on the capacity of staff expected to be available.

Keep the door open for all callers to engage with your program again, regardless of what the outcome of the first call is. Let them know that they can follow up at any point for more help.



"Use language I can understand."
– Survivor

Know that it's essential to get support for yourself. Even if a conversation is short, it can be a lot to take in. Debrief privately with your supervisor or co-workers.

"I needed to get out of there right then and there." Survivors in ReCentered Listening Project sessions said that sometimes they needed to make an urgent escape plan, and the hotline call was just taking too long. Assess for safety and current situation first, and then continue with questions.

RESOURCE TIP: Use the TCFV Hotline Call Information Form to help you focus each hotline call on immediate needs. Start each call with a safety check and a survivor-driven assessment of need for emergency services. You can download and customize the Hotline Call Information Form by downloading the Survivor Intake & Case File Resource Guide on [Creating Safer Spaces](#).



CHECKING THE BOXES: Making Intake at Your Program More Welcoming

- Make intake as short as possible, with a focus on safety and immediate needs. The Wellness Check and the Resource Checklist from [Creating Safer Spaces](#) help guide brief, focused intakes that take the likely effects of trauma into account.
- Review intake questions to re-examine what is truly necessary to ask upfront.
- Make orientation and intake a human conversation, not just a time to fill out forms. Ask open-ended questions to discover information and ask survivors what questions they have. The Wellness Check form provides a template.
- Consider a two-step intake, using the first step to gain only the required information. Give people time to decompress, then ask the second round of more detailed questions a day or two later.
- Do intake in their primary language. Make sure to have interpreters available as soon as possible if no staff at the program speak the primary language of a survivor.
- Work to reduce repetition in intake questions across departments.
- To help survivors develop a better understanding of why certain questions are asked, explain the reasoning behind intake questions.
- Be prepared for the presence of survivors' children. Have childcare, toys, books, and activities for children available. Keep in mind that some children and parents won't want to be separated for intake interviews. Videos and games with headphones, or childcare in an adjoining room with a glass wall or large window, can help create privacy and comfort for parents and children during difficult adult conversations.
- Be as kind and empathetic as possible, even though intake can, at times, seem routine.

*"When they first get here, we give them a goodie bag (starter pack) with feminine products, soap, etc. and they can ask for more whenever."
- Family violence program staff*

*"It felt like home, because of all of the beautiful pictures, the staff was friendly from the time I walked in."
- Survivor*

CHECKING THE BOXES: Welcoming People into Shelter

- Do shelter intake in multiple phases so that survivors aren't overwhelmed by receiving so much information at once. Build-in time for rest and ask people, "are you ready to hear more about how things work here, or would you rather wait until this afternoon/tomorrow?"
- Do provide clear information to all residents about the shelter exit and length of stay policies. There are often many rumors and much confusion and worry about exits and extensions.
- Give simple written information about important policies. Don't expect people who have been traumatized to remember information.
- Try a "New Client Welcome" program in which existing clients can sign up to welcome incoming survivors, showing them around when they first arrive. This can help to foster a sense of community in the shelter, as well as to lessen the trauma of entering a shelter for the first time.
- Offer optional weekly house meetings that can be a place to provide explanations of shelter policies and the reasons behind them, and invite questions and feedback from survivors.
- Invite survivors to offer feedback on the Cooperative Living Agreement. How do they think it's working?
- Take a look at shelter rules and exit policies and get input from survivors and staff to help guide policies that align with organizational core values and philosophies.
- Work to reduce intake papers and questions across departments while continuing to emphasize available service opportunities.

"If you don't ask, you won't find out. You have to know where/who to ask, and we're not used to asking for anything."

- Survivor, on why it helps to get information on what resources are available

"I would like a list of services I can actually read and understand. I don't want to repeat rumors to find out what the services are."

- Survivor

RESOURCE TIP: Based on input from hundreds of survivors and domestic violence staff, TCFV developed an entire set of downloadable model intake forms in the [Creating Safer Spaces Survivor Intake and Case File Resource Package](#). Sample forms you can use that are based on the essential values for all intake:

- culturally-inclusive
- available in languages most commonly used in different communities
- use gender-neutral and non-judgmental language
- make it clear that services are voluntary and chosen by survivors

You can also download:

Residential and Non-Residential Intake Checklists that give survivors and advocates a snapshot version of everything that programs are required to discuss at intake, to help keep intake as manageable as possible.

The **Resource Checklist**, which is an easy to scan one-page sheet for survivors that shows what kind of help and information the program can offer and gives survivors a quick, non-invasive way to share what they'd like some follow-up on. This form is customizable with drag and drop options for your program.

English, Spanish, Vietnamese, and Arabic forms at the TCFV [Creating Safer Spaces](#) online resource center!

Tip sheet: [Creating a Welcoming Environment \(National Center on Domestic Violence, Trauma, and Mental Health\)](#)

Tip sheet: [Creating Emotional Safety \(National Center on Domestic Violence, Trauma, and Mental Health\)](#)

Voluntary Services

The domestic violence movement has always been based on survivors' choices about their own

GIFT GUIDE TO VOLUNTARY SERVICES

Give information about what help is available

Invite survivors to participate in programs

Find out from survivors about what they need

Trust survivors' judgment of what's right for them

lives. In recent years, funders of domestic violence centers have clarified the requirement that all programs be voluntary. The law that authorizes government family violence funding states that domestic violence centers can't require survivors to use a particular set of services. This includes parenting classes, counseling, support groups, even case management—domestic violence centers can inform and encourage the use of these resources, but programs can't require survivors to use any services.

On the one hand, the idea of voluntary services isn't a hard one—it's very much in line with our beliefs about empowerment and acknowledging survivors as the experts of their own lives. On

the other hand, sometimes it can be difficult when there are so many great resources, and you don't know how to get survivors to use them. So, what do you do?

In a survivor-centered environment that isn't rigidly rule-driven, the answer lies in open and respectful conversation. Talk with (not *to*) survivors. Be mindful of the power dynamic that comes with the roles of helper/helped and build relationships with survivors by being non-judgmental and communicating curiosity about their needs, openness to their perspectives, and respect for their strengths.

Question: How will survivors get into services if we don't require advocacy/case management?

SHARE information about what services are available at the program during intake and throughout the survivor's stay. (See the Intake section above for ideas of how to do this without overwhelming people.)

SHARE information about what kinds of things the program can help with. To be fully survivor-centered, survivor choice means more than picking from a predefined menu of services. Offering a list of topics you can help with instead of just a list of services gives survivors more flexibility to define what they need, and gives advocates a way to customize services to each survivor's situation.

Question: What if survivors aren't using the services we think are most important?

ASK them how they are when you see them, be curious. When you do talk, ask them if they have any questions about any of the services in the program or if they've been able to talk to anyone like a case manager or counselor. "It's absolutely your choice; I wanted to check in and see if you have any questions or concerns." Be mindful of your impact and how a survivor could feel obligated due to the power dynamic, even if you aren't telling them they have to do something.

ASK them if anything is getting in the way of them using any of the services they'd like to use. This is a great time to keep in mind the holistic and intersection experience of all survivors. Consider the context of what they have shared and, through conversation, see what barriers may exist. Maybe someone wants to come to group meetings, for example, but has to work during the group meeting time. You might be able to come up with solutions to help remove barriers that are keeping survivors from getting the services they want in a way that works for them.

ASK them what services would be helpful. It may be that the program's service offerings don't feel relevant to what a survivor needs. Ask if there's anything the program might be able to help with during this time in the survivor's life.

Survivor-Centered Needs Assessment and Safety Planning

For voluntary services to work well, survivors need space and time to talk about what they need to stay safe and to figure out their next moves. With a survivor-centered needs assessment and safety planning, survivors are the ones to define their priorities. Advocates are the ones who help survivors consider their options and offer information about additional resources.

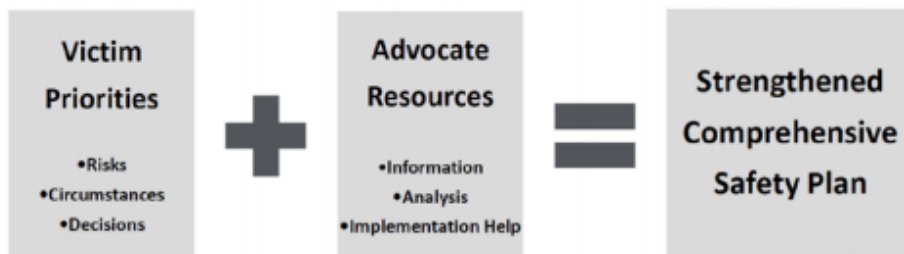


Figure 1 – © 2014 SAGE Publications, Inc.

Jill Davies and Eleanor Lyon, *Complex Lives/Difficult Choices: Survivor-Centered Advocacy*



Mic Check! How Do I Sound?

How do we approach survivors in services? Do we sound like parents, preachers, bosses, or drill sergeants? Or do we sound like allies, supporters, and teammates? Paying attention to how we talk with survivors means paying attention to our underlying assumptions and the power differentials that we express without even intending it.



Homework Read *Changing the Script* <https://wscadv.org/wp-content/uploads/2015/06/Changing-the-Script.pdf> How do you sound when you are having a good day at work? How about when you're stressed? Do you act out different scripts with different people? What do you sound like when you're most effective?

Readings

Factsheet: [The Basics of a Voluntary Services Approach \(National Network to End Domestic Violence\)](#)

Brief Guide: [A Summary: Victim Defined Safety Planning](#) (Jill Davies)

Trainings

Safety Planning

TCFV Webinar: [Risk Assessment and Survivor Safety Planning](#)

TCFV Webinar: [Advocacy with Peer Counseling Techniques](#)

Motivational Interviewing

Video Training: Motivational Interviewing with Survivors [Sessions 1, 2, and 3](#)

Moving From Rule Enforcement To Cooperation

If your program has worked on reducing rules and is using a program structure that is more based on cooperative agreements than rules, you may be feeling liberated from the role of enforcer. Or, you may be confused about how you're supposed to keep things from descending into chaos. Setting up a clear framework for survivors and program staff can provide helpful support for successful cooperation.

CHECKING THE BOXES: Setting Expectations for a Cooperative Approach to Services

- Let survivors know what they can expect from you and from the center.
- Let survivors know what the program expects from participants.
- Take time to go over the Client Rights and Responsibilities and/or Cooperative Living Agreement with survivors.
- Periodically ask survivors for their opinions on the Client Rights and Responsibilities/Cooperative Living Agreement. Share their feedback with your organization so that you can continue to feel confident that these documents are meeting the needs of the center and of survivors.

When Issues Arise: Discussion-Based Solutions

When things aren't going smoothly in a cooperation-based service setting, advocates deal with each situation with the particular people involved. In a rule-based environment, the understanding might be that if you do this thing that is prohibited (ex. break curfew or smoke inside), you will receive this pre-set consequence (a write-up, a learning opportunity, a loss of privileges). Often the consequences can add up and lead to an exit from shelter or termination of services. In a service setting based on cooperation, unless there's an immediate safety threat, advocate's responses to issues aren't standardized or spelled out in advance. Instead, if an issue comes up, advocates bring it to the survivor individually or take it to a group meeting if it's a group issue. Advocates use their judgment and advocacy skills to work with survivors to talk through issues.



Here are some things to consider about solutions based on discussions rather than rule enforcement:



- **Focus is on finding a mutual solution together that works for everyone involved.** *"Let's see what we can figure out to work this out."*
- **Identify the need.** *"Can you tell me about what's not working in this situation from your perspective?"*
- **Empathize, listen, and affirm the survivor's experience and feelings.** *"It sounds like it's really hard when..."*

- **Ask open-ended questions.** *“What do you think might work better? What would make it possible to....? How can we support you?”*
- **Manage your power differential.** *“We need to keep this a safe and healthy place for everyone.”* vs. *“You can’t do that here.”*

Implementation: From Rules to Cooperative Living

Rule: You must do assigned chores daily at the appointed time.

Cooperative Living Statement: Commit to create a cooperative living space by maintaining shared spaces.

Rule: Violations of confidentiality will not be tolerated.

Cooperative Living Statement: Respect the private information and safety of other clients by not sharing their names or information about them with anyone, other than with agency staff if necessary.

Rule: Quiet time is at 8pm.

Cooperative Living Statement: To support all families we ask that you be mindful of noise levels in the evening.

from the TCFV webinar *ReCentering Services: Understanding Rules Reduction in Shelter and Services*

When You’re Stuck

- Problem-solve with a co-worker. Find another co-worker or colleague who is working in a framework of rules reduction and cooperative living. Ask, *“What do you do in situations like this? What else could I try? What could I be doing differently? What am I not thinking of?”*
- Bring it to a supervisor. Let them know you want to make rules reduction and cooperative living work, but you’re having trouble and need some support and ideas for new options to try.
- Contact TCFV! TCFV staff can help you think through your questions and provide resources.

Related Resources: [Rethinking Punitive Approaches to Shelter: One Shelter’s Story](https://wscadv.org/wp-content/uploads/2015/06/Rethinking-Punitive-Approaches-to-Shelter.pdf)
<https://wscadv.org/wp-content/uploads/2015/06/Rethinking-Punitive-Approaches-to-Shelter.pdf>

LESS IS MORE

“WE HAVE ALL WORKED HARD TOGETHER TO CREATE A MORE SUPPORTIVE ENVIRONMENT FOR THE WOMEN AND CHILDREN LIVING IN SHELTER. THE CHANGES WE HAVE MADE HAD AN IMMEDIATE AND POSITIVE IMPACT ON ALL – BOTH PROGRAM PARTICIPANTS AND STAFF MEMBERS. THE PARTICIPANTS FELT LIKE THEY HAD A RIGHT TO MAKE THEIR OWN DECISIONS AND THE STAFF FELT LESS LIKE WARDENS IN A JAIL.

NOW THE WOMEN WHO LIVE IN OUR SHELTER CAN SET THEIR OWN GOALS, MAKE THEIR OWN DECISIONS, AND FEEL SUPPORTED IN DOING SO. STAFF CAN BE A WITNESS TO THE WOMEN’S PERSONAL GROWTH AND SUCCESSSES. IT IS A WIN-WIN SITUATION FOR ALL INVOLVED! WE WILL CONTINUE OUR JOURNEY BY CONTINUALLY EXAMINING OUR RULES AND PRACTICES...”

-Rethinking Punitive Approaches to Shelter
 Debra K. Adams with Sherri Bennett – YWCA Safe Choice Domestic Violence Program

Survivor Input

Survivors feel more respected when asked to give input, and when they can see that their ideas are taken seriously and have an impact. Asking for survivors' opinions and welcoming their feedback is a great way to disrupt a power dynamic and create an atmosphere of more equality. Survivors are also the experts on what it's like to receive services in your program—their ideas can improve your center! Some consider asking for survivor input:

“Filing a grievance is the only way to be heard. But this doesn't work for everyone—some feel like they'll cause trouble if they do this.”
-Survivor

CHECKING THE BOXES: How to Ask Survivors in Your Program for Input

- Make information about survivor grievance procedures freely available to survivors using services. Handle complaints in a timely manner, and be clear with survivors and staff along the way about where in the process the complaint is at any given time. Use a diverse staff committee with staff from across the agency to review survivor complaints.
- Check in with survivors, in your regular conversations, about how things are going for them at the center and whether they have any suggestions for staff.
- Put suggestion boxes with paper and pens in shared spaces. Advertise them! Review suggestions regularly in staff meetings and/or house meetings.
- Conduct anonymous surveys and report back on actions taken as a result.
- Provide incentives to current clients to complete anonymous evaluations.
- Use iPads and tools like Mentimeter and Poll Everywhere for real-time survivor evaluation.
- In residential services, use house meetings as a place to gather survivors' opinions and invite survivors' perspective and ideas about how things are run.
- Invite survivors to attend staff meetings. Have a regular staff meeting agenda item for survivor input.
- Hold focus groups with current clients to get their input. Provide meals and childcare. Take notes and follow up with information about what resulted from their feedback.
- Establish a shelter resident advisory board for survivors to provide ongoing insight and guidance to domestic violence program staff, management, and leadership.
- As part of organizational change and growth processes, meet periodically with former shelter residents and survivors who have used nonresidential services to survey them about the program's rules and policies.

Cultural Affirmation and Structural Competence

Being survivor-centered means being culturally responsive and thoughtful about oppression, racism, inclusion, and bias. Programs are culturally affirming when they warmly accept diverse cultural practices and proactively welcome the diversity that survivors and staff bring. For many survivors, culture is a source of identity, resiliency, and strength, a well from which to draw.

Structural competence means operating with an awareness of the ways that systems of oppression have disadvantaged and devalued certain cultures while privileging and over-valuing others. Unconscious bias, mistrust, and differential opportunities all result from structural oppression and have an effect on survivors and staff in programs and every other aspect of life. When we meet up with one another in domestic violence centers, we bring all of our identities and experiences with us.

CHECKING THE BOXES: Making Your Program Culturally-Affirming & Structurally-Competent

- Make space for survivors’ cultural practices such as religious practices, holidays, foodways, and connections with their community outside of the shelter, for example.**
- Can people see themselves reflected in the environment? Are there staff members who share their identities? Leadership? Do books and pictures in the physical space reflect a diverse range of cultures?**
- Prioritize hiring staff at all levels of the organization, including leadership, who represent the demographics of the community.**
- Train all staff on how to recognize and respond to their own unconscious bias and how to help survivors navigate bias-related conflicts.**
- Body care and beauty supplies in residential service settings should reflect the diverse needs of people of all cultures who may enter the program.**
- Survivors should be able to bring in and prepare their own food in shelter settings. In programs where the staff prepares food, survivors should have input on the food purchased for meals and snacks.**
- Be mindful of the additional power dynamics that come into play when people from dominant identities are relating to people from historically-disadvantaged identities.**
- Ask what a survivor’s preferred pronouns are and be mindful of using the correct ones.**
- Learn more about how structural oppression influences organizational structure. How does your program make cultural assumptions?**

Understand that structural oppression influences how people can access resources, from social services to financial help, housing, and employment. Remember that survivors are the experts in their own experiences, and don’t make assumptions about what should be “easy” or how people will be treated in social service or community settings outside of your program. Listen to survivors, follow their lead, and help them strategize based on what they know to be true about their experiences.

Related Resources

TCFV Webinar: [Navigating the Intersections – Cultural Humility and Trauma-informed Approaches](#)

TCFV Webinar: [Module Three | Power & Privilege](#)

TCFV Webinar: [Women in Community and Context](#) (focus on culturally responsive services for African American women)

TCFV Webinar: [Enhanced Safety Planning with Immigrant Survivors](#)

TCFV Webinar: [Supporting Survivors of Faith](#)

Training: [LGBTQ FAQ](#)

Toolkit: [Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations \(NCDVTMH\)](#)

Reading: [Organizational Racial Justice Practices](#) (Communities of Color Task Force of the Oregon Coalition Against Domestic and Sexual Violence)

Reading: [Showing Up: How We See, Speak, And Disrupt Racial Inequity Facing Survivors Of Domestic And Sexual Violence: Report on From Margins to Center Listening Sessions, an initiative of the Racial and Economic Equity for Survivors Project \(REEP\)](#)

Reading: [White Supremacy Culture \(Tema Okun\)](#)

NOTE FOR SUPERVISORS

Individual actions are only part of the picture for organizations looking to become more culturally competent and adept at responding to structural oppression. Organizational responses are the most powerful ways to ensure that domestic violence centers build systems and structures that are equipped to serve all survivors and create environments of equality and justice. The guides listed here are approachable, hands-on resources for organizations seeking to strengthen their own capacity.

Chapter 5 of the Dismantling Racism Resource Book, "[Anti-Racist Organizational Development](#)"

[Showing Up: How We See, Speak, And Disrupt Racial Inequity Facing Survivors Of Domestic And Sexual Violence: Report on From Margins to Center Listening Sessions, an initiative of the Racial and Economic Equity for Survivors Project \(REEP\)](#)

Language Access

Imagine trying to understand and heal from the violence in your most intimate relationship. Imagine doing this without speaking the language of the people around you who are trying to help, many of whom hold the keys to the resources you need. Language access is critical for survivors. There are 164 languages spoken in Texas, with Spanish, Vietnamese, Chinese dialects, Arabic and Tagalog being the most common after English. Language access in domestic violence centers is essential so that survivors can fully benefit from available services without having their isolation compounded.

Of the nearly 24 million people in Texas five years or older, 65 percent speak only English at home. The rest speak more than 160 languages combined.

Source: 2009-2013 American Community Survey

CHECKING THE BOXES: Language Access in Your Program

- Are there times when no staff on shift speak a language other than English? Adjust staff schedules to correct this, OR let scheduling managers know this is creating problems and harming survivors' access to the full range of services.
- Prioritize hiring enough staff who speak the predominant two languages in the community that there will nearly always be someone on shift who can speak with survivors in the second most common language.
- Ensure that the written information provided to survivors and posted in the domestic violence center is available in the languages commonly spoken in the community.
- Consider expanding coverage on nights and weekends so that those shifts do not become "English-only" time.
- Have trained advocates/volunteers on-call who speak additional languages so that survivors have access to support in their own language as quickly as possible.
- Establish contract or pro bono agreements with local translators/interpreters so that survivors addressing important issues with caseworkers and legal advocates can provide and receive accurate information with in-person interpretation.
- The Language Line offers 24-hour access to trained phone interpreters for a fee. TCFV members get better rates through the Language Line, and TCFV can help you get connected and give you technical assistance on using the Language Line. Language departments at local colleges and universities can also be a community-level source of support.

Resources on Language Access

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

TCFV Webinar: [Language, Culture and Gender-Based Violence: Ensuring Meaningful Access to Limited English Proficient Speakers and Deaf/Hard of Hearing Individuals](#)

Wellness and Peer Support for Advocates

Working in the field of domestic violence, you bear witness to trauma daily. Even with boundaries, an advocate is also a person and will be impacted by the intensity of this work. It's important to honor your own needs and emotions so that you can sustain your presence for survivors and be nurtured in your role. Your agency, your colleagues, and you can all play a part in the self-care picture. Some of the suggestions listed here are things you can do on your own. Some are activities you can do with your colleagues. Some are things you and your colleagues may want to ask your organization's management to put in place.

Some things to consider:

- ❖ Seek support from your supervisor. Consider whether you can use supervision as a time to unload and work through difficult issues.
- ❖ Set a regular time to get together with colleagues for support. This isn't a formal staffing, but a chance to debrief and check in with each other about what's coming up for you.
- ❖ Try to decompress during your time off. Do something you enjoy with your family or friends. Make a list of activities that make you feel energized, relaxed, or happy. Try to do one of those things a day.
- ❖ Take care of the basics. Eat enough food, drink enough water, and get enough sleep. Move your body in ways that help let go of stress, whether that's walking, stretching, or dancing.
- ❖ Self screen for secondary traumatic stress with the Professional Quality of Life Scale.
- ❖ Download and use the Move to End Violence [21-Day Self-Care Challenge](#). Or hold yourself more accountable, and sign up for the live version of the 21-Day Self-Care Challenge!
- ❖ Take sick days when you are sick and personal days when you need them. If something is keeping you from this, can you talk with your supervisor or other colleagues about barriers to wellness? Consider also using your Employee Assistance Program if possible. It's a benefit that can help support you by offering things like therapy for a certain number of sessions.

NOTE FOR SUPERVISORS

To truly support advocates, it is key to focus on more than just self-care; promoting wellness should be a goal! Consider the ways supervision can support time to talk about the secondary trauma advocates experience and use creative ways to support staff. Consider the following ideas:

- Paid therapy for advocates included in all grants as a standard wellness policy.
- Support groups offered for staff.
- Holistic leave and time off policies that support advocates to call in for wellness days and simply say, *"I can't be my best self today."*
- Support time for staff to hang out together; relationships with supportive co-workers are a huge wellness factor.
- Host appreciation events regularly rather than once a year.

Related Resources

[Professional Quality of Life Measure](#) and [Professional Quality of Life Measure Self-Scoresheet](#)

Online Readings

[Self Care for Sustainability and Impact](#) (Move to End Violence)

[Taking Care of Others by Taking Care of Yourself](#) (Move to End Violence)

[Normalizing Rest](#) (Move to End Violence)

[When Domestic Violence Takes a Toll on the Helpers](#)

Online Trainings

Webinar: [Keeping Your Cup Full: Responding to Vicarious Trauma](#) (OCADSV) and [webinar handouts](#)

Webinar: [Sustaining Ourselves in the Work: Trauma-Informed Approaches, Self-awareness, and Self-care](#) (NCDVTMH)

Books

[Trauma Stewardship: The Everyday Guide to Caring for Self While Caring for Others](#) (Laura van Dernoot Lipsky, 2009.)

[The Age of Overwhelm: Strategies for the Long Haul](#) (Laura van Dernoot Lipsky, 2018)

[The Compassion Fatigue Workbook: Creative Tools for Transforming Compassion Fatigue and Secondary Traumatization](#) (Françoise Mathieu, 2012)

[Overcoming Compassion Fatigue: A Practical Resilience Workbook](#) (Martha Teater and John Ludgate, 2019)

SPECIAL SECTION FOR SUPERVISORS:

Supporting Staff for Sustainable, Survivor-Centered Organizations

A commitment to staff well-being is essential to a trauma-informed approach. The National Center on Domestic Violence, Trauma & Mental Health interviewed 45 programs serving survivors of domestic violence, sexual assault, trafficking, and torture. All of the programs shared that for them, “organizational response to supporting the health and well-being of staff is integral to a trauma-informed approach” to their work. Each program “integrated a deep understanding of how trauma can affect both survivors and staff into the way that staff are supported and supervised” through practices like reflective supervision, wellness activities for staff members, and supports to address vicarious traumatization.

Source: [NCDVTMH Promising Practices Report](#)

HOW CAN ORGANIZATIONS SUPPORT STAFF WELLNESS?

Studies about the realities of vicarious trauma and burnout for crisis workers point to the importance of considering staff wellness as an essential element of survivor-centered organizations. Structural factors and management strategies in an organization can become barriers to staff wellness—but organizations can also develop structures and management practices that serve as meaningful supports for staff wellness.

The following section for supervisors details recommendations to support staff wellness through compensation, staffing, organizational climate, and staff training.

Note: Organizational capacity is a continued theme in a decade’s worth of conversations that TCFV has led with frontline staff, survivors, managers, and directors. Across the state, programs strive to serve survivors reach to do more with less, while staff and survivors feel the impacts of stretched staffing. The recommendations below including staffing patterns and organizational capacity as components of staff wellness. Starred items are drawn from the recommendations of the Victim Services Occupation Information and Compensation Experiences survey (VOICES), conducted by the Institute on Domestic Violence and Sexual Assault with 530 advocates participating. Summary findings available [online](#).

Pay and Benefits

- **Fair pay and regular cost of living increases. No one enters this work to get rich, but for some domestic violence workers, struggling to make ends meet is the price of doing their job. Domestic violence workers have also shared with TCFV that disparities in pay, benefits, and training opportunities across departments seem to reflect differential valuing of the work different staff members do, and differential valuing of the people who do that work.**
- **Improve compensation, benefits, & leave. Develop strategies not only to increase pay, but also to provide flexible & creative benefit & leave packages, including health insurance, vacation time, and retirement.**
- **Prioritize examination of organizational pay scales and opportunities for promotion. Provide opportunities for advancement and promotion. Have clear procedures for hiring from within the organization.**
- **Bilingual/multilingual staff who are expected to be “on call” (either within the center or when away) to address gaps in the agency’s capacity to serve survivors speaking languages other than English should be compensated monetarily with a language differential in their pay.**
- **Provide paid sick leave and a culture that supports taking it. Create an on-call schedule so a back-up person available if someone needs to call in. This makes it possible for workers to take sick time without being concerned that they are taking care of their own well-being at the expense of survivors.**

Organizational Climate

- Increase quality communication and transparency from leadership. Help improve worker understanding and satisfaction with agency functioning by increasing transparency on decision-making, agency needs, and policy-making.
- Improve workforce climate by implementing policies and training all staff on diversity and inclusion, recruiting and retaining diverse staff, and increasing representation of distinct identities among leadership.
- Live the mission: promote fairness and shared values. Improve staff experiences by using management approaches that share power and “talk the talk, walk the walk” of organizational values.

Staffing and Shift Schedules

- Staff all shifts and roles adequately. Nights and weekends are periods when domestic violence workers are often stretched too thin. The number of children’s staff, counseling staff, and bilingual staff are sometimes far too low to meet the needs presented. These are very real stressors for staff and survivors as well. Work with staff and survivors to see where the needs are.
- Design positions with a balance in mind. Positions should be balanced not only by client contact but also by the number of duties & people supervised. Job sharing and shared leadership strategies are options for traditionally stressful positions.*

Staff Input and Decision-Making

- Give staff the ability to make decisions in the course of their work and opportunities for input into organizational decisions that affect them. Workplace satisfaction increases, and stress decreases when workers do not feel micromanaged, feel that their abilities are respected, and understand the parameters within which they have the flexibility to determine how to handle things on the job.
- Conduct quarterly anonymous surveys about ideas and concerns to be addressed at staff meetings.
- Hold live polling at staff meetings for real-time anonymous staff input on important questions.
- Have regular (at least quarterly) times for staff to talk about what’s working and not working in the organization and in their daily efforts to provide survivor-centered, trauma-informed care.
- Integrate staff perspectives when developing procedures for staff communication. Staff can help organizational leaders create transparent procedures for communicating changes within the agency. Staff can also assist in developing procedures for responding to ethical concerns and handling conflict resolution within the agency.

Staff Training

- Give all staff access to training and continuing education during work time. This doesn't have to be expensive! TCFV provides regional and local training opportunities, along with online webinars at no cost. Futures Without Violence, VAWNet, the National Center for Domestic Violence, Trauma, and Mental Health, and the Center for Survivor Agency and Justice each have an extensive menu of online trainings available for free. Organizations can also host reading groups to discuss articles or books together as a form of staff development.
- Internal training and staff development protocols should ensure that all staff, no matter what position, undergo internal initial 40-hour training and are offered time during work to pursue staff development.
- Provide all staff with ongoing and consistent staff training to build skills, establish a shared vision for service provision, and prevent burnout.
- Recommended training topics include In Her Shoes, Conflict Resolution, Survivor-Centered Services, Mental Health and Trauma, Active Listening, Motivational Interviewing, and Economic Advocacy.
- The ReCentered project and the VOICE survey indicate that priority training needs are: diversity and inclusion, financial literacy/economic advocacy, and how to support survivors parenting after violence.

Support Systems for Staff

- Give staff opportunities for community-building and connection across departments, including staff appreciation days. Social support among coworkers & the ability to discuss occupational stress and experiences improves job satisfaction.
- Provide regular opportunities for debriefing and emotional support with supervisors, counselors, or Employee Assistance Programs. Best practices include providing staff with free access to outside therapists (not program staff) who can offer individual or group support.
- Use advocate-defined peer supervision as an added source of support.
- Develop organizational practices that support teamwork across the agency and provide ways for shelter and nonresidential staff to collaborate, support each other, and learn about their respective work.
- Support those in direct service roles. Client caseload by volume and complexity should be carefully considered. Quality, regular supervision will help direct service staff develop strategies to manage workplace stress. Supervision should address workload and areas for creating balance.
- Facilitate wellness and coping. Professional forms of coping include stress management training for staff, professional self-care plans, and quality supervision. Offer personal mental health days, flexible scheduling, sabbaticals, and recognition of the stressful work content.*

Organizational Capacity

- ❑ **Review staffing patterns and times of peak need with staff and survivors to ensure sufficient staffing. Pay attention to how staffing levels respond to the needs of non-English speakers and children in services, as these are commonly understaffed areas that place strain on staff and survivors.**
- ❑ **Use survivor and staff surveys to determine what types of services are not staffed adequately.**

Staff Wellness Resources for Organizational Management:

[The Vicarious Trauma Toolkit for Staff Wellness](#) – this resource from the U.S. Department of Justice’s Office for Victims of Crime contains a step-by-step guide to strengthening your organization’s response to vicarious trauma, including a Blueprint for a Vicarious Trauma-Informed Organization, a customizable organizational scoresheet and action plan, and organizational readiness guide for victim services.

[Critical Incident Stress Debriefing](#) – a process developed for first responders and others exposed to traumatic incidents in the course of their work. Useful when a group of staff have all experienced a particularly traumatic incident together.

TCFV [Compensation Report](#)

TCFV Webinar: [Advocate Career Satisfaction: Research on Occupational Stress, Peer Support, and Supervision](#)

Webinar: [Concrete Strategies for Reflective, Strengths-based Supervision: Organizational Supports for Trauma-Informed Domestic Violence Services and Organizations Part I](#)

Webinar: [Concrete Strategies for Reflective, Strengths-based Supervision, Part II](#)

Guidebook: [Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers \(Health Canada\)](#)

Research: [Texas Victim Services Occupation, Information, and Compensation Experiences Survey \(VOICE\) Report](#). If you’re very short on time, check out the [Summary of Findings](#).

Living & Working in the Shelter

Residential services are unique situations. Emergency shelter, short-term housing, longer-term transitional housing—all create opportunities for connection, healing, safety, and empowerment. And all contain opportunities for conflict, discomfort, risk, and control. Anyone who has lived or worked in a shelter setting would be unsurprised to learn that advocates in the TCFV ReCentered project universally named communal living as the biggest challenge of being in a shelter. The sections below list the most common issues identified by advocates and survivors working and living in shelters. They offer some tools and ideas for addressing these issues in a survivor-centered, trauma-informed way.

Childcare

For survivors who are parenting, childcare is one of the most deeply appreciated services that a program offers. Survivors need childcare when they are at appointments and job interviews. They need childcare to go to counseling and support groups. Providing childcare removes a common barrier to accessing services.

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

- Survivor

"I need childcare at the shelter because I don't trust other places, and workers need special sensitivity for kids, with nice ways of discipline. It's hard to mentally deal with kids so they're not more damaged, but we're all dealing with our own stuff."

- Survivor

CHECKING THE BOXES: Making Childcare Accessible in Your Program

- Providing childcare during support groups and house meetings make it easier for parents to participate fully in these resources.
- Make childcare at the center available for survivors to sign up for during other times. Be flexible about what survivors can use the childcare for; taking care of business and respite are both important.
- Smaller programs without dedicated children's services should consider designating one advocate on each shift to provide childcare and create true availability for that resource.
- Programs should manage staff capacity to ensure that childcare remains available for survivors, even if a dedicated childcare position is currently unfilled.
- Brainstorm options with staff and survivors to identify gaps and maximize accessibility to childcare resources.
- Build partnerships with childcares in the community and train them on trauma-informed care to increase availability for residents. Some childcare providers may be willing to arrange a voucher system for the domestic violence center to subsidize some childcare costs. Consider the quality of care and the accessibility of any such provider's location.
- Clearly communicate in conversations and in writing about what kind of childcare is available in the shelter and how survivors can access it. (For example, post a one-page flyer in the childcare area telling people how to access the on-site childcare posted.)
- In the long term, consider building in the capacity for on-site shelter childcare.

"There's a plethora of things that we have changed. Like our childcare and transportation: 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."

- Domestic violence professional, discussing how a program changed their childcare policies after participating in ReCentered

Children’s Services

Concern for their children’s welfare is one of the most common reasons that survivor parents give for coming into the shelter. Yet shelters are not always set up to help children deal with the abuse that they’ve faced. In the ReCentered survey, survivors on average responded that it was only “somewhat true” that programs provided opportunities for children to get help dealing with their experiences. Kids in shelters are also coming from trauma, and it is natural that they may act out in various ways. Children’s behavior can often be a source of conflict between residents in shelters, or between residents and staff.¹ Having enough children’s services can help reduce this friction and support children, parents, and survivors without children in the shelter.

CHECKING THE BOXES: Serving Children in Your Program

- At intake, share information with all survivors who are parents about available children’s services.
- Share information with all survivors who are parents about the effects of domestic violence on children and how parents can support children who have witnessed domestic violence.
- Make a children’s room or playroom available in non-residential and residential service settings. If staffing limits the hours that the space is available, post a schedule that makes it clear when children can use it and in what context.
- Offer therapeutic children’s groups on-site during adult support groups.
- If staff capacity is a barrier to providing children’s services, programs may want additional funding from government grants, or community foundations to enhance their services to children. Programs can consider contracting with local counselors to provide part-time services at a reduced cost to the program, and thinking creatively about how to coordinate with local community resources to supplement what the program offers.

Resources

- [Promising Futures: Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence](#)
- [Promising Futures Without Violence: What Do Kids Need](#) – A factsheet on the fundamentals of helping young people heal from domestic violence
- [Promising Futures Without Violence: Interventions for Children and Youth](#) – A searchable database of programs and curricula for children’s services
- [Tips for Supporting Children and Youth Exposed to Domestic Violence: What You Might See and What You Can Do](#)
- [TCFV Resource Center](#) on working with survivors with open CPS cases. (<https://tcfv.org/policy/working-with-cps/>) Includes Survivors’ Rights cards in [English](#) and [Spanish](#)

¹ Lyon, E., Lane, S., Menard, A. (2008). Meeting survivors’ needs: A multi-state study of domestic violence shelter experiences. National Institute of Justice. Retrieved from <https://vawnet.org/sites/default/files/materials/files/2016-08/MeetingSurvivorsNeeds-FullReport.pdf>

Child Supervision

Neither Texas law nor domestic violence funder requirements mandate that shelters have rules about how survivors supervise their children while in a shelter together. However, it is not uncommon for shelters to have a rule requiring survivors to keep their children within sight at all times in the shelter. Survivors reported that they found this rule unnecessary, inconvenient, and inappropriate for families with older children.

CHECKING THE BOXES: Survivor-Centered Child Supervision Policies

- Use the cooperative living agreement to set expectations about how survivors and their children share space in the shelter. Be clear about where and when loud play and running around are accepted.
- Provide information about the effects of trauma on children so that survivors can make informed decisions about how they supervise their children in the shelter.
- Consider the appropriate age range for any rules or guidelines about close supervision of children. Hold meetings with staff and former or current residents to brainstorm together about adjustments to child supervision rules.
- Address individual situations or safety concerns as they arise, rather than using blanket rules that restrict everyone.

Chores

Chores are a common source of conflict in domestic violence shelters—between advocates and survivors, and among residents at the shelter. These conflicts detract from building supportive connections. Struggles over chores can even compromise the emotional safety of the program

for survivors who experience the struggle as a parent/child or drill-sergeant/recruit dynamic that may recall their abuser's control over or criticism of their housekeeping. Survivors who are parents often comment on challenges with balancing their care of their children with attention to their assigned chores.



"We are telling them what to do, and their abuser tells them what to do all the time."

- Staff member

Understand that survivors aren't always going to be proactive in telling you the troubles they're having with the system. They are not always going to approach you in the most thoughtful way or respond in the tone of voice you'd prefer. They're coming out of trauma and still having reactions to trauma. If you expect this, you can set up interactions for success. If you need to talk to someone about not doing their chore, think about the power dynamic and open up a conversation based on wanting to support them, empathizing with genuine curiosity about what would help. *"I've seen you trying to get your kiddo down at night so you can come out and do the stuff you signed up to do, and I've noticed that it's seemed like a struggle lately. How's the nighttime routine around here working for you? How are things going? How can we help?"*

CHECKING THE BOXES: Ways to Make Chores More Survivor-Centered

- ❑ Consider contracting a housecleaner to come in once or twice a week. Or hire a position with the primary job responsibility of doing upkeep and chores around the shelter.
- ❑ Give residents a grace period of a few days when they enter shelter before they have to do chores.
- ❑ Have people sign up for chores, instead of assigning them, so that survivors can choose what makes the most sense for their schedules, circumstances, and preferences.
- ❑ Don't designate strict times for the completion of chores. Allow survivors to fit chores into their schedules.
- ❑ Use incentives (small gifts like soda, makeup, or donations) to encourage completion of chores and to motivate people to sign up for less popular chores.
- ❑ Some shelters are using a "shelter bucks" system, where residents can earn credit in the thrift store, or items that are not typically available, like candy or soda.
- ❑ Talk about chores in the context of cooperative living agreements that support successful communal living in the shelter.

Conflict Resolution

In a large, multi-state study of survivors' experiences in domestic violence shelters, the number one issue that survivors identified was conflict with other residents. Programs can try to set things up with chores, childcare, and privacy arrangements so that survivors have less occasion for conflict. But communal living always has the potential to get rocky, so offering survivors in residential services some skills and tools for conflict resolution is helpful.

CHECKING THE BOXES: Reducing Conflict in Your Shelter Program

❑ *Conflict Resolution Skills*

Advocates and other shelter staff are often called on as mediators. De-escalation skills can help advocates defuse situations before they get to crisis level, and conflict resolution tools can bring new clarity and connection. TCFV periodically provides conflict resolution training tailored to advocates at no cost to programs.

- ❑ Programs can offer survivors similar support in building up their skills for resolving conflict and communicating across differences. For example, you could hold skill-share sessions in house meetings on nonviolent communication and conflict resolution. This gives survivors access to tools that support more peaceful experiences of cooperative living.

CHECKING THE BOXES: Reducing Conflict in Your Shelter Program (cont.)

Room-Sharing

Sharing a room with a stranger is one of the most challenging things that programs ask survivors to do. It doesn't always lead to conflict, but it is worth thinking about how to reduce the tensions and discomfort of room-sharing.

- First, avoid room-sharing, if possible. The physical configuration of the shelter combined with high need in the community sometimes makes room-sharing unavoidable, especially when a shelter is already operating at capacity. When designing or redeveloping shelter and other residential service settings, try to eliminate the need to share bedrooms.**
- When room sharing can't be avoided, use a roommate matching system to ease some of the common difficulties. You can ask survivors questions like, do you like to fall asleep with the lights on or off? Do you get up early or late? What is your work schedule?**
- Allow room switches so that survivors have the freedom and flexibility to try other room-sharing arrangements if the first one isn't working out.**

Consistency and Cross-Staff Communication

Consistency can be hard to come by in residential service settings, where 24-hour coverage and multiple urgent situations every day make communication a challenge. Survivors and staff both commonly report that rules are enforced differently from staff member to staff member, or on one shift versus another. Survivors hear different things from different people about how to sign up for childcare, transportation, counseling, or legal services. Inconsistency can feel to survivors like favoritism or like gaslighting when they are working hard to “get it right” and navigate the system at the shelter, but the ground keeps shifting under their feet. Especially when residents are concerned about being exited for “getting it wrong,” inconsistency creates a real sense of emotional insecurity. Survivors also expressed frustration at being asked the same questions whenever they met with a new staff person.

“You have to keep repeating your story, you have to keep reliving it over and over. Intake repeats the same questions as the hotline, then the caseworker asks the same questions as intake.”

- Survivor

CHECKING THE BOXES: Improving Communication and Consistency for Survivors

- It's helpful to have time for communication between staff, whether in an overlap of shifts or a staff meeting environment. Having a set procedure or separate space to debrief as a regular practice about the preceding shift and current issues can also reduce concerns survivors may have if they see advocates share information at shift change and worry that there's an issue.
- With survivors' permission, share information from intake and case management meetings with other staff. Ask, "Is it okay if I share what you said about this with other staff here?" That way, the next person who meets with them can begin with, "So and so filled me in on what you told her. Is there anything else you want to add to what you two talked about?" This prevents survivors from having to tell their story over and over again.
- Use a written log or computer database to keep track of important survivor information from one shift to another. Be sure to follow confidentiality and documentation guidelines so that survivors aren't put at risk by any information stored. (TCFV has information on best practices for confidentiality and documentation in the technical guidance for the Creating Safer Spaces: Survivor Intake & Case File Resource Package as well as recorded trainings at the same location.)
- Provide clear information to all survivors upfront on what services are available and how to access them. Brochures, signs, intake documents, and posted flyers can all communicate a unified message to survivors about services throughout all points of engagement with the agency.
- Develop an internal staff resource guide that lists all services available to survivors and identifies the staff members who can provide those services, so that staff have a quick and comprehensive reference.
- Make time for communication across different parts of the agency. When residential and non-residential staff meet regularly, they increase their understanding of each other's roles and how they can work together more seamlessly to support survivors.
- Develop a procedure to ensure that morning staff are checking in on survivors who entered shelter overnight. Regular staff meetings and greater support while on shift could also improve staff consistency in how guidelines are explained and applied.
- Develop clear policies and procedures for accessing services, and make sure that all staff are familiar with the policies and procedures and how to communicate about them.
- Eliminate barriers in the rules and policies that make services more challenging to use than they should be.
- Post information with clear guidelines for accessing services and resources. (For example, a one-page flyer on how to access the on-site childcare posted in the childcare area, or schedules of therapeutic groups so that survivors know what is available and when.)
- Make sure all written materials are in the most commonly spoken languages.
- Post advocate work schedules so that survivors know when they will be available and offer spaces for them to sign up for appointments when convenient. Allowing survivors and staff to know when caseworkers will be available and making it possible to sign up for meetings will help decrease frustration and confusion.

Connections among Survivors

Connection among survivors supports healing and planning for freedom from abuse. In talking with each other, survivors share stories with someone else who deeply understands their situation. Survivors break down isolation, gain perspective on their abuse, and exchange strategies for safety, coping, and handling life's challenges after domestic violence. While support groups are great resources, many of the most important connections survivors make happen outside of formal services, during the time they spend together in the shelter.

CHECKING THE BOXES: Improving Communication and Consistency for Survivors

- ❑ When survivors are sitting around talking, it may look to some as if they're doing nothing or not "working the program," but they are actively benefiting from the peer support at the heart of the empowerment-based domestic violence movement. Know that this time together has great value and treat it accordingly.
- ❑ Don't discourage survivors from connecting with one another. Be prepared to help mediate conflict if it arises, but don't warn survivors away from other survivors in the program. This further isolates and undermines survivors by sending the message that other survivors are untrustworthy and that survivors can't trust their own judgment.
- ❑ New resident welcome programs (mentioned above) in which residents orient new residents to the shelter can help set a tone of community and connection for survivors just entering the shelter.

Resources

Tip sheet: [12 Skills Conflict Resolution Toolkit](#)

Tip sheet: [Managing Conflict Creatively](#)

Tip sheet: [Nonviolent Communication: An Introduction](#)

"The other women here are a huge positive. The kids are, too. My kids have close connections they didn't have before. The sense of community here is important."

- Survivor

Curfew

Curfew is one of the top three issues that survivors listed as causing them problems in making life in the shelter work for them. Curfew can conflict with bus schedules, family connections,

"Allow time for people to make friends. Everybody is not the same, but everybody needs that support."

-Shelter resident

religious practices, personal autonomy, and freedom of movement. TCFV recommends that programs think deeply with survivors and staff about how curfew is working and not working.

CHECKING THE BOXES: Survivors and Curfew

- Some curfews keep survivors from leaving the building even if they stay on the premises. Try to create outdoor spaces that are physically protected enough that survivors can go outside the building at night to smoke, get some air, or look at the stars.
- Consider increasing staffing so that more than one staff member is on shift at a time, which could allow more flexibility for curfew.
- Focus on individualized safety planning as the primary way to ensure that survivors are maximizing their safety. Some programs have no curfew at all so consider if it is even needed. If there is a reason to do so, consider the following:
- Conduct an overall review of curfew policy and curfew hours that takes into account survivors' input.
- Clearly and respectfully communicate to survivors the reasons for a curfew policy and how it is applied.
- Build flexibility for exceptions and survivor circumstances into curfew policy. For example, consider a call-ahead practice so that survivors can simply call ahead if they are going to be out late. Or consider adjusting the curfew policy implementation so that survivors can plan to have flexibility when they need it by notifying shelter staff in advance of their schedule.

NOTE FOR SUPERVISORS: Rethinking Curfew, ReCentering Survivors

In residential programs, curfew can be a challenging issue for survivors and advocates. In a multi-state study of domestic violence survivors' experiences in a shelter, 14% of survivors said the curfew was a significant problem. Advocates and survivors from Texas programs participating in ReCentered gave similar feedback. Curfew can get in the way of survivors' employment, searching for housing options in nearby towns, connections with supportive friends and family, religious gatherings, or the stability of children's activities. For some, these difficulties can drive them away from the shelter. Rigid curfew rules can also feel infantilizing or overly controlling to survivors, which can be another push factor away from the shelter. TCFV recommends that programs think deeply with survivors and staff about how curfew is working and not working.

Getting Curious About Curfew

What are the unintended consequences of the curfew rule?

What would happen if you changed the hours?

What would happen if you implemented a call-ahead policy?

What would happen if you removed curfew altogether?

What is the need the rule is serving, and what alternatives could serve that need in a more empowering way?

Related Resource:

[How We Gave Up Curfew \(and a lot of other rules, too\)](#) (A Report from YWCA of Pierce County, Washington)

Drugs and Alcohol

As shelters move to more trauma-informed policies, it is critical to not screen survivors out due

Some survivors feel like, “Why would I call a shelter program? I am currently sleeping in my car. They do not think of me as someone who is in a dangerous situation. They think I am only saying it’s abuse in order to get into a shelter.”

- [Harm Reductionist, Oregon](#)

to substance abuse. It’s reasonable to expect that you’ll encounter survivors who may have problems with alcohol or drug use. Research studies show that anywhere from 50% to 90% of women seeking help for substance abuse had experienced severe domestic violence from a partner during their lives, and 60-75% of women seeking shelter from domestic violence had developed substance abuse problems at some point. Alcohol and drugs are

copied mechanisms for some survivors, and some abusers coerce survivors into substance use as part of the abuse. Together, all of this means that advocates may need additional support and training about how to work with survivors who are using alcohol and drugs or who are in recovery or seeking sobriety.

CHECKING THE BOXES: Working with Survivors Who Use Drugs or Alcohol

- Do not screen out survivors who use alcohol or drugs. If a survivor comes in seeking services while seeming high or drunk, don’t tell them they’re too high to get help, but conduct a basic intake while establishing as much rapport as possible and focusing first on their immediate needs, as they define them. There will be time to follow up with additional resources once someone’s immediate needs are addressed.
- Believe survivors when they tell you they are dealing with domestic violence. Many women are facing substance abuse and homelessness and domestic violence. Using or having an addiction or being homeless doesn’t make a person less of a survivor of violence.
- Do not drug test survivors or exit them for drug or alcohol use. Do not use drug dogs or law enforcement searches in a shelter or other service setting.
- Build working relationships with local treatment service providers to get support in helping survivors.
- If a survivor is behaving erratically while intoxicated or under the influence of drugs, address the immediate behavior, and then follow up to offer resources related to substance use.
- Seek additional training on working with survivors with substance abuse issues.

“I made sure that survivors who are users feel safe coming here, that we are not going to judge them, that they don’t feel afraid sharing their story with us.”

[Shelter Director, West Virginia](#)

Trainings:

From National Center on Domestic Violence, Trauma and Mental Health:

Webinar: [Substance Use, Trauma and Domestic Violence: Critical Issues, Promising Approaches](#)

Webinar: [Enhancing Safety: Safety Planning for Survivors Affected by their Own or Another's Substance Use, Abuse, or Addiction](#)

Webinar: [Building Trust: Trauma-Informed Advocacy with Survivors of DV/SA Experiencing Addiction](#)

Webinar: [Promising Practices: Working with Survivors Affected by Substance Abuse](#)

Webinar: [Support Groups for Women Experiencing Substance Abuse and Domestic Violence, Sexual Assault, Trauma & Oppression, Part I](#)

Webinar: [Support Groups for Women Experiencing Substance Abuse and Domestic Violence, Sexual Assault, Trauma & Oppression, Part II](#)

Webinar: [Supporting Children Affected by Substance Abuse and Domestic Violence](#)

Webinar: [Empowerment: Survivors of DV/SA in Recovery Define Success and Share What Works](#)

[NCDVTMH webinar handouts available](#)

<http://www.nationalcenterdvtraumamh.org/traininga/webinars-seminars/2013-8-part-series-substance-abuse-trauma-and-domestic-violence/>

Additional Reading: [DVAM E-bulletin on domestic violence, substance use, and trauma](#)
(Futures without Violence and National Center on Domestic Violence, Trauma and Mental Health)

Toolkit: [Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence](#)

Economic Stability

Financial stability is at the top of many survivors' minds while they are in a shelter. Where will they live after the shelter? How will they afford rent and bills? Some survivors have to think about how they'll make up for the abuser's income they lost in leaving; some have to think about getting a job for the first time in years, or getting a new job after they had to leave a previous one due to their abuser. Maybe their partner has destroyed their credit or taken all the family money. They may be navigating public benefits for the first time or thinking through how to get child support. Domestic violence programs can help survivors at this critical point by bringing economic advocacy into the advocacy services offered. Survivors interviewed as part of the TCFV ReCentered project say that they could use more help from domestic violence programs as they work during their time in the shelter to build a base for financial security and freedom. On the other side of the coin, the ReCentered process determined that advocates



need more information about the economic realities survivors face and how to help them create financial stability.

“Helping victims and survivors of sexual and domestic abuse achieve financial security is a key component of helping them live a life without fear and violence. “
- Jane Doe, Inc.

CHECKING THE BOXES: Helping Survivors Find Economic Stability

- Talk with survivors about economic abuse. Let them know that many survivors have had their credit, rental, and employment histories damaged by abusers. There are ways out and up.
- Familiarize yourself with resources on getting child support safely, TANF, SNAP, housing assistance, and credit repair.
- Learn more about survivors’ rights as tenants and victims of family violence.
- Include considerations about the effects of trauma in the support you offer survivors who are looking for jobs. Survivors dealing with low energy levels may need assistance with figuring out how to budget their time and energy during an exhaustive job hunt.
- Be aware that survivors may not be familiar with searching for jobs or housing online and may need assistance and training on filling out applications.
- Make connections with local resources, like your public library, as they often have workshops and computers that survivors can utilize safely.

Related Resources

Training:

TCFV Webinar: [Economic Options for Survivors](#)

TCFV Webinar: [Enhancing Economic Agency for Survivors](#)

Toolkit with Webinar: [Coerced Debt, Debt Defense & Safety for Survivors of Domestic & Sexual Violence](#)

General Economic Advocacy Tools:

Factsheet: [Economic Abuse](#)

Brochure: [Prioritizing Your Expenses: For Domestic Violence Survivors](#)

Brochure: [Building and Repairing Your Credit History: For Domestic Violence Survivors](#)

[Getting Started: A Handbook to Address Economic Security for Survivors](#)

[Guidebook on Consumer & Economic Civil Legal Advocacy for Survivors](#)

[Survivor Centered Economic Advocacy: A Multilevel Approach to Enhancing Survivors’ Economic Security](#)

Tools for Specific Financial Issues:

[Housing Rights and Options for Survivors of Family Violence](#)

[Get Child Support Safely](#) (TCFV and Texas OAG online resource center)

[A Trauma-Informed Approach to Employment Support: Tools for Practice](#)

[Navigating Student Loan Solutions with Survivors](#)

[Bankruptcy & Alternatives for Survivors](#)

[Building Credit and Assets: Helping Survivors Recover from Economic Abuse](#)

[Making Rapid Re-Housing Work: Helping Households Increase Income](#)

Food

Whether it's personal food, restrictions on where food can be eaten, set meal times, limited food options, or kitchen hours, staff and survivors alike say that food can be a real source of conflict and stress in shelters. Food is emotional and cultural, closely tied to associations of family and home. In a shelter, where the ideas of family and home may be in upheaval, survivors need to maintain some control over what they eat and, if they're parents, what they are feeding their children.

CHECKING THE BOXES: Food Policies that Nurture Survivors

What about personal food?

Texas Administrative Code §379.502 guidelines maintain that a shelter must “make reasonable accommodations for the center and residents regarding personal food items.” People may want to have some of their own personal food items for health reasons, for religious or cultural reasons, for convenience if their schedule means they'll miss meals at the shelter, or simply for their comfort or the comfort of their children.

- You can provide lockers, locked cabinets, or lockboxes for survivors to store their personal non-perishable food items.**
- Perishable items that require refrigeration raise some different issues, but you can try out providing a mini-refrigerator in a common area for survivors' personal food, or ask survivors to label their items and place them in the main refrigerator. Be prepared to have a cooperative living discussion about who will be cleaning the fridge out and how often, and what happens if people's food gets used by others.**

What about eating in the bedrooms or other places?

- ❑ Use the Cooperative Living Agreement to explain how keeping food in the kitchen or dining area keeps the shelter hygienic for everyone. No one wants bugs in their bedroom or the common areas. Instead of “No food allowed outside of the kitchen,” say, “We want to keep all the shelter spaces hygienic for everyone and free of pests, so we eat in the kitchen or the dining area only.”

When is the kitchen open? When are meals?

- ❑ Look at the justifications in place for setting mealtimes and limiting kitchen hours. How are these rules affecting residents? How does it affect survivors who are parents of children? Are there other ways to handle the situations that set meal times and limited kitchen hours are meant to address?
- ❑ Consider expanding meal times or finding alternative ways that people can get food in the shelter.
- ❑ Try a sign-up system for residents to choose kitchen cleanup and preparation shifts to address the need to keep the kitchen clean, without having to close it for long periods before and after set mealtimes.
- ❑ If your shelter has restricted (staff-only) access to the kitchen, set meal times, or limited kitchen hours, provide a kitchenette area or areas with refrigerators and microwaves so that survivors can store and prepare food independently.
- ❑ Deal with cooperative living issues on an individual basis. For example, work individually with survivors to address issues if food is going missing from the kitchen.
- ❑ Seek out more food donations and/or increase the food budget if there is a concern about food going missing from the kitchen.

Preparing Food

Engage survivors in meal planning and shopping list creation (during house meetings, for example). People appreciate having some choice about what they’re eating.

In shelters that provide incentives for chore sign-up, if food preparation is a shared chore, survivors who want to prepare meals can cook for a larger incentive.

“Staff are nice and helpful. I like that you are allowed to go into the kitchen and cook for your kids. Children can be picky eaters. Nobody really bothers you. You are here independently.

You’re not in jail; you have some space.”

- Survivor

Medication

Shelters should have a medication policy that requires all medications in the shelter to be secured. However, it’s best if shelter staff are not the ones responsible for others’ medications. For liability reasons, health and safety reasons, and in terms of respecting survivors’ autonomy, staff should not administer medication or counsel survivors on their medications.

CHECKING THE BOXES: Survivor-Centered Approaches to Medication

Where should medication be stored?

- At intake or orientation, survivors should be asked to lock up any medications they have brought with them. This can be anything from heavy-duty prescription medication to over-the-counter headache medicine, like aspirin or ibuprofen.
- Explain to survivors that locking up the medication is not to restrict their access, but for their own security and the safety of children and other residents in the shelter.
- The best practice is to provide a private locker, lockbox, or lockable cabinet a survivor can use to store medication and access at will on their own. Personal lockboxes sized to fit medicine cost around \$20. If medications must be refrigerated, arrange for access to secure, refrigerated space. The smallest mini-fridge can provide personal storage for one individual's medication and can be placed in a secure room to which survivors are given a key.
- Some shelters use a single locked medicine cabinet in staff office space as storage for everyone's medications, but this can make access to medication tricky. If staff members are busy and unavailable, survivors may have to wait for their meds. Consider also that when survivors need to ask a staff member for their own medication, it echoes uncomfortably with the power differential between staff members and survivors, and may feel infantilizing for residents. For survivors whose abusers may have controlled their access to their medication, this dynamic is even more of a trauma reminder.

Who administers medication?

- The best practice is for survivors to administer their own medication to themselves. If shelter staff are storing medication and unlocking the medicine cabinet, they should simply hand the individual medicine container to the survivor.
- It is not the advocate's role, nor is it necessarily beneficial to the survivor, to have the advocate reminding survivors to take their medication or monitoring them as they do.

What if a survivor is taking too much? Or forgets to take their medicine?

- If someone comes in twice for a medication they usually take only once, you may want to double-check, as long as you are not refusing access or questioning the survivor's action. "Sure, I'm unlocking it now. To double-check: this is the same one I got out for you earlier tonight?" Similarly, if someone doesn't come in when you're expecting them to, but you see them in the shelter, you can mention, "I'm around if you need anything."
- If someone seems to have taken too much of their medication and you are noticing ill effects, treat that situation as you would any medical emergency. If you happen to see someone taking an amount of any medication that seems like an overdose, you should feel empowered to have a quick conversation to check in, as you would in any situation where you were concerned about self-harm.

Mental Health

Domestic violence shelter staff help survivors cope with the emotional, psychological, and physical impacts of abuse every day. Staff are well aware that trauma affects mental health for all survivors. This awareness is one piece of what it means to be trauma-informed in the context of mental health. A trauma-informed approach to mental health also means meeting survivors where they are when they have serious mental health needs or psychiatric disabilities.

Survivors do not need to disclose if they have a mental illness or a particular diagnosis. Since programs are not screening people out based on mental health status, advocates don't need to ask survivors to come in for services if they have a mental illness.

Related Resources

[National Center on Domestic Violence, Trauma and Mental Health factsheets](#): A treasure trove of practical tips on supporting survivors with mental health issues and psychiatric disabilities, including triggers, stress, emotional regulation, self-injury, connecting with additional supports, how to talk with survivors about mental health, and more.

Webinar Series: [Trauma-Informed Responses to Emotional Distress and Crisis](#)

This six-part webinar series from the National Center on Domestic Violence, Trauma, and Mental Health includes:

- [Individual And Organizational Strategies to Respond to Distress and Crisis in Trauma-Informed Ways](#)
- [How To Engage Community-Based Peer Support Services](#)
- [Trauma-Informed Strategies to Support Connection and Emotional Safety](#)
- [Understanding Self-Injury](#)
- [Trauma-Informed Approaches to Conversations about Diagnosis, Treatment and Medication](#)

[Participant Training Guide: Access to Advocacy: Serving Women with Psychiatric Disabilities in Domestic Violence Settings](#)

CHECKING THE BOXES: Survivor-Centered Approaches to Mental Health Issues

How do we set the stage to be welcoming to survivors with mental illness or psychiatric disabilities?

- Share information about mental health and domestic violence, medication storage policy, and disability accommodations with every survivor entering services.
- Share information about community mental health resources and available supports.
- Understand that psychiatric disabilities may require accommodations. Someone might require a single room, for example. The National Center on Domestic Violence, Trauma, and Mental Health provides comprehensive information about how to make services accessible to survivors with psychiatric disabilities.
- If you or other shelter staff are uncertain about how to work with survivors who have atypical behaviors due to mental health conditions, it's a great idea to seek additional training and support from community based mental health partners.
- You can also use the expertise within your program to build the capacity of shelter staff. For example, in some programs, the domestic violence center's counseling staff deliver short in-service trainings on a different mental health topic at each regular staff meeting.

What if a survivor tells us their diagnosis?

- If a survivor does disclose a diagnosis, it is important to remember that services are still voluntary. Programs cannot require particular treatment as a condition of services.
- Do not disclose someone's diagnosis to other residents. Survivors can decide who they want to share personal information about themselves with. If it's ever necessary to mediate a conflict between a survivor you know to have a mental health diagnosis and another resident, let the cooperative living agreement guide the conversation, with a focus on behaviors.

What if there's a safety issue?

- Address behaviors that threaten safety as they come up.
- Safety issues can also include the survivor's capacity to care for themselves. If a survivor is doing something that causes harm to themselves or is having challenges due to their mental health, what community partner might be able to offer support?
- If the survivor has disclosed a diagnosis, it is appropriate to acknowledge the context of their diagnosis or disability when having open-ended discussions to find solutions: "What do you think would help you feel like you could stop (X behavior) that is outside of our cooperative living agreement? Has this happened before, what did you do to handle it then?"

Parenting

Survivors in shelters who are parenting children are working through their trauma while guiding their children through the trauma they experienced. Doing this in a shelter, surrounded by strangers and unfamiliar routines during a time of upheaval and transition, adds another layer

of complexity. How the shelter makes space for the realities of parenting after violence has much to do with what the experience of shelter can mean for survivors and their children.



CHECKING THE BOXES: Survivor-Centered Approaches to Mental Health Issues

- Support the relationship between parents and children
- Honor the survivors' role as a parent, protector, and primary support person and adult decision-maker for their children.
- Be mindful of the power differential and the trauma the family has faced when redirecting or correcting survivors' children.
- Work to make sure that rules that directly address parenting in the shelter (screen time, child supervision, playtime, and rest time, for example) are as minimally restrictive as possible, and as respectful as possible of survivors' ability to make their own parenting decisions. Seek input from survivors who are parents on shelter rules that specifically address parenting and children. How are those rules affecting them? What would they keep or change?
- Examine shelter rules to see where they might be disrupting survivors' ability to reconnect and rebuild with children or otherwise affecting parents and families.
- Consider the impact of curfew, bedtimes, and set meal times on survivors with children. Seek input on this from survivors who are parents.
- Clearly communicate that bedtime and daily rest time are meant to create quiet times that allow adults and children to get sleep in a communal living environment.
- Consult with shelter residents who are parents to collaboratively set appropriate bedtimes for children of different ages.
- When building or redesigning shelter environments, explore the possibility of placing communal social spaces far from bedrooms, to allow for both quiet sleeping space and social time.
- Provide information that helps survivors protect their children's wellbeing.
- All staff should be trained on the effects of domestic violence on children and the parents' ability to support children's resilience, so that staff are equipped to provide information to parents.
- All staff should know about how the Child Protective Services system works so that they can answer parents' basic questions about CPS. The TCFV online resource center has materials that can help.
- Make information about parenting after violence available to all survivors in services who are parents. Share information about what survivors who are parents can expect to see in their children, common responses to domestic violence, and tools for responding to children dealing with the aftermath of abuse.
- Provide optional parenting classes for nonresidential and residential survivors, focusing on how to parent after violence and how to support children's resilience. TCFV can provide model curricula that programs can use for such classes.

Related Resources

[Guide for Engaging & Supporting Parents Affected by Domestic Violence: Enhancing Parenting Capacity & Strengthening Parent-Child Bonds](#)

[Supporting Parenting of Children Residing in Shelter: A Guidance Document](#)

[Building Comprehensive Solutions Learning and Thinking Exercise on Safety for Children in Contact with Abusive Parents](#)

[Exercises for Grounding, Emotional Regulation and Relaxation \(for Children and Their Parents\)](#)

[K.I.S.S. \(A Kid Is So Special\): Child-Focused Curriculum](#)

Trainings

Webinar: [Supporting Parenting in Shelter](#)

Webinar: [An Introduction to NCDVTMH's Guide for Engaging and Supporting Parents Affected by Domestic Violence](#)

Webinar Series: [10-Part Series Building Trauma-Informed Services for Children, Youth, and Parents Impacted by Domestic Violence](#)

Webinar: [Safety Planning with Battered Mothers Exchanging Children: The Role of the Advocate](#)

Webinar: [Preparing Battered Mothers for Custody Court](#)

Webinar: [Recognizing Batterer Tactics Against Mothers and Children Post-Separation](#)

Webinar: [Strong Moms, Safe Kids](#)

Phones



In trying to keep survivors safe, programs sometimes disallow phones, tablets, or social media use. This impulse towards safety can shut down survivors' connections with the world outside the shelter. These restrictive practices remind many survivors of how their abusers prohibited contact with people outside the relationship.

*"Are we making them do something we couldn't do?"
- Advocate, on cell phone restrictions*

Restricting access to phones makes it hard for survivors to take the steps they need to move forward with their goals and can place barriers on finding employment or housing. Restricting access to social media can also cut survivors off from valuable sources of support.

Confidentiality practices around phones and other forms of Internet-connected technologies should focus on safety planning with survivors around their electronic devices and cooperative

living agreements that honor confidentiality. Informed practices are more protective and respectful than bans based on generalized fears of technology misuse.

CHECKING THE BOXES: Survivor-Centered Approaches to Personal Technology

Can't the abuser use technology to stalk and spy?

- Advocates should be trained on how abusers may misuse technology and on how to put safeguards in place to use technology more securely. TCFV provides regular training in-person and online on this topic. See the resources listed below!
- Cell phone usage rule should focus on safety planning with survivors around their electronic devices, including how location services and GPS function on phones and tablets and the safety risks involved. After this explanation, trust that the survivors will make a decision that makes sense for them and their situation. Whatever policy is enforced around cell phones in the shelter should be required equally among staff and survivors.
- Show survivors how to turn off location services and GPS. Show them how to look at their apps on their devices to discover any spyware that's been installed without their knowledge.

What about breaking confidentiality?

- Social media usage policies should focus on not breaking others' confidentiality by mentioning them or showing pictures of them, and not disclosing information about or pictures of the shelter if it is a confidential location.
- When creating policies about confidentiality and technology, keep in mind the importance of supportive social networks in breaking down isolation and supporting healing and life beyond abuse.

What if they use their phones to contact their abusers?

- Survivors must be able to make their own choices about whether it makes sense to contact their abusive partner without going through a third party.

Related Resources

[NNEDV's Technology Safety Center & Cell Phone Location Privacy](#)

TCFV Tipsheets:

[Stalking and Privacy](#)

[Technology](#)

[Mobile Advocacy](#)

Readings:

[Information about Victims in Contact](#)

[Advocacy and Safety Planning for Victims in Contact](#)

Household Supplies

During the course of one morning in the shelter, a survivor might need toothpaste, toothbrush, razor, soap, shampoo, conditioner, lotion, hair care products, feminine hygiene supplies. As mentioned earlier, make sure that survivors have access to culturally relevant hygiene and hair care products as well. It's important to ensure survivors feel comfortable in being able to care for themselves and their children. If they cut themselves shaving, they may need band aids. If they have a cleaning chore, they might need paper towels, glass cleaner, hard surface cleaner, etc. They have to ask for all of these things and wait until shelter staff can get to the request can feel demoralizing and disempowering.

"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."

- Program Director

"Had to ask for ice, over and over and over, and felt like I was being controlled. It feels like abuse because I had to ask for something as simple as ice."

- Survivor

CHECKING THE BOXES: Survivor-Centered Approaches to Supplies in Shelter

- Leave usable quantities of hygiene, basic first-aid, and household cleaning supplies in accessible areas where they are likely to be needed throughout the shelter.
- Make sure that survivors know that these supplies are available and where they are located.

What if supplies are going away very fast?

- There are many reasons supplies could be "disappearing" quickly. Survivors may be happy to have the free resource, and more residents may be taking the supplies than the program had expected. Or people may be stocking up, not knowing when they'll have access to these kinds of supplies. Sometimes shelter or non-residential staff hear rumors that survivors are boosting new toiletry items donated to the shelter to sell outside of the program. It can be helpful to reframe thinking about this: supplies are out for people to take, and people are taking them. It's working! If there aren't enough supplies, solicit more donations. In-kind gifts of household supplies are one of the easiest donations to get from community members, through supply drives and direct solicitation.
- If there is reason to believe that some survivors are taking supplies at the expense of others who then don't have the chance to get anything, you can bring it up for group problem-solving in a house meeting. Ask whether everyone is getting access to the supplies, and if not, work with survivors in the shelter to come up with a way to ensure that everyone can access the supplies.

Termination of Services

For survivors of domestic violence in shelters, termination of services is an ever-present possibility. Many survivors in the ReCentered project spoke about the fear of getting something wrong and being exited from the shelter, and essentially sent back to their abuser and/or cut off from resources. This worry reflects the power dynamic that survivors can experience in a shelter, along with the rumors that circulate among shelter residents, a lack of information about appeals processes, and a misunderstanding of what exit actually means. Shelter staff can lift much of this burden from survivors by making sure that residents have accurate information about shelter exit policies and appeals processes, and survivors know that even people who have been exited are connected with other shelters and are welcome to come back for non-residential and, in most cases, residential services in the future. All staff and survivors should be aware that policies should limit reasons for exit to clearly unsafe behaviors that threaten the safety and security of survivors and shelter staff. Violations of the cooperative living agreement, not doing chores, or not attending groups or appointments should not be grounds for exit.

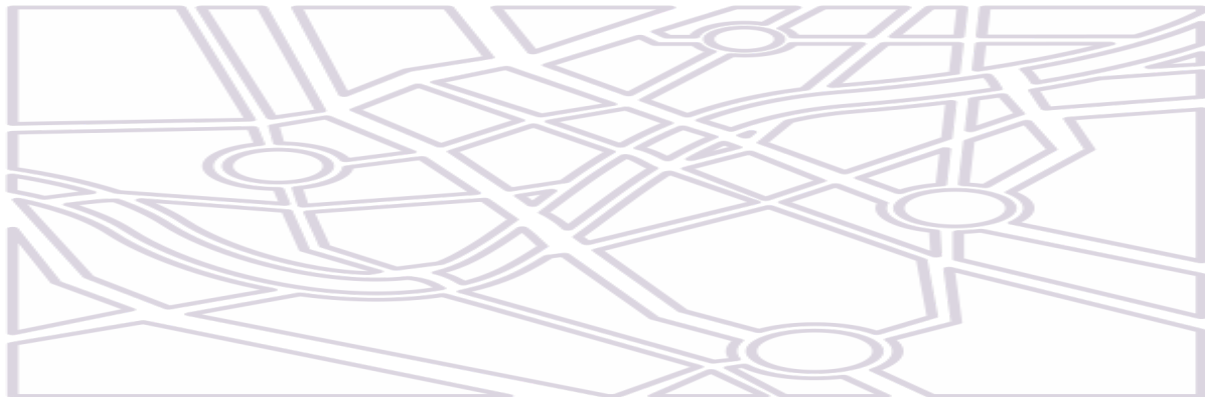
CHECKING THE BOXES: Survivor-Centered Approaches to Exit from Services

- Using threats and fear to get people to do what they're told mirrors abusive tactics, which no advocate wants to do. Instead, you can start from the perspective that survivors know best what they're "supposed to do" in a shelter. Shelter staff can work closely with survivors to help them set their own goals and priorities.
- Don't use exit as a consequence for not doing chores or "working the program." Remember that many survivors fear that if they exit shelter before they're ready, they will exit to abuse or homelessness. This is a valid concern. To threaten survivors with an exit for not doing certain things is to threaten their safety and the safety of their children.
- Motivational interviewing, open-ended conversations, non-judgmental check-ins, and gentle curiosity about how things are going can keep people moving ahead on their own path. Cooperative problem solving is a better way to approach survivors who aren't meeting the cooperative living agreement, or who seem to be getting stuck.
- Understand that survivors perceive comments like "if it's not working for you, don't have to be here" as threats.
- Survivors fear that if they are seen as not going along or getting with the program, they will be exited and lose their safe place. The echo of their situation with the abuser is clear. This can inhibit survivors from being honest with shelter staff and keep them from really being able to use the services offered.
- The ReCentered project found that not only were survivors often unclear on shelters' exit policies, staff sometimes were as well. All staff and volunteers should be trained on the termination policy and trained on trauma-informed ways of discussing the policy with survivors when necessary. Staff and volunteers should be equipped to address misconceptions, fears, rumors, and myths about exiting.

Calling the police to remove someone

As a best practice, law enforcement should be called only if immediate danger exists and there are no other safe remedies. For example, if a program decides to exit a survivor for a violation that is also a violation of the law, such as illegal drugs in someone's room or theft from another resident, there is no immediate threat to resident or staff safety. In such situations, staff calling the police on a client could have a negative impact on all shelter residents, contributing to an atmosphere of fear and mistrust.

An exit is not the end!



If it is necessary to exit someone, it doesn't have to mean the end of their relationship with the program, or the end of your positive impact on their life. The conversations you have when you offer referrals and resources to survivors who are exiting are important. "It didn't work out this time, but we want you to be safe and well. Let us know how you are doing and how we can help." Your respect, kindness, and concern will be something they take with them when they leave.

"Caminante, no hay camino, se hace camino al andar."

-Antonio Machado

(Traveler, there is no road.

You make the road by walking.)

“I love this place. It’s really helped. So, I know when it’s time to move on, I’m going to be a lot stronger and more educated and empowered.”

- Survivor

At the center of this work is your heart. At the center of this work are your questions. At the center of this work is a world of power-with, not power-over. At the center of this work is the vision of a future where everyone gets to live with dignity, peace, and freedom. At the center of this work are all the survivors, the adults and young people, who have trusted this movement with their lives, who have built this movement with their lives. At the center of this work is your heart. Start there.

Start with something in these pages that inspired you. What did you read and wish you could do in your program? What one thing did you want to talk with someone else about? Start there.

Try something that caught your eye. Pick a homework assignment from the toolkit and bring it to a staff meeting. Change the art on the walls. Ask survivors how it feels to come to the center where you work. Start there.

Find your own center: practice new scripts in your advocacy, sign up for the 21-day self-care challenge, ask yourself what works and what’s not working. Start there.

Your ReCentering journey won’t look like anyone else’s. ReCentering is a process of learning with survivors and co-workers, then making something new together out of what you’ve learned. As you begin, you can follow the footprints of other programs and other advocates who have participated in ReCentered—but in the end, you will create your path as you go.

Remember, TCFV is just a click or a phone call away. You won’t be traveling alone.

