Sheltering with Care

Tennessee Domestic Violence Shelter Best Practices Manual

tennessee **coalition**
to end domestic & sexual violence

Acknowledgements

This manual was created in collaboration with domestic violence shelter staff from across Tennessee.

This manual was researched and written by a dedicated committee of allies from across Tennessee.

The Tennessee Coalition to End Domestic and Sexual Violence is a private nonprofit organization composed of diverse community leaders and program members who share a common vision of ending violence in the lives of Tennesseans through public policy, advocacy, education and activities that increase the capacity of programs and communities to address violence.

The Tennessee Coalition to End Domestic and Sexual Violence provides services without regard to race, national origin, age, sex, sexual orientation, gender identity (or expression), religion, handicap or disability. The Coalition prohibits harassment by employees based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin.

As a statewide organization, The Coalition serves

- Survivors of domestic violence and sexual assault
- Domestic violence and sexual assault programs
- Community groups and organizations
- Criminal justice agencies
- Allied professionals (medical, legal, mental health, etc.)
- Individuals seeking information and resources
- Immigrant victims of domestic violence, stalking or trafficking

Services Provided

- Information and Support
- Technical Assistance
- Training
- Public Policy Advocacy
- Regional Educational and Networking Opportunities
- Resource Library
- Speaker's Bureau
- Toll-free Information Line
- Legal Clinic

Mission Statement

The mission of The Coalition is to end domestic and sexual violence in the lives of Tennesseans and to change societal attitudes and institutions that promote and condone violence, through public policy advocacy, education and activities that increase the capacity of programs and communities to address such violence.

To contact The Coalition call 615-386-9406 or visit TNCoalition.org

Introduction

Welcome to Sheltering with Care, a best practices manual for Tennessee's domestic violence shelters. According to the Substance Abuse and Mental Health Services Administration's concept of a trauma-informed approach, *"A program, organization, or system that is trauma-informed:*

a. *Realizes the widespread impact of trauma and understands the potential paths for recovery.*
b. *Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system.*
c. *Responds by fully integrating knowledge about trauma into policies, procedures, and practices.*
d. *Seeks to actively resist re-traumatization."*

In this manual, we have chosen to address three branches of shelter operation, for which we offer a trauma-informed framework:

1. Changes to the physical operations, culture, and environment of shelters that seek to reduce re-traumatization.
2. Customization of support services that meet the unique needs of individual survivors and encourage a more comprehensive and holistic experience within shelter.
3. Reduction of shelter rules and change to policies and procedures that duplicate power and control dynamics experienced by survivors.

One of the core objectives of a trauma-informed agency is to **reduce the power imbalance that exists between advocates and survivors.** Advocates and administrative staff will always have some degree of power over the survivors they work with. Advocates can decide whether or not a survivor receives services within their agency, and by the very nature of their jobs, advocates possess connections and resources that survivors may not otherwise have access to. Therefore, a trauma-informed agency must work to reduce this power imbalance by empowering survivors to direct their own shelter experiences and lead their own healing journeys. Throughout this manual, you will find examples of evidence-based best practices that take into account power differentials between staff and residents and seek to reduce the risk of re-traumatization.

In the publication *Changing the Script: Thinking about our relationships with shelter residents* (Washington State Coalition Against Domestic Violence, 2006), Margaret Hobart poses three central questions that shelters should consider throughout every aspect of their operations:

1. Does this respect a survivor's choices and encourage healing and empowerment?
2. Does this help to advance the accountability of individuals and groups to stop domestic violence?
3. Does this change the conditions that allow domestic violence to happen in our communities?

These questions place responsibility at the core of all shelter operations to further a mission of empowerment, accountability, and culture change. Framing an organization's operations around these values can help the organization undertake the difficult but necessary process of self-evaluation around the issue of trauma-informed care.

Abusive Power and Control within the Domestic Violence Shelter
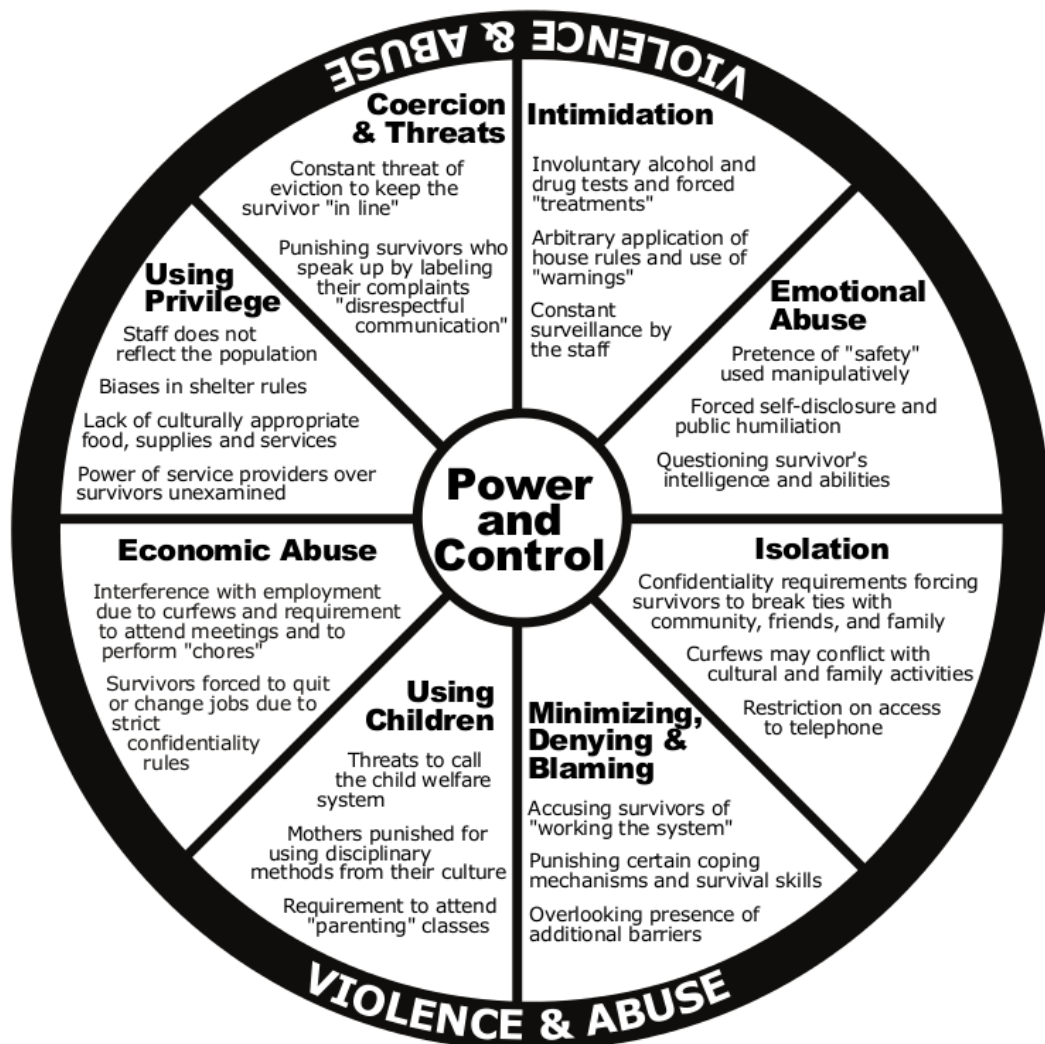
© 2002 Emi Koyama & Lauren Martin

This "power and control wheel" was created by **Emi Koyama** and **Lauren Martin** to illustrate how domestic violence shelters may inadvertently abuse power and control over survivors who seek services from them. In no way is this meant to discount the fact that advocates have been doing, and continue to do, extremely important and life-saving work. Rather, it is meant to incite discussion as to what we still need to work on in our

Common Issues in Implementing Trauma-Informed Care Successfully

1. Implementation is Inconsistent

Programs may call themselves trauma-informed, but may not fully understand how to implement trauma-informed practices, or fully commit to the organizational changes that the framework requires. Often, these agencies will skip the necessary step of evaluating and changing internal policies and procedures, including staff training standards, to support this shift. Agencies that struggle with the inconsistent application of trauma-informed care principles often fall short in a few key areas:

- **Lack of Staff Training** – Programs often fail to ensure that all staff members receive training and support on implementing trauma-informed practices. Without consistent staff training and supervision around this issue, it is difficult to gain staff buy-in.

- **No Buy-In from Key Staff** – Staff who have worked in shelters prior to the application of trauma-informed care as a best practice may be particularly resistant to changing a system that they view as having worked well in the past. Newer staff members may take their lead from more seasoned employees, in the absence of consistent training and supervision, leading them to be confused as to their roles and best practices.

- **Inconsistent Implementation** – Programs often end up with some staff practicing trauma-informed care while others do not, or using trauma-informed principles in some areas of service provision while other areas remain very punitive and rule-driven. Without trauma-informed policies and procedures in place across an organization, and internal evaluation methods that ensure best practices are followed, it is very difficult to achieve consistent implementation of trauma-informed services.

This manual will provide readers with a broad outline of how to implement trauma-informed care across an agency, including training suggestions, evaluation tools, and model policies and procedures.

2. Ideological Differences

Many agencies have voiced concerns that a trauma-informed care approach will lead to less client participation in advocacy and supportive services (e.g. parenting classes and groups), more work for advocates, and a greater struggle with enforcing communal living norms (e.g. cleaning,

quiet hours, curfew). There is concern that trauma-informed environments are less structured and therefore may be detrimental to survivors who 'need rules and structure.' Some agencies may also see trauma-informed care as ideologically different than many of the generally accepted norms about shelter agencies in the past, requiring a shift in thinking about who might be a survivor and how they might best receive services. Trauma-informed care models take some control out of the hands of advocates and give that control back to survivors, and this initial loss of control can be a scary change for many.

Throughout this manual, we have attempted to address these concerns, giving practical guidance to encourage client participation, healthy communal living, and ways to provide structured services without punitive rules. We have also included best practices on opening agency doors to *all* survivors, and creating more positive and productive advocate-client interactions.

3. Lack of Training and Evaluation

Organizations that are implementing trauma-informed care must be prepared to consistently evaluate their compliance with trauma-informed principles, seek out feedback on survivors' experiences, and review policies and procedures for all levels of their agency. Leadership, staff, community partners and survivors should all have input into the organization's self-evaluation processes. Resources must be allocated to ensure that staff at all levels are receiving appropriate training and supervision, that leadership is able to collaborate with similar agencies to discuss successes and challenges with implementation, and that the agency as a whole is conducting periodic self-evaluations and receiving honest feedback about how trauma-informed principles are being implemented.

How to Use this Manual

This manual can be used in its entirety as a tool for helping agencies implement trauma-informed care 'from the ground up' by offering best practices for shelter environment and culture, advocacy and supportive services, and policy and procedure. Agencies that need assistance in specific areas are encouraged to focus on individual sections as needed. Each section of this manual contains definitions, checklists, tools, real-world examples of implementation, and additional resources. Agencies may go section-by-section and use the included checklists, activities, conversation starters, and other tools to lead discussions during supervision, staff meetings, and for staff training and personal development.

You will find the following symbols used throughout the manual-

Activities and ideas for implementing the information.

Tools such as checklists and assessments.

Indicates important points to remember.

A Note on Language

You will see some terms used interchangeably throughout this manual. We recognize that every shelter across the state may use different vocabulary when referring to the clients they serve, as well as the agency itself.

Client/Resident/Survivor/Victim- Although these terms may have slightly different connotations depending on the context in which they are used, in this manual they refer to individuals seeking or receiving services from domestic violence shelter agencies. Please note that in practice, people who have experienced domestic violence may have very strong feelings about how they personally identify; some feel empowered by 'survivor', some prefer 'victim' as it reflects the way they view the violence perpetrated on them, and some prefer neither. Advocates should always respect the individual's choice in how they identify.

Shelter/Program/Agency/Organization- These terms are used to refer to domestic violence programs across Tennessee that provide shelter services.

He/She/They- In the creation of this manual, we have attempted to remain gender neutral in our presentation of survivors. Because anyone, across all genders, may experience this violence, we have chosen to refer to survivors primarily with the gender-neutral 'they.' However, you may find that in some cases we speak of female victims and/or male survivors. This is typically in the instance of citing specific, gender-based research or case studies.

Tools for Getting Started:

If your agency is in the beginning stages of implementing a trauma-informed culture this manual may seem daunting. We suggest the following self-evaluation tools that can help you get started, and pinpoint those areas of your agency that may need additional work.

The National Sexual Assault Coalition Resource Sharing Project and National Sexual Violence Resource Center created an excellent self-evaluation toolkit for trauma-informed services titled *Building Cultures of Care*.

The tool can be accessed at
http://www.nsvrc.org/sites/default/files/publications_nsvrc_guides_building-cultures-of-care.pdf.

The National Center on Domestic Violence, Trauma and Mental Health has created the 'Creating Trauma-Informed Services: Tipsheet Series' which includes *A Trauma-Informed Approach to Domestic Violence Advocacy* which can be viewed at http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet_TI-DV-Advocacy_NCDVTMH_Aug2011.pdf

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