Promising Practices and Model Programs: Trauma-Informed Approaches to Working with Survivors of Domestic and Sexual Violence and Other Trauma

Prepared by Heather Phillips, MA, Eleanor Lyon, PhD, Mary Fabri, PsyD, and Carole Warshaw, MD

September 2015

This publication was made possible by Grant Number 90EV0417 from the U.S. Department of Health and Human Services, Administration for Children and Families. Its contents are solely the responsibility of the National Center on Domestic Violence, Trauma & Mental Health and do not necessarily represent the official views of U.S. Department of Health and Human Services, Administration for Children and Families.

Promising Practices and Model Programs: Trauma-Informed Approaches to Working with Survivors of Domestic and Sexual Violence and Other Trauma

Summary of Findings

Produced by the National Center on Domestic Violence, Trauma & Mental Health

Introduction

The National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH) is engaged in efforts to identify, assess, and share information on evidence-based and promising trauma-informed practices relevant to survivors of domestic and sexual violence. As part of these efforts, NCDVTMH conducted interviews with 45 programs or initiatives identified by their peers as engaged in innovative trauma-informed work with survivors of violence and their children. Thirty of the interviews were conducted with domestic and sexual violence advocacy programs. In addition, 15 interviews were completed with programs providing trauma-informed or trauma-specific services for refugees and survivors of torture, as information gathered from these interviews may be relevant for domestic and sexual violence programs.

The interviews were designed to gather comprehensive information about how programs are currently conceptualizing trauma-informed and trauma-specific work and how this translates into enhanced or improved services for survivors of domestic and sexual violence. The interviews also identified aspects of trauma-informed services that are especially meaningful to survivors and ways that programs are measuring outcomes and evaluating the impact of their work. We were also particularly interested in culturally specific approaches to trauma and healing, including collective approaches, community-based practices, and those that can be offered by advocates and/or by trusted community members. Taken together, the information gathered from these interviews provides valuable insights on myriad ways to support survivors of domestic and sexual violence who may have experienced multiple traumatic experiences over the course of their lives.

The key themes that emerged from these interviews are summarized within this report. This project is part of a larger effort to build an evidence base for trauma-informed advocacy services and to expand our notions of healing, resilience, and recovery in the face of ongoing domestic violence and other trauma. To learn more about NCDVTMH's efforts in this area, please visit: http://www.nationalcenterdvtraumamh.org/research-and-policy/research/

Methods

The information contained in this report was gathered through a series of semi-structured telephone interviews between staff at NCDVTMH and program managers, advocates, associate directors, and executive directors of programs supporting survivors and their children throughout the United States. State domestic and sexual violence coalitions provided information about promising and culturally specific trauma-informed programs within their states, including through a 2012 survey conducted by NCDVTMH. Information about promising programs was also solicited from the Asian Pacific Institute on Gender-Based Violence (formerly known as the Asian & Pacific Islander Institute on Domestic Violence), the Institute on Domestic Violence in the African American Community, the National Latin@ Network for Healthy Families and Communities of Casa de Esperanza, and the National Indigenous Women's Resource Center. Additional programs were identified using a "snowball" recruitment method: During each promising practices interview, respondents were asked if they knew of any other programs doing similar work; those programs were then contacted for interviews. Moreover, programs supporting refugees and survivors of torture were identified and interviewed by an expert in that field (Mary Fabri, PsyD). A total of 56 programs or initiatives[1] were identified and contacted for interviews. Forty-five programs or initiatives contributed to the information summarized in this report, which includes 15 programs that support refugees and survivors of torture. One-hour interviews were conducted with each respondent between June 2013 and March 2014. Of the 30 domestic violence programs interviewed, 18 have shelters or transitional housing programs. Sixteen of the programs interviewed provide culturally specific services, of which eight are culturally specific organizations. Four of the interviews were conducted with representatives of collaborative initiatives involving multiple organizations.

The programs highlighted in this report do not represent a precise percentage of U.S. programs that are engaged in promising practices for doing trauma-informed work. Nonetheless, the report does provide an extensive overview of the multiple ways that programs use trauma-informed approaches to better support and serve survivors of domestic and sexual violence.

[1] Initiatives refer to collaborative and/or time-limited projects between multiple programs or agencies.

How Programs Define A Trauma-Informed Approach

During the course of the interviews, all programs shared their perspectives on what it means to provide domestic violence services in a trauma-informed manner. Most programs shared how taking a trauma-informed approach is complementary to providing "good advocacy" (i.e., working from a survivor-defined, culturally attuned, empowerment-based stance). In fact, many programs noted that trauma-informed advocacy takes "good advocacy" a step further, by incorporating an understanding of the effects of trauma on staff, survivors, organizations, and communities. They emphasized that trauma can stem from experiences that occur over a lifetime, including childhood, intergenerational, community, system-induced, historical, political, and immigration-related trauma.

As the programs shared their perspectives on what it means to be engaged in trauma-informed work, five key components of doing trauma-informed work emerged:

- **Carefully listening to what survivors, staff, and community members share about their experiences of trauma and about what helps to support their individual safety, healing, and well-being:**
  Many programs reported that they have gained a better understanding of trauma and the process of healing via both the stories and formal feedback shared by individual survivors, staff, and community members. All programs described the importance of working from a survivor-defined perspective (i.e., respecting survivors as the experts of their own experiences and supporting survivors' decisions and choices). Furthermore, many programs described creating or expanding services based on feedback shared by survivors and the communities they serve.

- **A service environment that is responsive to the effects of trauma on survivors, staff, and communities:**
  In understanding that trusting relationships are central to healing from trauma, many programs described a range of services that strive to validate survivors' diverse experiences; enhance their feelings of connection, empowerment and engagement; and reduce their social isolation. All programs described working to provide a physically and emotionally safe environment for both survivors and staff, ensuring that programs are warm, secure, inviting, and culturally respectful and resonant. Central to many programs' efforts in providing an emotionally safe, non-judgmental environment is to take care to avoid any further traumatization of survivors, including by not mirroring abusive behaviors in any way; being careful to avoid replicating power and control dynamics; and refraining from punishing, "policing," or subjecting survivors

to excessive and rigid rules. Programs also noted that providing clear information to survivors about what they can expect from staff and the agency is part of creating an emotionally safe, predictable, and stable environment.

- **Providing information about trauma and healing, including information about trauma triggers (i.e., trauma reminders[2]), to both survivors and staff.** Many programs described how they share information with survivors and staff about the effects of trauma on individuals, organizations, and communities, with a goal of normalizing responses to trauma. As part of becoming more trauma informed, many programs described coming to understand behaviors that previously had been viewed as puzzling or challenging as possible responses to trauma. All programs reported an awareness of potential trauma reminders, along with ways to support survivors and staff when they arise.

- **An ongoing commitment to creating a more trauma-informed organization:** For several programs, their interest in a trauma-informed approach has led to engaging in agency-wide initiatives to more fully integrate a trauma-informed approach at all levels of their organizations. This includes integrating a trauma-informed approach in their policies, their attention to the physical and relational environment,[3] their prevention and social change work, and the organization's overall culture. Some agencies use a specific model to help them understand and respond to the effects of trauma on survivors and staff (e.g., the Sanctuary Model,[4] Risking Connection,[5] or NCDVTMH's ACDVTI approach[6]). The majority of programs also highlighted their commitment to reducing barriers (e.g., barriers related to mental health concerns or substance use) to accessing services.

- **A commitment to staff well-being as integral to a trauma-informed approach:** All programs noted organizational response to supporting the health and well-being of staff is integral to a trauma-informed approach. The programs highlighted in this report integrated a deep understanding of how trauma can affect both survivors and staff into the way that staff

[2] Some people no longer use the term "trauma triggers" due to its violent imagery, and now use the term "trauma reminders" instead.

[3] The key themes that emerged in the interviews were consistent with NCDVTMH's framework for talking about trauma-informed services and organizations, so that language has sometimes been used to convey complex ideas more succinctly. Here, *relational environment* describes the social and emotional "feel" of a program, created by the ways that individuals throughout the program treat one another. A trauma-informed relational environment creates and sustains emotional safety; encourages respectful and caring connections; focuses on strengths and resilience; and supports clarity, consistency, transparency, and choice (see Warshaw et al. 2014, Core Curriculum on Trauma-Informed Domestic Violence Services).

[4] For more information on the Sanctuary Model, please see: http://www.sanctuaryweb.com/

[5] For more information on Risking Connection, please see: http://www.riskingconnection.com/

[6] For more information on NCDVTMH's ACDVTI approach, please see: http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/03/ACDVTI-Self-Reflection-Tool_NCDVTMH.pdf

are supported and supervised (e.g., reflective supervision, wellness activities for staff members, and supports to address vicarious traumatization).

These core elements reflect an understanding of what it means to take a trauma-informed approach as shared by a range of service providers and programs. The following sections of this report describe how the programs interviewed have incorporated a trauma-informed approach into various aspects of their work. It also includes sections on how programs measure the impact of their services, what has been most meaningful to survivors, and lessons learned in becoming more trauma informed.

Creating Trauma-Informed Organizations

Many programs shared that becoming more trauma informed is an ongoing, reflective process involving a shift in understanding of how trauma affects staff, survivors, organizations, and communities rather than a checklist of improvements or service components to be implemented. For many of the programs interviewed, this shift in understanding has been supported by

- initiatives to fully incorporate trauma-informed principles throughout the organization;
- efforts to examine the kinds of services offered and how they are delivered;
- prevention, advocacy, activism, and social change work involving both survivors and staff;
- efforts to ensure that services are culturally responsive and linguistically appropriate; and
- and attention to supporting staff members in their work, including when trauma-related issues or challenges arise.

The next section describes a range of ways that this shift in understanding has been applied to organization-wide polices and practices.

Initiatives Reflecting An Organizational Commitment to Being More Trauma Informed

Programs described a range of intentional, long-term, organization-wide initiatives with a goal of creating organizations that are more fully trauma informed. This includes forming trauma-informed services committees, creating commitment to trauma-informed care statements, obtaining and then incorporating survivor and staff feedback into organizational changes, and implementing organization-wide evaluations and self-assessments pertaining to trauma-informed practices. For example, one program created an accessibility self-evaluation tool with a focus on universal design[7] and trauma-informed approaches to domestic violence, sexual violence, and disabilities for use in both the

[7] For more information on Universal Design, please see: http://www.universaldesign.com/about-universal-design.html

organization and the larger community. In understanding that being culturally responsive is central to being trauma-informed, almost all programs described ongoing initiatives to ensure that staff, services, and entire organizations incorporate principles of cultural competency and linguistic accessibility, with an anti-oppression stance at the core. Many have cultural competency initiatives or committees, and most have completed cultural competency trainings, including Safe Zone trainings on working with lesbian, gay, bisexual, transgender, queer/questioning, and intersex (LGBTQI) survivors, staff, and communities. Several programs said that their cultural competency initiatives intend to create a safer and more welcoming environment for both survivors and staff from traditionally underserved and historically marginalized communities. Programs also shared that increasing accessibility for survivors with a range of disabilities is a part of their work in becoming more culturally competent organizations

Most programs discussed revising their policies to more fully reflect trauma-informed principles, including those related to intake, human resources, and the maintenance of client records. For example, intake processes at many programs have been modified so that advocates now take their cues from survivors, knowing that sharing stories of abuse can be retraumatizing and that being required to answer a lot of questions can feel like an interrogation. Programs have also made efforts to ensure that notes and records are accessible and transparent to survivors. One program that provides mental health services uses a collaborative documentation approach to client records, where the clinician and survivor work together to review and discuss what is placed in the survivor's records. Programs also described hiring and human resources practices that they found helpful in sustaining themselves as trauma-informed organizations. Some talked about taking an intentional approach to the hiring process and selectively choosing candidates who understand principles of accessibility and have experience in doing culturally competent, trauma-informed work. Other programs highlighted that their job descriptions and performance evaluations of employees include an explicit expectation that work with survivors is done in a trauma-informed way. Programs also shared the importance of working in partnership with survivors to develop, review, and refine policies, regulations, and new program handbooks.

Staff Support

All programs shared that staff support is foundational to a program's ability to adopt and sustain a trauma-informed approach. Programs provided detailed information on how they support staff—both in their day-to-day work and in attending to their own experiences of trauma. Many programs described using approaches to supervision, including reflective supervision, that support

staff self-awareness, offer guidance about challenging interactions, engage staff in working through situations that are triggering to them, build on staff members' individual strengths and talents, and focus on supporting their success. All programs described efforts to manage caseloads, and many allow staff some input and flexibility in determining their own schedules. Several programs are family-friendly organizations and provide childcare on-site, or welcome staff to bring in their babies and breastfeed.

In addition, programs noted the following practices to support staff well-being and reduce the risk for vicarious or secondary trauma and burnout:

- An informal open-door policy among staff members
- A supportive, democratic, and collegial atmosphere
- A focus on open and respectful communication between staff members, including when challenging issues arise
- Supporting staff through good benefits, Employee Assistance Programs, opportunities for advancement, hiring from within the organization, and competitive salaries
- A commitment to staff members' professional development and fulfillment, such as through training and networking opportunities, membership in statewide committees, or collaborative work with local anti-oppression groups
- Having designated onsite clinical staff to provide support to advocates and other staff members
- Having onsite peer support groups for staff members, with a goal of reducing the likelihood of vicarious or secondary trauma
- Regular staff appreciation events, thorough orientations for new employees, and recognition of employment milestones
- Ongoing wellness programming, such as walking clubs, reading groups, yoga and other mindfulness-based activities, crafts, remedy teas made by a traditional herbalist, and fitness and healthy eating challenges

All programs emphasized the importance of staff self-care, and they actively encourage and support staff members to do personal work to maintain emotional well-being and reduce the likelihood of burnout. Many programs emphasized the importance of fun, laughter, and staff social activities where work is not discussed. In addition, several programs described trauma-informed trainings and supports available to peer and lay workers, including training on working as part of a cross-cultural

team, assessing problems, understanding mental health concerns, and supportive actions.

Current Practice: How Programs Incorporate a Trauma-Informed Approach in Their Work With Survivors

Services Addressing the Complex Needs of Survivors

Most programs incorporate an understanding that trauma, mental health, and substance abuse-related needs are frequently connected. Several of the programs interviewed described seeing trauma as a root cause of many mental health conditions and subsequently provide voluntary onsite counseling and/or therapy. To support survivors' emotional healing, strengths, resilience, and recovery, programs described a variety of trauma-informed and trauma-specific services, including the following:

- ***Recovery and peer support groups*** that use a trauma-informed perspective, including peer support groups for people who have experienced trauma, with a focus on doing things together to support health and well-being; gender-specific groups that incorporate information on trauma so survivors can better understand how it affects their own healing, coping, and decision-making; one-on-one peer support; and, in a few programs, intergenerational women's groups, where younger women are mentored by older women and create networks of support
- ***On-site trauma-specific counseling services*** provided by licensed clinicians, including Trauma Recovery and Empowerment Model (TREM) groups,[8] trauma-focused cognitive-behavioral therapy (CBT),[9] therapy using the Seeking Safety model,[10] eye movement desensitization and reprocessing (EMDR),[11] dialectical behavioral therapy (DBT),[12] and trauma counseling based on Dr. Judith Herman's stages of trauma recovery[13]
- ***Emotional safety planning with survivors,*** including "support planning," which includes talking with shelter residents about the stresses of communal living and the potential sources of retraumatization that may arise, providing information on the effects of trauma and anticipating potential trauma reminders, discussing coping skills, and working with survivors to identify their individual strengths as well as others who may be sources of support

[8] For more information on TREM, please see: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=158
[9] For more information on trauma-focused CBT, please see: http://www.nrepp.samhsa.gov/viewintervention.aspx?id=135
[10] For more information on Seeking Safety, please see: http://www.nrepp.samhsa.gov/viewintervention.aspx?id=139
[11] For more information on EMDR, please see: http://nrepp.samhsa.gov/ViewIntervention.aspx?id=199
[12] For more information on DBT, please see: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=36
[13] For more information on Judith Herman's stages of recovery, please see: http://blog.lib.umn.edu/stei0301/myblog/Herman%20Recovery.pdf

- ***Traditional and culturally based practices*** promoting healing from domestic and sexual violence and other lifetime trauma, including practices with a focus on spirituality, religion, or approaches that engage the whole community
- ***Creative arts therapies***, including art, music, drama, and movement/dance therapy, for both survivors and their children
- ***Wellness programming*** such as spiritual support, yoga, meditation, gardening, animal- and pet- assisted therapy, Zumba, healthy nutrition programs, onsite gyms, and arts-based activities

To introduce survivors to the mental health services available, several programs hold "discovery groups" so that survivors can make informed decisions about voluntarily choosing to participate in counseling or therapy. A number of programs shared that their counseling and therapy services are free of charge and are available without any time limits, and many described having crisis, short-term, and long-term therapy options. To make services more accessible, several programs shared that their counselors will meet survivors in a safe location of their choosing within the community. Some have established satellite offices in rural areas or places that have limited public transportation options. One program works with the local correctional system and provides support groups for women and men who are incarcerated, along with services for survivors who are re-entering the community following incarceration. In understanding the range of trauma-related needs that survivors may have, programs provide counseling and groups to address stalking, human trafficking, grief and loss, surviving suicide attempts, eating disorders, and issues related to working in the sex industry. Other programs address the mental health-related needs of survivors by co-locating domestic violence and mental health services, or by providing referrals for long-term treatment in the community.

Most programs approach the mental health-related needs of survivors and their children in a holistic way, with respect for their strengths, existing resources, and resilience. Many provide services addressing the needs of children and families, including

- trauma-informed services supporting the parent-child bond, including those using the Attachment, Self-Regulation, and Competency (ARC) model;[14]
- simultaneous programming through which survivors attend groups on parenting in the context of domestic violence while children participate in developmentally appropriate therapy groups;
- services rooted in the traditions of doulas and midwives that work from an understanding of

[14] For more information on the ARC model, please see: http://www.traumacenter.org/research/ascot.php

trauma and wellness beginning in the womb and continuing throughout the lifespan and across generations;

- traditional and culturally based ceremonies for families and communities to celebrate the developmental milestones and other achievements of youth;
- services addressing the specific needs of women who are pregnant;
- therapy based on clinical models such as structural family therapy; and
- dyadic play and creative arts therapy with parents and children.

In addition, several programs described services for youth that have a goal of supporting resilience and reducing isolation, including regular field trips in the community, therapeutic and advocacy services provided at school, and mindfulness groups for children.

As part of understanding the relationships between lifetime trauma, domestic and sexual violence, and substance abuse, many programs have increased the accessibility of services, including shelters, for survivors living with substance abuse-related needs. While a few programs described challenges in approaching issues related to survivors' drug and alcohol use in shelter, many reported shifting from a clean-and-sober policy to a harm-reduction model. One program uses a progressive contract approach, in which staff support survivors' goals pertaining to substance use and rules are pared down to a minimum. Some programs incorporate an understanding of the trauma that survivors experience as a result of substance abuse. Other programs take a low-barrier approach as a way to counter the stigma that is associated with substance use. One culturally specific substance abuse treatment program begins the intake process by sharing a written passage rooted in the community's traditional values, with a goal of making the program feel more welcoming and safe. Another program revised their substance abuse treatment group curriculum to be more trauma informed, infusing it with content from Risking Connection. Many programs described having relationships with substance abuse treatment providers who understand the dynamics of domestic and sexual violence. Some programs have substance abuse counselors on staff, including in shelters; others provide supported recovery groups with a focus on embracing healthy coping strategies.

Trauma-Informed Approaches to Domestic Violence Shelters and Housing

Programs discussed a variety of ways they keep housing as safe, secure, warm, welcoming, culturally resonant, peaceful, and home-like as possible. This includes having a variety of private, communal, outdoor, and family play areas available for survivors and their children. To support the wellness of survivor families, many shelters have exercise areas, outdoor playgrounds, tracks for walking or running, and gardens that survivors help to create and maintain, including meditation

gardens. Several programs shared that they also provide shelter for survivors' companion animals, or contract with allied organizations to foster pets while survivors are residing at the shelter. Many programs have lockers for survivors to access and store their medications, which is increasingly recognized as a best practice. Several programs use a universal design approach to increase accessibility and ensure that the physical space is not a barrier to services for anyone. To make it easier for survivors with low vision to navigate the shelter and offices, one program uses small patches of different textures (e.g., pebbles, feathers) on doors. Additionally, programs recognized that providing housing services to survivors regardless of their mental health or use of substances is a key aspect of accessibility.

Staff members also engage in a variety of trauma-informed practices to help make shelters feel welcoming and more comfortable. Most programs offer survivors time to rest, become acclimated to the shelter environment, and settle into the shelter before service needs and preferences are discussed. Once survivors are settled in the shelter, staff members focus on building trusting relationships and extending invitations to participate in voluntary supportive services. Most programs also shared that over time, shelter staff have come to recognize that behaviors that feel challenging to them are often normal responses to trauma and/or coping or survival strategies. For example, one program reframed their approach by asking themselves, "How is this behavior keeping her safe?" Programs also focus on talking with survivors about their individual needs and goals, and providing information about trauma and its effects. Shelters described offering a range of services to support survivor families, including holistic and culturally based healing activities, job training and employment support, financial and material assistance, safety planning, health screenings and education, and education on budgeting and finance. In addition, staff members at many programs are available to work with survivors on developing practical, mindfulness-based skills for re-centering when overwhelming feelings arise.

Several programs described how working from a culturally responsive stance can help shelters feel warmer, more respectful, and more accessible, reducing both tangible and intangible barriers. For example, programs described working closely with survivors in choosing and selecting foods that can be made available in shelter, including foods that are familiar, comforting, and/or culturally or spiritually important. This extends to the food preparation methods used and the types of kitchen and cooking supplies available (e.g., having designated pots and pans for Kosher or Halal food preparation). Shelters also ensure that all posted signage and materials provided are in multiple languages most often spoken by survivors. In addition, one transitional housing program that works with immigrant survivors from many countries has a world map on their wall. When they begin working with immigrant survivors, they place a pin on the map representing the survivors' country of origin, talk

with them about their experience of their country of origin, and seek out more general supplemental information about their country and culture. The goal is to help survivors feel more at home and welcome. Many programs shared that the décor of their shelter is reflective of the communities served, including through displaying culturally resonant artwork that survivors have either helped to select or created themselves.

Most programs noted that they regularly review the number and types of rules used in shelters and transitional housing. Reviewing and reducing shelter rules is consistent with "good advocacy" in that it supports survivors' self-determination, agency, and choice. When rules are reviewed with a goal of avoiding replication of any power and control dynamics that may mirror abusive relationships, then this is also consistent with trauma-informed principles. Programs emphasized that reviewing shelter rules is an ongoing, collaborative process. In becoming more trauma-informed, many programs reduced several pages of rules into a small handful, all with a primary goal of enhancing survivor safety rather than monitoring survivors or managing staff discomfort. For example, programs have eliminated or reduced the number of rules concerning curfew, cell phones, overnight stays, or room checks. Programs also eliminated write-ups for infractions and instead have supportive conversations with survivors. Some shelters described replacing a rule-based approach with mutually acceptable guidelines, rights, and responsibilities. As a result of reducing the number of rules used, many programs instead have more frequent one-on-one conversations with survivors about trauma, safety, and well-being. In turn, and in understanding the potential challenges that may arise in using fewer rules, programs provide additional supports to staff, such as ongoing trainings, enhanced supervision, and regular consultations.

Culturally Specific and Linguistically Appropriate Trauma-Informed Services

Most programs described working from a culturally responsive stance as central to what it means to be trauma informed. Furthermore, many described providing culturally specific and linguistically appropriate and accessible trauma-informed domestic and sexual violence services. To help make programs more accessible and culturally competent, most programs have a commitment to hiring bilingual/bicultural staff, have written materials and signage available in the languages most often spoken by survivors, have volunteers who speak multiple languages, use language access lines, and have videophones for survivors who are Deaf or hard of hearing. A couple of programs have program-wide language learning classes for staff. For example, one program provided yearlong Spanish language immersion classes for all staff members, with a goal of making the organization

more accessible and welcoming to Spanish-speaking survivors. Furthermore, some programs emphasized the importance of working with qualified and specially trained translators and interpreters who understand the dynamics and nexus of domestic violence and trauma. A number of programs reported that they train their staff on how to effectively work with interpreters. For example, clinicians who are used to working in dyads may benefit from additional training on incorporating interpreters into the therapy process, including the development of a communication rhythm with interpreters. Others support interpreters on managing their own trauma responses that may arise, or in dealing with secondary trauma, as an element of providing linguistically appropriate and accessible services from a trauma-informed perspective.

Culturally Specific Domestic and Sexual Violence Advocacy

Programs shared information about a range of culturally specific practices that support healing and resiliency, relating to survivors' race and/or ethnicity, religion, age, ability, gender identity, and sexual orientation. The programs interviewed that provide culturally specific services vary: Some are stand-alone, culturally specific organizations that offer domestic and sexual violence services within some of their programs; some are stand-alone, culturally specific domestic and sexual violence organizations; and others are mainstream domestic violence and sexual violence organizations that provide culturally specific services or programs.

In describing their approaches to providing culturally specific and trauma-informed domestic violence/sexual assault services, most programs shared the following interrelated themes:

- **Working from a stance rooted in a community's cultural strengths**, or including by incorporating traditional healing practices, ceremonies and medicines, arts, holidays, storytelling, celebrations, as well as activities that are familiar, comforting, and grounding (e.g., gardening/farming, weaving).

- **Increasing accessibility through cultural resonance,** in other words, making programs more accessible through both meeting tangible needs (e.g., religious or dietary needs) as well as creating an environment that supports feelings of belonging, trust, and being valued; this can include, for example, attention to how food is prepared, the language(s) used by survivors and staff, the incorporation of culturally based learning and teaching styles, and the way the program's physical space is designed and decorated

- **Incorporating a deep understanding of the worldview and values of survivors,** including how healing, trauma, family networks, gender roles, raising children, mental illness,

wellness, spirituality, domestic violence, sexual violence, substance use and abuse, and marriage are understood culturally, while recognizing the diversity within cultures as well as individual differences

- **Working to counteract ongoing oppression,** including racism, heterosexism, discrimination, classism, and the effects of colonialism and eurocentrism, plus how forms of oppression intersect with domestic and sexual violence and other kinds of trauma; how forms of oppression can impede access to resources; and ultimately, incorporating this understanding into the services provided, through the ways that survivors and staff work together, and through systems, policy, and social change work

- **Sustaining a welcoming community of support,** through informal and formal peer networks, resource sharing, programs where elders and younger survivors form mentoring relationships, wellness activities, and social gatherings—all of social isolation that many survivors experience resulting from domestic and sexual violence plus the effects of marginalization (e.g., having few people in your area that speak your language or understand your culture and spiritual traditions)

- **Listening carefully to members of the community,** when they share their experiences, including those that help to identify gaps in services or unmet needs; engaging youth, elders, and community leaders; providing education within the community, including dispelling myths and misinformation related to domestic and sexual violence; and engaging in ongoing domestic and sexual violence prevention and advocacy/social justice work

- **Having an organizational commitment to culturally specific practices,** including through having a culturally representative board of directors and staff members, providing ongoing trainings on issues important to the community, working collaboratively with allied partners, and having a mission statement that reflects the values and vision of the organization

Most programs talked about providing culturally specific services in ways that are consistent with survivor-defined approaches. They emphasized the importance of having the services, use of translators or interpreters, and work with members of the same cultural community be the survivor's choice. For example, a survivor may be hesitant to work with an advocate from the same cultural community, especially if it is small, because of concerns related to safety or confidentiality. At the same time, programs emphasized that many survivors experience culturally specific services as especially welcoming, fair, resonant, and helpful.

Many programs reported cross-cultural partnerships with local organizations. Several culturally

specific domestic and sexual violence programs described providing education and trainings to local agencies. This includes trainings on cultural competency, or technical assistance to individual domestic violence program staff members so they better understand the cultural background and experiences of survivors from diverse communities. One program provides supplies needed by specific cultural and religious communities to mainstream domestic violence shelters. Mainstream domestic violence programs also described working closely with local culturally specific organizations to better support survivors.

Finally, some programs that are engaged in work from a more clinical perspective, particularly those supporting refugees or survivors of torture, described the importance of being able to stretch beyond the constraints of conventional mental health practice in order to provide services that are more culturally resonant (e.g., becoming comfortable with more reciprocal relationships, such as by sharing food or drink that is offered during a home visit).

Incorporating an Understanding of Collective and Historical Trauma

A number of both culturally specific and mainstream domestic and sexual violence programs described ways that they incorporate an understanding of the complex effects of collective trauma into their organizations, supports, and services. Furthermore, several programs, particularly culturally specific ones working within Native American and African American communities, described ways that they address effects of historical trauma. The programs we interviewed that work to counteract collective and historical trauma address domestic and sexual violence while working more broadly to strengthen ties to cultural values, counteract oppressive conditions and racially discriminatory practices, and improve the health and well-being of their communities at large. This work is often revolutionary in the ways that it works to strengthen all parts of a community; recover and share cultural knowledge and language that has been suppressed; and counteract centuries of colonization, enslavement, systematic racism, discrimination, oppression, and genocide.

Because this work often involves entire communities, or in one case, a Tribal Nation, it is difficult to provide information about the specific practices used without sharing the cultural and historical context of each. The type of reductive qualitative analysis used in this paper, while helpful in distilling the essence of myriad practices, presents a challenge in maintaining a sense of the depth and richness of work programs and communities are doing to address historical trauma. With that being said, several culturally specific programs offer supports and services that focus on addressing the effects of historical trauma. One program holds groups on culturally based healing practices for life experiences related to historical trauma, as well as a group on addressing the ways that historical

trauma affects family dynamics. Another culturally specific domestic violence program holds Sister Circles to foster feelings of friendship, respect, and trust between women who are healing from childhood and adult trauma. In one program, women who previously participated in a group for survivors have emerged as leaders in providing outreach on historical trauma, healthy relationships, and domestic and sexual violence.

Furthermore, programs described ways that they support survivors and their communities in countering the effects of historical trauma through sharing cultural knowledge. In many programs, the sharing of cultural knowledge is intergenerational and is led by elders. This includes teaching midwifery; sharing traditional texts, speeches, and stories about their culture's origins, history, and beliefs; holding rites of passage for lifecycle events; offering groups to youth that are rooted in principles of empowerment and cultural values; teaching traditional arts, music, dance, and crafts; sharing spiritual or religious practices, rituals, and ceremonies; and providing traditional healing practices and medicines. Several programs have also worked to share language that has been suppressed by the ongoing effects of colonization. This includes everything from one-on-one mentoring and teaching to the creation of an indigenous language immersion school.

Programs described the connections they see between historical trauma, structural racism, and the health and well-being of their communities. Several programs provide services to address related disparities in physical health, mental health, incarceration, substance use, or employment. In seeing the connections between health, environmental justice, and structural oppression, one program advocates for improved environmental conditions (e.g., the removal of toxic industrial chemicals from ancestral land) to support the health of its community. Another program provides culturally responsive transitional housing and supportive services for women who have experienced violence as children or adults and who are transitioning from prison to the community. Other programs provide groups on supporting recovery from substance abuse that incorporate principles rooted in cultural values. All of these services and supports recognize how collective and individual forms of trauma often intersect in the lives of survivors.

As part of providing trauma-informed services, programs support staff members around historical trauma in a range of ways. In understanding that staff members may have their own experiences related to forms of historical trauma, programs support staff in their own healing and, in some cases, work with them to deepen their feelings of connection to their culture and traditions. One program holds annual staff retreats with a focus on reflection, self-care, and the sharing of cultural knowledge. Most culturally specific programs and some mainstream programs provide formal trainings for staff members on the effects of historical trauma and related topics. One program has implemented a training-of-trainers program on the effects of historical and intergenerational trauma

on relationships. In addition, programs have held numerous summits and conferences on topics including childhood trauma, youth engagement, and women's health, both within their communities and across sectors to promote systems change and transformation.

All of the programs that focused on historical trauma emphasized the importance of creating a truly welcoming, culturally resonant environment that is experienced by both survivors and staff as warm, caring, and deeply fair. Programs also described the importance of supervisory practices that are reflective, strengths-based, and non-punitive. While these organizational approaches are all consistent with a trauma-informed approach, many programs shared that they have particular relevance and resonance for survivors, staff, and communities affected by historical trauma. Many programs described how these organizational approaches help to create an especially safe environment for survivors and staff dealing with their own experiences of trauma in addition to structural oppression and systematic racism. Overall, all programs emphasized that understanding the cumulative effects of collective and historical trauma in the lives of survivors, their families, and their communities is integral to being trauma informed.

Incorporating an Understanding of Immigration-Related Trauma

Many programs described the threats and challenges that survivors who are immigrants face and ways that advocates and survivors approach those challenges together. In order to better support survivors dealing with the trauma of domestic violence and with issues related to immigration, many programs train staff on immigration laws and immigration-related trauma. A number of programs provide supports to survivors specifically around documentation. One program noted that many survivors without documentation have experienced so much fear, violence, and feelings of "living in the shadows," that providing advocacy and information about their legal rights is often powerful. Because of the dual challenges of accessing services and living in fear of deportation, several programs reported doing community outreach so that it is known that documentation is not required to receive services. Furthermore, programs described efforts to dispel myths and misinformation related to documentation status and immigration that perpetrators use to further victimize, coerce, and control their partners.

Beyond providing advocacy and support relating to immigration laws, programs offer a range of services to support survivors' feelings of well-being, connection, and empowerment. Programs described the additional isolation faced by many survivors who are immigrants, due to concerns about deportation, not having family or a feeling of community in the United States, or not knowing others in the area who speak the same language or share the same culture or spiritual traditions. Because of

this isolation, one program reported that it is especially powerful for survivors to have access to peer support groups and other opportunities to connect with one another and form new relationships. A few programs shared that they provide training and support for bicultural/bilingual community health workers or well-being promoters to visit survivors, share psychoeducational and health-related information, and provide outreach and education within the community.

Programs also described education and advocacy provided to survivors on topics related to U.S. systems and laws, such as the impact of employment on Visa status, ways to apply for citizenship, issues that arise in working with the police or obtaining an Order of Protection, mediation and the American system of divorce, strategies for reuniting families split by immigration, and the U.S. banking system. Programs that work with political refugees or survivors of torture also noted that some survivors may choose not to pursue legal action if it means their partner will be deported, particularly if deportation will place them in serious danger in their country of origin. Several programs shared an understanding of the effects of multiple forms of trauma that may coincide with the experience of being an immigrant, in addition to the trauma of domestic violence. For example, one program is starting a group for young adults who have emigrated from Central America, to address the many traumas and losses they have experienced in their home countries as well as en route to the United States. Another program described state-level policy work that survivors and staff are doing together to address specific issues that immigrant survivors face, as well as work advocating to change harmful laws.

Working Together: Collaborative Approaches to Advocacy, Activism, and Prevention

Programs described long-term, interdisciplinary efforts to better support survivors through working to create change in systems and communities. Some highlighted ongoing collaborations between domestic and sexual violence programs and mental health organizations. Key aspects of these collaborative partnerships include intensive cross trainings, co-location of staff, joint work on grant proposals, and a shared mission to understand how a trauma-informed approach can be incorporated into both domestic and sexual violence advocacy and mental health services. Partnering organizations reported completing formal collaborative reviews to analyze each other's policies and procedures to ensure that they take a domestic and sexual violence- and trauma-informed approach, in addition to being sensitive to the mental health concerns of survivors and their children. As a result of one such collaboration, an inpatient psychiatric facility transformed its services to better reflect an awareness of the pervasiveness of trauma and domestic and sexual violence in the lives of the people

it serves. It changed its curriculum, eliminated seclusion and restraint (practices that are traumatic in themselves), and shifted how staff members relate with patients. Their goal was to make the unit as therapeutic and welcoming as possible. In another community that has built a partnership between mental health and domestic violence programs, survivors have much easier access to trauma-focused and trauma-informed domestic violence and mental health services, with seamless same-day referrals so that no one falls through the cracks. Both of these partnerships shared that working collaboratively has opened possibilities to work with other organizations and systems, including agencies supporting people who are homeless, housing programs, and economic empowerment programs.

Other collaborative approaches focus on promoting and sustaining cross-disciplinary partnerships between domestic and sexual violence programs and substance abuse treatment services. One statewide research-in-action initiative has worked with numerous pairs of local domestic violence and substance abuse treatment agencies, with a goal of promoting and sustaining truly integrated services to better support survivors with substance abuse-related needs. As part of this ongoing initiative, over a two year period, partnered domestic violence and substance abuse treatment programs sharing a catchment area receive intensive cross-training, technical assistance, and support, and participate in a series of joint planning meetings to develop and implement new integrated services in their agencies. Another statewide initiative provides a forum for domestic and sexual violence advocates who focus on substance abuse to support one another in the work. It provides local chapters for networking; hosts annual conferences; trains domestic and sexual violence advocates and substance abuse treatment providers in trauma-informed approaches to cross-disciplinary work; creates multi-disciplinary tools for use in the field; and advocates for change at the provider, agency, and state policy level. This initiative also holds principles of cultural competency at the heart of its mission.

Beyond work on improving system responses to survivors experiencing mental health- and substance abuse-related needs, programs described working collaboratively with a range of other sectors. For example, one program provides intensive training to local businesses to address personnel/human resources procedures related to domestic violence, with dual goals of making workplaces safer for survivors and holding abusive partners accountable. In conducting lethality assessments and screenings, another program has expanded to a variety of community settings, including the local military base, the emergency room, and the office of the Department of Social Services. Other programs provide outreach to local beauty salons to increase awareness of domestic violence and trauma, help community members better understand trauma responses, and increase familiarity with available services and supports. To support survivors' physical safety, anonymity, and confidentiality, one domestic violence program in a small town received funding to co-locate a variety

of services that survivors often utilize into one building. Previously, these services were scattered across multiple offices along the town's main street and survivors felt conspicuous and unsafe when accessing them. Another program works closely with a local disability rights organization to co-lead community trainings on safety planning for survivors with disabilities, including emotional safety planning.

Finally, several programs described ways that survivors and staff work to challenge the social conditions that perpetuate abuse, violence, and oppression. Most, if not all, programs described outreach work to the community to provide education on the dynamics of domestic and sexual violence, with dual goals of reaching survivors and preventing future violence. Several programs described work with men in their community to discuss the harms associated with experiencing domestic and sexual violence, provide information about healthy relationships and parenting, and to serve as a forum for men engaged in ending gender-based violence. Notably, one program that works with survivors who are immigrants has incorporated civic engagement work into their Theory of Change. Their ultimate goals are to build political power as an immigrant community and to change draconian laws and policies. After working with this organization for some time, survivors have opportunities to become community leaders, providing outreach and education. Survivors give presentations at schools, church groups, or partnering agencies on four topics: domestic violence 101; children exposed to domestic violence; self-esteem and coping with stress; and communication and relationships. There is a parallel youth leadership program available for adolescents of all genders, through which youth give presentations on the red flags of teen dating violence and the effects of domestic violence on children. Advocates and survivors within this organization also work for survivors' and immigrants' rights within a variety of sectors, including hospitals, the childcare bureau, local law enforcement, the welfare office, and city and state government. The organization has achieved significant successes in all of these areas.

Measuring the Impact of a Trauma-Informed Approach to Services

During the course of the interviews, programs described methods used to collect evidence about the aspects of services most meaningful to survivors, along with feedback from staff about the organization itself. Most, if not all, programs are mandated to complete outcome measures to meet the requirements of funders. Many also consistently seek out additional information from survivors and staff about what is working well in their organizations, along with areas for improvement.

How Programs Measure the Impact of Their Work

Programs measure the impact of their services through a variety of methods, including client surveys, suggestion boxes, formal program evaluations, focus groups, feedback sessions through which survivors can identify program strengths and gaps in services, and database systems that track service utilization. Other programs collect information more informally through conversations with survivors. One program administers a stakeholders' survey to obtain feedback from the community and partnering agencies about whether they see the program's services as helpful, and how confident they feel in making referrals. Most provide evaluations of and for staff.

The Types of Information Collected

Programs collect information about a variety of topics pertaining to their services and organizations. Most ask survivors general "how are we doing" questions, along with items assessing their overall satisfaction with services. Furthermore, most programs also gather feedback on specific services from survivors, such as shelter, therapy, and advocacy. We found that programs supporting refugees and survivors of torture are especially likely to use published or standardized scales and surveys to measure treatment outcomes (e.g., scales for PTSD, depression, anxiety, parenting stress), and many also measure survivors' progress toward achieving their own goals, such as English language proficiency, employment, or stable housing. In addition, programs described evaluation efforts related to the following topics:

- Programs described ways that survivors evaluate their experiences with staff members. This includes whether they felt heard by staff; whether staff respected their choices and decisions; whether staff exhibited specific cultural competencies; and how welcoming, compassionate, and competent staff were.
- A few programs described efforts to learn whether programs met survivors' needs, particularly regarding their gender identity and expression, sexual orientation, cultural needs, and spiritual needs.
- Programs also discussed how they measure changes in survivors' feelings of support, empowerment, safety, and knowledge about domestic violence and community resources. In the context of advocacy services, many programs gather feedback from survivors about their goals, including whether they felt that they have control over the goals that they set.
- Programs reported collecting information from survivors on any barriers to services they experienced and areas for improvement.

- Most programs described measuring service utilization, including the number of survivors who have made unplanned exits from the shelter, or the number of survivors who have met their self-defined goals.

Along with collecting information from survivors, many programs also reported gathering staff feedback on the quality of supervision they received, how supported they felt in maintaining a healthy work-life balance, and whether they were valued for their talents and contributions to the organization.

What Programs Report As Most Meaningful For Survivors

Through the course of the interviews, programs shared the key outcomes that have been most important, meaningful, and helpful to survivors utilizing their services. Most programs reported that survivors are satisfied with the services received, and that culturally specific services are especially effective in part because of how safe, welcoming, and resonant they feel. A common theme among programs is that survivors feel safer in part because of the services provided, including that the program saved survivors' lives, and that the facilities felt secure without being overly restrictive.

Many programs indicated that survivors provided feedback on the program's relational environment. A common theme that emerged across programs is that survivors felt supported, respected, believed, and not judged by staff members. Many programs indicated that survivors reported feeling that they could be open and honest with staff members. Programs said that survivors reported feeling respected as individuals, in their choices and decisions, and as the experts on their own experiences. In addition, programs shared that survivors felt more empowered and hopeful because of the services they received. Survivors also shared that relationships with specific staff members were especially meaningful to them. Furthermore, programs reported that survivors said tha t they would be comfortable returning to the program if they wanted services again regardless of their relationship status.

Programs described a number of other aspects of their services that survivors found especially helpful, including support for the parent-child relationship, education on domestic violence and the effects of trauma, financial and material assistance, and services that respond to survivors' mental health concerns. Some programs reported that survivors have appreciated their holistic, strength-based, and person-centered approach. Several programs reported that survivors consistently state that activities that promote opportunities to socialize and create a sense of community are important to them. Finally, several programs reported that survivors who have utilized their services are emerging as community leaders. As survivors continue to heal and grow, many want to contribute to the organization, provide outreach and advocacy, train others, engage in anti-oppression and anti-

racism work, and promote social change at both the community and state level, including through legislative advocacy.

Challenges, Lessons Learned, and Advice to Other Programs in Becoming More Trauma Informed

In concluding the interviews, all programs were asked to relate challenges, lessons learned, or words of advice for programs that are interested in becoming more trauma informed. While programs shared many successes and benefits to working from a trauma-informed perspective, they were also asked to describe challenges experienced in the process of becoming more trauma informed. While most programs shared that resources—both time and funding—are a challenge in general, programs also mentioned several other specific challenges. These include (1) having the sustainability of working from a trauma-informed approach compromised when there is one champion within the organization who then leaves; (2) balancing survivors' and staff members' needs for safety when working from a low-barrier approach to drug and alcohol use within shelters; and (3) having translated materials that are both linguistically and culturally appropriate and domestic violence informed.

Several programs related that staff members have at times struggled with changes associated with becoming more trauma informed, some to the extent that they decided to leave the organization. As they became more trauma informed, some programs encountered challenges in finding local mental health and substance abuse treatment programs for referrals because few shared a trauma-informed philosophy. One culturally specific domestic violence program noted that this challenge is further compounded by the lack of local mental health and substance abuse treatment providers with proficiency in languages other than English.

Recommendations for Practice, Research, and Policy

Programs also shared lessons learned and advice from their experiences in becoming more trauma informed. One program shared that in the beginning of the process, it helps to take time to recognize the principles most important to the organization and to work with organizational strengths. From there, programs can build upon what is already in place. In becoming more trauma informed, several programs completed agency-wide self-evaluations, and they noted that the agencies that have been more successful in being trauma informed have been those that were the most honest and transparent throughout this process. Most programs recommended having ongoing conversations with survivors about what they want to see, what they like, and what they wish did not happen within the program, along with how they experience the program's guidelines. Additionally, a few programs

shared that it was helpful to have an independent evaluator visit the program and review everything from facilities to policies. All programs described efforts to support advocates and other staff as the organization shifts to doing trauma-informed work. These efforts include having regular time for staff to process changes, providing additional technical assistance and support to staff, and giving staff time to consider new ways of working with survivors. Almost all programs shared that becoming trauma informed is a continual process that requires ongoing conversations at all levels, and that it will take time. Therefore, a patient, intentional, and methodical approach to working through changes is helpful.

Programs felt strongly that providing culturally responsive, linguistically appropriate services that acknowledge and respect survivors' belief systems, cultural and spiritual practices, and worldviews are essential to a trauma-informed approach and should not be viewed as an "add on." Several mainstream programs that provide culturally specific domestic and sexual violence services shared that working with culturally specific communities must be integral to the *entire* agency. In developing culturally specific services within a mainstream domestic violence program, one program shared that it is essential to have people from the culturally specific community direct and develop services, to listen to advocates from the culturally specific community, and to remember that experiences of trauma are diverse. Finally, programs emphasized the importance of integrating celebrations, arts, and traditional health and healing practices in their efforts to become more trauma informed. For some staff members, incorporating these practices can also increase their understanding and appreciation of aspects of culture that hold important meaning for the survivors they work with.

In the process of becoming more trauma informed, several programs said that having working partnerships with other programs has been helpful. Programs can learn a lot from partnering with agencies that have already successfully implemented a trauma-informed approach, to avoid "re-inventing the wheel." Other programs described partnering with local agencies to become more trauma informed as a team, which allows programs to support each other, have processing sessions together, and share challenges and successes. Several programs provided advice in working in partnership with other organizations, including the importance of working to understand the language and reasons behind differing professional philosophies. Other programs shared that while ongoing relationships with community partners have strengthened programs' abilities to meet survivors' needs, these relationships require continuous and thoughtful work. Staff from partnering organizations need to get to know each other both as individuals and as professionals. One program saw an analogy in working in partnership with other organizations with the way that domestic and sexual violence programs work with survivors: You start where you are, build relationships, have patience with the

process, show respect for each other's time, and share information with each other.

Ensuring the sustainability of agency-wide trauma-informed practices may also require additional resources to support this way of working. As many programs have described, providing trauma-informed services often requires a fundamental shift in perspective and in organizational culture. Having sufficient resources to support reflective practice, staff well-being, and organizational transformation is critical to trauma-informed work. Thus, it is important that local, state, and federal funders factor in the time and investment needed to create and sustain accessible, culturally relevant, domestic violence- and trauma-informed services. This includes incorporating language about the importance of such approaches in funding descriptions and requests for proposals, as well as ensuring that resources are made available to support the reflective planning time; infrastructure development; staff benefits, training, and supervisory supports; and organizational changes necessary to sustain this type of approach. This level of investment is essential not only for providing the best possible support for survivors and their families, but also for sustaining the people who have dedicated themselves to doing this work.

In conclusion, The National Center on Domestic Violence, Trauma & Mental Health would like to recognize each of the following programs for participating in this project; for their generosity and thoughtfulness throughout the interviews; for their valuable time; and for their outstanding work in supporting survivors, families, and communities. We thank you for your contributions to this initiative.

Programs supporting survivors of domestic violence/sexual assault and their families (in alphabetical order):

Asha Family Services, Inc.
Milwaukee, WI

Asian/Pacific Islander DV Resource Project
Washington, DC

Crisis Services of North Alabama
Huntsville, AL

District Alliance for Safe Housing (DASH)
Washington, DC

Domestic Violence Center of Howard County, Inc.
(now called HopeWorks of Howard County)
Columbia, MD

DREAMS of Essex, Family Connections
East Orange, NJ

Enlace Comunitario
Albuquerque, NM

Family Guidance Center, in collaboration with Womanspace, Inc.
Mercer County, NJ

Harbor House
Appleton, WI

Hope House Domestic Violence Services
Kansas City, MO

House of Ruth Maryland, including Adelante Familia
Baltimore, MD

Integrative Services Project (ISP)
Cedar Falls, IA

Konon:kwe Council
The Mohawk Community of Akwesasne

Lac Du Flambeau Tribe Domestic Abuse Program (Benase Equay Wakaigan)
Lac Du Flambeau, WI

Collaboration: Lakeside Behavioral Health, Harbor House of Central Florida, and The Florida Coalition Against Domestic Violence
Orlando, FL

Latina Domestic Violence Program (LDVP) – Congreso de Latinos Unidos
Philadelphia, PA

New Beginnings
Seattle, WA

Project S.A.R.A.H.
Clifton, NJ

Rose Brooks Center
Kansas City, MO

Safe Connections
St. Louis, MO

Safe Harbor of Sheboygan County, Inc.
Sheboygan, WI

SARC (Safety, Awareness, Resources, Change)
Bel Air, MD

Sojourner Family Peace Center
Milwaukee, **WI**

Triple Play Connections
Kenmore, WA

Walden Sierra, Inc.
Charlotte Hall, MD

Wise Women Gathering Place
Green Bay, WI

The Women's Community, Inc.
Wausau, WI

WomenSafe, Inc.
Chardon, OH

Women's Specialized Services – Princeton House Behavioral Health
Princeton, NJ

YWCA Battered Women's Shelter – YWCA of Northwest Ohio
Toledo, OH

*In lieu of a formal telephone interview, one program shared information with NCDVTMH in written format.

Programs supporting refugees and survivors of torture (in alphabetical order):

Bellevue Hospital Center/New York University Program for Torture Survivors
New York City, NY

Boston Center for Refugee Health and Human Rights – Boston Medical Center
Boston, MA

Center for Survivors of Torture and War Trauma
St. Louis, MO

Center for Survivors of Torture (CST) – Asian Americans for Community Involvement (AACI)
San Jose, CA

Center for Victims of Torture (CVT)
St. Paul, MN

Community Legal Services and Counseling Center (CLSACC)
Cambridge, MA

Iorida Center for Survivors of Torture (FCST) – Gulf Coast Jewish Family Services
Clearwater and Miami Springs, FL

International Rescue Committee Center for Well-being
Tucson, AZ

Khmer Health Advocates (KHA)
West Hartford, CT

License to Freedom
El Cajon, CA

Heartland Alliance Marjorie Kovler Center
Chicago, IL

Program for Torture Survivors (PTVLA)
Los Angeles, CA

Program for Survivors of Torture and Severe Trauma (PSTT) – Northern Virginia Family Services
Falls Church, VA

Psychosocial Rehabilitation Center for Victims of Torture – Arab Community Center for Economic & Social Services (ACCESS)
Dearborn, MI

Survivors of Torture International (SOTI)
San Diego, CA

Appendix A:

Interview Questions Used to Collect Information from Model and Promising Domestic Violence Programs

Introductory Questions:

- Does your program directly address healing from trauma and other lifetime harms?
- Is your program a "stand alone" program or organization, or is it a specialized part of a larger program?
- Does your program provide any culturally specific services?

Program goals and mission:

- Can you tell me about the mission of your program?
- What are your program's goals, especially as they relate to healing from trauma and other lifetime harms?
- What outcomes does your program work to achieve?
- What change does your program seek to create in your community?

Program origins:

- What brought about the creation of your program?
- When was it started, and why?
- Did you adapt it from an existing model or practice, or start from scratch?
    - If you adapted your program from an existing model or practice, in what ways was it modified?
    - If you started your program from scratch, what process did you use to create it?
- Is your program (or, are aspects of your program) manualized or does it have written guidelines or steps for implementation?

Program components:

- What are the major components of your program?
- What are your program's key services?
- What do you think makes it "trauma-informed?" Specifically, **what is different**?
    - ...Differences in organizational commitment or mission?
    - ...Differences in your program's organizational culture, including how it addresses the impact of trauma on staff and how staff support one another?

- ...Differences in the ways that your program supports staff members (including benefits, flexibility, childcare, working from home, etc.)?
- ...Differences in the way that supervision is handled, including ways that supervision creates regular opportunities for staff to reflect on their own responses and learn from their interactions with survivors?
- ...Differences in the kinds of collaborations your program has, including with mental health and substance abuse organizations and other community partners?
- ...Differences in what your program does to make participants and staff feel welcome and included?
- ...Differences in how your program handles rules?
- ...Differences in the ways that program staff address participants' challenges in coping with the effects of trauma?
- ...Differences in the way that relationships between staff and participants feel, or are handled?
- ...Differences in the types of services offered by your program?
- ...Differences in the ways that crises or conflicts are handled?
- ...Differences in your program's commitment to inclusivity, such as having culturally specific services?
- ...Differences in the ways that your program attends to the emotional safety of participants?
- ...Differences in the kinds of information provided to survivors about trauma and its effects, including, for example, potential trauma triggers related to abuse by one's current partner or to other types of abuse or harms in the past, or information that normalizes the effects of trauma and that provides information about the kinds of things that may be helpful?
- ...Differences in how your program recognizes trauma stemming from laws, including immigration laws?
- ...Differences in how you incorporate an understanding of survivors' experiences of lifetime trauma, including childhood trauma and experiences of stigma, oppression, and discrimination?
- ...Differences in understanding or responding to the ways that community experiences can affect trauma and reactions to DV?
- ...Differences in recognizing different types or sources of trauma and how they affect survivors?
- ...Differences in the types of resources available, including clinical resources?

Who your program works with:

- Who (or what community/communities) does your program reach, serve, or connect with?
- What language(s) are spoken in your program, by participants and by staff? In what language(s) are program materials available?
- Does your program focus on working with a specific age range of people? If so, what age range?
- Does your program provide any culturally specific services (e.g. services based on culture, language, ability, or identity)?
    - Which communities do you work with?
    - How are your services or approaches unique to the communities served (e.g., culturally-specific support groups, culturally-specific healing practices)?
- In what kind of setting do your program's services take?

Program evidence- methods used and outcomes:

- Does your program collect information on outcomes? Has your program conducted any type of formal evaluation? If so, how does your program collect this information?
    - What kinds of information are collected?
    - What trauma related outcomes are you seeing as a result of your program? What outcomes have been most important or meaningful to the people receiving services from your program?
- What kind of feedback have you received from people who have used your program's services?
    - What has worked especially well for them?
    - What parts of your program have they noted as being especially helpful?
- Have you received any feedback from others working in your area about what your program does well? If so, what have others shared about your program?

Practice cost:

- What resources are needed to make your program work?
- How and when are these resources collected?
- If you adapted your program from an existing approach, what costs were involved (for example, to hire staff, to purchase training materials, or to provide childcare to help people be there and participate)?

Training requirements:

- What training is necessary for paid program staff to do their work? What training is necessary for unpaid or volunteer program staff to do their work?
- What training do paid and unpaid program staff complete?

Planning requirements and readiness considerations:

- What planning requirements or readiness considerations (e.g., training, space, translations, clear identification of service recipients and having appropriate resources specifically for them, staff background and experience, etc.) are needed to implement your program?

Strengths and challenges:

- What makes your program different than others working with similar populations or toward similar goals? What do you think is especially innovative about your program?
- What aspects of your program are you most proud of?
- What challenges has your program faced? What lessons has your program learned?

Implementation considerations:

- Have you tried to implement your program for people or a community outside of the community that your program typically serves?
    - If so, were there any differences in outcomes?
- What would you say are the limits of this program or approach: who is likely to benefit from it, who would not, etc.
- If another program were to approach you for advice on implementing your program's model or approach, what caveats or cautions would you give? What should (or should not) be done to ensure that your program's model is delivered in the proper way?

Final questions:

- Do you know of any other programs doing similar work?
    - Would you be willing to provide contact information for these programs so that we can talk to them?
- Would your program be willing to share any materials, resources, or tools you developed?

Appendix B:

Interview Questions Used to Collect Information from Programs Supporting Refugee Survivors and Survivors of Torture

Introductory Questions:

- Does your program directly address healing from trauma and its effects?
- Is your program a "stand alone" program or organization, or is it a specialized component or part of a larger program or service organization?

Program goals and mission:

- Can you tell me about the mission of your program?
- What are your program's goals, especially as they relate to healing from individual and collective (i.e. cultural, historical, political, including torture, refugee) trauma?
- What outcomes does your program work to achieve?
- As a part of the process of addressing collective trauma, does your program do any work around prevention, community outreach or political or systems change?

Population of Interest:

- What community/communities does your program most reach, serve, or connect with?
    - What language(s) are spoken in your program, by participants and by staff? In what language(s) are program materials available?
    - Does your program focus on working with a specific age range of people? If so, what age range?
- In what kind of setting do your program's services take place?
- Does your program provide any culturally specific services (e.g. services based on culture, language, ability, or identity?)
    - Which communities are served?
    - How are these services or approaches unique to the communities served (e.g., culturally-specific support groups, culturally-specific healing practices)?
- Do your program's services specifically address surviving torture? How so? What are the unique elements of this program that were developed (or adapted) to support healing for survivors of torture?
- Do your program's services specifically address the experience of being a refugee? How so?

What are the unique elements of this program that were developed (or adapted) to support healing for refugees?

- Do your program's services specifically address the experience of immigration? How so?

Questions for programs that support survivors of torture or refugees without a focus on DV:

- Have your program's services been used to support healing from trauma for survivors of domestic violence? If yes, how so? How often are issues surrounding DV addressed?
- Overall, what has been helpful for survivors of DV?
    - Have you done anything to adapt your services specifically for survivors of domestic violence? If so, what changes or adaptations have been the most helpful in supporting survivors' healing from trauma?
    - Have your program's services (and trauma interventions, specifically) been developed or adapted for women (i.e. are they gender-responsive? Gender-specific?)…Differences in organizational commitment or mission?

Program origins:

- What brought about the creation of your program?
- When was it started, and why?
- Did you adapt it from an existing model or practice, or start from scratch?
    - If you adapted your program from an existing model or practice, in what ways was it modified?
    - If you started your program from scratch, what process did you use to create it?
- Are your program's services (or, specific treatment options offered within your program) manualized, or do they have written guidelines or steps for implementation? Are any of your program's healing practices evidence-based practices? If yes, which?

Program components:

- What are the major components of your program?
- What kind(s) of healing practices does your program include- both individual and collective healing practices?
- What are your program's key services?
- What do you think makes it "trauma-informed?" Specifically, **what is different**?
    - …Differences in organizational commitment or mission?
    - …Differences in your program's organizational culture, including how it addresses the impact of trauma on staff and how staff support one another?

- ...Differences in the ways that your program supports staff members (including benefits, flexibility, childcare, working from home, etc.)?
- ...Differences in the way that supervision is handled, including ways that supervision creates regular opportunities for staff to reflect on their own responses and learn from their interactions with survivors?
- ...Differences in the kinds of collaborations your program has, including with mental health and substance abuse organizations, DV programs and other community partners (depending on the type of program this is)?
- ...Differences in what your program does to make participants and staff feel welcome and included?
- ...Differences in the ways that program staff address participants' challenges in coping with the effects of trauma?
- ...Differences in the way that relationships between staff and participants feel, or are handled?
- ...Differences in the types of services offered by your program?
- ...Differences in the ways that crises or conflicts are handled?
- ...Differences in your program's commitment to inclusivity, such as having culturally specific services?
- ...Differences in the ways that your program attends to the emotional safety of participants?
- ...Differences in the kinds of information provided to survivors about trauma and its effects, including, for example, potential trauma triggers related to past experiences, or information that normalizes the effects of trauma and that provides information about the kinds of things that may be helpful?
- ...Differences in the types of resources available, including clinical resources?
- ...Differences in how your program recognizes trauma stemming from laws, including immigration laws?
- ...Differences in how you help survivors prepare for court, work with legal advocates or attorneys, or approach and work with other systems to access things they want or need?
- ...Differences in understanding or responding to the ways that community experiences can affect trauma, including reactions to DV?
- ...Differences in how you incorporate an understanding of survivors' experiences of a range of traumas, including childhood trauma and experiences of stigma, oppression and discrimination?
- ...Differences in recognizing different types or sources of trauma and how they affect survivors?

- For programs identified as trauma-specific (if not already covered in responses to #2 & 3):
  - What types of trauma does your program address?

- What type of intervention or treatment? Please briefly describe, including the theoretical or philosophical basis of the intervention including key principles of the intervention, the outcomes it is designed to achieve and how they define and/or measure success. Please describe any research, experiential or contextual evidence supporting the intervention.
- What is involved: individual/group (why), how many sessions (why), what are the key elements, what are the unique components?
- How is it delivered and by whom?
- What type of training and supervision are necessary?
- If this is a non-DV specific program or intervention, have they worked with DV survivors? If so, how have they factored issues of safety and coercion into the intervention?

Program evidence- methods used and outcomes:

- Does your program collect information on outcomes? Has your program conducted any type of formal evaluation? If so, how does your program collect this information?
  - What kinds of information are collected?
  - What trauma related outcomes are you seeing as a result of your program? What outcomes have been most important or meaningful to the people receiving services from your program?
- What kind of feedback have you received from people who have used your program's services?
  - What has worked especially well for them?
  - What parts of your program have they noted as being especially helpful?
- Have you received any feedback from others working in your area about what your program does well? If so, what have others shared about your program?

Practice cost:

- What resources are needed to make your program work?
- How and when are these resources collected?
- If you adapted your program from an existing approach, what costs were involved (for example, to hire staff, to purchase training materials, or to provide childcare to help people be there and participate)?

Training requirements:

- What training is necessary for paid program staff to do their work? What training is necessary for unpaid or volunteer program staff to do their work?
- What training do paid and unpaid program staff complete?

- Does your program's model require a clinician, or training/supervision by a clinician?

Planning requirements and readiness considerations:

- What planning requirements or readiness considerations (e.g., training, space, translations, clear identification of service recipients and having appropriate resources specifically for them, staff background and experience, etc.) are needed to implement your program?

Strengths and challenges:

- What makes your program different than others working with similar populations or toward similar goals? What do you think is especially innovative about your program?
- What aspects of your program are you most proud of?
- What challenges has your program faced? What lessons has your program learned?

Implementation considerations:

- Have you tried to implement your program for people or a community outside of the community that your program typically serves?
    - If so, were there any differences in outcomes?
- What would you say are the limits of this program or approach: who is likely to benefit from it, who would not, etc.
- If another program were to approach you for advice on implementing your program's model or approach, what caveats or cautions would you give? What should (or should not) be done to ensure that your program's model is delivered in the proper way?

Final questions:

- Do you know of any other programs doing similar work?
    - Would you be willing to provide contact information for these programs so that we can talk to them?
- Would your program be willing to share any materials, resources, or tools you developed?