

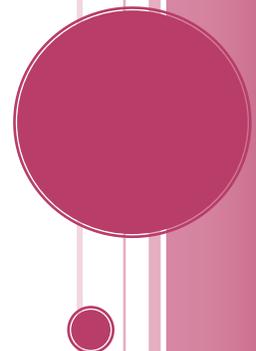


The comprehensive resource on domestic violence

THE TIP INITIATIVE

Creating Trauma-Informed, Victim-Defined Advocacy Organizations Serving Domestic Violence Survivors

The Trauma-Informed Practice (TIP) Initiative is a program offered by ODVN free of charge and supported by the Ohio Attorney General's Office. This initiative will assist domestic violence programs to build capacity, develop and/or strengthen trauma-informed and victim-defined domestic violence advocacy organizations and services. Your program will become a part of a cohort of domestic violence agencies to create a learning community and assist each other in developing sustainable agencies that provide trauma-informed and victim-defined advocacy services. ODVN staff will provide opportunities for training (face to face, webinar, and teleconferences), support for on-the-job training and supervision, technical assistance, access to electronic resources, provision of model policies and protocols, support for internal agency discussions and trainings, and opportunities for peer learning and teaching with other member programs. ODVN staff will also be available for personalized technical assistance (through face-to-face contact and by email and phone) related to any needs that arise as the initiative develops.



“Advocacy for domestic violence survivors has been a cornerstone of this Movement since its inception. In the early years (of the domestic violence movement), I don’t remember us even using terms like survivor-defined, trauma-informed or strengths-based, because the word advocacy simply included those philosophies and values implicitly as part of its definition.”

-Dr. Cris Sullivan, Forward of Domestic Violence Advocacy: Complex Lives/Difficult Choices by Jill Davies and Eleanor Lyon (2014)

WHAT IS A TRAUMA- INFORMED ORGANIZATION?

A **trauma-informed organization** is an organizational and service environment that:

- Is sensitive to the pervasiveness of trauma and its impact on survivors, staff, and organizations
- Takes steps to identify potential trauma triggers, create emotional safety, and reduce retraumatization
- Attends to the quality of interactions for both people using services and staff

Definition from the National Center on Domestic Violence, Trauma and Mental Health

WHAT IS A VICTIM-DEFINED ADVOCACY APPROACH?

A **victim-defined advocacy approach** is an approach that ensures that each victim's experience of violence, culture, and life circumstances determine the direction and focus of advocacy and safety strategies. Advocates work with victims to share information, analysis, and resources, and to implement the strategies each victim decides to pursue.

*Definition from the Building Comprehensive Solutions for Domestic Violence
Website (www.bcsdv.org)*

The program will center on of the foundational work of Attorney Jill Davies and Dr. Eleanor Lyon and their best practice concept of victim-defined advocacy, along with best practices related to trauma-informed care in a domestic violence service environment. The program will focus on ensuring that the five core values of trauma-informed systems (**safety, trustworthiness, choice, collaboration, and empowerment**) are consistent features of program activities and program settings. If a program can say that its **culture** reflects each of these values in each *contact, physical setting, relationship, and activity* and that this culture is evident in the experiences of staff as well as survivors, then the program's culture is trauma-informed (Fallot and Harris, 2009).

WHAT IS THE GOAL OF THE INITIATIVE?

This program focuses on facilitating organizational change that creates a welcoming and supportive environment that emphasizes healing and resiliency and works to meet the self-defined needs of survivors and staff of domestic violence programs.

While much has been written about trauma and trauma-informed care, this initiative aims ***to put trauma-informed principles and philosophies into practice*** at domestic violence agencies. This initiative is about figuring out what being a trauma-informed and victim-defined agency means in real time: what relationships looks like, what organizations look and feel like, how services are offered and provided, how staff experience their work, what form policies and protocols take, how staff and victims feel supported and empowered, and how to incorporate the values of trauma-informed and victim-defined advocacy into daily practices.

The initiative will assist staff in creating an organizational culture which supports trauma-informed and victim-defined work and trauma-informed relationships with program participants, staff, and between staff and program participants. The hope is to institutionalize trauma-informed practices in domestic violence agencies so that regardless of staff turnover, trauma-informed and victim-defined practices continue. This results in an organization that is more stable, healthy, and provides effective, efficient services that people need and desire.

WHAT QUESTIONS ARE WE TRYING TO ANSWER?

Below are a few examples of some of the questions we will be asking about our organizations, our culture, our staff, and our services.

- How is the agency showing its commitment to trauma-informed work in its mission statement and written policies and procedures, in its staffing decisions and training, and in its evaluation and procedures?
- To what extent do the formal policies of the program reflect an understanding of trauma survivors' needs, strengths and challenges? Of staff needs? Are these policies monitored and implemented consistently? How do we know this?
- To what extent do program or agency administrators and staff support the integration of knowledge about violence, abuse, and the impact of trauma into all program practices? How are we doing this?
- To what extent have all staff members received appropriate training in trauma and its implications for their work? How and where will we get needed training?
- What changes do we need to make to make the agency's physical and sensory environment so it is welcoming, inclusive, non-stigmatizing, non-triggering, non-retraumatizing, and physically and emotionally safe for people receiving services and staff members?
- What mechanisms do agencies have to obtain regular input and feedback from the people who are utilizing their services? How is this input and feedback received and what is done with it? How does it play a role in what agencies are doing?
- What is the agency doing to provide services in a way that affirms and is inclusive of survivor's many identities?
- What do staff members need to feel supported in their work with survivors of ongoing DV and other traumatic experiences who are from diverse cultures, abilities, and orientations?

(From ACDVTI and Fallot and Harris, 2009)

WHAT WILL OUR AGENCY COMMIT TO DO?

This program is going to be centered on three main concepts related to creating trauma-informed organizations: training, commitment, and practice. These concepts can be integrated and don't necessarily need to occur in any certain order or timing.

*T*RAINING

on trauma, victim-defined advocacy, secondary traumatic stress and trauma-informed care

There will be a variety of opportunities for training through this initiative, including:

Face to face training provided by ODVN:

1. You will provide all staff with opportunities for training on trauma and traumatic stress. Commit to sending all staff who haven't received this training to a regional all day training on trauma and trauma-informed care, and victim-defined advocacy provided free of charge by ODVN in your region. ODVN will do its best to schedule the training on a day most convenient for your staff. Members of other agencies will also attend. CEU's will be provided to all attendees.
2. You will commit to attend (or send a representative) to a regional executive director's meeting that focuses on trauma-informed staff support and self care and creating victim-defined advocacy service environments.

Additional training resources to use with staff internally:

1. Provide the opportunity for all staff to read ODVN's Trauma-Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs, which is available on ODVN's website. ODVN can provide you with resources for you to include discussions, activities, and brainstorming about topics in the manual at staff meetings and staff development.
2. ODVN will assist in developing tools for you to use to help incorporate the training and information staff receives on trauma and victim-defined advocacy into on-the-job training and learning opportunities, which will enhance and support the use of information gained from training and additional resources into actual practices at the agency.
3. ODVN will develop a list of helpful resources and tools for your staff to use for self-directed learning opportunities.
4. Review internal new staff training to include information on trauma and traumatic stress

Ongoing training opportunities throughout the program:

There will also be several other training opportunities available through ODVN, either in person training opportunities or distance learning training opportunities. These training opportunities will also be followed up by technical assistance and support by ODVN on how to integrate new knowledge into on-the-job training and practice:

- a. What is a trauma-informed organization? (to be viewed by all new staff as part of initial 40 hour training)
- b. Understanding and using a victim-defined advocacy approach with survivors of domestic violence
- c. Trauma and children
- d. Developing and enhancing resilience strategies
- e. Trauma-informed interventions
- f. Me and my work: How it is impacting me?
- g. Identifying and preventing vicarious trauma
- h. The impact of lifetime exposure to trauma

COMMITMENT

to develop and/or strengthen a trauma-informed, victim-defined organization (institutionalization of trauma-informed care)

1. Gain administrative commitment and support of this initiative, including discussing participation in this initiative with your board. If requested, ODVN can provide you with a brief PowerPoint and handouts for your board to educate them about this initiative.
2. Talk to your staff about participating in this initiative and get feedback on what they hope to accomplish. ODVN will assist you with questions you can use to identify opportunities and using the self-reflective process questions from the ACDVTI.
3. Form a trauma initiative workgroup at your agency—this will be a committee that will lead and oversee the change process. Each “group” in your agency—administrators, leaders, direct service staff, survivors, etc. needs to be represented on the workgroup. If you are a small agency, this might involve everyone. Members of this group might serve as trauma-informed and victim-defined mentors to assist others in helping institutionalize practices.
4. Review your organization’s mission statement and written policies on service provision for both adults and children to incorporate a written commitment to providing trauma-informed and victim-defined advocacy services. Use the ACDVTI tool with a section guide this activity.
5. Review written human resource and staff policies to ensure that staff members have access to the necessary supports for them to be best equipped to provide trauma-informed, victim-defined advocacy.

PRACTICE

Focusing on how we are and what we do with survivors and each other: what we need to keep doing, start doing and stop doing and how.

Before we figure out what we need to keep doing, start doing, and stop doing, we have to figure out what we *are* doing and *how* that is working.

Phase one: Getting feedback from staff and survivors on how current practices are viewed and understood by both staff and survivors. Administer the Trauma-Informed Practice (TIP Scales) with survivors of domestic violence.

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2. Evaluate current ways in which your program is receiving feedback from survivors about their experiences. What are you doing now and how? What are you asking them about? What is done with feedback? How does the feedback benefit your organization?
3. Evaluate current ways in which your organization is receiving feedback from staff about their experiences working with your program and what type of supports your staff feels like they need to do their work in the best way possible. If needed, develop new tools for getting this feedback from staff and review the current practices and policies related to providing supervision and supporting staff in their work.
4. Evaluate burnout, compassion fatigue and vicarious trauma issues with staff. ODVN will provide assistance in helping you assess the ways in which your staff is impacted by the work they do and with tools for you to evaluate where your organization is on this.

Phase two: Reviewing, adjusting, and changing current practices

Once your program administers the TIP scales and returns them to ODVN, ODVN will score the results and provide you with information on program evaluation. We will begin to look at current practices using the Creating Accessible, Culturally Relevant, Domestic Violence and Trauma-Informed Agency (ACDVTI) tool, developed by the National Center on Domestic Violence, Trauma and Mental Health.

This tool was developed to support agencies in creating ACDVTI services and organizations, while keeping in mind the limitations on funding and resources may create obstacles to doing our best work. This tool also incorporated an understanding that agencies have different strengths and challenges, and that creating ACDVTI agencies is a constant learning process with no single end-point. The tool has seven sections, and in this phase all sections will be addressed:

- Organizational Commitment
- Physical and Sensory Environment
- Intake and Assessment
- Programs and Services
- Staff Support
- External Relationships
- Evaluation and Feedback

Some of the additional activities as we analyze and change practice include:

1. Listen to two recorded webinars developed by the NCDVTMH on the ACDVTI tool.
2. Review and possibly adjust or adapt all procedures (both formal and informal) to look at ways to incorporate trauma-informed approaches. This will include:
 - a. Hotline services
 - b. Screening for services
 - c. Assessments
 - d. Intakes
 - e. Legal advocacy
 - f. Support groups and house meetings

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- g. How programs deal with substance use and mental health symptoms
 - h. Program rules
 - i. Exit interviews
 - j. Safety planning
 - k. Policies around children and childcare
 - l. Documentation
 - m. Crisis intervention
 - n. Services and programming for children
 - o. Providing education on understanding of trauma and its impact for survivors, and other learning opportunities for survivors to develop helpful coping mechanisms, increase resilience, and promote recovery
 - p. Other identified interactions and services
3. Review and possibly adjust or change staff policies and practices, including:
- a. Supervision policies
 - b. Attention to vicarious trauma
 - c. Promotion of self-care
 - d. Opportunity for training
 - e. Staff relationships
 - f. Workload and human resource policies
 - g. Other identified staff policies and practices