

Trauma-informed housing services for survivors of violence and abuse

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Workshop overview

- Prevalence of victimization
- What is trauma?
 - How trauma impacts behavior/ How trauma manifests in behaviors
 - Survivor needs in consideration to trauma experience
- Trauma-informed
 - Programming
- Service needs
 - Tailor program to meet those needs
 - Safety planning
- Service delivery
- Compassion fatigue, vicarious trauma
 - Self-care

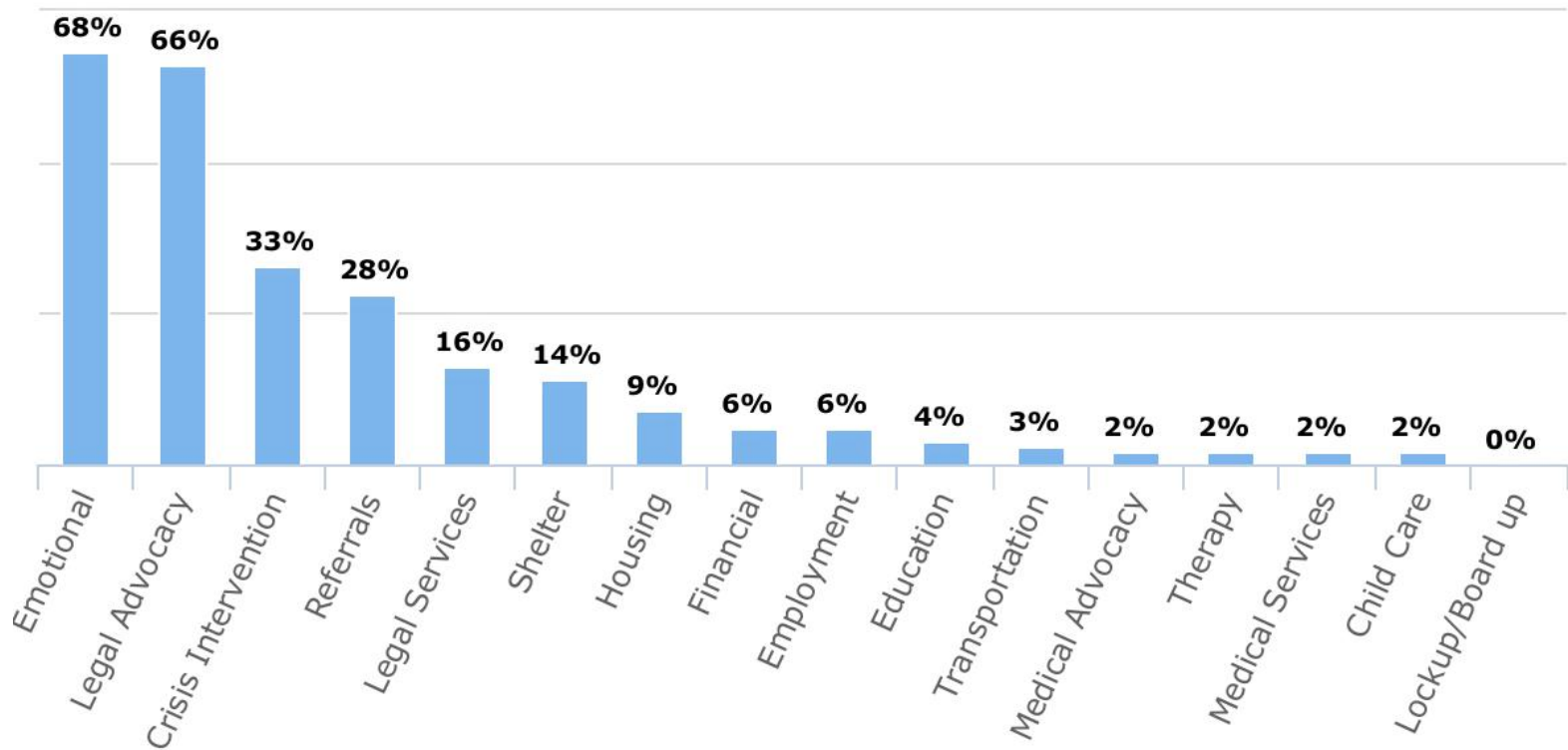
Known Victimizations in Illinois, 2015

- > 48k violent offenses reported to police; 10% of these were rape
- Nearly 105k reported domestic violence (DV) offenses to police
- >109k reported incidents of child abuse or neglect to state welfare agency; 7% of incidents were for sexual abuse
- >12k incidents of elder abuse reported to state department on aging
- >10k people received sexual violence services from a community based provider; 39% were under age 18.
- >52k people received DV services from a community based provider; more than 15% were children

Homelessness & Victimization

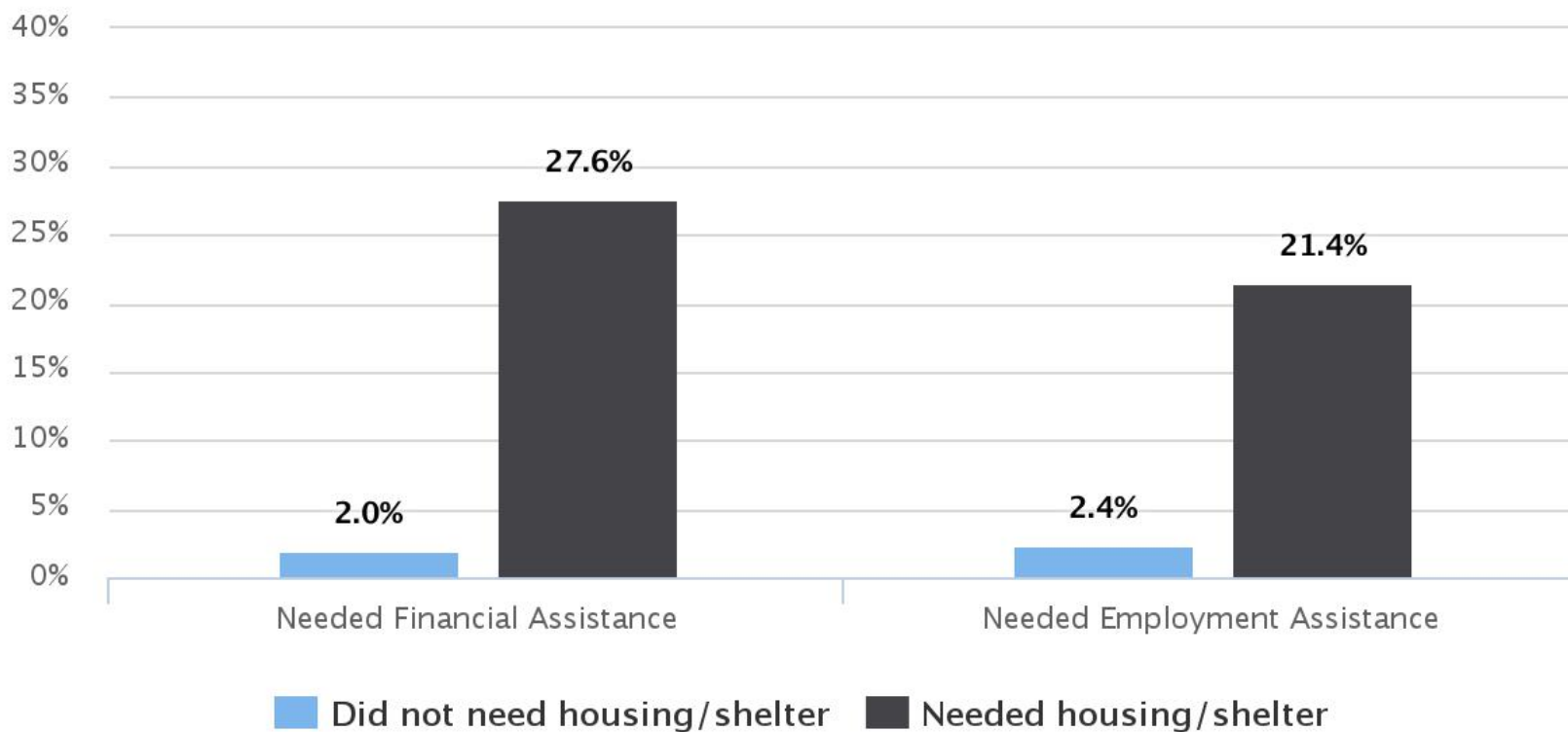
- Flight from violence/abuse is one of the leading causes of homelessness
 - Particularly for women & children
- Estimated 92% of homeless women have experienced violence
 - 63% intimate partner violence
 - 32% assaulted by current or most recent partner
- Victims of violence and/or abuse at higher risk for housing instability.

Domestic Violence Victim Service Needs Identified at Intake (N = 89,888)



Highcharts.com

Relationship Between Housing/Shelter Needs and Financial and Employment Needs (N = 89,888)



Highcharts.com

Trauma

- What types of trauma do you see in the clients you serve?

Domestic
violence

Sexual
assault

Sexual
exploitation

Witnessed
abuse in
their home
growing up

Gang violence

Gun violence

Community
violence

Child abuse

Understanding Trauma

- Trauma: complex interaction of external events and an individual's experiences/reaction to them.
 - Symptoms of trauma:
 - Flashbacks
 - Avoidance
 - Emotional numbing
 - Memory problems
 - Difficulty maintaining close relationships
 - Anxiety
 - Anger/Irritability

Trauma and Mental Health

- Reframe mental health symptoms within abuse
 - Hallucinations: **Flashbacks**
 - Distrust of others: **Normal response to betrayal**
 - Manipulation, lying, and drama: **Learned response to abuse**
 - Suicidal thoughts: **Learned hopelessness/helplessness**
 - Repetitive actions: **Hyper-vigilance to danger, self-soothing**
 - Self-inflicted violence: **Release, manage pain**
 - Tearfulness: **Grief for loss**
 - Losing appetite/Keep eating: **Regain power & control**

Trauma-Informed Programming

- Recognizing the impact of trauma on multiple areas of life & different paths to recovery
- Being aware of the signs & symptoms
- Structuring policies & practices that account for & are sensitive to people's potential trauma histories
- Seeking to prevent re-traumatization

Needs of Survivors - 1

- Safety
 - Confidentiality
 - Victims of IPV are at highest risk when attempting to leave an abusive relationship.
 - Physical and emotional
- Information – not directives
 - Information about traumatic effects of abuse

Service Needs of Survivors - 2

- Create opportunities for survivor to discuss their experience
 - Destigmatize mental health
 - Referrals to local DV program
 - Ask if/how experience has changed her/him
- Need to be empowered
 - Survivor participation in decision making
 - Survivor-driven service plans

Example:

- How do you screen for and support survivors of domestic violence in an empowering, safe, and supportive way?

Screening for Domestic Violence-1

- Dedicate an private area for screening (if possible).
 - Clients may be afraid, embarrassed, or angry
 - Privacy and confidentiality are key
- Look for “Red Flags”

Screening for Domestic Violence-2

- Create normalcy – “because we understand abuse often affects our community, we ask everyone coming in about domestic violence.”
- Be patient

Screening for Domestic Violence-3

- Ask culturally competent, non-judgmental questions
- Examples:
 - Within the past year, have you been hit, slapped, kicked or otherwise physically hurt by someone?
 - Does your partner threaten or control you?
 - Has anyone forced you into sexual activities that made you feel uncomfortable?

Screening for Domestic Violence-4

- Ask in a manner than invites discussion rather than distrust.
 - » Face the victim.
 - » Be warm, friendly, compassionate, nonjudgmental.
 - » Assure confidentiality.

Screening for Domestic Violence-5

- Stay away from victim blaming questions/comments.
 - » Why don't you leave/why do you keep going back/why do you stay?
 - » If it blames the victim and excuses the abuser....don't say it.

Then what?

- Safety plan!

Safety Planning-1

- Listen to victim concerns
- Is this person safe in your facility?
 - Refer to a domestic violence shelter
 - Who's waiting in the parking lot? Does one partner speak for another?
- Are you serving the victim and the perpetrator?

Safety Planning-2

- Are you able to assist in designing a safety plan?
 - Increase safety, reduce risk, and prepare for future incidents
 - Do not place responsibility for future violence on the victims
 - Keep plan updated

What do I say?

- I believe you.
- It's not your fault.
- You don't deserve this.
- It's only going to get worse.
- I'm here for you if you decide it's safe to leave.
- You have options; let's figure out together what works best for you.

Scenario 1

- A woman calls and says she is facing homelessness because she has been evicted. Upon gaining more information, you realize the eviction was based on her abusive ex-husband coming to her home and kicking down the door. Police were called and he was arrested.

Scenario 2

- A couple presents to your agency for assistance with homelessness. As you go through the assessment process with them, you realize the male partner answers nearly all of the questions and the female looks to him before answering anything herself.

Scenario 3

- A man calls for assistance with homelessness and discloses the reason he is homeless is because his husband has been abusive. The client had to flee the home for safety reasons.

What do I do now? (1)

- Partner with the domestic violence program in your area.
 - Training opportunities for you and your staff
 - Create a screening tool in conjunction with your local DV program
 - You can find your local DV or SA agency through the DHS Office Locator: www.dhs.state.il.us, www.ilcadv.org , or www.icasa.org

What do I do now? (2)

- Learn more about how trauma affects the brain and behaviors
 - National Center on Domestic Violence, Trauma & Mental Health
www.nationalcenterdvtraumamh.org

Self-Care

- Taking time for your well-being
 - Spiritual
 - Emotional
 - Physical

What do you think of when you hear “self-care?”

What does that look like for you?

