

DVHSC Summit 2023



LAHSA

The Future of Trauma-Informed Care for VSPs

Los Angeles Homeless Services Authority

Sarah Whitman – Coordinator, Domestic Violence Systems

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Agenda

- 01 Trauma & Impacts of Trauma
- 02 Trauma-Informed Care
- 03 Trauma-Informed Care in Practice
- 04 Making Shelters More Trauma-Informed
- 05 Brainstorming

Trauma & Its Impacts

What is trauma?

- According to the American Psychological Association (APA), “trauma is an emotional response to a terrible event like an accident, rape, or natural disaster. Immediately after the event, shock and denial are typical.”
- Trauma results from an **event, series of events, or set of circumstances** that:
 - an individual **experiences** as physically or emotionally harmful or life-threatening.
 - cause(s) lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

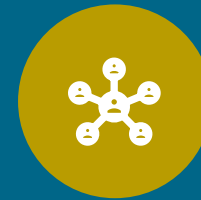
Types of Trauma



Physical



Psychological



Social



Historical



Complex or On-
going



Vicarious/Secondary
Trauma

Impacts of Trauma

Trauma, especially ongoing/complex trauma, increases the risk of health and social difficulties such as:

- Changes in brain neurobiology
- Social, emotional & cognitive impairment
- Medical risks
- Long-term disability
- Traumatic brain injury
- Mental illness (PTSD, anxiety, depression, etc.)
- Eating disorders
- Substance abuse
- Self-harm
- High-risk behaviors
- Violent behaviors
- Lowered immune system
- Premature/early death

Trauma & the Brain

Brain Architecture

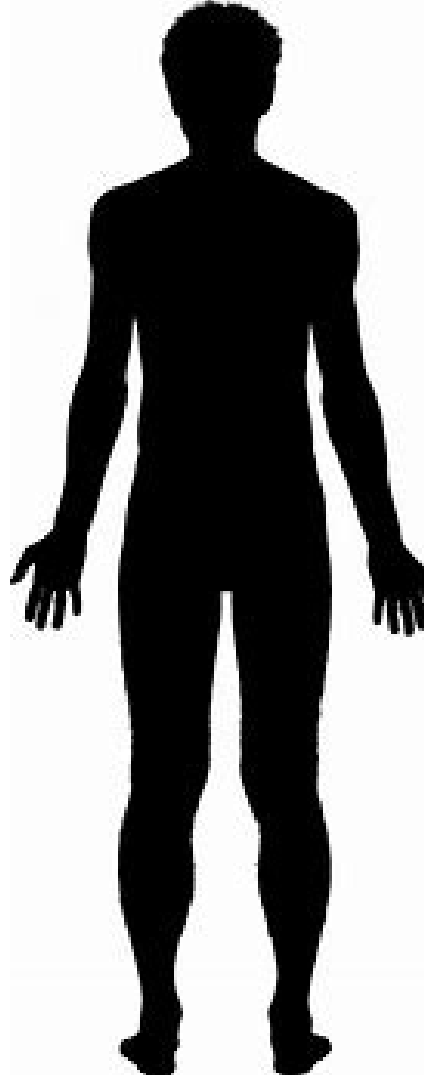
Shrinkage in prefrontal cortex, corpus callosum, and hippocampus. Enlarged and more reactive amygdala.

Neural Pathways

Need to 'rewire' our brain from old thought patterns and habits of mind, conscious, and unconscious.

Nervous System

Supercharged sympathetic nervous system. Parasympathetic nervous system not engaged to bring back into balance.



Brain Waves

Predomination of wrong brain waves in wrong part of the brain leads to anxiety, unable to concentrate, and seizures.

Neurotransmitters

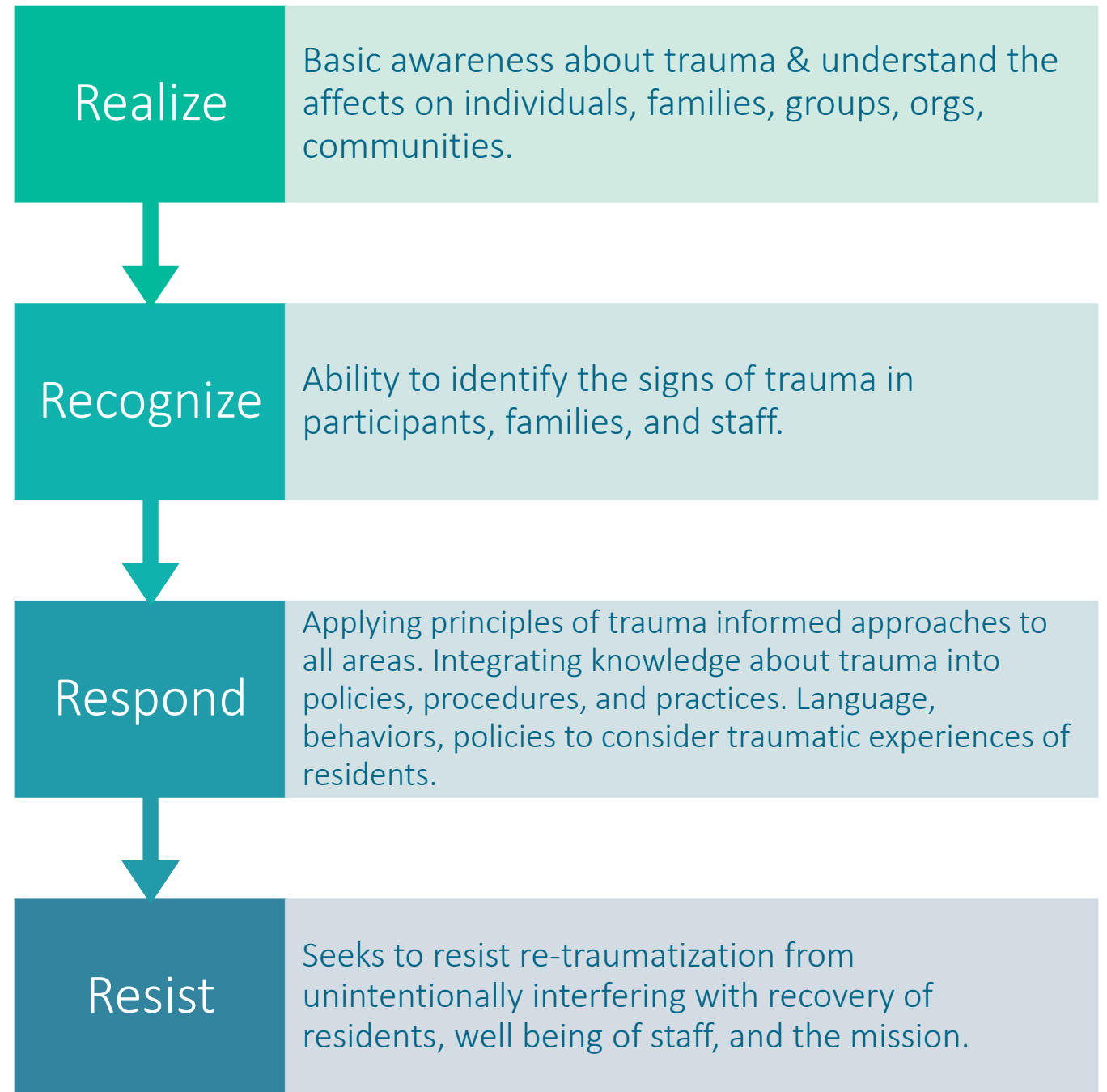
Vulnerable to addiction because dopamine transmitters/receptors not developed or damaged. Reduces motivation & focus, creates fatigue. Low serotonin causes depression.

Trauma-Informed Care

Definition of Trauma-Informed Care

Trauma Informed Care (TIC) is an approach, based on knowledge of the impact of trauma, aimed at ensuring environments and services are welcoming and engaging for service participants and staff.

The Four R's of Trauma Informed Care



Principles of Trauma-Informed Care



Safety

- Safety is different for everyone
- Avoid victim blaming
- Model a nurturing environment and dialogue



Trustworthiness and Transparency

- Predictability is reassuring
- Be reliable and consistent
- Be transparent
- Build rapport



Peer Support & Mutual Self-Help

- Prioritize self-care
- Build support system
- Ask for assistance in time of crisis



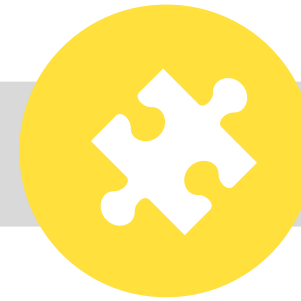
Choice and Empowerment

- Respect participant's choice
- Present several options
- Skill building



Collaboration and Mutuality

- Promote participation in planning
- Implement "power with"
- Link tenants with other service provider



Cultural, Historical, & gender issues

- Culturally responsive services
- Recognizes historical trauma
- Values cultural connections

A Paradigm Shift

TRADITIONAL

Challenging behaviors are the result of one's individual deficits

Challenging behaviors are purposeful and personal

Fixing the person changes the behaviors

Staff need to uphold authority

Punitive approaches are effective

Support is provided only by service providers

TRAUMA-INFORMED APPROACH

Challenging behaviors may be ways of coping with trauma

Challenging behaviors may be an automatic stress response

Fixing the environment changes the behaviors

Staff need to offer flexibility and choice

Strengths-based approaches are effective

Support efforts are a shared responsibility

Survivor Themes



Unhoused & Siloed



Impossible to Build Economic Stability



Physical and Mental Triggers Connected to DV & Homelessness



Stress of Finding and Maintaining Housing



Need DV Specific Services



Lack of Privacy and Independence

Addressing Survivor Themes

Safety and Comfort

- Confidential location
- Security measures
- Trauma-informed architecture

Amenities

- Computers with Internet
- Supportive services
- Medical
- Childcare

Continued support

- Staff engagement for emotional support and safety planning
- Financial education
- Housing Navigation

Community Spaces

- Importance on shared spaces
- Helps support healing and empowerment

Privacy & Independence

- Helps with healing and empowerment
- Individual rooms

Moving Through Trauma

Trauma Impact: Brain Architecture

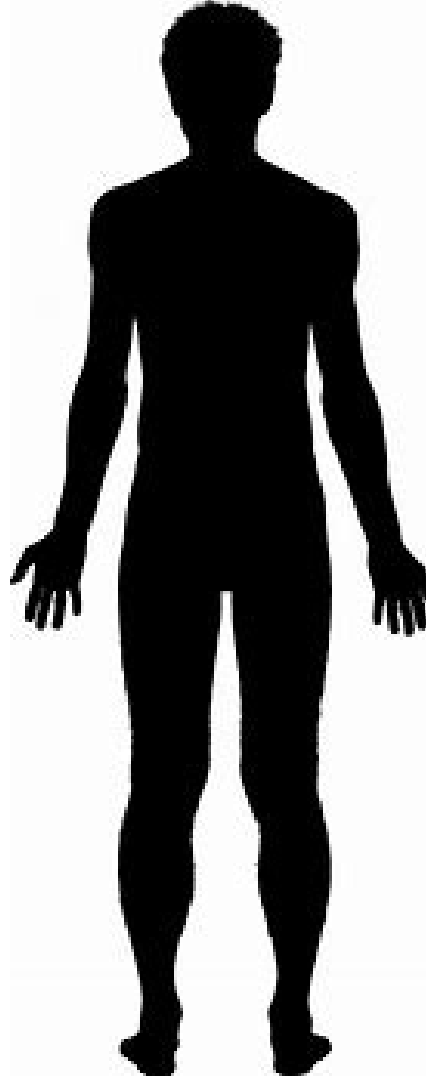
Resolution: safe and stable nurturing relationships, walk in nature, touch, exercise

Trauma Impact: Neural Pathways

Resolution: neurofeedback, meditation/ mindful action, positive self-talk

Trauma Impact: Nervous System

Resolution: yoga, breathing, or other physical/emotional regulation



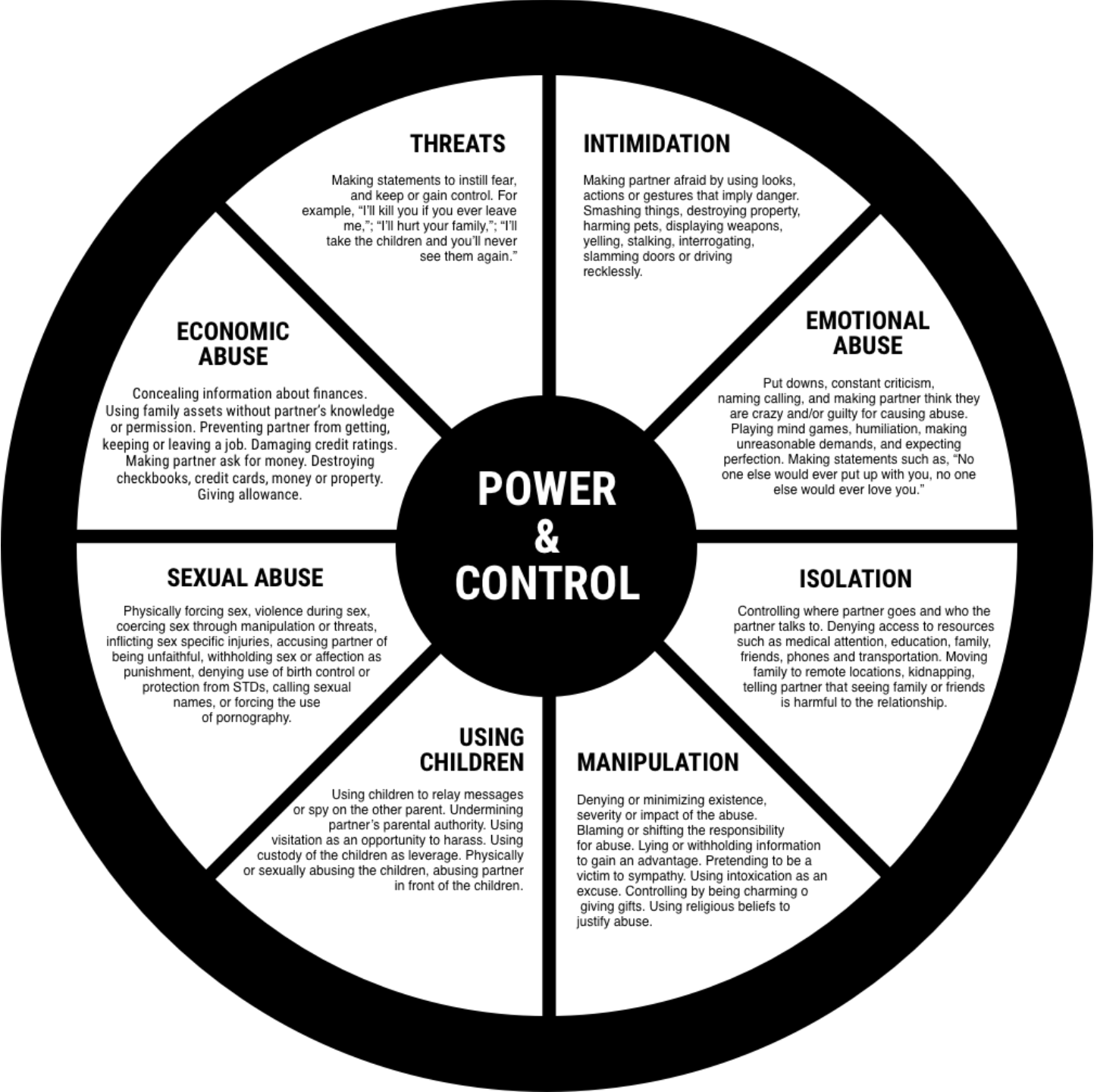
Trauma Impact: Brain Waves

Resolution: therapy

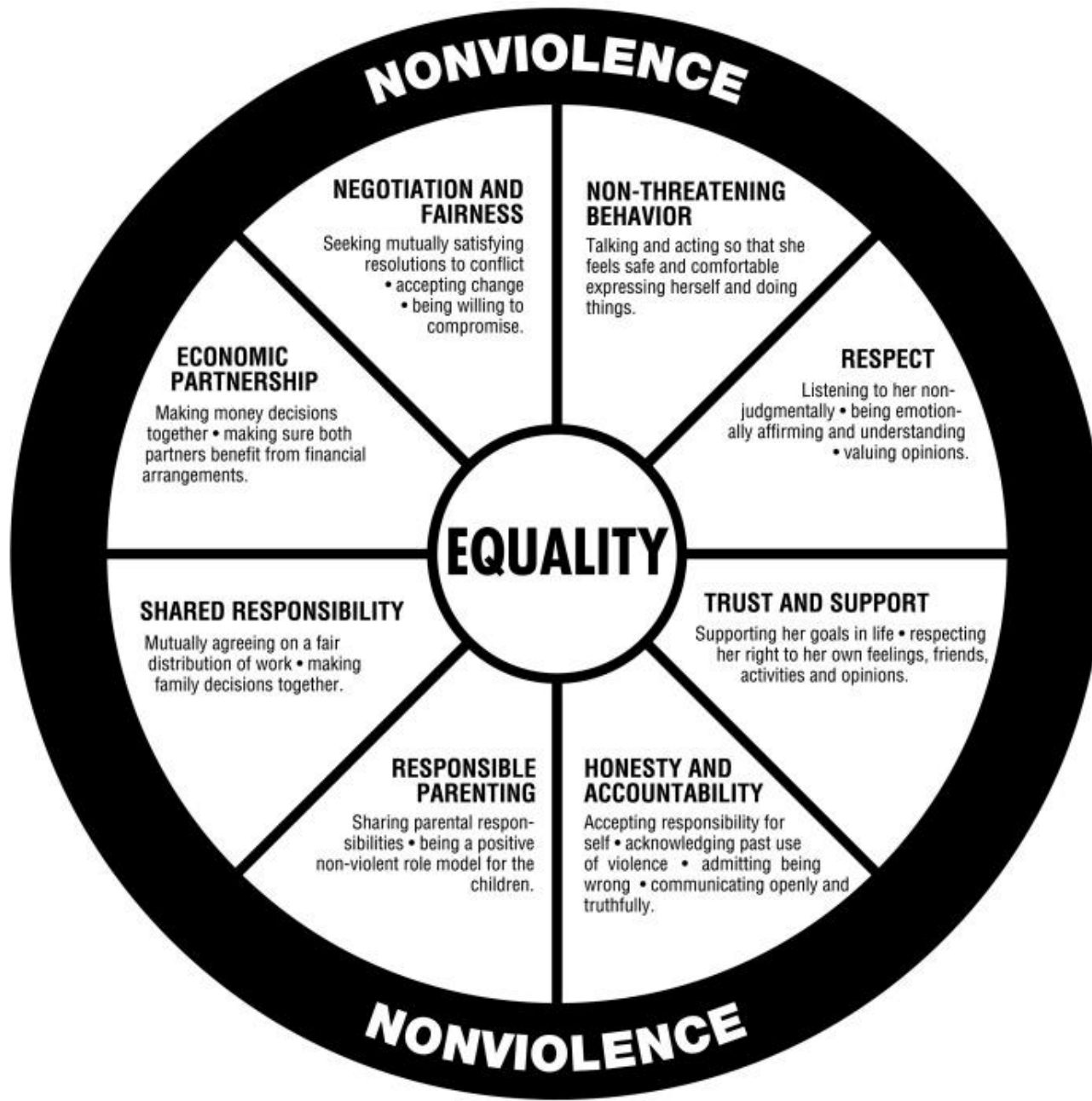
Other Supportive Resolutions:

- Social Support
- Safer environment
- Meditation
- Mindful Action
- Diet
- Rest

Trauma-Informed Care In Practice



Power & Control Wheel



The Equality Wheel

Power Over

Clients must follow the rule: “no cell phone use” and so they do not have use of their cell phones while in shelter. Additionally, they cannot speak with the person who caused them harm for any reason.

Power With

Clients understand why contact with abusive partner may not be safe. While they are in shelter, survivors keep and use their cell phones as long as they understand the safety concerns. Staff work with survivor to understand technological abuse and technological safety.



Power Over

A participant shows up 20 minutes late for an appointment with their counselor; because they have passed the “grace period” when they arrive, they are told that they know the policy about being on time and need to reschedule. If they show up late three times in a row, they may be dismissed from the counseling program.

Power With

A participant shows up 20 minutes late for an initial appointment with their counselor; when they arrive, because there are still 1.5 hours left for the time scheduled, they keep their appointment and can explain what happened and decide how best to use the remaining appointment time with the counselor. It is a shift from the accusatory: “You’re late” to the welcoming: “I am really glad you were able to make it today.”



Power Over

Staff determine services and supports that the client and family need.

Power With

Staff share a menu of services with client; they work together to set goals for the client/family, and choose services the client needs by co-designing a service plan and maintaining ongoing dialogue.



Power Over

Survivors are made to call hotline after hotline to seek emergency shelter. The survivor finally does an intake, which lasts over an hour, only to find out that the shelter does not have capacity.

Power With

Shelters allow case managers to call DV shelter hotlines to determine shelter capacity. When a survivor calls a DV program seeking emergency shelter, the survivor is told the capacity up front and asked if they would still like to participate in an intake.

Case Study

Elena is a single mother. She and her 4-year-old son have endured domestic violence. Elena fled her home with her son for safety. They are currently staying in a shelter. Elena is not open to much conversation. She is particularly hesitant to share personal information, like her previous address, with service providers at the shelter. In addition, the normally talkative Gabriel now barely speaks and just stares at the wall of the shelter for long periods of time.

What is the best way to support these participants?

Making Shelters More Trauma-Informed

Applying Trauma-Informed Care in Practice

Welcoming Residents



Providing warm welcomes, program guidelines, education, local resources, and information on protocols.

Safety Plans



Staff should work with residents to co-create individualized safety plans.

Cultural Representation



Efforts to celebrate diversity by including art and décor from different cultures around the property.

Pet Policies



“No pet” policies can be harmful and serve as a barrier to healing.

Resident Concerns



Provide different avenues for residents to express their concerns.

Pet Abuse

- Perpetrators harm pets as a tactic of domestic violence
- Seventy-one percent of pet-owning women entering domestic violence shelters reported that the abuser threatened, harmed, or killed the family pet
- As many as one in four survivors have reported returning to an abusive partner out of concern for their pet
- Many survivors will not go to shelter if it means leaving their pets behind

Pets in Shelter

- In LA, only 4 out of 25 programs with DV Shelter Based Services allow pets
- Many survivors refuse shelter due to not wanting to leave their pets
- Purple Leash Project and RedRover offer grants to domestic violence shelters to become pet-friendly
- If your shelter cannot accommodate pets, provide upfront options about where survivors can shelter their pets during their stay

DV Hotlines

- The current Hotline System is not trauma-informed
- Create a system that does not re-traumatize participants while continuing to emphasize confidentiality
- Can we create a system where case managers can call?

DV Counts Report California

- On September 9, 2021, 86 out of 118 (73%) identified domestic violence programs in California participated in a national count of domestic violence services conducted by the National Network to End Domestic Violence
- There were 1,071 unmet requests for services
- Approximately 42% of these unmet requests were for housing and emergency shelter.

Universal Hotline Intake

- Transitional Shelter staff developed a universal referral form
- Universal Emergency Shelter Referral allows survivors to answer potentially retraumatizing questions once and spend less time on the phone
- Goal is to lower barriers for those seeking emergency shelter

Shelter and Program Availability

- Create/utilize a system that allows DV community to see bed and program availability
- Lessens need for survivors to call every shelter
- If survivors need a non-residential supportive services, Housing First/TLS, can identify which programs have availability

Domestic Violence Information and Referral Center

- Online interactive community network that provides a safe space for member domestic violence service providers to share, network, and access updated information
- Increases community collaboration and lowers barriers
- No PII shared; just program availability
- Community decides who has access
- Only works if everyone uses it!

Run Search

Clear all Filters

Filters:

- ▶ Services offered
- ▶ Service hours
- ▶ Languages spoken
- ▶ Age population served
- ▶ Office Location

Keyword search

Run Search

Group by: Display:

Show as:

Save Resource List

Save Filters

500 resources found

Agency	Service Location	<input type="checkbox"/>	Service Detail	Available Beds for Family	Available Beds Single	Last Modified	Phone Number
New Agency							
24-Hour Oakland Parent Teacher Children Center (24HOPCC)	24 Hour Oakland Parent Teacher Children Center 4700 International Blvd. Oakland, CA 94601	<input type="checkbox"/>	24 Hour Emergency Shelter	0	0	07/28/2015 09:12 AM	(510) 534-6030
24-Hour Oakland Parent Teacher Children Center (24HOPCC)	24 Hour Oakland Parent Teacher Children Center 4700 International Blvd. Oakland, CA 94601	<input type="checkbox"/>	College Scholarships			08/06/2015 08:43 AM	(510) 534-6030
24-Hour Oakland Parent Teacher Children Center (24HOPCC)	24-Hour Oakland Parent Teacher Children Center; Fruitvale District office 3500 E. 9th Street Oakland, CA 94601	<input type="checkbox"/>	24-Hour Children Center Service			08/06/2015 08:44 AM	(510) 261-0162
7 Tepees Youth Program	7 Tepees Youth Program 3177 17th Street San Francisco, CA	<input type="checkbox"/>	The Learning Center			08/06/2015 08:50 AM	(415) 522-1550

Inclusivity

- Ask for pronouns during hotline calls and intake
- Do not assume the client's or their partner's gender
- Gender-inclusive restrooms
- Culturally inclusive and LGBTQ-inclusive artwork
- Translation/interpretation services available in multiple languages
- Culturally specific support groups

Other Key Factors

- Do not ask the folks to do more than necessary.
- Do not ask folks to prove their victimization.
- Individual choice is key.

Brainstorming

Final Thoughts

Self-Care for Staff

- We cannot help others if we do not help ourselves
- Combatting staff turnover
- Lighter caseloads = happier staff and participants
- In an evaluation of the DV Housing First Model over two years, staff had a caseload of 12-15, and participants had greater housing stability, experienced less domestic violence, experienced increased mental health outcomes, and saw better behavior in their children

Trauma- Informed Care Works!

- In the DVHF Evaluation in Washington State, participants who said agency staff were more trauma-informed had greater improvement at the 6- and 12-month checkpoints with housing stability, mental health, and quality of life

QUESTIONS?

Thank you!

Contact Information

Sarah Whitman
DV System Coordinator
swhitman@lahsa.org