NWSN

2023

WELCOME!

National Women's Shelter Network Inaugural Conference

September 6, 2023
Miami, FL.

let's talk fundamentals

Using the principles of

Trauma-Informed Care

to create culturally responsive

programming & services and a

healthy organizational culture

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A Trauma-Informed approach seeks to:

- Shift the focus from "What's wrong with you?" to "What happened to you?"

- Realize the widespread impact of trauma and understand paths for recovery;

- Recognize the signs and symptoms of trauma in clients and staff;

- Integrate knowledge about trauma into policies, procedures, and practices; and

- Actively avoids re-traumatization.

Trauma Informed Care (TIC) is not just for program and service provision but should be adopted at the organizational level as well, with trauma-informed fundamentals also guiding organizational values and culture.

Basic Principles of Trauma Informed Care

SAFETY

Every person who comes through our doors has lived experience(s) of trauma, which cannot be healed without a sense of physical and psychological safety. As providers, our job is to do everything within our power not to re-traumatize individuals and to help them to be and feel safe within our walls. Some examples of this include locked storage for client belongings, staff visual oversight of dorm spaces, secured entrances/ exits, using peoples correct gender pronouns, treating people with respect and dignity, etc.

choice, voice, & empowerment

TIC recognizes that every person's lived experience is unique and as such, programming and services may require an individualized approach to help people be successful. TIC recognizes the importance of personal choice and empowerment in service delivery models, recognizing each person as their own best expert in what they need to stabilize and heal, and supports providing options and choices for clients whenever possible. Some examples of this include letting clients choose what to eat, when to bathe or do laundry, self-determined goal-setting, optional participation in behavioral health services, selecting their own linens, etc.

collaboration & mutuality

A supportive community and healthy relationships are proven to heal trauma. With TIC, service providers should think beyond just meeting an individual's basic needs and consider how to provide an environment and community where healing and recovery are possible. This is best achieved when clients are seen and valued for their expertise in what they need to heal and are participatory members of program design and service-delivery processes. Examples of this include a client advisory council to help steer programming, peer support groups and client-facilitated community-building activities, etc.

trust & transparency

Operational and organizational policies and procedures are designed with the goal of building and maintaining trust among all community members. Examples include getting to know clients and staff and their motivations, goals, and barriers individually and treating them as they want to be treated, clearly expressing and upholding professional boundaries, clear program rights, rules, responsibilities, and consequences for clients, good follow through by staff, etc.

cultural, historic, & gender issues

Recognizing the systemic and societal influences and impacts on individual community members based on their identities(s) and how these things may have contributed to their current situation and needs. Serving and managing clients and staff with equity and meeting them where they are at without judgment and creating an environment where they are valued for their identities and individualism.

Why are we talking about TIC?

Trauma Informed Care provides a foundation for the conversations we will be having in sessions over the next few days and we want to make sure everyone here is starting at a place of common understanding.

There are several shelters within the Network that have done a terrific job incorporating TIC into their programmatic and organizational practices whose leadership are with me now to share a little bit about their work. We hope this conversation serves as fruitful food for thought as we launch into this week and talk collectively about how we can better serve our communities. Please help me welcome our panelists!

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PRESENTERS

KIMBERLY LIVSEY,
ATLANTA RESCUE MISSION

JENNIFER HANLON WIGON,
WOMEN'S LUNCH PLACE

STEPHANIE PADRO
& JATERICK LAMONS,
LOTUS HOUSE

ALEXIS STEEL,
ST. MARY'S CENTER FOR
WOMEN AND CHILDREN

EMILY WHEELAND,
THE DELORES PROJECT

THE DELORES PROJECT
Denver, Colorado
50 women, transgender, & nonbinary
people served nightly

WOMEN'S LUNCH PLACE
Boston, Massachusetts
Day shelter & advocacy center
1800 women served annually

ST. MARY'S CENTER FOR WOMEN
AND CHILDREN
Boston, Massachusetts
500 served annually

ATLANTA MISSION
Atlanta, Georgia
350 women served nightly

LOTUS HOUSE
Miami, Florida
520 women, children & youth served
nightly

Additional Fundamentals of TIC in a Shelter Environment

equity & inclusion

People of color and LGBTQIA people are overrepresented among people experiencing homelessness. Staff should understand why and how your organization can operate in opposition to this and reverse systems of oppression within the community. Examples include teaching staff to understand systemic racism and the intersection of racism and homelessness as well as gender identity and homelessness. Establish professional development opportunities to identify and invest in staff and leaders of color and create greater racial and ethnic diversity among staff and boards. Learn the difference between equity and equality and work collaboratively with staff to operationalize equity, inclusion, and belonging, and promote internal staff growth and development.

healing, sanctuary spaces

An environment can either contribute to or take away from an individual's healing and recovery. Consider how the physical space of your shelter contributes to people feeling physically and psychologically safe and able to seek recovery and healing. Are people provided necessary privacy? Are their belongings secure? Are there opportunities for community-building among clients? Are there ways for clients to help design and/ or take care of and nurture the physical space? Do staff place trust in clients rather than operate from a place of suspicion?

well-trained & resourced staff

Direct-service staff should have a solid understanding of trauma and how it may manifest in the behavior of clients and how to engage with people in a way that affirms their identity and safety, rather than re-traumatizing them. Staff should be knowledgeable in TIC principles, mental health 101, de-escalation, motivational interviewing, nonviolent communication, etc. Providing training and mental health supports for staff that addresses vicarious trauma, boundaries, self-care, and burnout prevention.

therapeutic, evidence-based supports for families & children

Children and families experiencing homelessness have distinct developmental, emotional, and behavioral needs which programming and services should be mindful of. Understanding the impact of homelessness on children's mental health and academic success, as well as contributing societal factors that contribute to family/ mother and child homelessness. Universal evidence-based assessments, questionnaires, and interventions should be used and impacts of gender, racial, and social inequities should be considered in programming and services.

Peer support

Who better to understand the experiences of those in your shelter than people who have previously walked in their shoes? Having staff with lived experience of homelessness can help the organization better understand the needs of the clients and tailor programs and services in more equitable and impactful ways. Having peers or people with lived experience on staff can garner greater trust and faith in services from clients and result in better program outcomes. Shelters can also elevate current clients to places of leadership and the provision of support to peers while they are still in shelter.