

**"She Didn't Even Look In My Eyes":
Survivors' Interactions with Staff While
at the Virginia Williams Family
Resource Center**



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Introduction

Trauma-informed care is a method of providing effective services to those who have experienced trauma, whether or not those services are directly related to the trauma itself. This approach is essential in settings such as Virginia Williams Family Resource Center (VW), where many clients are likely to have experienced trauma.¹ To provide trauma-informed care, service providers must engage in survivor-centered practice: they must meet clients with respect, warmth and empathy, and maximize the opportunity for survivors to make meaningful choices based on their particular needs and circumstances.² When DHS staff at VW provide survivors with compassion and choice, even in the context of a time-limited interaction, research shows that survivors experience more positive feelings about the services they have received and are more likely to follow through on assistance offered.³ In sharp contrast, survivors can experience a lack of trauma-informed care as re-traumatizing, deepening the distress they already feel when seeking services.

Results from our study with 41 survivors of domestic violence (DV) accessing housing resources at VW underscored the close relationship between trauma-informed practice and survivor experience. We review these issues and make recommendations based on the data.

Issue 1: VW staff did not consistently treat survivors with respect

Although they came to VW with similar needs, survivors experienced widely varying treatment from staff; staff interactions directly affected survivors' overall perception of the services provided. When staff interactions included aspects such as the demonstration of care and respect, participants reported a more favorable experience at VW. Several participants found that DHS staff at VW were respectful to them and responsive to their needs, and many described the staff as kind, nice, and sympathetic. In fact, some participants who were not satisfied with the housing services offered at VW still had positive things to say about their experience. Some noted, for example, that staff were trying their best to do their job. Keisha* shared:

I do feel like she believed me. She wanted to help. But she couldn't override her power. But I think if she was the one to try to overpower her boss, I think she would have because she understood.

Conversely, many participants believed DHS staff at VW did not behave in an empathic way. These survivors perceived staff as cold, nonchalant, disconnected, or dismissive about their situations. Sara described

her experience with staff as "Not listening. Not trying to understand where I was coming from. Literally just pushing me out the door, telling me something that I knew wasn't right." Some survivors described staff as rude, disrespectful, and belittling; they felt they were not believed by staff. When asked if she felt believed by the VW staff member, Corie stated, "No, she didn't even give eye contact. She didn't even look in my eyes. She looked at the paper." When survivors did not feel that staff were engaged in their conversations, they felt less convinced that staff were there to help and support them.

These interactions significantly affected survivors' experience at VW. As Reena put it, she came to VW already feeling like "a broken person;" the staff member's unsupportive treatment "left me feeling way less than I feel going in." Other research conducted with survivors of DV supports this connection, showing that unempathetic staff interactions can re-traumatize survivors, threatening their health and decreasing the likelihood they will reach out for further support if needed.

Issue 2: Survivors expressed a desire for more survivor-centered treatment

Twelve survivors described a desire for survivor-centered and individualized treatment from DHS staff at VW. They wanted staff to be kind and to engage in practices that showed empathy for their situations. Survivors also wanted staff to treat them as unique individuals with distinct experiences, perhaps by asking them about the events that led them to seek services from VW. Patricia shared:

It would have been way better just to know why you're here, and the case manager [to ask] "Why you're here? What resources I can offer you instead of safe house? I could offer you counseling." [And] If you don't want it, see why you don't want it, why you're still with this person, or you know, just like basically [have] a conversation to help me cope with this situation. It was none of those things given.

Even when survivors disclosed their experiences of DV, most did not receive DV-specific consultation or services while they were at VW, nor did they receive referrals or information about DV-related resources. For many, this added to their sense that their particular situation was not being heard or taken seriously.

*All names used in this report are pseudonyms.

Issue 3: Many survivors experienced judgment based on their race, gender, or appearance

Apart from the quality of the interpersonal interactions at VW, many survivors described feeling that staff made assumptions about their economic status, race, gender, appearance, or truthfulness. Survivors' perceptions of bias greatly affected whether or not they felt respected, heard, and supported in their request for housing-related assistance. Thirty-nine of the 41 participants (95%) identified as Black women, and many expressed that they felt typecast or stereotyped because of this aspect of their identity. When asked about whether she thought the DHS staff at VW held any assumptions about her when she came in seeking services, Shantelle elaborated:

Black woman. Baby mama drama. Can't afford rent. Probably needs help. She needs work, education. Yeah. She definitely doesn't have a father-figure, probably, for her children. All this because that's how a lot of people see us. Even our own selves, even African American see each other these ways. And when you're working in a place like that, you hear these situations over and over again. So you just feel like a statistic walking in a place. And they just expect the same thing probably, or similar traits that single Black moms go through.

Several participants shared their insights about how detrimental these biases, assumptions, and stereotypes can be in terms of their effect on the provision of housing services. Participants connected the frequent denial of housing assistance to a staff assumption that Black women came to VW seeking to "exploit the system." Anika noted:

I believe they're just like, you know, another Black girl with kids coming here looking to... I don't know if that's what they were thinking, but of course, [it's] the majority African American coming there with kids that need the help. And I think some of the people that do work there stereotype the people as wanting to just live off of Virginia Williams and coming in here with the wrong impression about what they help for. So I think that's why [staff] may come off the way they do.

The perception that those seeking homelessness services are aiming to take advantage of the system is a pervasive one, and affected many survivors' desire for future help-seeking. Thus, regardless of the actual housing needs, if survivors felt demeaned, belittled, or viewed as indolent when receiving services, they might be reluctant to return to VW. Shari relayed:

I feel like she just looked at me and was like, "Oh, one of these girls that's trying to get housing with a baby." That's how I felt. I felt degraded [by] the way she was acting. So I wouldn't go back there.

Many expressed that they felt typecast or stereotyped because of this aspect of their identity



Recommendation 1: Revise VW protocols and practices to ensure they are consistently trauma-informed and survivor-centered

VW must ensure that staff are consistently engaging in practices that are trauma-informed (practices that recognize and respond to trauma) and survivor-centered (prioritizing survivors' needs and autonomy), including providing empathy, supporting empowerment and delivering individualized options.

We recommend that DHS staff at VW:

- Treat each survivor with warmth and empathy;
- Work with clients as needed to assist them in completing forms during the intake process;
- Start the assessment process by assuming eligibility for survivors of DV who state that they need housing assistance;
- Trust survivors' assessment as to whether they have networks of family or friends that can safely provide them with housing assistance; and
- Collaborate with survivors to determine what options they believe best meet their needs in the context of available housing support.





Recommendation 2: Establish mechanisms for ongoing evaluation of policies and services to ensure that they are maximally trauma-informed

To implement trauma-informed practices, VW must commit to regularly review its policies and services to ensure they are trauma-informed.

We recommend that VW:

- Audit policies to enhance the ability of staff to consistently implement trauma-informed practices;
- Develop an annual assessment of staff proficiency in trauma-informed and survivor-centered practice; and
- Create meaningful opportunities for survivors with lived experience to inform practices and ensure that they are trauma-informed.

Recommendation 3: Reduce risk of staff burnout and vicarious trauma

Some survivors recognized that staff were doing their best to assist them despite having to deal with persistent stressors and limited resources. VW needs to reduce staff burnout and the risk of vicarious trauma.

We recommend that VW:

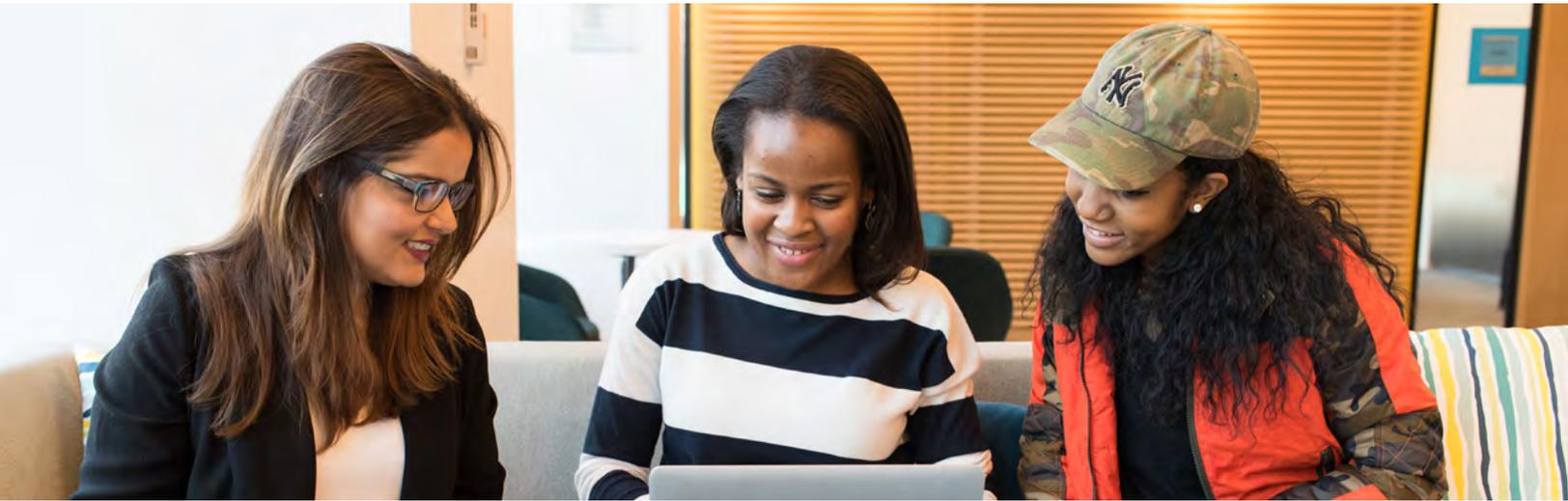
- Create an organizational culture that respects and openly addresses the risk factors, symptoms, and consequences of staff burnout and vicarious trauma; and
- Proactively confront the likelihood of staff burnout and vicarious trauma with a comprehensive support program with practices and policies that support emotional well-being and staff resilience.⁴

Recommendation 4: Revise VW's training program to ensure practices are trauma-informed

High quality training is a necessary, though not sufficient, component of ensuring trauma-informed services.

We recommend that VW:

- Review training materials and revise as appropriate in order to ensure practices are trauma-informed, survivor-centered, and responsive to risks of vicarious trauma; and
- Develop sustainable internal training processes for on-boarding new staff and periodic refreshers for existing VW staff including security personnel, front desk staff, case workers, supervisors, etc. on trauma-informed and survivor-centered practice.⁵



Recommendation 5: Promote racial equity using innovative approaches to reduce race-based barriers in institutional processes and outcomes

Racial equity includes all efforts to recognize disparate patterns across race and creating conditions for all racial groups to have equitable access to resources, access, wellness, and power. In alignment with ongoing city-wide efforts to advance racial equity, VW should promote racial equity as a cornerstone of its service delivery model; this work should include the reduction of stereotyping, bias, judgment, and unequal allocation of services.

We recommend that VW:

- Work in partnership with other agencies, the District government, service providers, and survivors to construct a housing-assistance program premised on the availability of safe and affordable housing for all District residents;
- Work in partnership with trained racial justice consultants who specialize in creating system change initiatives, to allow staff to deeply engage in intensive anti-racism work that goes beyond a single, short-term training and dismantles white dominant cultural norms; and
- Create meaningful opportunities for survivors with lived experience to inform system practices and service provision. These opportunities should allow survivors full autonomy over processes that are supported by senior leadership.

Endnotes

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