ICADV

Indiana Coalition
Against
Domestic Violence

Prevention • Awareness • Advocacy
Until the Violence Ends.

Re-Centering:
Addressing the Roots of Judgment in our Field

An Addendum to the 2019
***Re-Centering** Report*

Executive Summary

> "Where I live, a great deal of the people I work with struggle with multiple barriers. Everyone deserves a chance to have a life that is safe and they deserve to be seen right alongside of the people who don't have to deal with abuse, addiction and poverty. We are all one people and I feel honored to be a part of the process that brings stability, justice and healing to survivors."
>
> Quote from a community-based advocate

With the Re-Centering Report, the Indiana Coalition Against Domestic Violence worked with a cohort of member programs from across Indiana to interview domestic violence survivors from all walks of life to understand what worked well in their experiences of seeking support, and also about interactions that felt harmful. Judgment was a primary concern survivors identified--they told us they were judged for their experiences of abuse, and their relationship decisions, by friends and family, and also by domestic violence advocates.

Survivors told us:

"When I went there, it was at a very, very vulnerable time. It was right after a very traumatic event that just happened. I just didn't feel comfortable or safe. I felt a little judged ... There were a lot of rules. A lot of rules. I was a grown woman with two kids. I felt kind of demeaned. I housed in college. They were, like, trying to teach me how to do laundry. I don't want to talk about it..."

"I think they need to be more patient. When a survivor shows up as a victim, they're not always ready to leave yet. The mentality is not there to make the exit. And if you don't exit on their time, they are no longer going to serve you. And even if that's not the reality, that's the perception."

Survivors told us that experiences of judgment, and the fear of being judged, created the greatest barriers to seeking services and support. In fact, when asked who they reached out to for support, nearly 15 percent of the survivors we spoke with told us they didn't tell anyone about their experiences of abuse because they felt certain they would be judged.

Our cohort recognized that if we want to enable survivors of domestic violence to seek support, we need to make it easier. A first step in this effort is addressing judgment—both in our communities, and in our service programs. The cohort decided we needed to start with ourselves. Accordingly, in November 2019, ICADV conducted a survey among advocates statewide to better understand the main sources of stress in their work, and priority sources of support programs could work to increase to enable advocates to do their best work.

The most highly valued supports included a positive workplace culture characterized by engaged

leadership, and compassionate, helpful colleagues. A key source of stress was the inadequacy of existing resources within the domestic violence field. This included insufficient community resources for assisting survivors in creating safe and stable lives, and as a parallel, inadequate resources within their agencies to provide them with sufficient wages and benefits.

With this guidance from advocates, the cohort has formed a range of recommendations agencies may pursue to increase supports for advocates. We know that not all of these will be feasible for all programs, but encourage each program to take the next steps that make sense for them to increase supportive working conditions for advocates. The recommendations address strategies for improving workplace culture including institutionalizing self-care practices, fostering staff connectedness, increasing wages and benefits, and ensuring that all members can participate in staff development opportunities. Within the community, recommendations focus on advocacy strategies for reducing the systemic barriers survivors face, and for increasing knowledge, compassion and connectedness among community partners.

We extend our deep appreciation to all of the advocates who serve survivors of violence and send special thanks to those who completed the survey. The survey findings confirmed what we already felt, that service in the domestic violence field is mission driven work for advocates. We hope you find your voice affirmed here. We commit to our investment in you, so that you can maintain the commitment you have made to bring the best of yourselves in support of survivors.

Our Purpose

We know many survivors come to our programs with long histories of trauma and maladaptive behaviors they may have developed to try to manage that trauma. We understand these behaviors make sense for survivors, and we understand that they can create real challenges for advocates. With the nature of the work that we do, and the clients we serve, it is unlikely these dynamics will change in the short run.

For leadership, the challenge is to find ways to fortify advocates to support survivors as they work to create, identify and pursue new possibilities that increase their wellbeing on their own terms. Rather than refusing services to families facing some of the greatest barriers, we seek strategies that can help to support advocates, both logistically and emotionally, in serving them. Accomplishing this will likely require a combination of changing our services, and also changing our expectations of success to ensure those expectations consistently align with client-defined success across a broad range of life choices.

Changing our services may mean more survivors are provided with support and resources through mobile advocacy so that they can rebuild their own lives in the community, rather than butting heads with staff and other residents in the communal living environment of shelter. Changing our expectations will require institutionalizing non-shaming practices that invite each of us to regularly check in around the personal biases that we bring to our work, how those biases are showing up in our services, and how they may be affecting survivors. Changing our expectations will require us to normalize a range of relationship decisions—including accepting and serving survivors who do not choose to end a relationship that includes abuse.

Sample

We collected survey responses from advocates from November 6 to November 20th, 2019. At the close of the survey, we had received 196 responses from advocates with a combined total of 1,130 years of experience in the field. Tenures on the job ranged from 2 months to thirty years; the average tenure was 5.75 years in the domestic violence field. Respondents reported serving both in residential (66% of the sample) and non-residential programs (34% of the sample) in a range of community settings. The majority of respondents identified as front line advocates (76%), and 24% indicated they supervise members of staff.

Findings

What Brings Advocates to the Field

Advocates were asked to describe their personal motivation to serve in the domestic violence field.

Desire to help (122): A significant majority of advocates told us they were here because of their desire to help others. Some advocates specifically wanted to serve survivors of domestic violence, some wanted to serve families, some wanted to help improve their community, some identified a faith-based calling to do this work. Advocates reported that they felt a great sense of satisfaction when they felt like the survivors they served experienced success.

"My passion to serve and empower others."

"I just have a heart to work with people who are hurting."

"I feel like my faith has guided me to do this type of work."

"I love helping people and watching them overcome obstacles and succeeding."

"I'm not superwoman or there to save anyone I'm there to simply let them know they are believed, heard and give them options and resources to aid them in what they feel they need. I may never see them again but I know they will never forget the people who were in that room and the way they were treated."

"My desire to aid and assist survivors of intimate partner violence."

Personal history (33): Many advocates who identified as survivors of domestic, sexual or family violence expressed dissatisfaction with the services and supports that were available during their experiences. They hoped to use their personal knowledge and experience to provide survivors with empathetic, informed services.

"I know what it's like to be the victim of abuse and have NO advocate...wanted to BE part of the change and hope for someone else."

"As a survivor of sexual assault, I want to do everything in my power to help those affected by it and prevent sexual violence in the future. I see it as a source of healing and purpose for myself, while also giving meaningful support to others."

"The agency I work for now, provided shelter for my mother when she was pregnant with me. I have seen how victims of domestic and sexual violence are treated in our society, and I wanted to take part in supporting victims."

Social change (16): Advocates described their desire to contribute to positive social change in their communities on topics including violence, sexism, racism and other discriminatory behaviors.

"I grew up in a community with a lot of violence and decided as a kid I wanted to dedicate my life to ending violence in my community."

"The sheer magnitude of violence against women utterly shocked me. Realizing that we have an epidemic on our hands propelled me to work to remedy it."
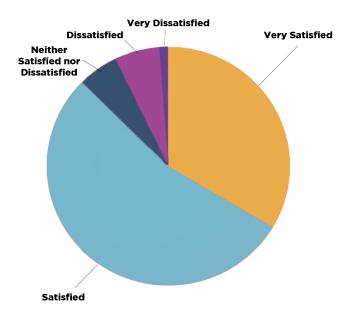
"To uplift minorities and people of color!"

Education/training (9): Some advocates indicated they had prepared for social service work with specialized education or training, and felt satisfied to have found work in the domestic violence field.

Work Satisfaction

The desire to help brings most advocates to serve in the domestic violence field, and as the chart below depicts, a significant majority of them (over 87%) feel satisfied in their work. Only seven percent of the sample reported feeling dissatisfied (10 respondents), or very dissatisfied (2 respondents) with their work. Notably, all of the advocates that indicated dissatisfaction with their work are serving in residential programs. Specific areas of stress and priority supports described by the advocates who identified as dissatisfied are discussed in the analysis below.

How satisfied do you generally feel in your work?

Answer Choices	Responses	
Very Satisfied	56	33.53%
Satisfied	90	53.98%
Neither Satisfied Nor Dissatisfied	9	5.39%
Dissatisfied	10	5.99%
Very Dissatisfied	2	1.2%

Supports & Stressors

Categories of supports and stressors for use with the assessment were identified through a combination of cohort members' practice-based experience and from factors described in "Challenges and Retention of Domestic Violence Shelter Advocates: A Grounded Theory" (Merchant and Whiting, 2015). With the survey, respondents were asked to identify how important/impactful each factor felt in their work. The quantitative findings for each factor are presented in the charts below.

Supports: Quantitative Findings

As the chart to the right depicts, advocates highly valued all of the areas of support. In the open-ended question at the end of the chart, many advocates affirmed all of these supports were important, and they wished they could be more consistently applied—across organizational roles, and across the calendar.

While advocates indicated that all areas of support were important to them (nearly 90% of responses were located in the "very important" or "important" categories), some notable priorities emerged. Though wages and benefits were very important to the majority of advocates (truly, we aren't suggesting advocates don't need and deserve greater compensation!), wages and benefits along with other supports related to personal compensation and advancement were consistently ranked as less important than factors related to a supportive workplace culture. In the very important category, advocates valued supportive leadership (1 of 12), positive workplace culture (2 of 12), and helpful, compassionate colleagues (ranked 3rd and 4th respectively) more highly than they did wages and benefits (8 of 12), professional development (10 of 12) and opportunities for career advancement (12 of 12).

These preferences for a supportive work culture were even more pronounced among the advocates that identified in the dissatisfied and very dissatisfied categories. Among this sample, supportive leadership was the top need (92% very important; 8% important), followed by compassionate colleagues (90% very important; 10% important) and a collaborative work environment (83% very important and 17% important).

These findings again demonstrate that service in the domestic violence field is mission-driven work for advocates. DV advocates need sufficient compensation to have stable lives so they can focus on their work. They want to do that work in inspiring, supportive and collegial work environments.

	Very Important/ Helpful	Important/ Helpful	Neutral	Not So Important/ Helpful	Total
Collaborative work environments where capable colleagues help one another	78.53% 128	16.56% 27	4.29% 7	.61% 1	163
Compassionate, emotionally supportive colleagues	75.46% 123	19.63% 32	4.29% 7	.61% 1	163
Workplace that supports self-care practices	74.39% 122	20.73% 34	4.27% 7	.61% 1	164
Sense of support from leadership and supervisors for your work	87.73% 143	10.43% 17	1.84% 3	0% 0	163
Positive workplace culture	78.66% 129	16.46% 27	4.27% 7	0.61% 1	164
Opportunities for advancement in my career	41.10% 67	30.06% 49	22.70% 37	6.13% 10	163
Workplace wages and benefits that meet my needs	68.52% 111	23.46% 38	5.56% 9	2.47% 4	162
Workplace that supports learning, growth & innovation	73.17% 120	20.12% 33	5.49% 9	1.22% 2	164
Professional development opportunities and trainings	60.98% 100	29.88% 49	7.32% 12	1.83% 3	164
Organizational practices that support emotional processing	59.15% 97	30.49% 50	9.76% 16	0.61% 1	164
Feeling like my opinions and contributions matter in my workplace.	67.07% 110	28.05% 46	4.27% 7	0.61% 1	164
My commitment to my organization's vision and mission	69.51% 114	21.34% 35	8.54% 14	0.61% 1	164

Supports: Qualitative Findings

The multiple choice survey questions were followed by open-ended questions that gave advocates the opportunity to provide detailed information about areas of appreciation and concern about their work. Key themes from advocates' qualitative responses are summarized with illustrative quotes for each area. Themes are reported in the order of response frequency; the number of advocates that referenced a specific support is indicated for each category.

Leadership (73)

I. Organizational practices support self-care (29)

"Self-care activities and scheduled debriefings for them to vent or off load any negative feelings."

"I would implement mandatory minimums of time off for each employee per quarter to help combat burnout and emotional fatigue."

"Do similar work with advocates as we do with clients. Have a crisis plan, take time for self-reflection, encourage coping skills, embrace new and shared knowledge, recognize strengths, and individualize support."

II. Supportive leaders/supervisors (22)

"It is very valuable that the board/higher ups make direct service staff and lower wage employees feel valued in multiple ways. Pay, good insurance, etc. It is also very valuable that there is not an environment of 'hard work competitiveness'. AKA, 'I work harder', 'No, I work harder because of this', "I actually did all this work all night so I worked harder" etc. This type of culture can really fester in social service agencies and I think that is very harmful long term. People are made to feel like working the most hours for the least compensation is somehow worthy of admiration or praise. This is very unhealthy."

"We have a great management team! They promote self-care and offer really great Trauma informed care trainings."

"Create a more positive and compassionate environment."

"more support of bosses when things get rough."

III. Listen to advocates (7)

"Provide formalized channels in which all advocates have a place in decision making. Provide forums to express concerns and have those concerns recognized and addressed in a timely manner."

"Make sure advocates needs are being listened to. Being able to empower your employees makes them able to empower others."

IV. Clear expectations (4)
"Offer clear guidelines, policies and values we are to work within."

V. Supervision/feedback (4)

"Be present and able to support, encourage, and provide the opportunity to voice what it is they may need or to share their struggles."

"Trauma-informed supervision structures"

VI. Flexible work environment that supports creativity (2)

VII. Safe work environment (1)

VIII. Other (4)

Colleagues (7)

"Having a comfortable work place, feeling like you can talk to your coworkers and supervisors without judgement is very important."

"Diversity within the advocates."

Stressors: Quantitative Findings

The chart on the next pages depicts an array of work-related stressors with magnitudes indicating the degree to which advocates reported each stressor impacted their work. It is notable that across all of the stressors, the lower level of concern categories were the most frequently chosen; 76 percent of advocates' responses were located in the "somewhat hard" or "not a problem for me" categories. Advocates did describe significant challenges in their work, and we don't mean to minimize those challenges, but it appears most advocates feel they have skills, resources and supports that help them to manage those challenges.

The stressors ranked with the highest levels of concern included frustrations about limited community resources for survivors (1 of 19), insufficient income and benefits (2 of 19), supporting clients who are managing addictions (3 of 19), supporting clients who are managing mental health challenges (4 of 19) and managing frustrations with external systems' responses to the problem of domestic violence (5 of 19).

Notably, among those advocates who identified either "dissatisfied" or "highly dissatisfied" the stressor with the highest level of concern was insufficient workplace support for processing difficult situations (78% of these advocates described this stressor as "very hard"). Benefits and wages were the second highest concern among these advocates (58% rated this stressor as "very hard") followed by supporting survivors who are managing mental health challenges (50% rated this stressor as "very hard").

	Very Hard	Hard	Somewhat Hard	Not a Problem Area	Total
Managing the emotional burden of clients' stories	3.64% 6	16.97% 28	49.09% 81	30.30% 50	165
Managing feelings about a client's relationship decisions	3.01% 5	18.07% 30	46.99% 78	31.93% 53	166
Needing more training/ feeling uncertain about how to do my job	3.68% 6	7.98% 13	27.61% 45	60.74% 99	163
Challenging work schedule	5.42% 9	12.05% 20	20.48% 34	62.05% 103	166
Insufficient income and/or benefits	27.11% 45	20.48% 34	31.93% 53	20.48% 34	166
Too many responsibilities/ unmanageable workload	7.23% 12	11.45% 19	27.71% 46	53.61% 89	166
Managing my personal history of trauma	0.00% 0	4.35% 7	22.36% 36	73.29% 118	161
Managing all of the unknowns and ambiguities of the client-centered, and trauma informed orientation to services	2.42% 4	16.36% 27	43.64% 72	37.58% 62	165
Insufficient workplace support for processing difficult situations	12.05% 20	8.43% 14	19.88% 33	59.64% 99	166
Supporting clients who are managing addictions	15.15% 25	25.45% 42	36.97% 61	22.42% 37	165
Managing the unpredictable and sometimes chaotic nature of domestic violence services	4.22% 7	16.27% 27	41.57% 69	37.95% 63	166
Mediating conflicts between clients	5.49% 9	14.02% 23	33.54% 55	46.95% 77	164

	Very Hard	Hard	Somewhat Hard	Not a Problem Area	Total
Managing the urgency and emotional pressure of crisis-related work	1.82% 3	12.73% 21	45.45% 75	40.00% 66	165
Supporting clients who are managing mental health challenges	15.66% 26	22.89% 38	39.16% 65	22.29% 37	166
Enforcing programmatic rules	6.10% 10	9.76% 16	33.54% 55	50.61% 83	164
The sense that I am personally responsible for my clients' success	3.03% 5	12.73% 21	25.45% 42	58.79% 97	165
Enforcing programmatic rules	3.61% 6	9.04% 15	30.72% 51	56.63% 94	166
Dealing with rigid/inflexible workplace expectations for clients	3.61% 6	9.04% 15	30.72% 51	56.63% 94	166
Managing frustrations with external systems' responses to domestic violence--the criminal justice system, CPS, etc.	16.36% 27	22.42% 37	36.36% 60	24.85% 41	165
Managing frustrations with limited community supports for survivors--public benefits, housing, healthcare, living wages, etc.	20.61% 34	29.70% 49	33.33% 55	16.36% 27	165

Stressors: Qualitative Findings

In this area advocates describe the cumulative burden of stressors and inadequate supports within their work. Stressors are identified at the community level, at the organizational level and in service relationships with survivors.

"What I'm so very tired of is the cattyness in the workplace with coworkers, lack of trainings/ supervision/support from agencies, does not provide a living wage, and more agencies do not work together to best balance the work load. With the lack of pay and support, and then heavy workloads and workplace drama (very little professionalism in regards to behavior), creates a lot of toxicity in places where healing and safety are needed most."

Organizational stressors (254)

Advocates describe their observations about their own experiences and their colleagues' practices, and how their service is informed by organizational policies and resources.

I. Insufficient resources & support for staff (172)

Inadequate pay and benefits were the most frequently voiced concern, but advocates also indicated the desire for organizational benefits that supported their mental health, and more opportunities for career advancement.

a. Salary and benefits (80)

"Our staff does this work and has a heart for working with survivors. It's often thrown in our face if we ask for a more livable salary for the above and beyond work we do we are told you knew what you were signing up for when you started. We always make it a priority to support, empower and uplift survivors... It's very discouraging to know we do very hard work day in and day out but are made to feel we need to be quiet and not make waves in asking for what we are worth. We understand lot of this is grant funding but it also comes down to the boards who run these nonprofits. Having them really understand the work we do is very hard mentally and emotionally and that having to work a second job or just try to make sure adds to the stress and struggle of if we are able to continue doing this even though our heart is fully in our work."

"At the shelter I work at we luckily get an insurance reimbursement (that is taxed) but that's about it. It's hard to want to stay at this job long term when there is no sort of retirement/401 K package. That is the main reason I have been looking for other jobs and second being the salary. For the hours and stress that the advocates are put through the severely low pay is why there is so much advocate turn over and burn out. I still have a week's vacation to use but no money to go on an actual vacation."

"My agency doesn't compensate its employees for overtime, increases in workload or caseload, special achievements, or seniority, which makes me feel taken advantage of."

"INCREASE PAY, provide stipends for on call regardless if a call is received."

"assist with needs for them as well if going through a hardship."

"Definitely income and benefits are very important. It is difficult to keep advocates when you are paying less than fast food restaurants."

b. Mental health support (16)

"provide more PTO specifically for mental health days, allow staff access to an on-staff therapist."

"counseling services as part of the benefit package."

"Having barely any debriefing time and not having free counseling or therapy provided to staff who do direct [service] is difficult as well. Ultimately all of these things add to unnecessary stress and distraction from us feeling completely supported and mentally healthy to be able to provide our best for survivors."

c. Limited opportunities for advancement (3)

"I love what I do, but there is no room to grow for me unless I have a masters. I am planning on going back to school to be able to provide bilingual counseling services to our clients, which is so hard to come by in our community. However, there is no financial assistance in our organization. I do wish we could be more empowering in that way."

II. Insufficient training/experience (59)

Advocates described the need for more training and also workplace mentoring. They advocated for cross-training to enable multiple members of staff to assist with direct service responsibilities. The need to increase the accessibility of trainings (timing and costs) for part-time and weekend staff was noted. Particular areas of training need identified included advanced training topics, trauma-informed services, and trainings to help them in providing culturally sensitive services to diverse populations.

"Reinforce the need for continuing training and incorporate a training course that is consistent and ongoing."

"more progressive (and long term) training."

"Train all staff, including leadership, board and administrative staff the same training as direct care staff."

"The lack of prioritization and preparation and training for serving marginalized clients is very difficult for me."

I have training on DV and SA, but not more specific advocacy training, how to talk to clients, how to manage case notes, incidents, etc.

"Implement more trainings for those who work second and third shift."

"Training, seminars may get over looked in some positions--wish that this was provided for all staff."

"Lack of knowledge in survivor's trauma areas, feelings of not being able to relate/understand their situation, situations that take more than empathy."

III. Insufficient staffing (14)

Advocates indicated that inadequate staffing made it difficult to manage their caseloads, made them feel unsafe (when working alone), made it challenging to process difficult cases and made it very hard to take time off.

"make sure that every agency had at least two domestic violence advocates on shift at all times so that the advocates could take breaks as needed and be able to have space to process the various secondary trauma that they receive on a near daily basis."

"We are scheduled 12 hour shifts 2 days in a row with no assistant."

"It's difficult to give quality services when we are usually short-staffed."

IV. Staff-Related Challenges

Advocates expressed a range of concerns about staff members' ability to provide non-judgmental services including staff members' orientations to the work, relationships among staff, and the inadequate use of self-care practices to help prevent burnout.

a. Areas of bias held by staff (37)

Concerns about bias included having organizational or advocate-centered expectations, rather than client-centered expectations, cultural biases and favoritism. A few advocates expressed concern that their colleagues enjoyed exercising power and authority over clients.

"Hidden biases or stereotypes held by advocates (why won't they leave, they should stop being lazy and get a job, they need to control their children...)"

"Racism, classism, and queerphobia of all types."

"I do find that some people in social service org's come in with a very 'savior' mentality. They want to fix people rather than be a person beside a person there to help someone realize their own potential. This is harmful and furthers white supremacy. It also denies clients their own self-determination many times."

"Staff that uses authority and power trips to control survivors.   Staff that threatens eviction due to suspicious drug use. Should be offered services for help etc."

"Lack of education about unconscious, unintentional, and/or unexamined prejudices. Particularly in the areas of race, mental health, and addiction. I often struggle with colleagues who, while almost intending the best, often seem unaware that such prejudices are playing a part in their decision making. Basically, the top factor in my opinion is lack of self-critical dialogue in the work-place."

b. Lack of empathy among staff (28)

Concerns advocates described about empathy included the sense that some people didn't show up in the field with strong empathy skills and others had empathy, but it was often eroded through experiences of burnout.

"Personal biases, the belief that folks should just be able to change their patterns of behavior, inexperience in life in general, coming from a place of privilege or a life that is greatly trauma-free, lack of empathy."

"Some people have no heart and should not be here."

"Exhaustion creates a lot of problems and affects your ability to process and make the best decisions."

"Burn out, feeling like they can't help."

"The longevity of the process of recovery. It takes a long time to see success in one client's case and this often results in feelings of frustration. That we may not be making a difference."

c. Disconnections among staff (6)

In discussing disconnections among staff, advocates described concerns about unresolved conflicts among staff, but also about the need for more organizational practices to facilitate coordination and support among staff.

"We have a superb supervisor, but I know that they themselves are juggling a lot. I have been in the agency for over 3 years and had only had one retreat. I feel like staff would be less job burn out if they felt appreciated more and had opportunities to bond and really talk about why our work is so important and why we do it."

"We cannot give 100% or focus on client services when there is turmoil within. We have to find the common ground that will bring us together so we can stand united in our work. I know we can be better."

V. Leadership issues (12)

Advocates described concerns related to the organizational culture created by leadership including not feeling supported, heard or empowered to do their work. Other concerns included favoritism and a lack of transparency with staff about what the organization is experiencing or planning.

"If advocates are feeling supported, encouraged, empowered by the agency, that is what they will extend to clients. If advocates are stressed out about/from the agency, it often becomes difficult to remain trauma informed, encouraging, empowering clients to overcome their barriers to improving their quality of life."

"I also regularly feel stress because I am unable to make any decisions in my program even though I have more direct interaction with clients than many with decision making powers.

My feedback is rarely acknowledged."

VI. Insufficient structure (9)

Insufficient structure concerns included organizational policies and practices, and also concerns about the physical environment and maintenance of the program.

"I feel stress from constantly changing and undefined expectations for myself or clients. Policies are vague and enforced in a haphazard manner."

"The building is not taken care of-sewer problems and bug problems not handled appropriately."

External Systems/Community stressors (177)

I. Inadequate services (107)

In this area, advocates described the need for greater investment in service programs, and subsidies related to basic needs. Advocates also indicated existing services and resources needed to be more flexible and trauma informed in order to ensure access for survivors who had experienced multiple adversities. Advocates noted the need for greater financial investment both to support survivors in rebuilding safe lives, and to help prevent victimization. Particular attention was given to the need for increased investment in rural communities.

"Clients often have barriers to service that are linked to their abuse and traumatic experiences. However, resources providers are not always willing to take that into consideration."

"Develop more social services designated to support victims as they get back onto their feet."

"society wide access to necessary resources, basic needs."

a. Lack of housing options (39)
Advocates described the need for greater investment in a range of housing options including affordable housing in the community, transitional housing and permanent supportive housing.

"HOUSING HOUSING HOUSING"

"More options to not return. We provide housing for 45 days after that time they have to find somewhere to go. Most times that's to another shelter."

b. Lack of MH & addiction services (27)
Advocates described the urgent need for greater investment in services, resources and training to serve survivors who are managing mental health and addictions issues in multiple areas of the survey.

"National/state addiction services need to be increased."

"The most frustrations that I have about my job is that there are not enough resources in the community for people who are experiencing addiction or mental health crises. It's really frustrating, but it's not the fault of the survivor."
"have the ability in house to take care of mental, drug, & alcohol issues."

c. Lack of transportation (7)—The need for more transportation options including public transportation and personal vehicles was noted—particularly in rural areas.
"in our rural area, public transportation is extremely limited. Not everyone can afford a car or is capable of driving."

d. Lack of affordable childcare (7)
Advocates described the need for more affordable/subsidized childcare options that would enable survivors to seek work, housing, healthcare, etc.

e. Inadequate legal supports (7)
Advocates argued all survivors should have access to competent representation for criminal and civil matters. They identified the need for more affordable legal services and also flex funding to help survivors with retainers and fees.

f. Social safety net holes (4)
In describing social safety net holes, advocates indicated eligibility should be expanded and that accessing the resources should be quicker and easier.

"I have issue with state benefits excluding drug felons. People do get help and are able to manage their addictions. They deserve the same benefits as those who don't have these issues. They aren't hurting the adults in these situations, but they are hurting the children."

g. Other (6)—Other items included the need for greater shelter access (longer durations of stay and/or more shelter beds), and for deep, restorative interventions with children who have been exposed to family violence.

II. Funding (30)

Advocates reported that insufficient funding made it very difficult for them to do the work. They reported the need for more flex funding to address some of the barriers survivors encounter as they work to reestablish safe lives in the community. They also reported that inadequate, inconsistent, unpredictable and rigid funding streams made it very difficult for them to maintain their programs.

a. Flex funding for survivors (18)

"I wish that there were more ways to cut through red tape to assist our residents with their barriers."

"I would also attempt to have a very large pot of money to help people with deposits for places to live."

"Create a fund to take care of past fees/bills that are limiting them from getting into affordable housing."

b. Program funding (12)

"Community and legislative support for the value of this job."

"The amount of added stress we have felt as an agency due to the utter chaos at [the Indiana Criminal Justice Institute] has had a monumental effect on our agency; not knowing if we will be able to continue to provide services to survivors or not."

"more funding so we can hire more advocates to help with the load and have time for creative thought and getting ahead of problems, rather than barely keeping head above water."

"The grants at times make it hard for me to do my job due to so many specific stipulations."

III. Courts and law enforcement (14)

In this area, advocates described the need for more training across all sectors of law enforcement and legal systems to increase the delivery of competent services for survivors.

"Court systems that revictimize the survivor and do not have a comprehensive understanding of the methods that abusers use to revictimize whether that be during PO, divorce or visitation."

"I would personally like to see the gap between law enforcement and DV advocates to close some. Personally working with law enforcement has been a challenge. Some officers are great and do the best they can to help DV survivors. However, I have dealt with officers who minimize abuse, and don't take situations as seriously as they should. Sometimes an officer responding to a DV call makes it apparent that it is an inconvenience to deal with this situation."

IV. Limited economic opportunity (12)

Advocates described how difficult it can be for survivors to establish economic stability in their lives. They identified both a lack of opportunities to earn a living wage and a shortage of supportive resources as barriers; these barriers were amplified for survivors who had limited education, training, work experience or criminal histories.

"Being in a small town, housing and livable wages are not in abundance. We have tremendous support from the community but there just is not a lot of employment options not a lot of

affordable housing available."

V. Community understanding (9)

Advocates argued programs should invest more in efforts to foster community understanding about the dynamics of domestic violence to reduce the judgment survivors experience. They also advocated for more community outreach to foster support for the work of domestic violence programs.

VI. Insufficient coordination (5)

Advocates pointed to the discontinuity between services and service providers as a challenge.

"I would provide holistic services that were easily and quickly accessible. Mental/behavioral health with therapy, physical health and recovery services all go hand in hand. Addressing only one or none of these things when all are present is pointless."
"easier processes and systems to navigate."

Client-related stressors (90)

Advocates report that they want to provide trauma-informed, supportive services, but frustration with client behaviors, attitudes and relationship decisions sometimes strain their ability to consistently show empathy. Some advocates were seeking more structure, rules and accountability for survivors who don't meet their expectations. Other advocates thought staff members needed more trauma informed training to help them understand, and show empathy in response to survivors' behaviors.

I. Client inaction/wrong action (61)

"I think it's because advocates walk a fine line between supporting and enabling. I try to work with clients in constructive ways, but I can't avoid hard conversations about substance abuse, utilizing mental health resources, actively seeking employment, healthy parenting behaviors and things of that nature. It can be a difficult balancing act to juggle these real barriers, and to face them head on, without seeming judgmental."

"hold them more responsible- household chores; purchasing own things; paying small rent/ taking 'ownership' of shelter."

"Survivors manipulating advocates to enable the survivor's own addictions and other harmful agendas."

"Quicker dismissal of clients who are interfering with their healing. Cut out some of the nonsense and chaos, these victims have been through enough abuse. They don't need to come to a DV shelter and be part of chaos because employees are afraid of getting in trouble by exiting some clients from the shelter."

"to be honest, client's rule reductions sometimes mean that they do absolutely nothing for 30 days and we cannot make them. Then they get mad, VERY MAD at us when their time is up and they have not done anything to work on their goals and become self-sufficient. They have no job and no place to go because they expect us to find them free housing. We can 'encourage' them all day long but some just simply do not want to do anything for themselves."

a. Relationship decisions (9)

"The victim's choices that don't fit ours. It is difficult to care deeply about your patients and want to do the best for them, but they want to stay with the abuser."

"Going back to abuser over and over again. Not following through on directives."

"Some of the clients after they are stable tend to jump into unhealthy relationships. I understand they revert back to their learned behaviors, but I would recommend the survivors be required to participate in group or individual therapy for at least six months. This would provide them with support and skills needed to regain their self-esteem and assist with creating protective factors for them and their family."

b. Client dissatisfaction/mistrust (9)

"I feel one of the main barriers is that the clients don't believe we know where they are coming from or that we haven't been through anything similar before. They usually have a wall put up because they think the advocates are better than or judging them. It can be a lot of work to try and break down a wall that shouldn't even be there in the first place."

c. Client dishonesty (8)

"Advocates sometimes feel like they're wasting their time when survivors aren't honest about their intentions or their efforts. Survivors have their own reasons for dishonesty: fear of judgment, fear of being exited from the program, fear of other repercussions, desire to please others."

d.Client entitlement (5)

Concerns center around survivors "using the system". Feeling entitled to program benefits, not showing appreciation, and not doing their own work.

"Most of the judgment I see is when advocates feel like a client is using the system. When a client enters shelter and starts demanding things be given to them, such as a phone, gas cards, etc. Some advocates feel like this entitled attitude is frustrating to work with."

e. Client rudeness (5)

"survivors treat advocates like crap when they don't get their way."
"Because of the trauma, clients sometime take out their feelings on the advocates."

II. Clients need support (19)

Responses focused on the need for more explicit support from advocates and other members of

staff, nurturing activities, opportunities to practice self-care, and to connect with more supportive people in the community.

"Support their decisions and do what I could to make them feel safe and supported by all staff not just case management."

"Help them build self-esteem, courage, independency and realize they are important and their voice matters."

"Talk to them about what they want to do to be active in the movement, ask them about their success and share those with other victims in need of encouragement."

Summary Recommendations

Members of the cohort used the advice advocates provided to generate a broad list of recommendations agencies may pursue to increase supports and to reduce stressors experienced by advocates. We do not expect any programs will have the capacity to adopt all of these; that is not the goal of the recommendation list. Rather, the cohort wanted to provide a broad range of options to enable programs to choose the development options that best align with their organization's capacity, and support priorities. Examples of strategies agencies have used are provided, but this certainly isn't an exhaustive list. In developing organizational action plans, we encourage agencies to engage with their staff to understand their support priorities, and to brainstorm creative solutions. We're in this together, to promote supports that enable advocates to do their best work, and to reduce the judgment domestic violence survivors encounter as they manage their experiences.

Action Area	Support options	Examples/Cohort Notes
1. Organizational supports for advocates	**1.1 Support self-care practices among staff.**	1.1.a Hands of Hope's umbrella organization, the Family Service Society, Inc, is promoting self-care practice by providing all employees with yoga mats, and providing training on mindfulness techniques. 1.1.b ICADV provides a pet-friendly workplace and convenes a weekly yoga session for staff. 1.1.c One suggestion the cohort had was to regularly convene "support group" type of conversations to give advocates the opportunity to vent and seek support. They thought these groups could happen in person, or online, including participants across shifts. If the support groups provide general support and exclude confidential client details, they could be convened among multiple programs.

Action Area	Support options	Examples/Cohort Notes
1. cont'd	**1.2 Promote connectedness among staff.**	Cohort members encourage programs to find ways to include part-time, evening and weekend staff members in connection activities. Convene activities during their shifts, or at times when they are available, send cross-shift notes of support, etc. 1.2.a Alternatives regularly convenes "light meetings" that are all about supporting staff. Unlike many of our meetings that focus on organizational or client concerns, these meetings focus on stress relief, bonding activities and affirmations among staff. 1.2.b YWCA Northeast periodically conducts a scavenger hunt to allow staff the opportunity to learn about one another's work responsibilities. 1.2.c At Safe Passage, members of staff participated in a personality assessment (DISC assessment). Findings were then shared among staff to help members identify the best ways to communicate and collaborate with one another.
	1.3 Work to increase wages and benefits for staff.	1.3.a Work towards a living wage. Because some funders prohibit significant increase in wages for positions in a single year, Safe Passage has worked progressively, with small annual increases each year, to get advocates to a living wage. They advise programs to plan for additional match dollars to cover the increase in grant expenditures for wages. 1.3.b Identify ways to compensate staff for on-call time. The Julian Center uses unrestricted funds/donations to provide advocates with a $100 gift card for a week of on-call service. Several programs offer advocates flexible scheduling during on-call periods. 1.3.c Health benefits. Some programs are able to provide advocates with health care benefits, but many, especially smaller programs, are unable to manage that cost. Programs asked ICADV if the Coalition could create a group coverage option to allow agencies to participate in healthcare benefits at a lower cost. ICADV commits to researching this option.

Action Area	Support options	Examples/Cohort Notes
1. cont'd	**1.3 cont'd**	1.3.d Increase staff's access to low or no-cost mental health services. Providing health care benefits that include robust mental health coverage is one strategy for accomplishing this. Where this option is unavailable/unaffordable, programs may provide staff with stipends to help cover the cost of mental health services. As another alternative, CODA has formed a partnership with a community therapy organization to provide their team with pro bono mental health services—particularly in the context of crisis. 1.3.e Support staff with flexible paid time off days including things like mental health days and birthdays off. 1.3.f Adopt regular practices to recognize and support staff. Some examples the cohort discussed included special food days, notes of encouragement from leadership, special recognition of staff at agency events, or on the agency's communication platforms, and small appreciation gifts (balloons, flowers, etc).
	1.4 Support staff in participating in ongoing learning and development opportunities.	1.4.a Ensure that all staff (across positions and shifts) have the opportunity to participate in ongoing training at the state and local levels. The cohort emphasized the importance of trainings that include activities like role plays for developing and practicing skills to prepare staff to respond effectively to a range of client behaviors. Additionally, the cohort emphasized the importance of cross training to ensure that all members of staff have basic information around core concepts. Key training topics identified by the cohort included: • Trauma informed training for leadership (to improve workplace culture and supports) and for advocates (to support their ability to provide compassionate services for clients). • Personal bias—helping all staff to explore the unconscious biases they bring to the work, how those biases affect client--
1. cont'd	**1.3 cont'd**	

Action Area	Support options	Examples/Cohort Notes
1. cont'd	**1.4 cont'd**	• services, and the things they can do to check their biases. • Survivor-defined success—train all advocates to center in this orientation to the work. Help them to let go of our expectations around correct decisions and to understand survivors know their lives and safety best. 1.4.b Institutionalize employee mentoring relationships to support new advocates in ongoing learning, processing challenges, and exploring their biases. 1.4.c Increase the exchange of feedback between supervisors and staff. The cohort encouraged supervisors to conduct regular rounding to listen to frontline advocates about their challenges and concerns, and to engage in conversations centered around questions like: • What's going well? • What needs improved? • Do you have the tools you need? • Is there anyone else you would like to recognize? With recognition that we all bring bias to our work, the cohort encouraged leadership to institutionalize non-shaming practices to regularly check in with advocates around their biases. The cohort encouraged supervisors to use supervision time or staff meetings to discuss our biases, how they show up in the work, and strategies we can use to manage those biases.
2. Systemic and community supports for survivors	**2.1 Invest a percentage of agency resources in flex funding to help survivors navigate barriers.**	2.1 DVPT, VOCA, The Allstate Foundation, private grants and proceeds from fundraising events are all eligible sources of flex funding. Most programs are currently providing some amount of flex funding to meet clients' emergent needs. Coburn Place encourages programs to start small/where you are; you will be able to increase funding over time.

Action Area	Support options	Examples/Cohort Notes
2. cont'd	**2.2 Engage in systems advocacy work to improve opportunities for survivors in the community.**	2.2.a Hope Springs provides information to their board of directors about the systemic barriers survivors are facing in their community so that board members (many of whom are in positions of influence within the community) can engage in development and advocacy efforts around solutions. 2.2.b ICADV collaborates with member programs to develop an annual legislative agenda centered in promoting community supports to help prevent violence, and to support survivors in building safe, stable lives. Member programs are encouraged to engage their stakeholders—staff, board and community constituents in these advocacy efforts.
	2.3 Continue to engage community partners to reduce judgment and to increase the coordination of services.	2.3 Many cohort agencies observed that their coordinated community response teams (CCRs) have either been dissolved or have seen decreases in participation and impact over the past several years. Where CCRs continue to meet, community partners often expect the domestic violence program to do all of the work. Cohort members emphasized that specific responsibilities are critical for maintaining CCR participation and momentum. One strategy for consideration for CCRs would be to organize the "to do" list around recommendations from the Re-Centering Report. What might the systems partners represented on the CCR be able to do at the local level, to advance the needs that survivors described like stable housing, economic opportunities, service coordination, community connectedness, reductions in judgment, etc? The cohort encourages programs to think about ways to re-invigorate their CCRs to facilitate a shared understanding of domestic violence, and coordination of services. Because CCRs were originally organized around the criminal justice response and we

Action Area	Support options	Examples/Cohort Notes
2. cont'd	**2.3 cont'd**	know many survivors will not choose to engage with law enforcement, the cohort encourages agencies to think beyond those original partners and to include a broader range of organizations that support survivors in the community. Potential stakeholders the cohort identified for engagement included mental health & addictions service providers, drug court providers, animal shelters, food programs, housing programs, school corporations, department of child services, universities and higher education groups, and faith based groups.
	2.4 Ensure that community awareness messaging validates and normalizes a range of survivors' decisions.	2.4 As they moved from a shelter-based service model to a mobile advocacy model, the Center for Women and Families New Albany location was able to reach many more survivors, at many different stages in their relationship. With the mobile model, survivors were better able to understand that the Center's services were not contingent on leaving. They now provide support to a broad range of survivors who have made many different relationship decisions—for some this means identifying strategies for increasing personal safety while staying in the relationship, for some it means really assessing their relationship in ways that don't feel judged, for some it means exit planning and for those who have left, it means ongoing participation in the agency's supportive programs. • ICADV will work to develop awareness messaging that normalizes a range of responses to domestic violence. • Community programs are encouraged to distribute information and messaging in their local communities that lets survivors know they will be served and supported as they make the relationship decisions that make the most sense for them.

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Albion Fellows Bacon Center: Leslie James-Wilhite, Penny Grubb

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