**Survivor Stories to Build Partnerships:** 

**Tools for Domestic Violence Service Providers** 





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#### How to use these tools.



**Download** the stories that you would like to use.



**Customize** the stories to your organization. Include information about your organization in the space provided on the modifiable PDF, such as the services you offer, the expertise you bring to partnerships, and your contact information. You may need to download a PDF viewer to fill in your information.



**Print** the stories and share them with potential partners and/or funders to spark the conversation about domestic violence's role in key social issues.



**STORY 4** | Promoting Healing in Our Community: A Unique Role for Health Care Providers

Audience: Health care systems leaders and funders

#### Working together to prevent and mitigate domestic violence

Domestic violence (DV) is a widely prevalent and highly complex issue that rarely occurs in isolation. Pathways exist to and from domestic violence and a whole spectrum of social issues. Individuals who experience DV, as well as their children and families, often experience these issues as deeply entwined and simultaneous. Breaking the inter-generational cycle of violence requires working together. DV providers need to be part of leading efforts to reduce homelessness, housing instability, economic insecurity, and childhood adversity, among other issues.

#### About the tool

The connection between DV, social determinants of health, and other pressing issues may not always be clear to potential partners who do not work in the DV/trauma prevention fields. This set of tools—in the form of stories—were developed to address this gap. The first three stories depict the connection between DV and a key social issue (housing instability, economic insecurity, or childhood adversity). The fourth story makes the case for health care providers to employ a universal education approach to prevent and respond to domestic violence. These tools have been designed to help potential partners, collaboratives, and funders to better understand the connection between DV and their focus area, and to motivate them to take action through establishing partnerships.

#### **About this work**

Each story was carefully crafted using data collected from DV survivors across California, input from providers working in the DV/trauma prevention fields, and recent statistics. Interviews with survivors took place between late 2018 and early 2019 and were conducted by Karuna S. Chibber and Nicole C. Giron, researchers at <u>JSI Research & Training Institute, Inc. (JSI)</u>. JSI is a mission-driven national and international public health research and consulting organization dedicated to advancing the health of individuals and communities. Since 2016, JSI has been working with multi-sector collaboratives across California engaging in the question of how to design, test, and scale multi-sector initiatives. Survivors' experiences, needs, and challenges in navigating services has been fundamental to our understanding. This work was funded by Blue Shield of California Foundation.

Karuna is a public health researcher who believes in the power of data to promote equity. As a violence prevention researcher designing and testing clinic-community linkages to prevent and mitigate violence, she looks carefully for the nuances that are easy to miss yet the ones that have the biggest impact on day-to-day life. Nicole is passionate about promoting equity, advancing health care systems, and elevating community voices. Her work focuses on using data and storytelling to identify synergies between health care and social services in order to improve social conditions.

#### **Questions? Contact us.**

Email any questions to Karuna (karuna\_chibber@jsi.com) or Nicole (nicole\_giron@jsi.com). We look forward to helping you make these tools your own!

#### Acknowledgements.

We would like to express our deepest gratitude to interviewees who relived their painful journeys in sharing their stories with us. We would also like to thank the DV service providers and <u>Futures Without</u> <u>Violence</u> who supported with recruitment and outreach, and provided insights and overall guidance throughout the data collection and story development phases of this work. We thank Andy Krakov of Hillcrest Advisory for helping us develop our storytelling muscle and craft stories that humanize DV/trauma survivors and that persuade decision makers to take action. Finally, we are grateful to Blue Shield of California Foundation for their continued investment and commitment to listening and learning from survivors to break the cycle of violence.

### Working Together for Safe and Stable Housing in Our Community

Clara kept trying to work out her relationship with her husband for the sake of their family, but the violence just kept getting worse. She didn't know where to go, but when she saw the eviction notice on her front door, she felt she had no choice but to leave that night with her daughter.



**8 in 10** women with children who experience homelessness have also experienced domestic violence.<sup>1</sup>



**up to 50%** of women experiencing homelessness cite domestic violence as the primary cause.<sup>2</sup>

Like so many others who experience violence from a partner, Clara struggled to find safe and stable housing for her family after leaving. She and her daughter lived at multiple shelters over the span of three months.

*"I felt like a ping-pong ball. I didn't know when it would end. They gave me a paper with information but I didn't know what to do with all that information."* 



We have a long history of partnering with other organizations to achieve shared goals for our clients. One day, a staff member at a shelter where Clara was staying connected her to an organization with expertise in helping violence and trauma survivors find stable, affordable housing. This organization changed Clara's life. They helped Clara apply for subsidized housing, negotiate with the landlord, and secure funding for three months of rent and utilities payments through state and local programs. They also worked closely with the shelter and domestic violence service providers to give Clara the support she needed to stay safe in her new home, like guidance on filing stay-away and divorce orders, help preparing to testify in custody hearings, and assistance with identifying and applying for jobs so she could be independent again.

Slowly, Clara regained her strength and established a new life. She now has a job and a stable home that she has been living in for more than a year. She feels safe. She even has time to work on her own healing: "I make candles. I take my anger and turn it into something beautiful. That's been a real stress-breaker for me. I've learned to love my life, myself, and my kid again."



Once housed, domestic violence survivors often face a host of obstacles to maintaining housing stability, including safety threats and economic constraints.

Nearly **50%** of survivors are able to achieve housing stability when provided with housing first and additional resources, such as financial support and advocacy services.<sup>3</sup>

1. Aratani Y. Homeless Children and Youth: Causes and Consequences. National Center for Children in Poverty. 2009. <u>http://www.nccp.org/publications/pdf/text\_888.pdf</u>

2. Bassuk E, et al. America's Youngest Outcasts: A Report Card on Child Homelessness. The National Center on Family Homelessness at AIR. November 2014. <u>https://www.air.org/sites/default/files/downloads/report/Americas-Youngest-Outcasts-Child-Homelessness-Nov2014.pdf</u>

3. Washington State Coalition Against Domestic Violence. What We Are Learning: Domestic Violence Housing First Extended Report. 2019. <u>https://wscadv.org/wp-content/uploads/2019/08/What-We-are-Learning-Domestic-Violence-Housing-First-Extended-Report.pdf</u> Domestic violence service providers are equipped to help housing organizations respond more effectively to the diverse needs of their communities' unstably housed populations. Let's work together so that families that have experienced violence and trauma in our community can rebuild their lives and maintain safe, stable housing.



#### **Building Self-Sufficiency and Helping Residents in Our Community Thrive**

Three years ago, Arlena's relationship with her boyfriend grew violent. He was always angry that they could barely make ends meet and was embarrassed that Arlena was the one with the steady job. He would often put her down and threaten to hurt her more if she did not hand over her paycheck to him. Arlena did not feel safe at home, but she didn't know where or whom to turn to for help. She didn't have family in California. She had little money saved up. Seeing no good options, Arlena stayed.

But the violence just kept getting worse. She tried her best to cover up the bruises with makeup before going to work. But it was hard to focus on work, and she would often become shorttempered with customers and coworkers. Arlena shared, "I started secluding myself from everybody, everything. It affected me working. My boss got angry and cut my hours."



Financially stressed couples are **3X** more likely to experience partner violence.<sup>1</sup>



**82%** of people who experience relationship violence report worse work performance.<sup>2</sup>



**90%** of all violent relationships involve economic abuse (using financial resources to control a partner).<sup>3</sup>

*"I wish someone had told me there are people out there who really care, who will give you that boost of confidence."* 

There are organizations that can help you travel on the bus, help you find a job. There are places that you can go that will allow you to use their computer to make your resume. I wish I had known about these resources sooner.

I'm trying to rebuild my self-esteem to be strong and face the things that will come. If people had all this knowledge, then maybe more people would be willing to come forward and say, 'Hey, I'm in an unhealthy relationship, I need help, I need out, I need a new life.'"

- Domestic Violence Survivor

One day at church, a woman from Arlena's congregation found her alone in a pew, visibly upset. When Arlena realized that the woman wasn't going to go away without understanding what was wrong, she opened up about all that was happening at home. The woman told Arlena about a local organization that could help and offered to drive her there. Arlena hesitated. She prayed. She got in the car.

Staff at the organization offered Arlena resources that she didn't know existed, like support with financial planning and workshops to improve her job skills, help her land a better job, and empower her on her path to self-sufficiency. At the organization, she also met with staff who talked to her about violence in relationships – what it looks like, and how it can affect your health, state of mind, and your ability to work and look after yourself. The staff helped her come to terms with what was happening in her relationship. They helped her make a safety plan to minimize the harm and stay safe in her relationship.

With these resources in hand, Arlena could begin to see a path forward.

Violence and economic instability are intricately linked and best addressed in a coordinated way. Let's work together to effectively address these issues and build economic self-sufficiency among the members in our community who are at risk of or experiencing violence.

1. Renzetti C. Economic Stress and Domestic Violence. VAWnet: The National Online Resource Center on Violence Against Women. September 2009. <u>https://vawnet.org/material/economic-stress-and-domestic-violence</u>

2. Wathen N, et al.The Impact of Domestic Violence in the Workplace: Results From a Pan-Canadian Survey. Journal of Occupational and Environmental Medicine. July 2015. 57(7):e65-e71. <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4676385/#!po=42.3077</u>

3. National Coalition Against Domestic Violence. Facts About Domestic Violence and Economic Abuse. Accessed June 2019. <u>www.speakcdn/com/assets/2497/domestic\_violence\_and\_economic\_abuse\_ncadv.pdf</u>



# **Responding to Childhood Adversity to Build Healthy, Resilient Families**

Maria was used to her husband's tirades. She knew the warning signs and how to steel herself for what was to come. But what Maria didn't know was how to handle her six-year-old son's increasing anger and tantrums. Ben had been such a calm baby, but now he would often yell at Maria, throw things at her, and even hit her. What had gone wrong?



Annually, **15 million** children are exposed to domestic violence in the U.S.<sup>1</sup>



Childhood exposure to domestic violence is linked to **adverse developmental**, **social-emotional**, and cognitive **outcomes** across the life course.<sup>2</sup>

When picking up Ben from school one afternoon, a school counselor took Maria aside. Maria learned that Ben was struggling in school, socially and emotionally. Ben's teachers had observed him being rough and verbally aggressive with other children, isolating himself from group activities, and having a hard time staying focused in class. The counselor shared that she had noted a level of anxiety in Ben that was not typical for a child his age. The counselor mentioned that such behavior was often rooted in stress or trauma at home. Maria didn't know how to respond. She was doing her best to shield Ben from the violence she experienced. She assured the counselor that everything was fine at home and that she would work with Ben on his behavior. Before Maria left, the counselor handed Maria a card with her phone number and asked her to give her a call if she needed any support. Maria tucked the card away and hurriedly left.

"My son, he's seen the abuse that I received, and the DV agency asked if I thought he needed a counselor or anything. It was just reassuring that, even with me going through it, they were able to have a little sensitivity as far as the child, too. Because children are victims as well, when it comes to domestic violence."

- Domestic Violence Survivor

Months passed and Ben was still experiencing challenges at school, despite Maria's best efforts. Then one morning, in a fit of anger, Maria's husband pushed her down the stairs. Ben saw everything.

When her husband left for work that day, Maria frantically searched for the school counselor's card. She called the counselor and told her about what was happening at home. The counselor was kind and listened patiently. She connected Maria to an organization that had partnered with Ben's school and that had expertise in working with kids who had experienced trauma. This organization helped children and their parents heal and build resilience through individual and group counseling, cognitive therapy, parenting skills, and mindfulness exercises. They also facilitated linkages to other social services, such as transitional housing, financial subsidies, and food assistance.

As the weeks passed, Ben became calmer and Maria better understood the connection between the abuse she experienced and her son's anger. They both had more patience with each other, as well as a new set of tools to work through the challenges they faced. Even though Maria felt sorrow about her son's struggles, she found strength and hope for her family in the community she gained in her support group and service providers.

The children in our community who act out the most may have witnessed domestic violence at home. By partnering, our agencies can better address the root causes of trauma through a dual-generational approach of healing for families. Together, we can respond to the trauma many families experience at home and build a community of healthy, resilient kids.

1. Futures Without Violence. The Facts on Children and Domestic Violence. 2008. <u>https://www.futureswithoutviolence.org/userfiles/file/Children\_and\_Families/Children.pdf</u>

2. The National Child Traumatic Stress Network. Effects. NCTSN. Accessed October 2019 at: <u>https://www.nctsn.org/what-is-child-trauma/trauma-types/intimate-partner-violence/effects</u>.



#### **Promoting Healing in Our Community: A Unique Role for Health Care Providers**

Two years ago, Ruby's relationship turned violent. She no longer felt safe at home. Whenever she was alone, she would scour the Internet looking for places where people in her situation could go. She often wondered: What did these places look like? Would she be safe? How long could she stay there? What happens after you leave? Nervous about moving to someplace unknown, Ruby shut off her computer. She never called any of the hotlines or shelters that she read about.

One day, Ruby experienced the symptoms of a panic attack after a violent episode with her partner. She called her primary care physician, Dr. Martinez, who asked her to come in the next day.

At the visit, Dr. Martinez observed Ruby's symptoms. As always, she asked Ruby if she felt safe at home. Even though Ruby trusted Dr. Martinez and had been asked this question before, she didn't understand how to answer. What could her doctor do even if Ruby told the truth?

Sensing Ruby's hesitance in responding, Dr. Martinez did something she hadn't done before during a visit with Ruby: She described the different ways that partner violence can look, how it can affect one's health, and what doctors can do to help patients improve their health and find safety. Dr. Martinez gave Ruby a brochure with information about local resources available for families experiencing violence and explained that she could help Ruby make a connection to any of these resources. After asking Ruby a few more questions about her health, Dr. Martinez walked Ruby through some next steps to manage her anxiety and scheduled a follow-up visit.

Ruby had seen some of the information that Dr. Martinez gave her during her Internet searches, but it meant much more coming from her doctor.

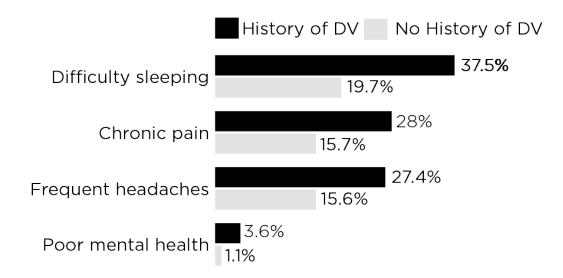
"It started off with little things. It first started off with I was just feeling stressed and depressed, and I guess she noticed. I had a doctor's appointment, and she was just telling me how much my sugars were and how my blood work came out and stuff like that. And then she was like, 'But I just want to really know how it is you are feeling, how are you doing on the inside?' Nobody has ever asked that. No one ever seemed like they really cared what I was going through, and when she asked me that question, I just burst. I told her about all that was going on."

- Domestic Violence Survivor

Even though Ruby had known Dr. Martinez for over a year, this was the first time Ruby realized that she could actually talk to doctors about these things—that they understood, and that they could help.

She had always felt that Dr. Martinez really cared about her as a person. Ruby decided that at her follow-up visit, she would tell Dr. Martinez what had been happening at home. Even though she was scared, Ruby felt she could breathe again knowing there was someone who might be able to help her.

Women who have experienced domestic violence are **2x more likely** to experience difficultly sleeping, chronic pain, frequent headaches, and poor mental health than women without this history.<sup>1</sup>



Health care providers have a unique opportunity to support patients who are at risk of or experiencing violence. Training providers in a universal education approach is a patientcentered, affordable, and effective way to prevent patient re-traumatization, facilitate linkages for survivors to domestic violence and other support services, and improve health and well-being in the community.

1. Smith S et al. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2017. <u>https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf</u>

#### An electronic version of these tools can be accessed at: <u>www.jsi.com</u>

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