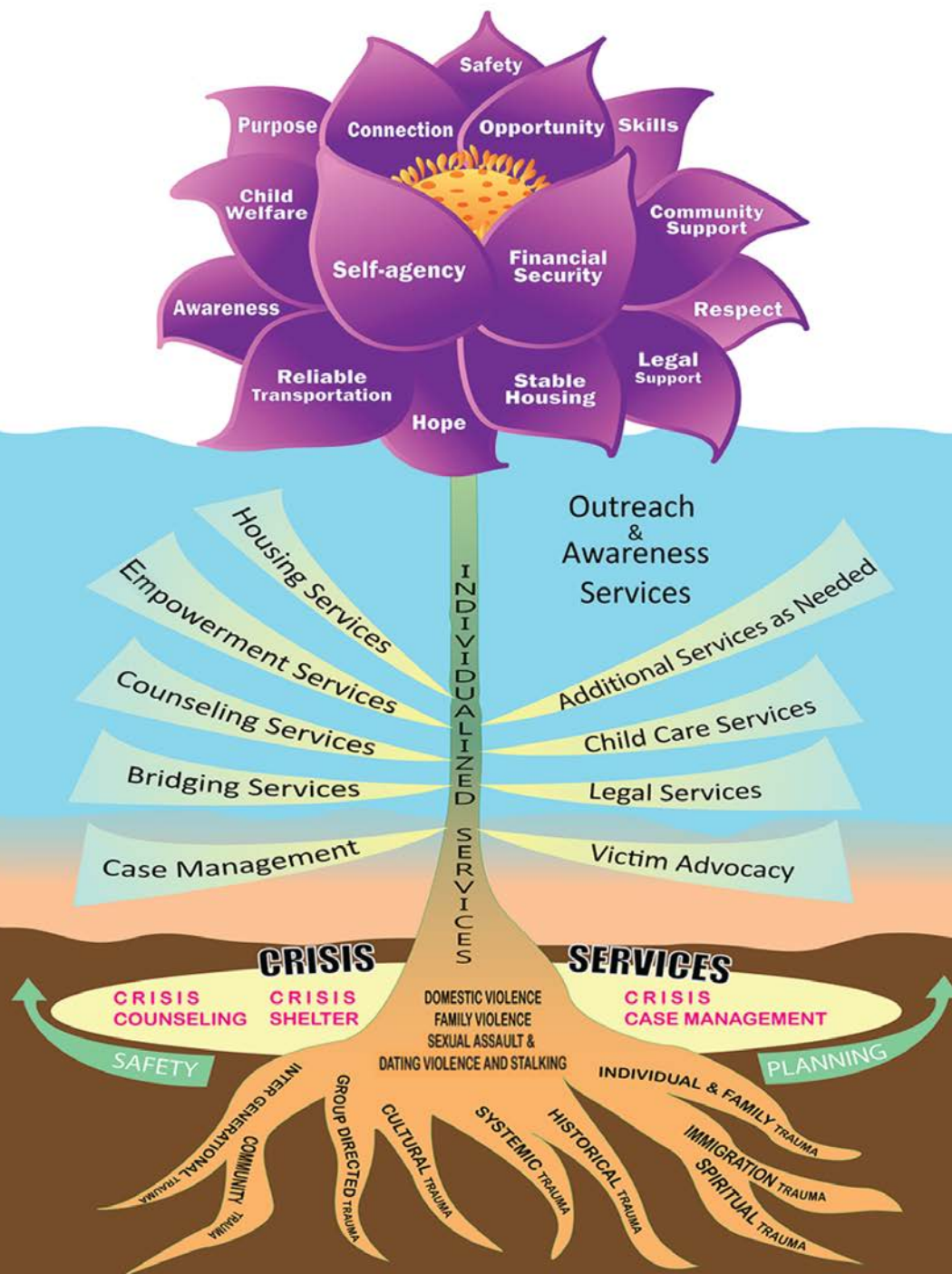


FROM THE ROOTS OF TRAUMA TO THE FLOWERING OF TRAUMA-INFORMED CARE

Dheeshana S. Jayasundara, Ph.D., Hind El-Jarrah, Ph.D., Chic Dabby, Durdana Ahmed

Texas Muslim Women's Foundation
Asian Pacific Institute on Gender-Based Violence

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Preface

In 2014, Texas Muslim Women's Foundation (TMWF) undertook a four-year project to design and implement culturally-sensitive trauma-informed programming for domestic violence survivors and their children. *From the Roots of Trauma to the Flowering of Trauma-Informed Care* is the result.

This report charts the process of becoming a trauma-informed agency which included learning about types of trauma and trauma-informed care, assessing existing culturally-sensitive practices that enhanced trauma-informed care and identifying ones that needed to be added, training staff, and working with researchers to document and build a body of evidence-based practice – all the while staying survivor-centered.

Advocates serving domestic violence survivors from culturally-sensitive communities, researchers, program evaluators, policy makers, and community-based-organizations will find this report instructive. And whilst the project was developed in an agency designed for Muslim survivors, the lessons learned about the processes to build evidence and measure impact, develop culturally-sensitive tools, and address the types of trauma marginalized communities experience, apply to all survivors and the advocates who serve them.

Texas Muslim Women's Foundation has articulated a model with deep roots in its community that integrates the best of culturally-sensitive services and trauma-informed advocacy. A model that TMWF invites others to learn from and replicate.

Dheeshana S. Jayasundara, Ph.D. is an Associate Professor at the California State University, Fresno. She was foundational to every stage of the process: designing and leading the project's research and program evaluation components, engaging staff, spearheading the evaluation process, and writing this report in collaboration with its authors.

Hind El-Jarrah, Ph.D., Executive Director of Texas Muslim Women's Foundation, developed and remains deeply invested in the principles of this culturally-sensitive trauma-informed model.

Chic Dabby, Executive Director of the Asian Pacific Institute on Gender-Based Violence provided technical assistance, training and guidance from the beginning of the project, and edited and finalized this report.

Durdana Ahmed was the lead case manager and community educator at Texas Muslim Women's Foundation during this project and provided expertise towards developing and implementing it. She played a critical role in facilitating focus groups and assisted with the writing of this report.

Acknowledgments

We thank all current and former survivors of domestic violence at the Texas Muslim Women's Foundation for sharing their stories and insights and entrusting us with their care.

TMWF staff and allies were absolutely vital to this project: their whole-hearted participation, time commitments, knowledge, input, and feedback brought expertise and depth to the process and the outcomes. Our heartfelt thanks to this amazing group!

We extend our sincere thanks to current present and former staff at the Asian Pacific Institute on Gender-Based Violence for providing numerous hours of technical assistance. We are grateful to the staff at the National Center on Domestic Violence, Trauma & Mental Health, the authors of the Trauma-Informed Care Practice Scale and other technical assistance providers and researchers for allowing use of their materials and their support.

TMWF is grateful to the Robert Wood Johnson Foundation. It is through their grant that we first started identifying culture and trauma, and well-being related data, some of which we used in this report.

We thank the University of North Dakota and the Department of Social Work in particular for their support.

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[introduction]

From the Roots of Trauma to the Flowering of Trauma-Informed Care

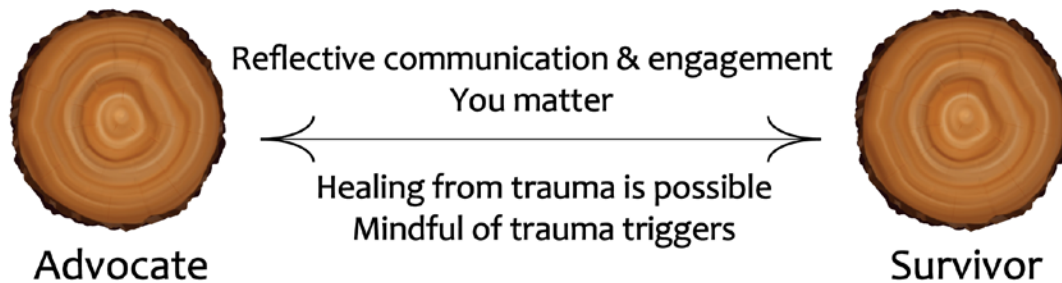
This image of the lotus flower is the conceptual foundation of this project: *From the Roots of Trauma to the Flowering of Trauma-Informed Care*. Developed by and for the Texas Muslim Women’s Foundation, it speaks to the experiences of domestic violence survivors. The roots of the lotus, growing in mud, represent the types of trauma survivors face. As the stem of the flower gets ready to emerge from the mud, crisis services ready themselves to meet the immediate safety planning needs for shelter, crisis counseling and/or case management. The fortified stem pushes through the lighter layers of mud, and into the water, absorbing the nutrients of individualized services to prepare to bloom under culturally-sensitive advocacy and empowerment. When trauma-informed care infuses these services, the lotus flower finally pushes through to the surface. Here it blossoms – its petals representing survivor-defined facets of well-being: stable housing, financial security, reliable transportation, hope, community support, respect, and connection.

This report is organized to mirror this flowering: describing the types of trauma survivors at TMWF face (the roots), the process developed by the agency to grow culturally-sensitive trauma-informed care (the stem), and engaging survivors in identifying what well-being looks like (the flower).

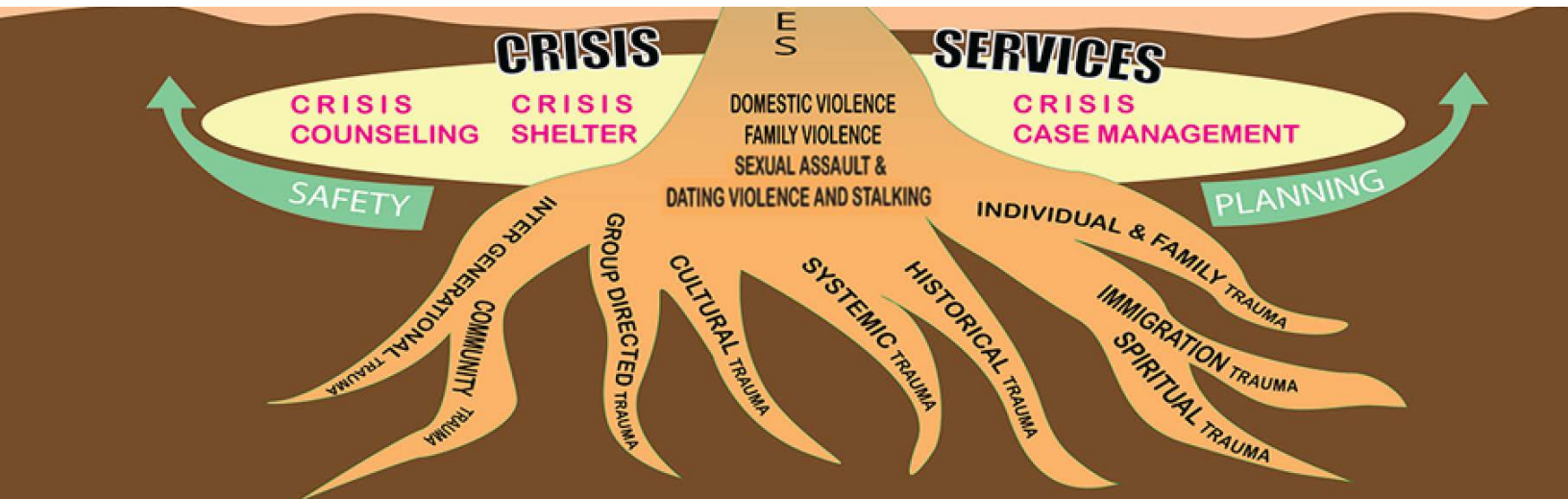
However for flowers to thrive and soil and water to nourish them, they need the right environment. And that is what TMWF committed itself to building in its belief statement.

- ☞ We recognize that trauma is any event, action, or process that leads to a significant negative impact on a person.
- ☞ We recognize that trauma is pervasive and on-going throughout the course of our lifetimes.
- ☞ Trauma and experiences of resilience shape who we are today, and who we are matters.
- ☞ We recognize that in the name of services we can retrigger trauma or directly traumatize the very people who seek services from us.
- ☞ We are mindful that each survivor's journey to flowering is different, and we commit to working with each individual at their pace, and according to their needs.
- ☞ We are extremely mindful of our communications with survivors, ourselves, and our stakeholders.

- ☞ We understand that we as staff can undergo our own traumas, and our interactions with survivors can retrigger trauma in both of us.
- ☞ We emphasize self-care – individually and organizationally; and the importance of reflective supervision and shared leadership.
- ☞ We emphasize the importance of culture on an individual’s life: including spirituality, language, customs and traditions.
- ☞ We believe that heeding an individual’s culture makes us mindful of their healing processes; and that we are here to empower, assist and guide individuals through their healing journeys so they may define their own sense of well-being and safety.
- ☞ We believe that as an agency, as we go through the process of becoming trauma-informed, we will make mistakes, but, we will strive to learn from them throughout our process.
- ☞ Our agency’s ultimate goal is to create and deepen a culturally-sensitive model of trauma-informed care that strengthens survivors, advocates and communities.



Adapted from the National Center on Domestic Violence, Trauma & Mental Health



[the roots]

Trauma, Culture and Domestic Violence

Trauma-informed care is being mindful of lifetime trauma, understanding its impact, and providing services that reflect this understanding. The notion of trauma-informed care has gained traction in recent years and is being widely adopted within systems and in community-based-organizations serving survivors of domestic violence and other forms of gender-based violence.

Trauma and its Relevance to the Domestic Violence Field

There is increasing evidence proving the pervasiveness and the impact of trauma on the lives of domestic violence survivors. Given that many forms of oppression and violence are interconnected; it is more than likely that a survivor coming to a program for services has not only undergone one type of abuse and trauma but is likely to have experienced other abuses and forms of trauma during the course of their life leading up to the point of seeking services (Dabby, 2013). The *Lifetime Spiral of Gender Violence* illustrates this exposure (Asian Pacific Institute on Gender-Based Violence, 2002).



Lifetime Spiral of Gender Violence reproduced with permission from Asian Pacific Institute on Gender-Based Violence

Traumas can stem from multiple avenues and forms; they can arise from interactions with immediate family members, friends and relatives, community, society, and systems. Trauma can be caused systemically through institutions, gender based systems, cultural infractions, wars, etc. Or trauma can be insidious, caused by micro-aggressions done purposefully or unintentionally (Dabby, 2013; Substance Abuse and Mental Health Services Administration, 2014).

The impact can be immediate or long term. It can be life threatening, changing a person's life completely, or it may leave very little long term damage. It is likely that long term exposure can have a more pervasive impact than short term traumatic experiences (Substance Abuse and Mental Health Services Administration, 2014). However, an event that is perceived as more menacing can be equally or in some instances, even more impactful, especially when it is accompanied with feelings of helplessness and powerlessness (Dabby, 2013). For example, there can be a difference in trauma experiences between a survivor of completed rape vs. a survivor of attempted rape who managed to escape.

People react to trauma in their own unique ways. Two people can undergo the same traumatic event and come out having completely different impacts. Trauma is a very personal experience. It can impact nearly every aspect of a person's life; from how a person thinks, how they behave, their overall outlook in life, to their ultimate well-being (Substance Abuse and Mental Health Services Administration, 2014).

Research on adverse childhood experiences, referred to as the ACE study, has shown that prolonged trauma can have multiple health consequences including early death (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss & Marks, 2008). Studies on

Posttraumatic Stress Disorder (PTSD) have shown that trauma can impact our survival responses of flight, fight, freeze, and our submit responses (Hopper, 2009; Substance Abuse and Mental Health Services Administration, 2014). Studies from the mental health field have found that trauma survivors can develop secondary psychiatric symptoms related to trauma; and substance use disorders may start or may be reinforced as coping mechanisms related to experiences of trauma (National Center on Domestic Violence, Trauma & Mental Health, 2013; Substance Abuse and Mental Health Services Administration, 2014). Studies also show that trauma adversely impacts the neurobiological etiology of brain functioning (Felitti et al., 2008; National Center on Domestic Violence, Trauma, and Mental Health, 2013).



We experience trauma and resilience over the course of our lifespan. These experiences shape us to be who we are, in both negative and positive ways



It is important to consider that most survivors may have undergone multiple forms of trauma that go beyond the present context of domestic violence. While the reason for seeking services may be the present situation of domestic violence, experiences of trauma and resilience over the life course can have an effect on who the person is today. These experiences may have shaped their personalities, their mental health and their behavior, and they may present with many maladaptive defenses and coping mechanisms. These defenses may have been formed to protect themselves at the time, and may have even been very effective in getting the person through their initial trauma. However, it is likely that many of these defenses will have become maladaptive by the time they seek services. For example, the person we see at an agency may present outwardly as passive, distant, avoidant, insecure, angry, distrustful, reluctant, noncompliant or simply difficult. On the other hand, these and other positive experiences may have led to forming very positive traits, building resiliency and resourcefulness. For instance, reaching out and seeking help is in itself a sign of resilience. What is important to remember is that the people who come to us are human beings who have had a multitude of life experiences that have shaped them; they are not defined by their defenses, their labels. They are not merely the sum of their life experiences, they are complex and evolving.

Advocates and staff in domestic violence programs can, and do, impact the trauma of survivors both positively and negatively. Focusing exclusively on the symptoms and outward presentation of survivors minimizes them. This can be detrimental to their progress through their journey of healing. As advocates, we can accidentally trigger trauma in the survivors we serve. We can evoke a memory of a past traumatic event that can make

them feel like they are reliving their experiences and trigger their defense responses and survival mechanisms. A person may be triggered by any number of things. For example, the way we talk, our presentations of rules and regulations, the language spoken, the clothing we wear, a smell, etc. While we cannot know how and when a person may be triggered, being mindful that we can retrigger their trauma responses is very important. For example, a survivor who was very eager to obtain services may rapidly change her attitude and refuse services or may seem withdrawn or resistant. A careful assessment using a trauma lens may lead an advocate to identify that the discussion of rules and regulations triggered negative memories of rules and regulations imposed on her by her perpetrator. In fact, it may have been her fear and defense mechanisms that led her to be distant or seemingly oppositional. The life experiences, deep-rootedness of trauma, the maladaptive or resilience responses developed by an individual over their life course, will all play into the process of overcoming and healing. Each survivor will have a unique path. The advocate/staff member has a crucial role in recognizing this, and supporting the survivor on their unique path to self-healing. The advocate will guide and support, but the healing has to come from within the survivor; it cannot be imposed from without, and it cannot be hurried or prescribed.

In this equation, it is important to acknowledge that lifetime trauma is not limited only to the survivors we serve. As advocates and program administrators, we may undergo our own lifetime traumas that shape the way we are; impacting our varied encounters with survivors. Survivors are not the only ones who can get triggered by an encounter; we can as well. We cannot miraculously escape these human experiences simply because we have the title of “service provider”. How we greet others, how we talk and engage, how we assess, and how we deliver services can all trigger trauma responses in both the survivors we serve and within ourselves. Being mindful of our own trauma history and engaging in self-care is extremely important. We often fail to acknowledge the benefits of self-care and self-compassion for ourselves and for the sake of the survivors we serve. Self-care begins with self-awareness of one’s own strengths, traumas, and needs. When we are suffering from burnout or compassion fatigue, we cannot provide the necessary care and services survivors need for their recovery. Consequently, it is important to attend to the impact on us as providers, e.g., self-care and through reflective supervision, which is a form of supervision where the supervisor and supervisee engage in two-way communication during supervision, where the supervisor engages in active listening. The supervisee is able to reflect on her/his feelings and thoughts, and solutions to issues are pursued together. It nurtures empathy and understanding and provides for our own healing and recovery (National Center for Domestic Violence, Trauma & Mental Health, 2019).

The Importance of Culturally-Sensitive Services to the Domestic Violence Field

Culture is an extremely important component of human life. Culture here refers to the intersectional influence of beliefs, religion, nationality, ethnicity, immigration status, socioeconomic status, language, customs, values, rituals, and other markers that characterize specific groups. It is within cultural contexts that we make meaning of life events. Numerous intersectional factors come together to create a person's cultural background. Thus, each person is unique, yet, they belong to subgroups at the same time. Culture shapes individuals to be who they are, how they think, and how they act. Faith, as an important aspect of culture, can play a major role in how we view the world and make meaning of our experiences in life because our spiritual beliefs can sustain us when we undergo a traumatic life event. Survivors may depend even more on their faith during times of crisis. This intersection of culture and faith was explored in this study to guide the design of culturally-sensitive trauma-informed care.

Human beings undergo numerous forms of positive and negative experiences throughout the life cycle. These experiences, both positive and negative, shape us to be who we are. The unique experiences one undergoes and how one perceives those experiences are shaped by a person's backgrounds through their familial and cultural socialization processes. At the same time, it is these processes that create those same experiences. This process is continuous throughout our lifetime. Lifetime trauma can be complex, chronic, and cumulative.

Domestic violence, sexual assault and the inherent dynamics of power and control are negative life-changing experiences that cut across all social groups. An important part of culture for many survivors is their spiritual and/or religious background and practice. Since abusers routinely use religion as a tool of abuse – with misinterpretations and misuse of religious teachings to justify abuse; Muslim survivors face these very same manipulations by abusers to justify domestic violence.

While intimate partner violence may be why a survivor seeks services, other life circumstances have shaped that person to be who they are at the time of reaching for help. It is through spiritual and other cultural lenses that people come to understand their life experiences and seek remedies. Thus, lending a cultural lens to domestic violence means that services cannot take a one-size-fits-all approach and that “we cannot expect the same interventions and approaches to be effective with women from different cultural backgrounds” (Lockhart & Danis, 2010 p. xxv). It is important that programs are designed based on identifying the contextual uniqueness of culture, tradition, values, and norms. This means services must be individually catered.

From a trauma-informed perspective, culture is a two-way process. The survivor's cultural background is important and will impact how services are received. Additionally, the provider's own cultural background will impact how services are provided. Attention to culture individualizes the service and makes services reflect the needs of survivors. Cultural sensitivity creates a backdrop of context to carry out trauma-informed services.

Types of Trauma

Prior to the development of this trauma-informed project, TMWF had gathered information on the special needs of Muslim survivors and on the types of trauma they undergo. Experiences are described below in survivors' own words; and while these stories may not convey the totality of their experiences of trauma, they inform the reader of the unique complications and barriers faced by Muslim survivors. Four main types of trauma encountered by women survivors at TMWF were identified as follows.

(a) Individual and intergenerational trauma

Individual trauma can be identified as any individual incidents that cause adverse effects on survivors. Intergenerational trauma refers to trauma that is inflicted and passed down within communities and within families, sometimes spanning multiple generations. In addition to family violence as a contributor to trauma, TMWF recognizes how faith and spirituality can both contribute to, and ameliorate trauma.

“He cited verses from the Qu’ran... yes, especially shura (chapter) 4: verse 34, and said I was a bad wife and that is why he had to hit me to correct me. He said he has the right to hit me, and Allah does not love me because I am not a good wife, because I don’t do the house chores as he wants. I believed for a long time that he was correct.”

“I was only 13 when they married me. He was 20 years older than me. I didn’t even know how babies were made. Nobody told me anything. My first night was a nightmare. He just told me not say anything and held a pillow over my head so that others don’t hear my screams... his family was in the next room... they put a white cloth on the bed to test if I was a virgin... they had to see that there was blood in the bed sheet to accept me... later my mother said it is normal.”

“I grew up with violence, my father hit my mother, my grandfather hit grandmother, my brothers abused their wives, my sister was abused. I was supported by my female family members till I reached out for help. They said I was betraying the family honor by reaching out. If I go back to my country my brother will surely kill me. I was married to my first cousin.”

“All my children are girls and American citizens because they were born here, but my visa expired. I am illegal now, but we cannot go back. My husband died last year. According to our customs, a husband’s family has rights to the children when the husband dies. My in-laws are demanding that I give them my girls, but if I do that, I know they will marry them off to just anybody because they are citizens here.”

“Everybody around me was experiencing [domestic violence], so I thought it was normal, but I kept getting sick, I was having constant headaches, knots in the stomach, and feeling very hopeless...”

(b) Community, cultural and systems inflicted trauma

Friends, community, cultural norms and systems are part of, and can further exacerbate trauma. Whether this is intentional or not, it can leave survivors with additional distress.

“I couldn’t divorce, I was afraid of getting shunned from the community. There is a saying that an Arabic divorced woman is like a broken vase. Even though it is several years now [since the divorce], I still cannot go to social gatherings. I am considered a social outcast now.”

“When I told my friends, family, and even Imams (spiritual leaders) that he is abusing me, they all told me to pray and try to be a better wife. So, I did, until I almost got killed. I remember once my neighbor asked me what I was doing wrong to get abused.”

“In my home country Sharia laws (Islamic family law) allow a husband to hit a wife if she is not a good wife. I thought domestic violence was only a western thing.”

“I was only married Islamically. The lawyer didn’t understand the terms of Nikah (marriage) and Mahr (gift given to the bride). She said I didn’t have any paperwork, and there was nothing that could be done in the U.S. Later, when I came here [to TMWF], I found out I could fight back.”

(c) Collective trauma directed at a specific group

Members of a group can face trauma as a collective because of their membership in a particular group. The discrimination they face can add another layer of trauma and further complicate the situation for survivors. The attacks of September 11, 2001 were the work of a few people which left the American public and its Muslim communities equally devastated. Muslims continue to face discrimination due to their religious affiliation since these events. Racism and related traumas were described as overtly blatant, i.e., physically violent, or subtler, covert, or hidden under cultural messages. Survivors experience insidious trauma arising from micro-transgressions.

“When the police came, they treated him like a terrorist, and even my friends and family stopped supporting me. They said how dare I call the police, especially in this climate of 9/11.”

“People at a shelter (not TMWF) didn’t know what to do with me. They stared at my hijab (the veil covering a woman’s head). My roommate at the shelter cooked pork in the same utensils I used, and they didn’t have clothes, food, or a prayer room for me. They didn’t care, it was like if you are a victim, we can only do general services, we don’t care about your culture, religion. I felt I was looked at differently because I was Muslim... like I came with added baggage because of my religion, food, prayer, clothing. I felt like I was imposing on them asking for things I needed. I left within two days. My husband beat me even more when I came back.”

“After September 11th, I was asked not wear a salwar (traditional south Asian dress) by my colleagues who feared for my safety... once when I travelled on public transportation I was yelled at by a fellow passenger, he said: “Why do you hate us? Go back to where you came from.”

“It’s not that I think I will get discriminated against, I don’t know if they will understand, or care enough to try hard enough. I know it is my fear, not their fault.”

“It helps to know there is a Muslim agency there to help us. I know TMWF staff understand where I come from. When I talk about religion I feel they don’t think I am crazy.”

“It is everywhere, if you watch on TV we are portrayed as terrorists. If you watch news, we are portrayed as terrorists. If you read the papers we are portrayed as terrorists. It is every day, some blatant and out there, some less obvious and subtler. But the messages are clear, we are the bad people – ‘the terrorists’ – we are not wanted.”

“My case worker at Texas Muslim Women’s Foundation is having a hard time finding an apartment for me. I am a refugee from Iraq, and a single mother of 3 young children. I am very sick because I was beaten badly while in the refugee camp in Iraq. I need a lot of help from my case worker. She calls apartment complexes that are willing to accept my Section 8 voucher, and then calls me to let me know if someone has a vacancy. Twice, we have rushed to sign the lease when we were told an apartment was available. Both times we reached there within an hour, but were then told that there was nothing available. I can’t understand how that happened. We got there right away. I have been rejected by four [housing] complexes. I’m wondering why they reject me after they see me. Is it because I wear a hijab? Are they scared of me? Where are [my children] supposed to go from here? Will learning the language and culture help them in any meaningful way if they continue to be observant Muslims? Or should they, like me, question their children about who they are associating with? Who can they, and I, trust? Do we have to repudiate our religion in order to find better futures for our children?”

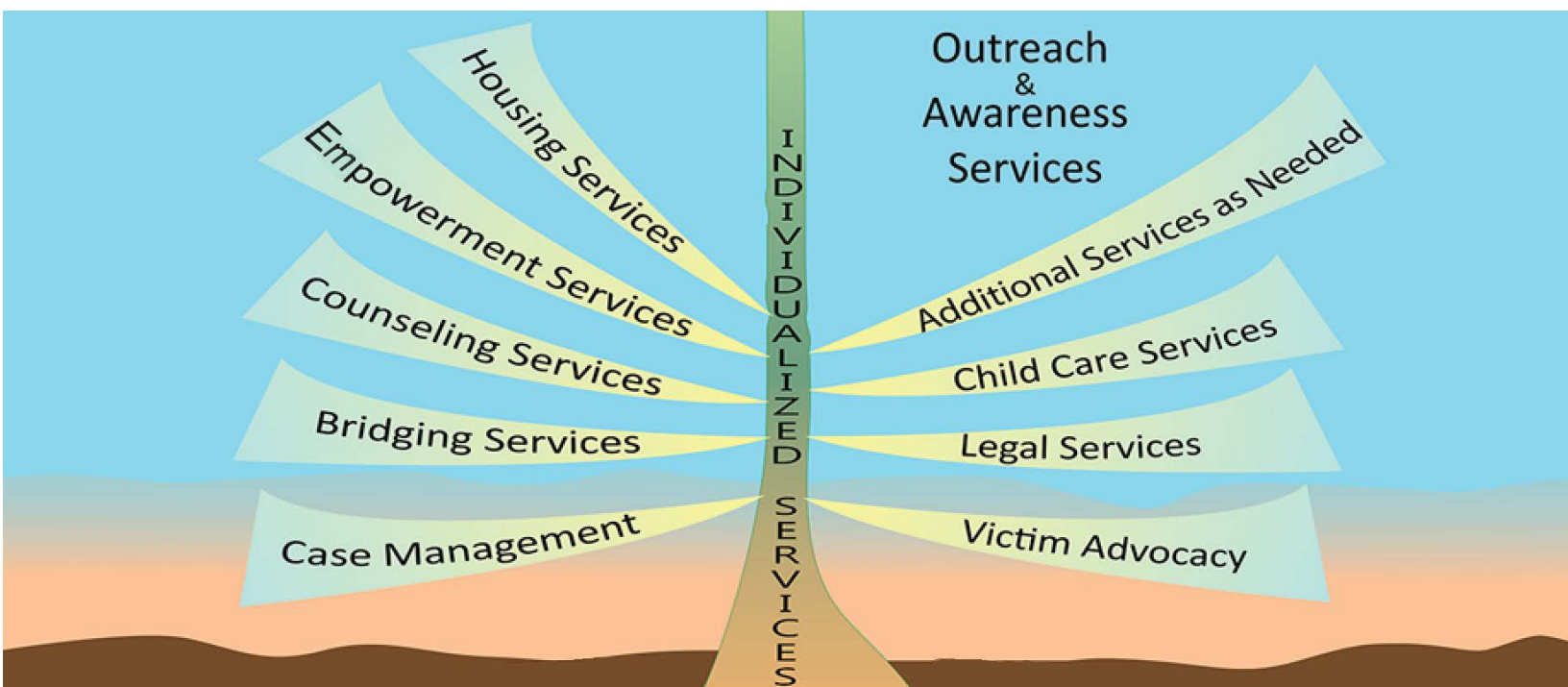
(d) Country of origin, immigration status, and historical trauma

For immigrants and refugees, trauma identified as arising from their country of origin and immigration status included language access issues for those with limited English proficiency, fear, lack of cultural awareness of systems in the US, and negative traumatic experiences in the country of origin.

“My husband and I are torture victims. We were targeted in our own country for being Muslim. The majority of our village people were killed. I only have my husband and children. When I came here they told me my husband was abusing me, and I need to choose between him and the children. The child worker didn’t understand... his slaps were nothing. My children have seen much worse. You come here to be safe, but then here they want to tear our family apart. We are not bad parents.”

“I used to think how do I leave him, I don’t speak the language, I don’t know anything here. I don’t know the buses, the money, and I hate the toilets here. It’s like choosing between two evils. It was a blessing this agency connected me to my community here. I would still be with him otherwise.”

“I was a minority (referring to her ethnic group) there, and we were targeted for generations by them (referring to majority ethnic group). And now I came here, I thought things will be better, but, in some ways they are worse. We have nobody here, I feel very alone.”



[the stem]

Designing and Evaluating a Culturally-Specific Trauma-Informed Model

Basics of Trauma-Informed Care

Trauma-informed care is a resiliency and strengths based approach that emphasizes the need to be mindful of people’s past experiences of trauma. The approach attempts to normalize the impact of trauma on people. It increases awareness of, and responses to the impacts and triggers of trauma with a strong focus on healing. The approach attempts to give power and control back to survivors of trauma to create spaces for healing (National Center on Domestic Violence, Trauma & Mental Health, 2013; Hopper, Bassuk, & Olivet, 2010). It acknowledges that in the name of service provision survivors can be re-traumatized, and therefore concentrates on non-oppressive, reflective practices that pay attention to trauma triggers – emphasizing a partnership between survivors and empowerment-based service delivery (DeCandia, Guarino, & Clervil, 2014).

There are many different models and approaches to trauma-informed care. The Substance Abuse and Mental Health Services Administration (SAMHSA) approach to trauma-informed care identified adherence to six key principles rather than set procedures. These include: safety, trustworthiness, peer support, collaboration and mutuality, empowerment voice and choice, and cultural, historical and gender issues. According to SAMHSA, trauma-informed agencies realize the widespread impact of trauma, understand potential paths for recovery, and recognize the signs and symptoms of trauma in survivors, their families, staff, and others involved (Substance Abuse and Mental Health Services Administration's Trauma and Justice Strategic Initiative, 2014).

The Sanctuary Model approach to trauma-informed care, created by Sandra Bloom, is structured around seven sanctuary commitments and S.E.L.F which include a commitment to nonviolence, emotional intelligence, social learning, open communication, democracy, social responsibility, and growth and change (Bloom, 1985-2017). S.E.L.F. is an acronym that stands for the four domains for healing: Safety, Emotional management, Loss, and Future. It is based on the assumption that trauma impacts lives, and that human beings go through continuous complex change and adaptation processes throughout their lives. Just as trauma impacts lives, creating havens of safety can initiate processes of healing.

The approach taken by TMWF to trauma-informed care is consistent with the one taken by the National Center on Domestic Violence, Trauma and Mental Health. A trauma lens is seen as enhancing domestic violence services. Trauma-informed care for the domestic violence field does not mean deviating from the traditions of evidence-based domestic violence service practices. Rather, we enhance our services by using a trauma lens within our existing practices. This means that we look at survivors in a more holistic manner, acknowledging that people are shaped by their life experiences, rather than from a narrow medical model approach. We understand trauma happens to everybody, are mindful of our own past and triggers, and actively attempt to avoid re-traumatizing others. Trauma-informed care also means that we understand that each survivor comes from their own unique background and that we respect and strive to be sensitive to their unique experiences, backgrounds, and contexts. Trauma is destigmatized and the responses to trauma are viewed as normal responses to abnormal experiences, crises and abuse. Rather than viewing survivors as having something wrong with them, they are viewed from a framework of understanding what happened to them – emphasizing that people, not their behavior or diagnostic labels, matter.

TMWF's model attempts to provide survivors with some sense of control of their lives, empowering them and helping them understand that the impacts on their behavior are normal reactions to the domestic violence they experienced. Consequently, service delivery staff can recognize the widespread impact, are mindful of, and able to recognize the symptoms of trauma. While trauma can be damaging, therapeutic interactions can promote healing; and a strong emphasis on having quality interactions facilitates healing. As

advocates, we recognize that healing is a process and we need to create multiple survivor-centered pathways to healing for survivors. Safety, empowerment, and the well-being of survivors are crucial for service delivery. Trust is not automatically assumed, rather we know it has to be earned.

One aspect of TMWF's approach to trauma-informed care strongly emphasizes the importance of culture on trauma and healing. Service models that ignore culture, including spirituality, can harm survivors further. It is within these cultural lenses that we see the person as a whole. The trauma-informed care approach cannot exist without cultural mindfulness.

In summary, the basics of trauma-informed care include:

1. Having a basic understanding of trauma and its impacts
2. Recognizing universal and individual trauma-triggers to minimize re-traumatization
3. Providing emotional safety so survivors feel accepted
4. Asking “what happened/what harms did you experience?” (**not**, “what’s wrong with you?”)
5. Helping survivors manage their feelings
6. Helping survivors feel in control of a situation
7. Providing information about trauma to survivors
8. Acknowledging one’s own traumas and triggers for staff
9. Integrating an understanding of how culture and spirituality can contribute to, and/or heal trauma

The Texas Muslim Women's Foundation Story

Two events mark the formation of the Texas Muslim Women's Foundation (TMWF). The first are the September 11, 2001 terrorist attacks in the US. This fateful event led to a wave of marginalization, isolation and discrimination against Muslims. Muslim communities understood the danger of this and the importance of mobilizing to counter this negative image by presenting messages and actions of Muslims as peaceful, vibrant, contributing members of society with the same day-to-day life struggles of other social groups. The

second event occurred in March 2005, when a woman led a mixed-gender Muslim congregation in prayer in New York for the first time in the history of the US. This sparked controversy from within and generated a lot of discussion about the role of women in Islam. During this period, in Dallas, the media started publishing articles accusing several mosques of harboring extremist views.

Given this backdrop, the time was ripe for Muslim women in the Dallas/Fort Worth metroplex to organize for leadership. The seeds for such an opportunity were first provided through a faith-based initiative of the Dallas Women's Foundation, who wanted to identify the needs of Muslim women in the metroplex. One Muslim woman, who later became one of the founders of TMWF, rose to the occasion. A series of "food for thought" dialogues related to Islam and the role of Muslim women in Islam led to a seminal meeting (in April 2005) on issues affecting the community and to the formation of a strategic plan. This assembly of Muslim women was important for several reasons: (1) Muslims were an emerging community in the Dallas/Fort Worth metroplex; (2) the events of September 11th had created a great deal of interest in and hostility towards the community; (3) the role of Muslim women has been stereotyped and misunderstood, both by the general public and within the Muslim community at large; and (4) in the Dallas/Fort Worth area, the community had been concerned mainly with the establishment of schools and mosques, and it was time to attend to the needs of Muslim women, families, seniors, and youth.

This gathering also served as a needs assessment upon which TMWF was built. Women leaders resolved to address the negative image of Muslims since the 9/11 attacks; the image inside and outside the community of Muslim women as secondary and passive; the fragmented nature of diverse Muslim communities; and a lack of networks among mosques in the area. In addition, the needs of vulnerable, and often isolated community members – women, elders, immigrants, refugees, and youth – needed attention. Thus the group resolved to establish a culturally-sensitive domestic violence services program to include a shelter and transitional housing for all Muslim women; services for newly-arriving Muslim immigrants and refugees that included financial support; services for the elderly that countered their isolation; and programming for youth that strengthened inter-generational family and community ties.

Over 30 women from diverse Muslim backgrounds participated in this historic meeting that eventually led to the launch of the Texas Muslim Women's Foundation – an event attended by 300 women.

TMWF's Culturally-Sensitive Trauma-Informed Project

TMWF's story picks up in 2013 when it launched its ground-breaking Culturally-Sensitive Trauma-Informed project. From its inception, the Texas Muslim Women's Foundation has had a culturally-sensitive service program and at the time it started the process of becoming a trauma-informed agency, it was already a nationally recognized agency advocating for an underserved community of Muslim survivors from various backgrounds.

In 2013, TMWF received a four-year grant from HHS/ACF/FYSB's office of the Family Violence Prevention and Services Act in order to become a trauma-informed agency and to document the process and its effectiveness. The process took place in two phases. In Phase I, the agency prepared itself to become trauma-informed by assessing and identifying needs and creating an implementation plan. In Phase II, the agency implemented the identified strategies with processes established to help identify the successes of TMWF's culturally-sensitive trauma-informed model. Needs assessments, process evaluations and outcome evaluations were conducted to assess the fidelity of implementation and to identify if the organization accomplished the intended changes.

As a grassroots agency that rose from within the community, TMWF emphasized the importance of cultural competence from its inception. Its staff reflects the cultural diversity of the individuals and families served, and demonstrates an in-depth understanding of cultural contexts. TMWF underwent a very successful process that integrated staff and survivor feedback to become a trauma-informed agency – recognizing that this is a continuous process.

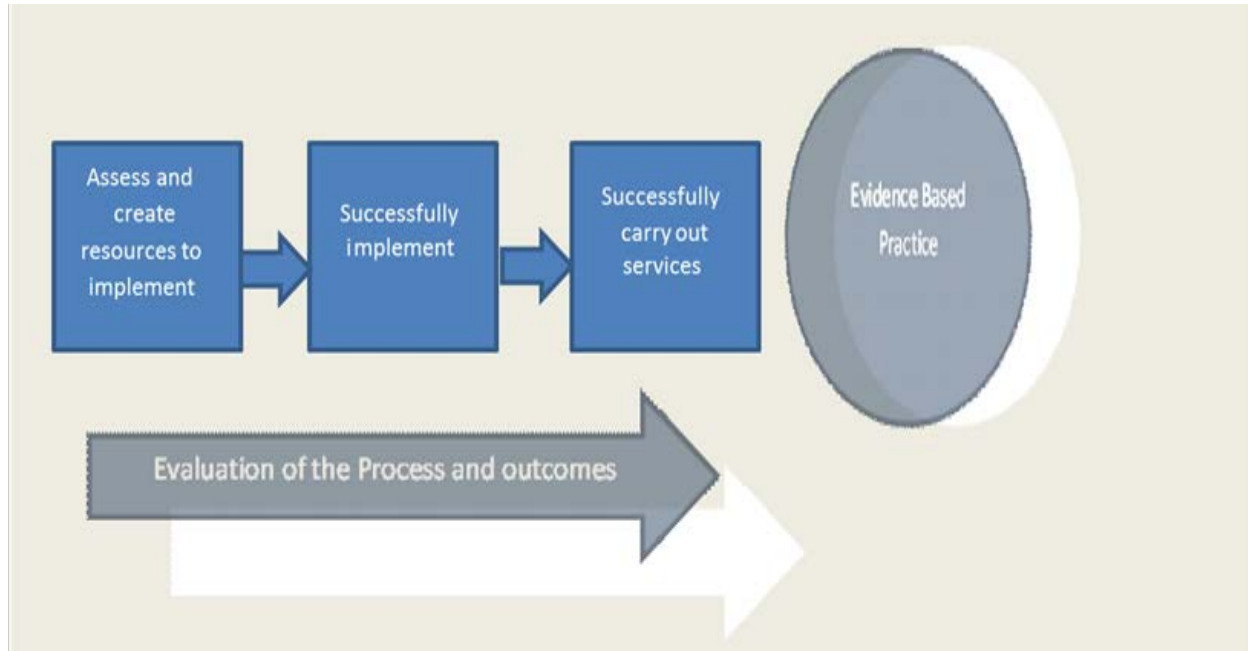
TMWF's philosophy of culturally-sensitive trauma-informed approaches to domestic violence intervention and prevention articulates the foundation of its model.

To summarize, TMWF's key commitments to the trauma-informed approach are:

- ☞ How we are matters
- ☞ Mindfulness about the pervasiveness of trauma and its impact
- ☞ Mindfulness of survivors' trauma triggers
- ☞ Emphasis on the importance of cultural lenses for healing
- ☞ Reflective practice
- ☞ Reflective supervision
- ☞ Shared leadership
- ☞ Attention to the impact of trauma on staff through self-care
- ☞ Facilitating safety, healing and well-being

Steps TMWF Took to Become Trauma-Informed and Build Evidence of Its Impact

The process for becoming trauma-informed and building evidence of impact



Phase I: Prepare Staff, Assessment Tools & Action Plan

TMWF's goal was to prepare the agency to become trauma-informed. Work was done with a consultant, who served as an evaluator to initiate this process.

Prior to starting the project, TMWF's evaluator had collected data on the types and forms of trauma being experienced by survivors, as part of a project (funded by the Robert Wood Johnson Foundation) on cultural competency. Data on types of trauma Muslim survivors described were analyzed before the *Culturally-Sensitive Trauma-Informed* project began, thus providing a significant body of information that could inform project development.

Phase I: Step 1: Staff Engagement and Training

(1) Staff engagement: A key first step in the process was for the evaluator and TMWF leadership to engage all staff and have their buy-in for the project. This involved meeting with staff to explain the scope of the project; discuss the plan of action; and the assessments that would be undertaken on staff knowledge about trauma, the impact of trauma, and survivor wellbeing.

(2) Assess base-line staff understanding of trauma: The next step was to capture the staff's baseline knowledge about trauma and the impact of trauma as a way of assessing

staff readiness to become trauma-informed. The results indicated that staff were in different stages of their understanding of trauma and its impact. See *Phase I Step 2* below for information on this tool.

(3) Training staff on trauma-informed care: The next step involved an all-day training on the basics of trauma and trauma-informed care provided by the Asian Pacific Institute on Gender-Based Violence (API-GBV). The entire TMWF staff – not just direct service providers – received their first training, followed by a ‘refresher’ follow-up training a few months later for direct service staff only. Training topics included: types of trauma and their impacts, gender violence over the life course and associated inter-generational traumas, dynamics of domestic violence in Muslim families and the impacts on help-seeking and advocacy, and healing and well-being for the community. TMWF staff underwent numerous trainings after the initial one, through Phases I and II.

Prior to the trainings, API-GBV staff engaged in several discussions with TMWF staff about agency practices to identify how they may already be trauma-informed. An information-gathering site visit also served the same purpose. It was evident that many aspects of the domestic violence program were sensitive to the traumas Muslim survivors faced; and training on the framework of trauma-informed care would make explicit the steps needed to build out a model at TMWF. Thus, it was a relatively easy transition to broaden the scope of culturally-sensitive responses to survivors’ needs and embrace the concept of trauma-informed care.

Phase I: Step 2: Developing and Identifying Assessment Tools

TOOL #1 for Agency to Assess Staff Knowledge:

Assessing Staff Knowledge of Trauma and Well-Being: To gather base-line information on staff’s knowledge of trauma, an open-ended questionnaire was created by the evaluator with assistance from the Asian Pacific Institute on Gender-Based Violence. [See Appendix 1.](#)

TOOL #2 for Staff to Assess Agency Readiness:

Trauma-Informed Care Assessment Tool (TICAT): is a unique tool developed by Texas Muslim Women’s Foundation to assess the readiness of culturally-sensitive agencies for implementing trauma-informed care. [See Appendix 2.](#) The TICAT has four sections to assess an agency’s physical, programmatic, cultural, and relational environments.

- A. Physical environment assessment to see if the agency is welcoming, inclusive and healing
- B. Programmatic environment assessment to see if the agency is responsive to both individual and collective needs
- C. Cultural environment assessment to identify if the agency’s culture is conducive to healing

- D. Relational environment assessment to ensure that the agency is caring, respectful, and empowering in its interaction with key stakeholders

The development process is described below.

Reviewing existing agency-assessment tools: At onset, it was thought that existing trauma-informed agency assessment tools would be used to conduct the assessment. The evaluator reviewed: the Trauma Responsive Systems Implementation Advisor (TReSIA) (Epower & Associates, 2011), the Gender-Responsive Program Assessment developed by the Center for Gender and Justice (Covington & Bloom, 2017), and the Accessing Safety and Recovery Initiative (Accessing Safety and Recovery Initiative and National Center on Domestic Violence, Trauma & Mental Health, 2012). However, upon review, the evaluator decided that no single tool alone captured the essence and purpose of the agency and decided to create a new tool using these tools as a guide.

Drafting a new agency-assessment tool: This proved to be an extensive process, given its aim to capture how cultural sensitivity was being implemented, to identify areas TMWF was already doing well, and to identify areas for culturally-specific trauma-informed practice improvements. This new in-house tool was based on guidelines developed by the National Center on Domestic Violence, Trauma & Mental Health and contains four sections (listed above) to assess and identify the multiple dimensions of being a trauma-informed agency.

Testing and refining the TICAT agency-assessment tool: Staff input was critical to refining the tool. Once drafted, the evaluator worked extensively with staff to test the tool and make improvements to the assessment items. Staff provided input/feedback by editing questions, responding to surveys, meeting individually with the evaluator, and participating in staff focus groups. During these processes, the evaluator was able to gather information on why each item was important and where staff thought an item needed improvement. The evaluator integrated the data obtained from these processes to finalize the tool.

TICAT finalized: The TICAT is a unique mixed methods tool that measures the readiness of culturally-sensitive agencies for implementing trauma-informed care. It collects data numerically and through open-ended questions on: areas of strength, areas for improvement, what actions/practices are already in place, and what action steps need to be taken. It helps identify a tentative timeline, staff positions involved in bringing about action steps and changes, and potential barriers to implementation. Because the tool was being developed as it was being used, the entire tool could not be used as a pre-test instrument. The evaluator used only the TICAT's open-ended questions at the start of the assessment process and obtained data from the staff to identify where the staff were in relation to the questions created. The quantitative sections of the TICAT were finalized by the evaluator in focus groups and consultations with the staff to ensure it fully captured improvements the staff identified as critical to a robust trauma-informed model.

TOOL #3 for Survivors to Assess the Agency:

Trauma Informed Practice Scale (TIPS). A tool created and tested by Drs. Chris Sullivan and Lisa Goodman was utilized by TMWF to conduct assessments by survivors at TMWF of the trauma-informed care being provided (Sullivan & Goodman, 2015).

TOOL #4 to Assess Survivor Well-Being:

Survivor Well-Being Questionnaire: @ Intake and @ Exit. As TMWF undertook becoming more trauma-informed, it needed a tool to understand the potential impact of these changes on the well-being of the survivors it serves. After an initial attempt to create one based on existing literature failed, the agency staff indicated a desire for a Community Based Participatory Action Research (CBPR) approach to creating a well-being scale by and for the Muslim community that was survivor-centered.

Using the grounded theory approach, scale items were created with technical assistance from the Asian Pacific Institute on Gender-Based Violence and National Center on Domestic Violence, Trauma & Mental Health based on the data analysis of questions and themes. Four focus groups were held: one with staff, and one with each of the three major ethnic groups of survivors represented at TMWF. Creation of this well-being scale was an extensive process that was completed in Phase II. The final scale incorporates three different domains of evidence: the research literature, practitioner expertise, and survivors' lived experiences. See Appendix 3.

Phase I: Step 3: Developing an Implementation Action Plan

The action plan involved the following processes: (a) Direct service providers and management staff responsible for implementation and group leaders to carry out tasks were identified. (b) Internal assessment and intervention tools were reviewed and improved. (c) Assessment of, and changes to, areas that might re-traumatize survivors (e.g., posters of abused women) were completed. (d) Additional staff trainings on trauma-informed care and practices were provided via access to online webinars and resources such as developing an internal resource manual on trauma-informed materials, and trainings tailored to staff needs e.g., advanced training on mindfulness. (e) Self-care was deemed crucial for staff and steps were made to improve staff self-care practices.

Throughout this process, the evaluator documented the steps undertaken in order to capture this process.

Phase II: Implementation

Phase II of the process involved implementation of the action plan to ensure the criteria identified for implementation were met. Given all the preparatory work done in Phase I, Phase II concentrated on TMWF practicing enhanced trauma-informed services, assessing

the fidelity of implementation, and the impact of these implementations. This was carried out in different ways.

First, a conscious effort was made to ensure services were now enhanced and trauma-informed.

Second, to assess fidelity of implementation, the evaluator used the process evaluation documentation. This included identifying if deadlines were met, goals were accomplished, and proposed timelines were met. The results indicated that goals were completed or met, time frames were followed, and action steps were adjusted as needed (such as changes to a leadership role).

Third, there was an assessment to determine if the changes undertaken were felt by staff and survivors. (a) The TICAT scale was re-administered to staff to identify if the actions steps taken had indeed resulted in changes. Only the quantitative items were utilized to collect post-test data. The results indicated a very positive outcome. (b) To measure survivors' perceptions of changes, the TIPS scale was administered to a sample of 40 survivors. Once again, the results were very positive. The data showed that the process undertaken by TMWF was successful in becoming trauma-informed as experienced by both staff and survivors.

Fourth, the well-being scale designed by the TMWF staff and project evaluator was given to a cross section of survivors who had been at the agency for a period of one month to more than one year. The results showed that survivors needed a long period to reach their well-being potential, especially to reach self-sufficiency and empowerment.

The final step in Phase II was to create this report to serve as a guide to culturally-sensitive community-based-organizations, researchers and evaluators to develop and implement trauma-informed services.

In conclusion, the entire evaluation process was far more extensive and longer than anticipated. The Survivor Well-Being Questionnaire has been firmly adopted as the agency's assessment scale and on-going results indicate that survivors continue to benefit from TMWF's culturally-sensitive trauma-informed services.

Lessons Learned from Evaluation Process

There are several lessons learned from an evaluation point of view. The task was to capture this process of becoming trauma-informed. As an agency, TMWF understood that it did not want an evaluator to be completely separate from the agency. This process was involved and subjective, the evaluator needed to know the agency sufficiently to capture the essence and heart of what it does and stands for. Therefore, a cultural social work evaluator who had worked there was selected. This helped staff and survivors feel more comfortable and have the courage to open up.



It is important that the process is not driven by evaluation, rather that the evaluation follows the process.



One step that had preceded the design of the project and Phases I and II, was collecting data from survivors to identify the types of trauma survivors had experienced. We recommend that that this data be collected before starting the self-assessment process. If that's not possible, we recommend getting input from staff about the types of trauma survivors have experienced. Because TMWF has already gathered this data prior to embarking on this project and the self-assessment process, it was valuable to developing a very culturally-specific trauma-informed model.

The next step was to select tools for conducting the self-assessment and documenting trauma-informed practices – and enhancing, modifying or developing new ones. Once the agency conducted the self-assessment, it needed to create an implementation plan which showed both the results of the agency assessment, existing strengths, and what needed to be implemented with deadlines and time frames.

The fidelity of implementation needed to be extended, because during this period the agency faced setbacks due to a key administrator leaving the agency. Therefore, this time became a reassessment of staff needs and trainings. The process was more difficult and took longer and became more difficult to capture. Later, it became clear that some of the changes that were made, e.g., to the intake form, were not implemented during this time due to the staff transition. However, the evaluation was able to identify these and staff were able to implement them.

To identify if the changes TMWF underwent were felt by staff and survivors, the TICAT scale was re-administered and the TIPS scale was introduced. The resulting scores were very high, showing that survivors felt that the staff and agency were trauma-informed in their service delivery.

In addition to the process evaluation, TMWF needed to capture the outcomes of impact. This required changing its existing scale. The process of creating a well-being outcome scale proved to be challenging. The evaluator initially created scale items based on existing well-being scales. However, staff stated that the items did not reflect their culture, and did not

capture what survivors deemed as well-being. Thus, a new culturally-sensitive well-being scale was created using existing qualitative data the evaluator had from survivors. Once initial themes were gathered, several focus groups were conducted with staff and survivors to finalize the well-being scale. In essence, a community participatory evaluation method was used to create the scale.

The results were given to a cross section of survivors who have been there from one month to over one year. The results showed that survivors need a long time to reach their well-being. Many survivors, while achieving the mental health aspects of well-being, needed longer to time to reach self-sufficiency and empowerment. Thus, survivors who were there for a shorter period did not feel that they were financially secure or have stable housing or transportation.

Content-area expertise on trauma-informed care, culturally-sensitive advocacy for Muslims and other Asian communities, and program evaluation were crucial to the process and program design. The Asian Pacific Institute on Gender-Based Violence worked closely with TMWF's staff and project evaluator throughout – providing training, technical assistance, resources, and connections to other experts, including the National Center on Domestic Violence, Trauma & Mental Health. The inevitable work of problem solving, brainstorming ideas, receiving and giving feedback on new tools, designing trainings, navigating some of the larger focus groups assessments, and building project sustainability was done in collaboration.

Highlights of the Key Implementation Preparation Activities

Development of tools

- ✎ Creation of a self-assessment tool
- ✎ Created initial evaluation questionnaire
- ✎ Edited Sullivan and Goodman scales slightly to meet survivor population

Training and learning about trauma-informed care

- ✎ Underwent two day-long trauma-informed care interactive trainings conducted by Asian Pacific Institute on Gender-Based Violence
- ✎ Underwent another training on staff self-care and organizational development by Asian Pacific Institute on Gender-Based Violence
- ✎ Special training on working with LGBT communities
- ✎ Monthly trainings for staff on ethics and on domestic violence to serve survivors more efficiently

- ☞ More advanced mindfulness training
- ☞ Additional training on motivational interviewing

Identifying program strengths and weaknesses

- ☞ Identifying agency strengths that are already trauma-informed and culturally-specific and in the process of formalizing them as part of the TMWF service delivery structure
- ☞ Identifying areas for change
- ☞ Identifying potential barriers for implementation
- ☞ Taking steps to implement findings
- ☞ Editing intake forms to be more reflective of trauma-informed care (this process will continue as staff receive more training and identify new areas for change)
- ☞ Changing offices to accommodate a safer environment for staff and survivors
- ☞ Deciding to move towards a shared leadership administrative structure that is more reflective of a trauma-informed care philosophy

Collecting data from assessments by staff and by survivors

- ☞ Capturing characteristics of trauma in Muslim communities served by TMWF
- ☞ Conducting a comprehensive self-assessment that took place in several phases
- ☞ Creating an initial comprehensive bibliography on trauma-informed care literature and compiling freely available training resources for staff to review in monthly staff meetings
- ☞ Discussing methods for staff to incorporate trauma assessment and discussions into practice work
- ☞ Conducting a 90-day strategic plan identifying action items and implementation dates
- ☞ Creating procedures and policies reflective of a trauma-informed care philosophy
- ☞ Identifying forms that need to be translated
- ☞ Identifying ways to address burnout
- ☞ Defining TMWF's philosophy of trauma-informed care
- ☞ Developing talking points for outreach efforts
- ☞ Using the TICAT as a fidelity of implementation tool in the study to identify if it met all the criteria we set out to change
- ☞ Transcribing and analyzing interview data on well-being, culture, and sources of trauma
- ☞ Creating a technical resource manual for internal use, and one for external dissemination



[the flower]

The Flowering of Trauma-Informed Care: Our Findings

1. Identify and document existing trauma-informed practices.

At the onset and throughout agency discussions and trainings, TMWF staff identified how their advocacy approaches and practices conformed to the principles of trauma-informed care. This facilitated a readiness to broaden the scope of culturally-sensitive responses to survivors' needs and embrace the concept of becoming a trauma-informed agency. Staff documented what they were doing already that was consistent with the approach and discussed why they were doing what they were doing – leading even the most seasoned advocates to dig deeper into recognizing the impact of their practices. In the end, this proved to be an empowering and affirming process, one that staff had not anticipated.

2. Articulate how culturally-sensitive services are a part of trauma-informed care.

The process of becoming trauma-informed validated the importance of TMWF’s culturally-sensitive approaches. Staff realized that the pervasiveness of trauma and its impacts are better understood when integrated into an understanding of the cultural backgrounds of survivors. That cultural lens is crucial. While staff were already very culturally competent, they developed a better understanding of how an individual’s culture and language plays a crucial role in their lives. For example, in-language services play a crucial role connecting with survivors in meaningful ways. Many culturally-specific community-based-organizations offer a wide range of language services – and TMWF is no exception. Its staff speak 10-12 languages and use interpreters for those they do not have the capacity for. The cultural bond a case manager forms with a survivor is stronger when the caseworker speaks the survivor’s language – the survivor feels understood in a way that goes to the core of a shared culture and context.



Culturally-responsive services deepen with the integration of a trauma-informed care approach



As one case worker stated, “I am from Pakistan, and have had survivors from India, Bangladesh, Nepal, as well as Pakistan who have told me how comfortable they feel because I understand their culture. An Indian survivor and I have shared childhood memories of watching Indian movies and singing songs from those movies. She told me she felt like she has known me her whole life. This is because of shared experiences. The services provided to her were not ‘detached and clinical,’ but were instead very holistic and appropriate for her as a valued person.”

Staff at TMWF embrace multiculturalism – recognizing that survivors come from many different backgrounds and countries. As one advocate said: “Shelter accommodates the multicultural background of survivors. The services are about the shelter, the way it is set up, and it's about the case management, it's about the social work here, it's about everything. Yeah, because if you see, the shelter is not only for Asian survivors, it's not only Middle Eastern survivors, it's not only for African survivors – we serve everyone. It's multicultural because whoever comes here we make sure they are comfortable in the shelter. This is what I do.”

3. Support spiritual/faith-based needs to promote healing.

While agencies may shy away from an emphasis on spirituality/faith as part of one’s culture, TMWF, from the beginning, realized this was an extremely important aspect of survivors’ lives – regardless of whether one believes in a higher power or not. How survivors and staff

practice their religious/spiritual beliefs is an entirely personal matter; and staff recognize how these beliefs can impede and/or facilitate healing. During this process, TMWF was able to identify and document the types of trauma related to religion or belief systems, and document how an agency can successfully provide services that are sensitive to spiritual needs. At TMWF, Muslim and non-Muslim staff alike understand spirituality and the importance of faith to survivors. They also understand that not all survivors have religious or spiritual affiliations and take care that they do not feel stigmatized because of this. The agency as a whole (especially the shelter) is a safe place for survivors to practice, or not practice, any religion of their choice. The process of becoming trauma-informed allowed TMWF to document its faith-based advocacy practices.

For example, in accommodating prayer needs, an advocate explained, “They come in to receive services and if it is time for prayer, and if they want to pray, we don’t look at them like it is odd. We will accommodate if they ask for a private space or a prayer rug for example. But, at the same time, we won’t judge whether they pray or not, cover [their head] or not.”

One worker explained how this is attended to by providing religious attire: “This is what I do: when I have a survivor who comes and like, “I wear *hijab**; I don't have anything.” I just send an email to Sister (staff) ... and say ‘Okay, I need some *abayas** for survivors.’ And they immediately bring them. I have some survivors that say, ‘I have to go to mosque; I need *niqab**.’ And then I send an email to Sister... (staff) and ... (staff), I said, ‘I need some.’ She just brought me eight new nice clothes.”

Another advocate explained how this is accomplished through being mindful of food requirements: “We are mindful, that Muslim survivors don’t eat pork, and many only eat halal meat. At our agency we provide only halal meat products, unless a survivor has a specific request, such as kosher food. I do the list because I gather all the ladies. The only thing you cannot provide is pork... So I just do my list, ask the ladies, ‘What do you need for next week?’ So, they give me their list. So, they cook together or not; they can get together to give me the list. And I will make sure the list is for the whole week. And they gather all whatever they give me and then send it to ... (staff). And then she goes for groceries on Tuesdays. Sometimes to multiple stores to get the food they need”.

Yet another advocate talked about celebrating religious festivals. She emphasized that despite being a cultural agency TMWF makes sure not to discriminate against any religion and celebrates the festivals of all cultures and survivors. She said, “We celebrate Christmas, Eid, etc. Celebration related activities are offered to all survivors regardless of their background. We do the groceries for what they want to cook on Christmas and then we

* Various types of head and body coverings used by Muslim women who decide to cover.

provide them gifts as well. It's for everybody. We just don't give it to one group... like for this Eid we're trying to have like haircut or a makeover. So, it won't be only for Muslim survivors, it's going to be for the whole group, you know.”

Another advocate explained how understanding religious words that have become part of Muslim culture is a trauma-informed practice. She said, “We have knowledge about the background of our survivors. When they say something like ‘*nikah*’[†], they don’t have to explain, we know.”

Staff also understood common sources of barriers faced by survivors, such as when perpetrators misused religious texts and edicts to justify their abuse. For example, as one advocate said, “they don’t have to explain to us, if a survivor says, ‘but, he has right to hit me because I am bad wife, we know what they are referring to.’ Even though we understand it is misused.”

In the end, for staff it was important that “our survivors feel that by understanding them and their culture and their religion, we cater to their specific needs.” Yet, for TMWF, it was important to identify that no two survivors are the same. TMWF caters to their specific needs and understands that no two survivors will have the same path to healing. For example, a couple of staff said: “But then we are very flexible; we work with our survivors according to their needs. So, if we have to extend their stay, we extend their stay. If we have to connect them with resources, we connect them. You know, we always do more, all that we can, to make sure that we have covered everything they need.” “Program service structure here is flexible and fluid; a survivor can receive any of the services offered at any time they are receiving services as the need arises – we go beyond what we have to!”

Staff recognized through the process of becoming trauma-informed that it was sometimes the smallest things that matter to survivors, as one of them said, “...small things, like we think is a small thing but when you say it, it's huge for the survivor.”

4. Identify types of trauma endemic to the community being served.

A significant part of becoming trauma-informed is learning about trauma and the types of trauma that survivors from the communities being served face. The process for gathering this information in a systematic way is beyond the scope of this report – but must be conducted with sensitivity and experienced advocates and researchers.

Thus, in addition to the physical, sexual, emotional and other traumas of domestic violence, TMWF learned to be more mindful of the pervasiveness of numerous sources of trauma

[†] Islamic marriage contract, engagement ceremony

throughout the life cycle of survivors. Staff recognized that for Muslim survivors, just like with other immigrant and non-immigrant survivors, it's important to understand the barriers they face living in a society that may not understand their context. They may come from countries ravaged by war and strife for many years. They may have seen and gone through things people cannot even imagine. They may face discrimination in the job market and mainstream society. They may come to TMWF with unimaginable layers of trauma even beyond domestic and family violence. TMWF documented the most significant sources of trauma to better understand the contexts of survivors' lives and respond accordingly. Individual and intergenerational trauma, community, cultural and systems inflicted trauma, group directed trauma, and historical trauma related to country of origin and immigration are described in the first section of this report.

As TMWF went through the process of becoming trauma-informed, it recognized that survivors needed more time for healing. To truly meet their needs, the agency needed to spend more time with each individual. This required changing services to be more comprehensive and lengthy. For example, in the past, the shelter services staff shortened the shelter stay due to the extensive volume of calls. But, through this process, the agency recognized that Muslim and non-Muslim survivors need a longer time at the shelter, and had to recognize and value that. Unfortunately, this means that survivors seeking shelter care get referred out or face a longer wait for services.

5. Recognize that staff have their own trauma histories and address vicarious trauma.

Trainings on trauma-informed care revealed how much personal and/or collective trauma staff have experienced. TMWF staff members represent many countries, and as immigrants, refugees or US-born individuals, they may have faced many of the same difficulties as the survivors they serve. Care must be taken that staff do not feel pressured or expected to disclose their own traumas, and that when disclosures emerge, they are handled sensitively and meaningfully. It was recognized that these shared experiences brought about both positive and negative implications. On one hand, shared experiences made staff more mindful of survivors' own traumas, and allowed them to connect with survivors at a deeper level and with heightened sensitivity. But it also put them at risk for compassion fatigue.

TMWF recognized that staff need self-care in order to strengthen themselves and to continually provide effective services. Consequently, the agency learned to recognize the staff's own traumas and how they may be triggered. Through mindfulness, staff identified



Emphasis on self-care for staff is a crucial aspect of trauma-informed care if an agency truly wants to become a trauma-informed agency.



pathways to healing and self-care. Consistent with the trauma-informed care approach, self-care became a crucial aspect of its philosophy. The agency overtly recognized the stress that direct service staff undergo by listening to stories of trauma day in and day out. It was very clear that staff had to take extra precautions to preserve confidentiality when debriefing about a survivor scenario because in a small, tight-knit community, other staff may recognize the survivors they are referring to. Therefore, it is important for staff to find avenues for debriefing within the agency to minimize their vicarious trauma. Yoga, and mindfulness exercises were pursued as options for self-care.

As this report is being written, the anti-Muslim climate in the US has risen to where staff are worried for themselves and their survivors. On numerous occasions, staff needed to hold informal meetings with the counseling staff to discuss their fears and feelings of hopelessness. They recognized that when sharing a group-directed trauma that they had no control over, like Islamophobia, supporting each other was critical. Through these sessions, staff shared tears and worries about the future for their survivors, their agency, and the country. One staff member very articulately voiced this concern and desperation:

I am an American Muslim. I am a mother of three children whom I have raised here, in the United States. My children are well assimilated, they have friends from all races and religions. I believe I am well assimilated. I grew up in Western countries, as did my husband. We speak English, we received our education in Western countries. We have spent most of our lives in England, Canada, and the USA.

I am an American mother who has to question my son about his friends and who he spends time with. I have to question him if he goes to the mosque. I need to know who was there with him and what he did. I question him if he spends time with observant Muslims. What are their thoughts and what do they believe? Are they in any way acting strange or expressing 'radicalized thoughts or behaviors'? I don't know who is being watched by the police/authorities and what their definition of 'radicalization' is.

I am an American mother who constantly worries about my daughters. How do people look at them and treat them when they hear their names? Do my daughters tell me everything that happens to them or are they hiding things?

I am an American mother who worries about my children's futures. Will they be able to achieve everything they are capable of or will they be held back because of their religion? Will they have to face discrimination?

My children are American, this is their country. This is the only life they know and understand. They work hard and they expect to benefit from that hard work. Will they be able to?

I work at a Muslim social services organization and work with Muslim and other survivors of domestic violence. We see a lot of immigrant and refugee populations. They are not that well-adjusted in American culture, many are recent immigrants. Many are not conversant with English and do not know their way around here. They

are already anxious about adjusting to a new environment and culture. The current climate of Islamophobia brings an added layer of anxiety.

Many of the immigrant populations do not trust law enforcement because of their experiences back home. Here, they worry about how they will be received or perceived if they have to deal with law enforcement or the legal system. Our survivors are reluctant to call the police even when they need to. They do not know what will happen to their husband if he is arrested. They are scared he will disappear and they will be left without any means of support and their children without a father. Many families experienced this in the aftermath of 9/11 and it's a hard lesson to forget.

I have had a few survivors tell me that they went to the police station to make a report and officers refused to help them. I do not know if this was due to a communication issue, or because they were not believed. Either way, it is a problem and will deter them from going in the future. This leaves them very vulnerable and exposed to abuse.

My clients have all the fears I have as a Muslim woman and a Muslim mother, with the added element of being unfamiliar with how the system works and knowledge of the culture/language. Their fears are paralyzing in some cases. They came here for a better life and ended up being trapped in abusive situations with no means of help or escape. Do they deserve that because they wear a [head]scarf? Are they not human and worthy because of their beliefs? Are these women and children so scary that we cannot tolerate them living next to us?

6. Support and educate the community.

This study confirmed the important role TMWF plays as an intermediary between other agencies and systems, serving as a bridging agency. It recognized that survivors' messages about domestic violence, trauma and trauma-informed care, especially in this climate, needed to go to the broader Muslim community. While TMWF has a history of successful community outreach and intervention, it understood that this messaging needed to engage communities in deeper discussions on domestic violence and lifetime trauma – more so than what they were doing already. The agency realized it needed somebody who is specialized in trauma-informed care and the traumatic impacts of domestic violence to go into communities to conduct presentations.

7. Address the internal needs and impacts of developing a new culture of trauma-informed care.



An agency becoming trauma-informed is a continuous process because it means creating a culture of trauma-informed care within the agency.



For a 6-month period, TMWF went through some major structural staff changes, which highlighted how the process of creating a trauma-informed culture is not without its setbacks. Not all administrators understood the extent of the changes this process involved; nor did all staff members embrace changes as they were being designed and readied for implementation.

To maintain the culture of trauma-informed care, TMWF recognized that it needed to set up a system of continuous trainings, discussions, and self-reflection for existing and new staff, management, and board members. To this end, policy manuals were changed, resource manuals were developed and kept updated and new staff and volunteer trainings included trauma-informed care materials.

TMWF's commitment to trauma-informed care extended to taking the crucial step of training its board of directors and senior leadership and administrators on the topic.

All organizations face struggles: at the end of the day, TMWF relied on its core values, asserting the importance of each staff as a human being contributing to the agency's mission, rededicating itself to its social justice agenda, and being a movement leader in the community.

8. Transforming practice to becoming culturally-specific and trauma-informed.

The chart below summarizes the transformation in TMWF's practices as it integrated the principles of trauma-informed practice into its model of culturally-sensitive services and advocacy.

Cultural Approach to Practice	Culturally-Specific and Trauma-Informed Approach to Practice
Emphasis on cultural lenses for service provision	Emphasis on cultural lenses for healing
Spirituality of survivors matter	Spirituality of survivors matter
We are here to fix the problem	We are here to support you
At times relationships are hierarchical	We guide and support people through their healing journey
Hierarchical order of administration	A model of shared leadership and reflective supervision
Assessed only for domestic violence	Assess for life time trauma
How staff can retrigger survivors' trauma was not considered	Mindful of how staff can retrigger survivors' trauma
Physical location had images of abused women	Well-being and healing images
Emphasis on reaching identified goals	Emphasis on survivor safety, healing and well-being
"Us and them" approach to services	We are all here in it together
Self-care of staff not a focus	Attention to staff trauma through self-care
Recovery is a journey that can sometimes have setbacks	Recovery is a longtime journey with many trials and triumphs
Respect for survivors	Respect and 'how you are matters'
Emphasis on speaking in languages comfortable to survivors	Emphasis on speaking in languages comfortable to survivors
Individualized services	Individualized services and reflective practice
Outreach presentations only focused on impact of domestic violence	Outreach services have information on domestic violence and lifetime trauma
Survivors were at times viewed as difficult clients, or that something was wrong with them	Changing the stance from 'what is wrong with you' to 'what happened/what harm was done to you'
People who sought services were called clients	People who sought services are called survivors
People don't always want to help themselves	People do the best they can
Emphasis on meeting numbers/service goals	Emphasis on meeting multiple needs of each survivor
Emphasis on empirical research	Emphasis on lived experience, participatory research
Staff knows best	Survivors know best about their healing journeys
Staff can do no harm	Mindful that services can be harmful to survivors
Categorize experiences	Recognize the uniqueness of people's experiences

Survivor Well-Being

Well-being is embedded in cultural contexts. This fundamental understanding drove the project to identify how survivors experience and describe their own well-being. The evaluator, with the assistance from key staff and two technical assistance providers collaborated to identify culturally-specific indicators of well-being. They conducted three focus groups with survivors, followed by individual meetings with survivors, and one focus group of key staff. The final areas of well-being were identified by both survivors and staff. This led to creating a well-being assessment questionnaire (Appendix #3), and from the questionnaire, the lotus flower petal themes were identified.

Here are well-being indicators, and the items in the questionnaire that assess for them:

- ☞ **Safety** (I know how to plan for my safety; I feel my children are safe in my home)
- ☞ **Purpose** (I feel my life is important; I know what to do when my children need help)
- ☞ **Connection** (I have someone I can talk to about the problems in my family)
- ☞ **Skills** (I can speak enough English to manage my way, or know people who can translate for me)
- ☞ **Children's welfare** (I have sufficient daycare support to take care of my children)
- ☞ **Self-agency** (I know what public benefits are available to me; I am not afraid to ask for help)
- ☞ **Financial security** (I am able to support myself and my children financially; I know where to go to get help with financial assistance)
- ☞ **Community support** (I am aware of people or agencies in the community who can help me with my situation)
- ☞ **Awareness** (I understand how my situation at home/victimization has impacted my life; I understand how my children have been affected by the situation in my home)
- ☞ **Respect** (I understand that the situation in my family or the violence I experienced is not my fault; my children turn to me for help)
- ☞ **Reliable transportation** (I have a way of getting where I need to go; I have reliable transportation)
- ☞ **Stable housing** (I have a place to live that I can depend on)
- ☞ **Legal support** (I know what steps to take to get legal assistance; I know there are laws that can help me)
- ☞ **Hope** (I am hopeful about my future)

The symbol of the lotus flower emerged from one of the first survivors at TMWF, who identified her journey from domestic violence to well-being as that of a lotus flower's life cycle. The lotus roots are based in muddy waters, but its stem grows upward and the flower blossoms above the water, undeterred by the murky water below. She identified her dark past with trauma and violence like the root of the lotus, and just like the stem growing upwards, with help from TMWF, she was able to rise above her past and become empowered, resilient, and safe. The lotus flower and the resilience it symbolizes signifies that our past, or what happens to us, are not the only events that define us. We can rise above them to reach our own peace and stability and shape our well-being in meaningful ways.

TMWF's culturally-sensitive trauma-informed project affirms this very symbolism. The roots in murky water reveal the types of trauma experienced by survivors. The stem marks the services TMWF provides: from crisis intervention and safety planning when survivors first arrive to more long term stabilizing and empowering services responsive to individual needs. The flower's emergence is reflective of the strength and resilience of survivors and TMWF's support on the journey from safety and well-being.

As we promised, from the roots of trauma came the flowering of trauma-informed care.

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Assessing Staff Knowledge of Trauma and Well-Being

Instructions: Please answer these questions to the best of your knowledge. There is no right or wrong answer. We are trying to understand your perceptions related to these questions.

Trauma and Well-Being Questionnaire

1. What is your definition of trauma?
2. What are some sources of trauma for Muslim families (women, men and children)?
 - a. Women
 - b. Men
 - c. Children
3. What are some sources of trauma specifically for Muslim survivors of domestic violence?
4. What mannerisms, actions or behaviors do you think Muslim families (women, men and children) who've been exposed to trauma may exhibit?
 - a. Women
 - b. Men
 - c. Children
5. What steps do you take to convey awareness of and sensitivity about trauma that Muslim survivors of domestic violence may have been exposed to?
6. How do you define well-being?
7. What contributes to well-being for Muslim survivors of domestic violence?

Trauma-Informed Care Assessment Tool (TICAT)

TICAT Section A: Physical environment assessment to see if the agency is welcoming, inclusive and healing

NA (not applicable), 1 strongly disagree, 2 disagree, 3 neutral, 4 agree, 5 strongly agree

Questions M = Main Office S = Shelter T = Transitional housing		N A	1	2	3	4	5
	Premises are near communities being served, and are easily accessible even by public transportation	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premises are accessible to people with physical impairments and disabilities	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The buildings are in safe and private locations, not easily identifiable to outside community	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The agency has mechanisms in place to ensure continued safety (eg. cameras, locks, alarms) and protocols are in place to insure safety in case of emergencies	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written guidelines about safety and access include the premises, areas outside the facilities, parking lots, and entrances to the premises	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facilities are homey, welcoming and well-kept; decorations are calming, and reflect the diversity and backgrounds of the survivors and staff	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<p align="center">Questions</p> <p>M = Main Office S = Shelter T = Transitional housing</p>		N A	1	2	3	4	5
	The agency displays reading and visual material in languages most frequently spoken by the survivors, in addition to English	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about domestic violence does not have triggering and re-traumatizing images	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities provide safety and privacy for survivors when they meet with staff so they can candidly discuss their concerns without fear of being overheard	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities have separate space for self-care activities such as to have alone time, or socializing with other staff, without disturbing service areas	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space and material are provided for spiritual activities survivors or staff want to engage in (example providing prayer space, and prayer mats)	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical safety requirements of the facilities meet the guidelines and requirements set out by the Violence Against Women Act, federal agencies and state agencies	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyber protection mechanisms and protocols are in place for physical environmental safety	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1. Based on the above questions please describe in detail the areas you identified as strengths. Please explain the reasons you chose them as strengths. Please provide examples.
2. Based on the above questions please describe in detail the areas identified for change. Please explain the reasons you believe they need change.
3. Please describe any actions already taken towards remedying this situations.
4. Please describe what actions steps needs to happen.
5. Please describe who you think needs to be involved in the implementation.
6. Please identify potential barriers for implementation.
7. Any additional relevant information.

APPENDIX #2

TICAT Section B: Programmatic environment assessment to see if the agency is responsive to both individual and collective needs

NA (not applicable), 1 strongly disagree, 2 disagree, 3 neutral, 4 agree, 5 strongly agree

Questions	N A	1	2	3	4	5
The agency’s mission statement promotes the well-being of people seeking services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All agency documents of program procedures reflect knowledge of domestic violence, trauma-informed care approach, and well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The agency’s written policies and procedures are inclusive, reflecting a strong commitment to diverse communities such as LGBTQ, people with any impairments, immigrants, refugees, racial and spiritual communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency is committed to and has a language access plan for survivors with limited English proficiency and/or services in languages of the communities/survivors served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency does not make assumptions and assign survivors to staff from their own backgrounds, but instead takes their preferences into account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potentially sensitive survivor background questions such as age, religion, marital status, citizenship, and gender and sexual identity are optional to respond to or only asked about if necessary to service delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The agency's program structure integrates an understanding of the impact of trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program is not dismissive of survivor’s cultural and spiritual contexts and approaches services holistically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The agency has adopted evidence based practices that are accepted in domestic violence, but are also culturally appropriate and trauma-informed, and when necessary engages in evidence building to support innovative approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Questions	N A	1	2	3	4	5
Services provided focus on knowledge, empowerment, improved understanding, and wellbeing rather than "treatment"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program services are individually catered with their unique needs and circumstances in mind, and are not one-size-fits-all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program understands the right of service recipients to self-determination and encourages them to play an active role in the formulation of the service goals and plan for their individual needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of survivor needs and barriers include context of current DV and life-time trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program focuses on building a relationship of trust between survivor and provider, allowing the survivor to confide at their own pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff are trained to identify safety concerns, trauma triggers, and engages in de-stigmatizing the impact of trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program recognizes the need of survivors for ongoing support and relationship bonds and attempts to create a community that is understanding, non-judgmental, safe, and supportive of such needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The holistic nature of services goes beyond direct domestic violence services to cover all aspects of empowerment and wellbeing; such as housing, transportation, child care, language, employment, legal, awareness, educational needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To provide holistic services for achieving long term well-being, survivors are referred, as necessary, to outside services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In order to provide a continuum of care, and further improve the services, the agency follows up with survivors for their input and feedback about program improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The agency is involved in outcome and process evaluations on an on-going basis and the survivors are involved in assessing their own progress and goal achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Questions	N A	1	2	3	4	5
The agency tracks long-term well-being of survivors and maintains a revolving door approach to services, where survivors who have left the program can reach out again for services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Based on the above questions please describe in detail the areas you identified as strengths. Please explain the reasons you chose them as strengths. Please provide examples.

2. Based on the above questions please describe in detail the areas identified for change. Please explain the reasons you believe they need change.

3. Please describe any actions already taken towards remedying this situations.

4. Please describe what actions steps needs to happen.

5. Please describe what would be realistic timeframes for each of the areas identified for improvement.

6. Please describe who you think needs to be involved in the implementation.

7. Please identify potential barriers for implementation.

8. Any additional relevant information.

APPENDIX #2

TICAT Section C: Cultural environment assessment to identify if the agency's culture is conducive to healing

NA (not applicable), 1 strongly disagree, 2 disagree, 3 neutral, 4 agree, 5 strongly agree

Questions	N A	1	2	3	4	5
Staff treat survivors and each other with mutual respect and dignity as individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whenever possible, staff greet survivors in accordance with their cultural norms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency makes a strong commitment to hiring staff who are sensitive and knowledgeable about diverse cultural and spiritual backgrounds, and who can speak the languages of the survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prospective staff need to demonstrate knowledge of the dynamics of gender based violence, in the contexts of differences within cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff are trained in crisis intervention, prevention, and de-escalation strategies that are culturally-sensitive, gender based and trauma-informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff demonstrates their knowledge and understanding of the importance of having emotional and physical boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The agency promotes respectful communication and any appearance of physical or verbal aggression by staff or administrators are not acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff are able to navigate sensitive topics related to trauma, sexual orientation, disability, spirituality, immigration etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All staff are trained in trauma-informed care approaches, including the board, administration, outreach staff, and the direct service staff, and are expected to have a mastery of trauma-informed interpersonal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The agency has a mechanism in place to train new staff and volunteers in trauma-informed care at the beginning of their tenure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Questions	N A	1	2	3	4	5
The agency makes a commitment to provide on-going training on gender based violence, cultural competence and trauma-informed care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency has an administrative structure of shared leadership with team leaders for each program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency practices reflective supervision, with staff input, feelings, and recommendations taken into account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency practices reflective engagement with survivors, with their feedback to staff considered important, with attempts made to implement their recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency is mindful that in the name of service it can re-traumatize survivors and makes all attempts to minimize such re-traumatization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency understands that staff may have their own history of trauma that may get triggered when providing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency culture promotes healing from trauma for staff and survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The agency is aware that staff may get traumatized through secondary exposure to trauma stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The agency actively promotes self-care for staff members and provides opportunities within the agency itself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Based on the above questions please describe in detail the areas you identified as strengths. Please explain the reasons you chose them as strengths. Please provide examples.

2. Based on the above questions please describe in detail the areas identified for change. Please explain the reasons you believe they need change.

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3. Please describe any actions already taken towards remedying this situations.

4. Please describe what actions steps needs to happen.

5. Please describe what would be realistic timeframes for each of the areas identified for improvement

6. Please describe who you think needs to be involved in the implementation.

7. Please identify potential barriers for implementation.

8. Any additional relevant information.

APPENDIX #2

TICAT Section D: Relational environment assessment to ensure that the agency is caring, respectful and empowering in its interaction with key stakeholders

NA (not applicable), 1 strongly disagree, 2 disagree, 3 neutral, 4 agree, 5 strongly agree

Questions	N A	1	2	3	4	5
The agency seeks out other social service agencies to complement or refer services to the survivors to provide a continuum of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The agency actively engages in trainings to educate community stakeholders (including faith leaders) about gender based violence, cultural sensitivity and impact of trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The agency collaborates with community stakeholders in prevention and awareness efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The agency personnel are respectful and professional and maintain survivor confidentiality, and dignity in all their outreach engagements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board, administrators, and all staff are trained in dynamics of DV and culturally-sensitive and trauma-informed care manner to engage with outside partners responsibly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The agency has policies in place about respectful, confidential, and safe communications, referrals with outside partners in relation to direct communication, written, cyber, and phone communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All outreach materials are culturally-sensitive and reflect the needs of the communities represented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency serves as a bridging agency for survivor services within the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency actively engages in dispelling myths and stereotypes about dynamics of gender based violence, impact of trauma, mental health, culture, and the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency's communication with community partners are culturally-sensitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency actively engages with community key stakeholders to obtain feedback on continued service needs and for improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1. Based on the above questions please describe in detail the areas you identified as strengths. Please explain the reasons you chose them as strengths. Please provide examples.
2. Based on the above questions please describe in detail the areas identified for change. Please explain the reasons you believe they need change.
3. Please describe any actions already taken towards remedying this situations.
4. Please describe what actions steps needs to happen.
5. Please describe what would be realistic timeframes for each of the areas identified for improvement
6. Please describe who you think needs to be involved in the implementation.
7. Please identify potential barriers for implementation.
8. Any additional relevant information.

Implementation Plan

Physical Environment:		
Actions already taken prior to completion of the implementation plan:		
Areas identified for implementation	▪	▪
	▪	▪
What needs to happen	▪	▪
	▪	▪
People involved in bringing about change	▪	▪
	▪	▪
What action steps will be taken	▪	▪
	▪	▪
Tentative time line	▪	▪
	▪	▪
Potential barrier/s for implementation	▪	▪
	▪	▪
Programmatic Environment		
Actions already taken prior to completion of the of implementation plan:		
Areas identified for implementation	▪	▪
	▪	▪
What needs to happen	▪	▪
	▪	▪
People involved in bringing about change	▪	▪
	▪	▪
What action steps will be taken	▪	▪
	▪	▪
Tentative time line	▪	▪
	▪	▪
Potential barrier/s for implementation	▪	▪
	▪	▪

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Cultural Environment		
Actions already taken prior to completion of the of implementation plan:		
Areas identified for implementation	▪	▪
	▪	▪
What needs to happen	▪	▪
	▪	▪
People involved in bringing about change	▪	▪
	▪	▪
What action steps will be taken	▪	▪
	▪	▪
Tentative time line	▪	▪
	▪	▪
Potential barrier/s for implementation	▪	▪
	▪	▪

Survivor Well-Being Questionnaire @ Intake

Case file # _____ Date questionnaire completed: _____

NA (not applicable), 1 strongly disagree, 2 disagree, 3 neutral, 4 agree, 5 strongly agree

	Questions	N A	1	2	3	4	5
1	I am able to support myself (and children financially)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I have a place to live that I can depend on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I have a way of getting where I need to go/I have reliable transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I can speak English to manage my way, or know people who can translate for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I am aware of people or agencies in the community who can help me with my situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I know where to go for financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I know what public benefits are available to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I know there are laws that can help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I know what steps to take to get legal assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I know how to plan for my safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I am not afraid to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I have someone I can talk to about the problems in my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I understand that the situation in my family (or the violence I experienced) is not my fault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I understand how my situation at home/victimization has impacted my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I feel my life is important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	I am hopeful about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For survivors with children							
17	I know what to do when my children need help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I understand how my children have been affected by the situation in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	My children turn to me for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	I feel my children are safe in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	I have sufficient daycare support to take care of my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Survivor Well-Being Questionnaire @ Exit

Case file # _____ Date questionnaire completed: _____

NA (not applicable), 1 strongly disagree, 2 disagree, 3 neutral, 4 agree, 5 strongly agree

	Questions	N A	1	2	3	4	5
1	I am able to support myself (and children financially)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I have a place to live that I can depend on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I have a way of getting where I need to go/I have reliable transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I can speak English to manage my way, or know people who can translate for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I am aware of people or agencies in the community who can help me with my situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I know where to go for financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I know what public benefits are available to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I know there are laws that can help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I know what steps to take to get legal assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I know how to plan for my safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I am not afraid to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I have someone I can talk to about the problems in my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I understand that the situation in my family (or the violence I experienced) is not my fault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I understand how my situation at home/abuse has impacted my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I feel my life is important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	I am hopeful about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For survivors with children							
17	I know what to do when my children need help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I understand how my children have been affected by the situation in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	My children turn to me for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	I feel my children are safe in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	I have sufficient daycare support to take care of my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit questions							
1	The staff respected the choices I made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	The staff respected my spiritual beliefs and my cultural background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX #3

	Questions	N A	1	2	3	4	5
3	The staff helped me feel part of a community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I had the opportunity to learn how abuse affected me through this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Staff educated me about services available to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	The services I received were helpful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments about the program and services you received: 							

Texas Muslim Women's Foundation

In 2005, against the backdrop of a post-9/11 world, a diverse group of Muslim women representing different countries came together to launch Texas Muslim Women's Foundation. Our goal: as Muslim women, to stand for peace and to make a positive contribution to the community in which we live. We believe that by promoting and supporting women and their families, we can build stronger communities based in cultural awareness and understanding.

Mission: To empower, promote, and support women and their families through educational, outreach, philanthropic, and social services.

Vision: To help instill the tremendous resourcefulness, effectiveness and ability to multitask to make women and girls assets capable of bringing change towards their own welfare and society.

Statement of Action: TMWF serves all survivors and their families without regard to race, color, creed, national origin, age, gender, handicap, disability, income, religious preference, medical condition, ancestry, status, marital status and sexual orientation. Our program complies with all federal, state, local, and employment laws.

Programs and Services

Social Services – The social services program serves survivors of domestic violence as well as families in need through crisis services and short and long-term direct client services.

Education - Outreach and education services include the education of mainstream society in order to defuse negative stereotypes of Islam and promote a positive image of moderate Islam, provide a forum for interested women to speak out about various issues, and educate Muslim women on religious and civic rights.

Interfaith Outreach – The Interfaith Outreach project engages in interfaith dialogue in its mission to create a community of peace and understanding in North Texas.

Youth Leadership - This program helps youth get out in the public, to meet youth from various areas and provide service to the community while acting as Muslim ambassadors at the same time. The program goals are to create a positive image of Muslim youth as active community members, provide opportunities for youth to interact with others, and offer a way for them to engage in community service.



Project Lead

Texas Muslim Women’s Foundation: www.tmwf.org empowers, promotes, and supports Muslim women and their families to build stronger communities based in cultural awareness and understanding.

Project Partner

Asian Pacific Institute on Gender-Based Violence: www.api-gbv.org provides training, technical assistance and resources on culturally-specific dynamics of gender-based violence, types of trauma affecting immigrant and refugee Asians and Pacific Islanders, and trauma-informed program design to mitigate the impacts of abuse and trauma over the lifecourse.



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