



Trauma-Informed Principles Are for Everyone:  
Supporting and Sustaining Sexual and Intimate Partner  
Violence Prevention Practitioners

Monday November 1, 2021  
11 AM-12:30 PM PT/2 PM-3:30 PM ET

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AK: You can download the PowerPoint slides for this session here:

<http://www.preventconnect.org/wp-content/uploads/2021/10/Trauma-Informed-Principles-Nov-2021-1.pdf>

AK: WeGovern in Practice: Claiming governance in our communities:

<http://www.preventconnect.org/2021/09/wegovern-in-practice-claiming-governance-in-our-communities/>

TV: Trauma-Informed Workplaces Are the New Normal:

<https://www.entrepreneur.com/article/386413>

The new workplace is trauma-informed:

<https://business.kaiserpermanente.org/insights/covid-19/trauma-informed-workplace>

Employers: Is Your Workplace Trauma-Informed?:

<https://www.forbes.com/sites/onemind/2020/06/25/employers-is-your-workplace-trauma-informed/?sh=33203e9d320e>

The future of management is teal: <https://www.strategy-business.com/article/00344>

TV: Mental Health Days Won't Solve the Great Resignation:

<https://www.forbes.com/sites/mindsharepartners/2021/10/18/mental-health-days-wont-solve-the-great-resignation/?sh=68f86a4e544a>

TV: I see a request for live transcription. We are offering closed captioning, and that should be streaming at the bottom of your screen. We cannot turn on live transcription since it will overwrite our captioners

TV: SAMHSA's 6 Guiding Principles to a Trauma-Informed Approach:  
[https://www.cdc.gov/cpr/infographics/6\\_principles\\_trauma\\_info.htm](https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm)

TV: Text Chat Question: What are your ideas for fixing the "broken culture of work?"

MM: Voice and Choice

MS: vulnerability! There is a lot of power in hearing what is happening at the table,

JA: Helping people reconnect to their passion that brought them to do the work in the first place.

JG: We have to think about the whole person - we bring our whole selves to this work!

TE: Have enough staff so that things don't fall apart when one person needs to take leave, extended leave or quit.

KL: Equal distribution of wealth.

KM: Pay not just a living wage, but a wage that allows people to take care of themselves.

SC: Have employees discuss pay, pay equitably for work done - including the trauma toll of our positions.

KM: Enough staff to cover the work that needs to be done.

AS: Break the hierarchy and more collective leadership.

KC: more women in leadership positions

AE: Paid self-care activities: opportunity to go to therapy or yoga, etc. during the workday

NB: Increased staff, increased pay/benefits, shorter work hours and days, and more collaborative leadership.

CP: Having more flexible schedules so that people can accommodate different priorities in their lives and don't feel overwhelmed by the job.

JJ: cross training, support, clear communication and expectations, realistic wages, child care accommodations, paid maternity/adoption/foster leave.

SK: Ensure company health insurance covers therapy and adequate mental health resources.

CB: Honesty, voice, enough workers, listen to the workers.

AC: Empathetic Leadership.

KB: Agree with more collective leadership and letting the employees be a part of the process that heals the culture, too much disconnect between leadership and subordinates on what is really going on.

GP: Cost of living increase when the market changes so drastically and people's rent increases 25%

RM: Clear protocol to cover critical tasks when an assigned staff member is on leave.

K: Build trust.

WS: Leadership needs to listen to the employees and get them what they need within reason. Being a single mother may need to have flexibility in her schedule, or a single father may need to have more support. The Leaders need to listen to what is needed.

BB: Specifically for DVSA programs we need to decolonize the work and stop tying statistics to success. And also have leaders practice what they preach and train.

SW: More collaboration between the workforce and employers...

KR: decriminalize work that simply provides the basic necessities (such as sex work). step away from capitalism and encourage bartering.

VM: A master reset. Have a transparent conversation with staff and encourage leadership.

DK: Pay people what they deserve; dismantle the hierarchy that is so prevalent in many workplaces.

CP: More options to work from home, listening AND incorporating ideas from within the org.

JR: CEU requirements on IPV and SV for licensed practitioners, more funding for staff/training, early education prevention/education programs, enhanced multi-disc teams within agencies, confidential and safe collaboration with agencies on service provision, LAP

AM: Mistakes are not punished but treated as growth opportunities, as well as, support in that growth!

MS: Having more education staff, paying better wages and providing better benefits, better funding. Making sure the work is valued.

HSW: Collaborative workspaces, paid time for self-care, enough staff so people aren't overworked

PH: End wage labor and cocreate society where everyone's needs (not limited to humans) are met.

JD: annual minimum paid leave, living wage at start of work, flexible schedules, workplace childcare.

TE: Would love to see more support for nontraditional work hours or less than a 40hr work week.

GP: I feel that a large part of the resignation movement was the vaccine mandates. Many people were forced to resign if they did not get the vaccine. I find that to be coercion.

KM: Unlimited Paid Time Off (I promise it's a real thing and is effective as long as it's not tied to guilt tripping).

KT: More flexibility, and not emphasizing working oneself to the bone. Living wage with less than the traditional 40 hrs./week.

AK: Thanks to everyone for sharing your thoughts and ideas on that first question — really great stuff coming up in the chat!

SM: flexibility in work hours (many jobs still have 40 hrs./wk. but the work can be done in less time, esp. w/ modern tech) and having work-from-home as an option.

ME: Healthy, sustainable caseload limits for advocates.

KM: 3-4 day work week!

JG: One thing that has changed my life = 4 day workweek.

JK: Better pay, benefits, affordable childcare, more support from leaders, better training for supervisors/leaders to help those dealing with trauma, 4 day work week, more vacation time and so much more!

EPW: Flexible work schedules, paid leave, family leave, and changes in work culture that lead to burnout. Manageable caseloads and work content. No fear of losing any benefits if needing time off or working less than 40 hrs. a 30 hour full time work week! (40 is too much).

AM: I know something we also do in my agency is if we work past hours is that we can "flex off" the time. It's an honor based system where we get time off that doesn't come from our paid time off. It helps me to get the time off I need when I need it

RA: 40/5 is too much. A 32/4 would/is so much better.

AK: That's an important point — I have a family member that works for a company with unlimited vacation time but they are also expected to do so much work that taking a lot of vacation is actually not seen as feasible.

EPW: Especially to all workers working through this pandemic- org policy changes, masks, etc., has been difficult for all workers to navigate.

TV: Text Chat Question: What would it look like for a trauma-informed organization to support prevention and preventionists?

PL: addressing the sense of preventionists as unicorns in their agency. Reduce isolation.

AS: Stop silo-ing prevention from direct service.

HM: I think it would look like a lot of trial and error. Figuring out what works and doesn't, and going from there..

AL: Structured wellness programs.

NR: Letting prevention work be flexible and not always tied to strongly to just being able to answer grant questions the "right way"

PH: Model real, radical, relational care.

CP: regular check-ins with staff; asking what kind of trainings would help/support them in their roles.

RA: Going to a 4 day work week without a reduction in income.

SSO: Consistently funding preventionists, not just letting the work die off when funding ends; systems change continuity and staff investment!

DON: In my behalf, let us fundraise for prevention.... We always have private / community donors to our programs but never for prevention.

EN: Flexibility in the work - when you're meeting communities where they are that doesn't happen in the 9-5.

NR: I love that idea Dalia!!

CO: Allowing trainers to flex hours so they can accommodate trainings outside the typical work day, allowing preventionists to prioritize their community's needs over grant deliverables that are out of touch, including preventionists and reducing isolation- building team...

JP: assessments that work BOTH ways. Not just how can employees be more effective to their organization but how can leaders be more effective to their teams.

EN: Embracing looking internally to improve - prevention focuses on root causes and discusses how all forms of violence & oppression are connected, but not all

organizations are interested in doing that internal work that preventionists are also trying to do in the community.

DON: Nicole: thank you! I know we always fundraise for our shelter etc.... But never get the opportunity to fundraise for prevention.

AK: AMAZING! Welcome UPLC alum!

EPW: Organizations need to address administrative and systemic human services processes that are perpetuated in this field and how it connects to direct care and direct human service daily job tasks and roles. There needs to be movement away from volume-based care and profits and a more positive long-term strategic plan that addresses worker morale and the ability to have a healthier work-life balance. Productivity demands need to be re-addressed and more input from direct service workers as to what they need to make their work more effective, thus lessening the demand on high volume.

AS: YAS, Elizabeth!!!!

EPW: We also need a voice in local and state government as it pertains to legislation that drives the process of our work. Organizations can support staff to have their voices heard regarding what they are doing on a daily basis that is not always helpful to our clients and is burning us out, including more flexible work schedules, hours, etc. There also needs to be organizational support in healthcare, student loan, and other benefits offered that don't require full-time hours. Policies to be changed involves involvement in political venues and organizations can help develop that (i.e. unions and representatives)

AK: @Katie that is always my struggle with my pets on web conferences! I think they think I am talking to them.

AK: A couple of the influences Cortney mentioned: National Child Traumatic Stress Network: <https://www.nctsn.org/>

AK: Women of Color Network: <https://wocninc.org/>

AK: Info on the Sexual Assault Demonstration Initiative (SADI):  
<https://www.nsvrc.org/sexual-assault-demonstration-initiative>

KM: <https://www.dismantlingracism.org/>

KM: [https://www.whitesupremacyculture.info/uploads/4/3/5/7/43579015/okun\\_-\\_white\\_sup\\_culture\\_2020.pdf](https://www.whitesupremacyculture.info/uploads/4/3/5/7/43579015/okun_-_white_sup_culture_2020.pdf)

SM: Hello everyone! I would like to know what your organizational relationship with law enforcement looks like after doing this type of work?

LL: I have to leave... but great offering and such an important subject.

CB: Thank you so much for all this information.

TV: Text Chat Question: What does it look like to center equity as the foundation of being trauma-informed?

MA: This is awesome! Thank you!

AS: Creating an action plan with a timeline instead of continuously putting it on the back burner. Actions speak louder than words.

GP: Shared participation.

LV: In order for trauma informed self-care there must be a position created that allows self-care support for their peers. My co-worker created a position they are working on getting implemented that provides support for the staff and not only the clients. Flipping the duties to seeing self-care and health for the people we work with and not only work for.

AK: @Laura wow! thanks for sharing that.

LV: Currently we implement a self-care email each week that allows different aspects to be viewed each week and we also have a 30 minute self-care time each week to do things together, like color or meditate.

BS: How do we manage the volume of community crisis and basic needs support? Serving over 800 people with a staff of 25, including 8 advocates who are also doing programing.

AK: @Beverly big question — I think there are probably some lessons learned in partnering and collaborating throughout communities. Not one person or org can solve these problems.

LV: I go back to that peer support specialist position and how that can provide a solace and support for the staff that is burnt out. I think that when we see others valuing us and giving us cheerleading and supports it can make a different.

LV: What my coworker wants to do is work for many organization in the area so they can consult and provide self-care implantation for others in each agency.

EPW: We are role-modeling that care to our clients!

TV: Text Chat Question: What do we need to sustain ourselves in the movement?

SB: Rest and courage.

RA: living with a chronic health condition-I need to work fewer hours/day/week without losing my income.

EI: a support/affinity group for survivors who do this work.

BS: Society to provide for basic needs for people, so we can focus on advocacy, healing and skill building support for people. Living wages, universal income, healthcare, childcare.....

MG: really great hearing from you all. I have to get on another meeting.

AM: To feel supported.

EZ: Support and understanding.

AS: I need agencies and leadership to take accountability.

KC: Thank you so much for this presentation! I have to jump into another meeting, but I have learned so much. Have a great week everyone!

TE: Thank you all!!

SM: Support

KB: Thank you everyone!

KW: Thank you!

PH: Thank you all

BM: Thank you so much!

LV: Thank you everyone!

KM: Thanks everyone!

CP: Thank you!

SM: Thank you this was amazing!!!!

JL: Thank you! Take care!

SSO: Grateful, thank you!

YC: thank you!

BS: thank you so much!

LT: Mahalo

KM: Thank you!

LJ: Thank you!

RA: Thanks a lot!