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SANCTUARY IN A DOMESTIC VIOLENCE SHELTER: A TEAM APPROACH TO HEALING

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For survivors of domestic violence, the ongoing effects of trauma are compounded by the context of their abusive experience. Injury caused by a person one has loved and trusted damages beliefs about oneself, other people, and the world. Staff members of various disciplines and educational backgrounds who work in domestic violence shelters are dealing with this damage as well as the impact of trauma on shelter residents. They face the challenge of observing and responding to the effects of recent and past abuse, to traumatic reenactments within the setting, and to their own secondary trauma reactions. This paper explores the process of implementing the Sanctuary® model in a domestic violence shelter as a way to address trauma and its impact on clients and staff. The Sanctuary model was chosen because of its focus on teamwork, and the

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guidelines for treatment it provides that are accessible to all members of the treatment community.

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Families enter shelter when all other options have failed and their only way to escape the violence at home is to leave. For survivors of domestic violence, the ongoing effects of trauma to body and mind are compounded by the context and meaning of their abusive experience. Injury caused by a person one has loved and trusted but now fears and flees also damages one's beliefs about oneself, other people, and the world. Interpersonal violence in particular is correlated with more negative views of self and of the world (1). While all people who come to shelter are suffering the effects of abuse, their issues vary depending upon their current situations and their personal histories.

Thus shelters must respond to a range of demands, in the context of the constant need for twenty-four hour security. Staff with different levels of training and skills must work together smoothly even as their schedules may limit face to face contact. Dealing with the impact of trauma on shelter residents poses challenges for staff, as they observe and respond to the effects of recent and past abuse, to traumatic reenactments within the setting, and to their own secondary trauma reactions. An intervention model for this setting must provide a safe haven so that abused women and their children can heal from abuse and move forward. It must also allow staff to feel effective and respected as they offer safety and support. The best solution found at Genesis was Sanctuary,® a milieu-based model that addresses trauma and its impact on clients and staff and offers guidelines for intervention.

BACKGROUND

Program Culture and Dynamics

Genesis offers shelter and services to families who have been victims of domestic violence. The shelter consists of fifteen separate apartments in a residential building in New York City to which families are referred via calls to a central hotline. These callers are seeking physical safety, which the shelter offers through various systems to protect its confidential location. The program is designed to provide services and housing for ninety days. Extensions may be granted when necessary, for example because of the severe shortage of low-cost

housing in NYC, so the average length of stay is six to eight months.

When they accept admission to Genesis, new residents agree to protect the confidentiality of the location and also to participate in a program of services in the context of a nonviolent therapeutic community. These services include crisis intervention, advocacy and support regarding legal, entitlement, and housing issues, and counseling to address the impact of violence on both adults and children. While this range of services often appeals to new residents still in crisis, they generally are not requesting treatment when they seek shelter. As their immediate need for physical safety is met, reservations about the program may arise. Residents may be ambivalent about addressing the emotional impact of their abuse, and they may feel confined by the rules of the program. There is a continual tension between their position as autonomous adults and parents, their role as residents in a shared living situation, their dependency upon shelter resources, and their readiness to face the impact of trauma.

The staff of Genesis is multidisciplinary and multicultural, and includes administrative staff, clinicians, direct care workers and maintenance workers. The administrative and clinical staff have been primarily white and hold higher educational degrees, while the direct care staff have been primarily people of color and generally have not had education beyond a high school diploma or some college. The direct care staff closely match the cultural, socioeconomic, and ethnic background of the majority of shelter residents. Prior to the implementation of Sanctuary, the clinical staff took the lead in major case planning for the shelter residents, while the life experience and cultural awareness of the direct care staff was often not utilized. The direct care staff, however, were expected to implement the plans developed by the clinical staff. The lack of communication and sharing of different perspectives of the clients' experience led to conflicts within the staff and limited the effectiveness of these plans.

The residents often felt comforted and understood by the clinical staff, but sometimes attempted to exploit this relationship. For example, residents would expect that the clinician's compassion and caring would result in reduced consequences when they violated shelter rules. The direct care staff became the "fall guys" for rule enforcement, furthering the tensions between the groups. This kind of disagreement between residents, clinical staff and direct care staff provided some of the impetus to undertake the process of creating Sanctuary. We began by focusing on safety and nonviolence, flattened hierarchy and the inclusion of multiple perspectives (2).

Stress and Secondary Trauma

Either living or working in a domestic violence shelter is inherently stressful. Residents continue to experience and express the effects of their abuse in various ways. They often have difficulty with self-regulation, which may be expressed in problematic behaviors such as verbal and physical fights and substance abuse. In addition, staff who bear witness to clients' stories are inclined to feel some of these effects themselves, known as secondary traumatic stress (3) or vicarious traumatization(4). Secondary traumatic stress can cause staff to be more vulnerable to the challenges which traumatic re-enactments impose on the safety of the community. Residents' own posttraumatic reactions are triggered by behaviors of others, and further contribute to the dynamic. They need a way to understand their own feelings as well as to contain their reactions to others. Staff can lose perspective and slip from understanding to blame, and need a way to sustain an awareness of this process and support each other. We needed a model that provides tools to recognize and respond to these effects of trauma.

IMPLEMENTING THE SANCTUARY MODEL

Our two major needs were related to staff dynamics and to the impact of trauma on the shelter. The issues in staff dynamics required a way to build an appreciation and understanding regarding differing responsibilities and perspectives and to help us communicate about this. The issues regarding the impact of trauma on the shelter required a method for residents and staff to identify and organize the effects of trauma that would point toward intervening in an immediate crisis and also facilitate the healing process.

We found strong theoretical support for the potential effectiveness of the Sanctuary model in our setting (5). The Sanctuary Model is based on theories of trauma and attachment and looks at the physical, cognitive, emotional, social and behavioral responses to danger as well as at people's need for a safe, nurturing, and predictable social environment. The model rests on a basic commitment to safety and nonviolence and consists of two key components: the creation of a therapeutic milieu designed to help people develop healthy attachments, and psychoeducation geared toward emotional, social, cognitive, and behavioral recovery from trauma (2).

The Sanctuary Model offered a response to both identified needs. The emphasis on program culture, which includes flattened hierarchy,

inclusion of multiple perspectives, and group consensus on norms, values and expectations, addresses the issues among staff. The psychoeducational framework addresses the issues regarding trauma. The therapeutic milieu is both the context and the expression of the program culture and the psychoeducational framework.

Since its opening, Genesis has had the support of a consultant with expertise in trauma, family systems, and communication within staff teams. She meets with staff on a regular basis to reinforce attention to Sanctuary principles in team discussion. Her position as both inside and outside the Genesis staff, and her ongoing presence over many years despite other significant changes in staffing and through a number of major crises, offers an experience of stability and continuity. In addition, she is able to observe issues and interactions with reduced subjectivity, which is more elusive for people who are on the scene daily. This facilitates clear thinking and conceptualization of processes such as secondary trauma and traumatic reenactment, and supports staff/team members as they work to recognize complexity and move forward. This input has been essential in the process of implementing the model.

Therapeutic Milieu

The therapeutic milieu emphasizes a flattened hierarchical structure, the articulation of shared assumptions about the work, and close teamwork among staff members. These elements of staff culture are crucial to the staff's ability to teach and model the skills and behavior emphasized in the psychoeducation component. Milieu treatment considers all aspects of the relationships and interactions between staff and clients as part of the psychosocial interventions that lead to healing and growth in the clients. In addition to specific treatment or services they may provide, staff members function as facilitators and role models and emphasize client empowerment (6).

The milieu operates within the dynamic matrix of parallel process, or organic whole, that includes all members of the staff group and client group (2,6). This assumes that the dynamics of one group, or one part of the whole, are directly related to the dynamics in another part of the system. The quality of relationship, communication, and trust among staff directly translates to the process with clients. Therefore, it is understood that in order to facilitate a safe, creatively rich, and healing environment, the staff must reflect these qualities among themselves as individuals in the group. This requires that the staff have a strong ability to communicate with each other about differences in treatment perspectives, interpersonal conflict, and issues of authority and power.

Within the therapeutic milieu, clients are also expected to act on personal empowerment and authority and participate in decision-making and planning for the program.

Women who have survived domestic violence are commonly considered to be marginalized by both gender and victim status. In addition, many survivors are further marginalized by race, ethnicity, and economic status (7). A primary goal in the process of empowering those who have been oppressed is to bring the marginalized voices to the center, ensuring that all individuals are heard and respected. This is done by talking about the individual's experience in her family, community, and the world at large, in order to understand the social, political and historical context of her experience (8,9). The healing potential of this process is a reflection of the quality and depth of exploration the staff is engaged in and becomes a central feature of milieu treatment as the community works toward empowering its members.

PROGRAM CULTURE

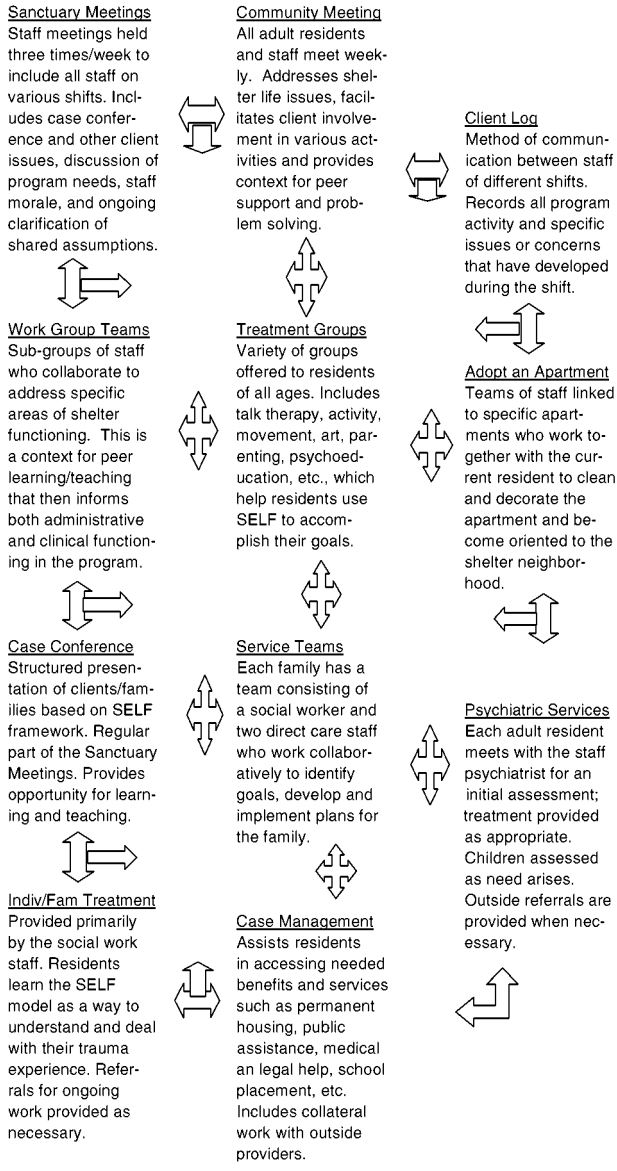
Flattened Hierarchy

Implementation of the Sanctuary Model requires complex understanding of staff dynamics and the interplay of issues of diversity, power and privilege that become activated in the staff group dynamic. The tension inherent in this complex dynamic was the first focus in the implementation of the Model. Responding to the issues noted, the first goal of implementation was to ensure that all members of staff were included as equals on the team. The flattened hierarchy assumes that each individual within a work group is equally valued and workload is shared among members according to specialization and role. Management and supervisory staff retain some hierarchical authority, but all staff participate in a shared decision-making process and exercise authority commensurate with the responsibility of their roles (2). Table 1 outlines some of the ways in which this is enacted at Genesis.

Multiple Perspectives

The presence of multiple perspectives is a feature of diversity within groups, and brings the challenge to maintain a "both/and" as opposed to an "either/or" perspective. Recognizing rigidity in perspective as an expression of previous trauma is a first step toward maintaining flexibility and openness to new ideas rather than taking sides. The fact that

TABLE 1
Flattened Hierarchy at Work



staff members come from different cultural backgrounds and have had different educational and other life experiences provides a foundation for exploring different points of view. Beyond these naturally occurring differences, the team can explicitly explore additional views. For instance, in discussing a situation, staff members can practice flexibility by taking a particular stance or view, or by acting as the voice of an individual within the family or group. Staff members rotate the positions they take, so all members get practice identifying with multiple views or aspects of a situation. The enacted situation might be one that exists currently among people in the shelter or one that is part of a client's history.

Diversity

Within any diverse team there are bound to be differences in perspective originating from the individual's educational, professional, and cultural background and experience. Differences in race, ethnicity and culture among staff, coupled with the differences in education and socioeconomic status, can inhibit people's ability to communicate directly and honestly. Dynamics of power, privilege, and assumptions about the value of certain types of knowledge can inhibit the development of the flattened hierarchical structure that is central to the development of the therapeutic community (10–12). Including open discussions about individual identity in discussion of clinical cases, program rules and policies, and the working relationships among staff members becomes an important aspect of developing the therapeutic milieu.

Both/and Perspective and Honoring the Attachment

The principle of multiple perspectives is also essential in working with clients about the abuse experience. Family violence is often spoken of in terms of victims and perpetrators, evoking a kind of conceptual and emotional splitting (13), and compelling others, including professionals, to take sides. However, despite their experience of abuse, women and children often continue to feel a strong attachment to the person they have come to the shelter to escape. In order to hear clients' stories in all their complexity, it is necessary to listen for, and actively elicit, the full range of feelings associated with these relationships. The staff working as a team can represent the multiple perspectives of the family experience and thus more fully understand and offer help.

Group Consensus on Norms, Values, and Expectations

Shared Assumptions

Once basic interpersonal safety has been achieved through appreciation of multiple perspectives, the next step of implementation is the definition of a reasonable base of shared values (2). This helps to maintain the core Sanctuary principles of safety and nonviolence in a therapeutic community and enables the process of shared decision-making.

At Genesis, we began a structured process of examining our shared assumptions, using a list of team-building and self-discovery questions developed by Sandra Bloom (14). The questions relate to aspects of the system, such as "What are the goals of your shared work? How do you support each other?" and to aspects of the individual staff member, such as "What makes you feel good about what you do? Why do you want to stare trauma in the face day after day?" These discussions helped to create an environment where we could face the challenges and intensity encountered by people living and working in a domestic violence shelter.

This questioning process helped us to identify some basic principles for our work, as well as to surface differences which continue to be revisited and renegotiated. Ongoing discussions help to keep the culture alive and evolving while ensuring that community members share the same set of assumptions. The basic principles (in their current form) are outlined in Table 2.

Mission Statement

The next step was to develop a Mission Statement (Table 3) that could be used to orient new residents and staff to the shelter community. The mission statement was developed collaboratively and expressed the shared purpose and practices that were the basis for the shelter community. The statement was read at weekly Community Meetings with staff and residents, and has served as a guide for sorting out differences of opinion.

Cultural Norms and Rituals

As the shared assumptions and concepts put forth in the mission statement became better integrated into the daily life of the shelter, all staff began responding to crises in a more consistent manner. All residents developed safety plans, and staff would refer to these when appropriate.

TABLE 2
Shared Assumptions

1. All levels of safety are essential—physical, psychological, social, and moral.
2. Any action that jeopardizes any level of safety is considered an act of violence.
3. Everyone in the shelter must be committed to nonviolence as an essential component of residential services to people who have experienced the disruption of interpersonal violence.
4. Every act of violence must be thought of as a problem for and of the entire community.
5. Each member of the community must share responsibility for their well-being, residents and care-givers alike.
6. Residents of a domestic violence shelter are often traumatized and might be manifesting posttraumatic stress reactions that are essentially the reactions of normal people under abnormal stress.
7. Victims/survivors of domestic violence who have been repeatedly abused often develop learned helplessness that affects their self care and parenting abilities.
8. Victims/survivors of domestic violence may also have serious biochemical imbalances as a result of the trauma and/or a preexisting condition.
9. The more exposure people have had to violence, the greater the need for a restorative environment through healthy and respectful attachments.
10. Each member of the staff, regardless of primary job function, role, or discipline is part of the treatment team and has responsibility for facilitating a restorative environment through healthy and respectful attachments.
11. Each resident of the shelter is a member of the community and has a responsibility to help maintain the restorative environment through healthy and respectful attachments.
12. Just as the team is therapist for residents, the team is also supervisor for other team members, so each staff member has responsibility to teach, support, and learn from other staff members.

We developed rituals, or shared practices, such as the ringing of a meditation bell to signify the need to reestablish an emotional safety zone and to take a collective time-out. We incorporated Native American rituals such as the Talking Feather and the Talking Circle, in which each person comes to the circle believing that s/he has something to say that others need to hear, and that each person needs to hear something that others have to say (15). We also instituted a practice of beginning

TABLE 3
Genesis Mission Statement

Genesis, a crisis shelter for victims of partner abuse, has a commitment to providing residents with options and alternatives to violence and abuse. This will be accomplished through counseling, advocacy, education and support provided by the staff of Genesis, the larger resources of the Jewish Board of Family and Children's Services, and the extended community of law enforcement and human and social services.
Residents will be provided with a high quality of service, without prejudice and with respect to the multicultural society in which we all exist. The goal is to impart residents with a sense of personal power which will lead to healthy relationships, both within and outside of the context of family.
We recognize the fact that anyone can be a victim of abuse. We also teach that the responsibility for violent behavior lies with the abuser. Addressing the imbalance of power is one of the pivotal steps for clients on the way to feeling empowered.
Genesis staff will assist victims in healing from the effects of partner abuse, and this will be done in the context of a warm, caring, and supportive environment.

groups and meetings with "brags," positive statements that residents and staff share about themselves or some other member of the shelter community, as a way of acknowledging strengths and instilling hope.

The Language of Sanctuary

The Sanctuary model emphasizes the shared value of social learning and empowerment in a group context (16). Genesis approached this through the development of new shelter rules as a means of maintaining individual and community safety within the shelter. Staff did this in collaboration with the residents, using the Sanctuary principles of shared decision-making, which was a complex process since the rules also had to reflect the requirements of the regulatory bodies. We struggled to incorporate language that was more inclusive and less authoritarian in tone.

Psychoeducation

The psychoeducational aspect of the Sanctuary model has two main components, trauma theory and a stage approach to healing. A client's current troubles are understood as the effect of injury, of something that has happened to her, rather than as something that is wrong with

her (2). Posttraumatic Stress Disorder (PTSD) (17) is one of the injuries that can follow trauma. Residents and staff learn about the impact of abnormal stress on the mind and body, about coping responses, and about how some people develop PTSD. They are taught the value of a rehabilitative approach that enables a person to take an active role in her recovery (16). The psychoeducational framework provides a common language for all members of the therapeutic community to communicate about the impact of trauma and gives a shared structure for supporting the healing process.

SAGE/SELF

The Sanctuary Model describes a stage approach to healing, referred to as SAGE: Safety, Affect modulation, Grieving, and Emancipation (2). Like other stage models, the process is understood to be nonlinear, but progress in one area does impact development in other areas. When Genesis began to implement Sanctuary, the staff members readily embraced the stage model, but elected to change the acronym to SELF: Safety, Emotions, Losses, and Future as used in other Sanctuary programs (Table 4). The staff felt they could more easily identify with the SELF acronym, and believed the clients would find this language more approachable and understandable.

When people have established enough Safety and Emotional modulation to really experience the impact of their Losses, they may initially feel overwhelmed and even more distressed. The SELF framework helps both staff and clients to see the larger recovery process, thus providing a way for them to help each other stay the course, and to continue through recovery with a focus on the Future. Among staff, the use of a common language, which SELF provides, supports the flattening of hierarchy and enables each staff member to see his/her own role and responsibility as part of the larger whole. For clients, accessible language demystifies what might be seen as clinical or psychological terminology and engages them more directly in the work of healing.

SANCTUARY AT GENESIS: THE THERAPEUTIC MILIEU

Communication Within the Shelter

As the directional arrows in Table 1 indicate, staff members communicate with each other in several ways. The Sanctuary meeting is a structured, semiformal context for reviewing client and program issues.

TABLE 4
SELF

S Safety	E Emotions	L Losses	F Future
Able to provide care for self and children and maintain commitment to non-violence. Recognize and accept rules and structure as guidlines for safety and healthy family. Engage with others safely. Avoid dangerous behaviors such as substance abuse. Maintain awareness of potential threats in the environment.	Able to feel one's emotions, name them and modulate their intensity. Recall and talk about traumatic past while monitoring safety in present. Manage ambiguity and frustration and resolve conflicts. Includes intrapsychic/ interpersonal, psychiatric and/or neurobiological issues.	Able to grieve the losses caused by trauma, acknowledge both more tangible losses such as home and relationships, and more emotional losses such as spirituality and belief in the world as a safe place. Feel the pain, guilt and shame, and adjust to changing circumstances.	Able to accept responsibility and plan for the future in terms of housing, work, education, physical and emotional health, etc. Develop safe and respectful relationships that include play and joy. Able to anticipate and respond to problems, engage in negotiations, compromise appropriately. Make meaning of the past, as part of one's larger life story.
Requires developing skills to recognize and respond to threats to internal and external safety. Includes methods for self soothing, stabilization, and self determination.	Requires learning to recognize physiological cues associated with emotions. May include medication and trauma-specific therapeutic interventions such as cognitive techniques and EMDR.	Requires accepting support from others, both staff and peers. Develop trust, form new attachments, reconnect with rituals from family, cultural, and religious traditions, and create new ones. Cultivate faith in one's self and the outside world.	Requires becoming autonomous within the program and applying those skills to the outside community.

This meeting and the daily log are the two primary vehicles for communication among staff members. The client log is a place for staff of various work shifts to record activity and highlight questions or concerns. These can then be brought to the Sanctuary meeting. In the Sanctuary meeting, two cases are discussed using the SELF framework to organize and understand the current functioning of the family in the shelter. Any staff member can put items on the meeting agenda regarding questions or information about a particular client or any issue regarding the program services or staff morale. The differences in background and training of various staff members can be the source of multiple perspectives for understanding the client and program milieu dynamics. For example, a resident might fail to maintain an appropriate level of cleanliness in her apartment. In the past, this could lead to a split, with clinically trained staff seeing evidence of depression or posttraumatic stress and direct care staff seeing laziness or a sense of entitlement. By assuming that both perspectives have potential validity and considering both without prejudice, all staff are more likely to arrive at a fuller picture of this particular resident.

Communication also takes place in a variety of small group meetings between staff, including work groups, individual supervision, and administrative meetings. In order for communication to remain open and productive, an ongoing sense of safety is necessary. For staff, this begins with the identification of shared assumptions about respect for each individual and with the commitment to honesty, which is part of moral safety.

Issues of Confidentiality

Residents also need to be assured that their privacy and confidentiality are respected. Survivors of domestic violence have often experienced violation of their personal boundaries and betrayal of their personal information. Because sharing information between staff is necessary to maintain safety and promote healing, we make distinctions between secrets, privacy, and confidentiality. Staff are clear with residents that there will be no secrets between staff and between staff and residents, but that all information is confidential and some is considered private.

Confidentiality is strictly maintained as a firm boundary. All staff are generally aware of confidential information and may discuss this with one another as appropriate, but never with anyone outside the staff group. Examples of confidential information include the fact that the individual is a resident of the shelter, any specifics of her life story, and any psychiatric or medical diagnosis. Information that is considered

private, such as details of personal experience told in an individual session or therapy group, may be shared with other team members when doing so will improve the team's ability to understand and work with that individual. When private information is shared, the resident is involved in the process, using a recursive model (18). With this model, both clients and staff members consider together the pros and cons of conveying information and actively plan how that will be done.

Expectations of Nonviolence

Acts of violence threaten the safety of the community as a whole. We recognized the interconnectedness of all members of the shelter community, the effects of traumatic re-enactment, and the potential contagion of trauma. Therefore, it became crucial to define the environment as a "violence-free zone," where all people are seen as worthy of being treated with respect and able to treat others respectfully. No act of violence is ignored and no emotional or verbal disrespect is accepted. While incidents of outright violence have been rare, more subtle forms of denigration or exploitation are not uncommon. Referring again to traumatic re-enactment and the ongoing effects of exposure to domestic violence, some residents may be so accustomed to being demeaned or disregarded or to being effective only through manipulative or dishonest behavior that they are not able to believe in the trustworthiness of others within the community. The SELF framework helps to identify both the causes and effects of this behavior, to hold people responsible while avoiding judgment or punishment.

This is an area where the safety and strength of the team are particularly called upon. The person directly experiencing the re-enactment, such as being yelled at by a client or lied to, is likely to have a typical human reaction of feeling hurt and perhaps defensive and reactive. Coworkers may then be in a position to offer first empathy and support, and then additional perspectives to recognize the traumatic re-enactments embedded in the behavior. Once a more complex picture of the situation has emerged, a plan for intervention can be developed.

CONCLUSION

Implementation of Sanctuary at Genesis has been a gradual process over the course of three years. This pace is the result of the significant cultural change that implementation of the model entails. Although full implementation is still in process, the basic concepts and philosophy of

the model are now part of the language of the program and familiar to all staff.

While our day-to-day experience demonstrates the intrinsic value of the Sanctuary model, we recognize the need for a more systematic evaluation focusing on various aspects of its effects. We are interested in qualitative studies to examine the impact of multiple perspectives and flattened hierarchy on the functioning of a culturally diverse staff. These should include particular attention to how the model affects staff morale and workers' sense of competence and effectiveness in their work. We are also interested in outcome studies that assess client progress with respect to recovery from trauma and improved relationships and stability in their lives. We expect that an aftercare component to the program will provide an opportunity for a comparative study of these issues.

The function of the shelter as a safe dwelling has expanded to become a living-learning environment for clients and for staff. The psychoeducational framework helps clients to recognize the impact of trauma on their current functioning, and to engage in a staged model for moving forward. The therapeutic milieu helps staff to work collaboratively with increased effectiveness and respect for all members. The basic commitment to safety and nonviolence supports a community that offers experiences of individual and social healing from the effects of domestic violence. The transformation of Genesis into a Sanctuary therapeutic community continues, an ongoing process of "creating sanctuary."

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