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The Nonprofit Nerd (March 2019)

The Nonprofit Institute at Portland State University

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This month’s topic is evaluation with trauma survivors.

This issue, we are examining the unique considerations of evaluating programs working with trauma survivors. With the help of Vanessa Timmons, Executive Director of the Oregon Coalition Against Domestic and Sexual Violence (OCADSV), we will explore methods for evaluating programs, including “survivor-led evaluation.”

More funders are asking nonprofits to relate services to ACEs and evaluate trauma-informed practice. Many organizations have always seen this connection between trauma and the nonprofit sector, even when services are not specific to healing from trauma.

Who do you visualize when you hear “trauma survivor?” Perhaps you think of a specific gender, race, age, culture, experience, duration, and so on. If so, you may be overlooking trauma survivors in your programs. There is no one type of person who survives trauma, which has been highlighted recently by the diverse voices of Tarana Burke’s Me Too Movement “Survivor Stories.” Additionally, there are burgeoning re-conceptualizations about trauma, such as historical and intergenerational trauma that further highlight the ubiquity and impact of trauma on individuals, communities, and populations.

Let the resources and insights we share in The Nonprofit Nerd inspire you to get your nerd on and find innovative ways to make research and data work for you and your nonprofit!
Oregon Coalition Against Domestic Violence (OCADSV or “The Coalition”) and an advocate with more than 35 years of experience. Vanessa is an expert on neurobiology of trauma, domestic and sexual violence, and evaluation. For an example evaluation from Vanessa’s career, check out the Interconnections Project.

Please tell us a little bit about the purpose and services of the Oregon Coalition Against Domestic Violence and Sexual Violence (OCADSV).

[The] Oregon Coalition turned 40 [last] year … The Coalition was formed to provide technical assistance, which is basically … the information that domestic and sexual assault programs need in order to flourish and provide good services in their local areas. That's one of our roles is the technical assistance [to provide] good services, best practices, trends, [etc.]. We [also] provide training to our [member] programs[, and we] provide trainings to [larger statewide] government organizations like Department of Human Services, Oregon Health Authority, and the Department of Corrections …. We do some national trainings, as well.

We also provide systems advocacy—advocating within larger systems for survivors of domestic violence or sexual abuse ... Additionally, we do some policy work, which is helping create policies that are [facilitating] survivor [access] to equitable, equal, [and] trauma-informed services in every system—whether it's the healthcare system, education system, prison system. That's kind of our policy work—to open doors and make sure that the services and the response to survivors is equitable and trauma-informed.

Working with so many organizations that serve so many different communities, how do you approach evaluating the effectiveness of the services offered?

[There are] several ways that we evaluate and one of them is built into our structure. The Coalition is a membership organization meaning that domestic violence … and sexual assault programs across the state apply to membership to the Coalition. Part of that membership gives them the opportunity to sit on our Board of Directors. We have regional reps ...[Their] role at the Coalition is to evaluate and provide feedback on services. While they're providing leadership to us, we're providing support to them. That role gives us a very nice, natural, and organic opportunity for evaluation.

The other way that we are evaluated is through … intentional … scanning of our membership. If we're going to do a new project or if we've been doing something for awhile we will send out surveys to our membership asking them to let us know how things are going, and evaluate that way. That's a couple of ways evaluation is built in.

OCADSV has consulted on a number of “survivor-led” evaluations. What is meant by “survivor-led” evaluation? Why is it important to your member organizations and their participants?

Survivor-led: honestly there's no one definition of what that means ... Each process ... where someone is going to a member to do a survivor-led evaluation is going to have [different needs]. And this is where the Coalition comes in, often helping people define what [survivor-led] means for them.

For us when we say survivor-led that means that we're really identifying folks who, primarily, ... are going to self-identify as survivors of domestic or sexual violence. We're not going to ... have some sort of truth component to that. We are really just going to trust that if someone's identifying as [a survivor] then that's going to be enough for us. So, survivor-led means that the survivors—self-identified survivors of domestic or sexual violence—are centered to the evaluation process ... from development to how we're going to communicate the evaluation [to] what kinds of questions we're going to ask.

At every single level of the evaluation process survivors will be centered … and guiding that work. That doesn't mean that survivors are weighing in or offering feedback for stuff that we've already developed. It [is] really going to be in collaboration with survivors [that] we're developing [the] entire process together. And I think that's [an] important point to make is ... how someone is going to identify [as] ... a survivor and then centering
the voices of survivors, but also centering the process.

[It] support[s] the participation of survivors because survivors could [also] be [working] ... within our systems. Survivors can be doing the work, but also the folks who have utilized our system and working in other systems, or staying at home raising children, or survivors can be people who are currently incarcerated. When you're doing a survivor-led process, it's really important that you identify all the varied ways that survivors show up. And they don't have to make centered the needs of survivors showing up from all those various positions and roles. It's not a really easy thing to do. There's no like canned "this is a survivor-led evaluation process" that everyone can take and replicate. It's incredibly nourishing when survivors have led your evaluation process and the rewards of that are [immense].

Confidentiality is an essential consideration in conducting any evaluation but particularly so with survivors of domestic and sexual violence. What do evaluators need to know about confidentiality issues with this population? What tactics do you employ to ensure survivor confidentiality in program evaluation?

Transparency is our primary practice around confidentiality. Because we are advocates, all of the folks working at the Coalition are under the Violence Against Women Act (VAWA) requirements [for] family funds, Prevention Act requirements, as well as the confidentiality requirements through Advocate Privilege laws in the State of Oregon. We have many layers of confidentiality requirements that are...well, each of them have a few different nuance-y pieces. They pretty much say that when we're talking to survivors ... we have to be completely transparent about how we're going to share any information that gets shared by the survivor to us. And we have to have a time-limited specific release of information (ROI) for every piece of information that we're going to share on behalf of a survivor ... Our role is so limited in sharing survivors' information.

Our practice, or my practice, has been to allow survivors speak for themselves and their own circumstance every single time. I don't share survivor information. Survivors share their information. And if it's going to be in an evaluation then they're gonna sign the release and then share specific information that they want to share based on that release ... It's kind of complicated to articulate because ... it's a practice—it's a way of doing things as opposed to a list of things you have to do ... But [if] I think in terms of a list of things you have to do, it would be time-limited, specific ROIs every single time the survivor's information is shared and the survivor is not the person sharing that information. Every single time. From the smallest to the largest.

What does the term “vicarious trauma” mean to you? How do you prepare evaluators to handle traumatic stories?

You know I do have to say I would describe [vicarious trauma] a little differently than other folks because I come at it from a long relationship with interpersonal neurobiology of trauma training, and I went through the PSU certification program. I studied with Bonnie Badenoch and so that's my practice and understanding around trauma—that all people have had some level of trauma. And what happens in a vicarious trauma situation is that your trauma is touched and awakened through the stories of other people's trauma and rises for healing or rises for the opportunity.

... We can deal with that in one of two ways: we can try to push it down and try to pathologize it, or we can realize that when things are touched and awakened ... it's an opportunity for us to find support. And so, the way I would deal with that trauma, let's say that I'm interviewing someone and I'm hearing this story and I'm noticing that my body is reacting, that my heart is racing. Or I get home after a long interview and I notice that I am tense, I'm not able to sleep, something is happening. My response is to seek support and to really explore what's happening in my body and how I'm reacting to what's happening in my body.

I would say that it's really important, in terms of evaluation to build in place support for evaluators. And to really be transparent about this concept of touched and awakened and what it means to be a trauma-informed evaluator. And to build into the process how you're going to get support and make sure that support isn't going to be "we're going to do a debrief at the end of the training." It's that when you need it, you can reach out to this person. And when you reach out to this person, we're gonna chat a bit about what that need is and we'll
figure out whether I can meet at that time or I can't and how it's going to be met later. It's not so much what you do, but it's that people aren't alone in their struggle. And that not being alone is more important than having a laundry list of what you're going to do to respond to the trauma.

Our response would be, “this is your contact person, reach out to them, and together you're going to come up with how that support is going to look.” … One of the ways that I've done that here at the Coalition, is to really talk about support teams. Two or three people in a support team where you're debriefing together but you're also supporting each other in other ways [and] you determine together what those ways will look like. That's how we do it.

What are some key lessons you have learned from engaging in evaluation with survivors? How are those lessons impacting work performed by OCADSV and its member organizations?

The Coalition has had a limited opportunity to do evaluation with survivors in person... We've done two evaluation processes, and both of them were focus group processes. But we haven't done a lot of one-on-ones with survivors, which I think is a different process, [which is] why I qualify that. And I think the reason is different survivors provide support to one another in a focus group setting. It's not just on us to provide that.

... Survivors are resilient. It's important to lead with strength. It's important to look at it as a collaboration. I don't approach things as a savior or an expert. I approach it as human to human. Each of us different skills, different roles, different experiences. No one over another, so it's that "standing with." And I think I've really learned through doing evaluation and working with survivors for 40-some odd years I've been doing this work, it's really important to stand with people, and to not approach your relationships, whether it's as an evaluator or an advocate or it's a support person.

... You don't approach it as having expertise you don't have. You have to be able to deeply listen, which means you're not listening for "do I have the right resource?" but you're listening for "what is your experience? where have you struggled? what do you need?" And you're listening before you're figuring out whether or not you have what they need. Because in that moment, the listening is the medicine. I learned that. I really learned that. And it was one of my favorite lessons of my career is that the listening can be the medicine. It's enough.

Do you have any advice for those who want to learn more? Where should they start? What are some of your favorite resources?

I think I have learned tremendous amount from the Resource Sharing Project, which is a [technical assistance] provider through the Sexual Assault Coalitions ....There's also a think tank called the Move to End Violence that has a tremendous amount of resources around community-based work and the power of community.... And, of course, Bonnie Badenoch. She wrote some of the great books on interpersonal neurobiology of trauma. All of her books sit on my bookcase, and I've read The Heart of Trauma twice. I just love it.

The only thing I would add to this that we haven't chatted about yet is the importance of understanding the role that historical trauma plays in how resilient and confident communities can be. And what the impact on whole communities of historical trauma ... There needs to be so much more research and so much more exploration into the role epigenetics play in healing and the capacities to heal. Those are questions that I'm just carrying and exploring in my own practice and I'm just excited to learn more in those areas.

Know someone you'd like to see featured in the Nonprofit Nerd? Tell us who and why!
RESEARCH SPOTLIGHT

Perhaps your program is designed to support trauma survivors in healing, such as domestic or sexual violence work, or perhaps you are realizing that your participants are impacted by trauma regardless of the activities your program offers.

There is a collective raised consciousness about the impact of trauma on service users, employees, and organizations. The RYSE model of trauma includes two levels of trauma beyond interpersonal, which positions historical trauma as a foundation. An example of historical trauma is Dr. Joy DeGruy’s groundbreaking work inpost-traumatic slave syndrome.

Domestic and sexual violence services are at the forefront of understanding the impact of interpersonal trauma on quality of life, as well as the potential for healing and resilience. There are also distinct ethical considerations of researching with participants who experience domestic and sexual violence, which is why these services have developed creative methodologies for trauma-informed program evaluation. Vanessa Timmons suggested the Resource Sharing Project, which offers a Resource Sharing Project Evaluation Toolkit, as well as the research projects and community resources from the Move to End Violence.

The American Evaluation Association recently posted about evaluation with a sexual violence organization in New Mexico and building partnerships, especially for working with indigenous survivors. Several domestic and sexual violence technical assistance programs have developed robust evaluation toolkits, such as the Domestic Violence Evidence Project. Many domestic violence evaluation methodologies are rooted in community-based participatory research (CBPR). Survivor-led evaluation is a form of community-based participatory evaluation wherein the entire process is co-owned between the researchers and the participants—from planning to reporting.

Trauma-informed evaluation requires education on trauma, being intentional and responsive in data collection, and emphasizing consent. Many organizations that work with trauma survivors utilize trauma-informed principles, such as the Trauma-Informed Oregon Standards of Practice. Your organization may benefit from considering how to incorporate trauma-informed care standards into an evaluation. One tool that can help measure acceptance of trauma-informed care principles is the ARTIC Scale.

Because of the history of domestic and sexual violence services within feminist activism, it can also be helpful to contextualize the approaches used in these organizations as an extension of feminist praxis. The AEA Feminist Issues in Evaluation Topical Interest Group has some helpful resources on feminist evaluation methodology, including resources for violence against women programming.

INSTITUTE NEWS

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If your organization would like to work with a team of graduate students at PSU to design an evaluation plan for one of your programs, please contact Prof. Shane Day for more information. He is currently taking applications for community partners to work with students in his spring term Program Evaluation and Management course.
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