TRAUMA-INFORMED NONVIOLENT STANDARDS OF CARE

A guide for Domestic Violence Shelters and Other Agencies

A document created by Echo Parenting & Education and domestic violence service agencies to support families exposed to intimate partner violence.

ECHO PARENTING & EDUCATION

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Trauma-informed Nonviolent Standards of Care for Domestic Violence Shelters and Agencies

The commitment to keep families safe and to assist them in reducing their exposure to violence is sometimes worked out in an environment that is characterized by strict rules and habits around safety that modern technology have made obsolete.[1] In recent years, we have come to the awareness that many of the traditional ways of doing business in domestic violence shelters and agencies can actually impede the ability of families to learn alternatives to violence because they mirror the dynamics of 'power-over' and control that caused the families to flee from the abuser and seek services in the first place.

There are several groups working across the country to define trauma-informed standards of care for various fields. In our work, we drew heavily on a document created by the Health Federation of Philadelphia, "Trauma Informed & Developmentally Sensitive Services for Children."[2] The difference between TINSOC and these other efforts is our focus on Intimate Partner Violence (IPV)[3] (although the standards can be applied to any residential or service program). Since Echo Parenting & Education spearheaded the effort to create the standards of care, there is also an emphasis on nonviolent childcare and the interests of parents and their children in general. Nonviolent child-raising is a natural fit with trauma-informed care, since both represent a paradigm shift from 'power over' to 'power with' in caregiving relationships. It is this approach that distinguishes nonviolent child-raising from other child-raising philosophies. More than 20 Los Angeles IPV and IPV-related service providers joined with Echo to form a coalition and over the period of a year produced the Trauma-Informed, Nonviolent Standards Of Care (TINSOC) documented here.

Our intention was to create a set of standards that can provide guidelines, both to funders and practitioners. We see the efforts to become trauma-

[1] See more under "Thinking Shelter" at the Washington State Coalition Against Domestic Violence: http://learn.wscadv.org/

[2] Trauma Informed & Developmentally Sensitive Services for Children, Copyright 2008 by the Health Federation of Philadelphia

[3] The term Intimate Partner Violence (IPV) has been adopted by some instead of Domestic Violence (DV), arguing that it is more inclusive in recognizing the different types of intimate relationships, including same-sex partnerships. Others argue DV is the more inclusive term because it includes abuse from any household member (including roommates or caretakers), or a family member who does not live with the victim. We have decided to use both interchangeably in this document.

informed and nonviolent as a journey - no one expects any agency to master all these competencies immediately or to ever completely 'arrive'. Rather than becoming a rod for the back of IPV staff, we wanted these standards to be a 'ground up' collaborative effort developed by the people who actually will have to implement them, and forestalling potential 'top down' requirements. We also acknowledge that standards alone are not enough. For that reason, our pilot implementation program includes free training and reflective supervision, plus nonviolent parenting classes for IPV survivors through Echo Parenting & Education.[4]

The TINSOC address core competencies relating to knowledge, values and attitudes, communication, practice, communities, and organizations and systems. Following the core competencies there is a section on lessons learned and best practices that were documented during the drafting of the standards as domestic violence shelter staff related their experiences of attempting to introduce nonviolent parenting and trauma-informed care in their shelters.

Philosophical Foundations

Throughout the document certain terms are used that correspond to the philosophical viewpoints that informed the creation of these standards. The following attempts to explain some of those terms and the underlying philosophies.

Trauma-informed Care

Knowledge about the prevalence and impact of trauma has grown to the point that it is now universally understood that almost all of those seeking services in the public health system have trauma histories. Trauma-informed care provides a new paradigm under which the basic premise for organizing services is transformed from "what is wrong with you?" to "what has happened to you?" Trauma-informed care is initiated through an organizational shift from a traditional "top-down" environment to one that is based on collaboration with consumers and survivors. In true partnership, the path to healing is led by the consumer or survivor and supported by the service provider. Within this dynamic learning community where staff and participants learn from one another, consumers and survivors no longer experience a hierarchical approach in service delivery. Those seeking services are empowered to proactively set goals and manage their roads to health and

[4] https://www.echoparenting.org

wellbeing. This, indeed, is a revolutionary advance in mental health and human services delivery. (SAMHSA)

Five Core Values of Trauma Informed Care[5]

- Safety
- Trustworthiness
- Collaboration
- Empowerment
- Choice

The 10 Principles of Trauma-informed Care[6]

1. Recognize the impact of violence and victimization on development and coping strategies
2. Identify recovery from trauma as the primary goal of treatment
3. Employ an empowerment model (options versus punitive rules)
4. Strive to maximize a [survivor's] choice and control over [their] own recovery
5. Base on a relational collaboration
6. Create an atmosphere that is respectful of survivors' need for safety, respect and acceptance
7. Emphasize [survivor's] strengths, highlighting adaptations over symptoms and resilience over pathology
8. The goal of trauma-informed services is to minimize the possibility of re-traumatization
9. Strive to be culturally competent and to understand each [survivor] in the context of [their] life experiences and cultural background
10. Trauma-informed agencies solicit participant input and involve participants in designing and evaluating services

Nonviolence in Child-raising

The term 'nonviolence' describes a commitment to treat oneself and others with deep respect. It is a belief in the basic goodness of all living things. In child-raising, nonviolence is respecting the core feelings and needs of the child and his or her right to physical and emotional safety.

[5] Roger D. Fallot, Ph.D. and Maxine Harris, Ph.D.

[6] Trauma-Informed or Trauma-Denied: Principles and Implementation of Trauma-Informed Services for Women, Denise E. Elliott, Paula Bjelajac, Roger D. Fallot, Laurie S. Markoff, Beth Glover Reed

In the nonviolent child-raising philosophy, violence is defined in a very broad way; it includes anything that hurts the heart, mind or body of a child and leads to disconnection and distrust, including spanking, bribes, threats, name calling, shaming, manipulation, being untruthful, even praise and rewards. At the heart of nonviolent child-raising is a commitment to connection rather than compliance. This is achieved by using a 'power with' rather than 'power over' approach, which aligns it perfectly with the principles behind trauma-informed care.

The importance of trauma-informed, nonviolent parenting and childcare for traumatized children cannot be overstated. Research shows us that a child needs a safe, stable and nurturing relationship with a caring adult in order to heal from the stress of intimate partner violence.[7] However, "Maladaptive coping skills (dissociation, substance abuse, coercive control, etc.), typical of survivors of chronic abuse, can substantially interfere with successful parenting skills including attachment, bonding, and development of empathy between parent and child at developmentally critical stages. This problem is a primary factor contributing to the cycle of abuse and family dysfunction."[8]

Nonviolent child-raising not only teaches caregivers how to regulate when triggered, but also grounding techniques for helping a traumatized child. Caregivers learn about the neurobiological effects of trauma on the adult survivor and the developing child, as well as the trauma responses that are often mislabeled as 'negative behaviors'. This promotes empathy and understanding rather than censure and judgment. Nonviolent child-raising develops emotional intelligence and provides tools for nonviolent communication and limit setting. It also addresses the caregiver's own childhood legacy, helping them identify the 'power over' parenting methods they may have inherited that can perpetuate the cycle of violence. Trauma-informed nonviolent child-raising also recognizes the effects of trauma on the learning process, taking this into account in the way the information is presented to survivors.

[7] Middlebrooks JS, Audage NC. 2008. The Effects of Childhood Stress on Health Across the Lifespan. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Available at http://www.cdc.gov/ncipc/pub-res/pdf/Childhood_Stress.pdf.

[8] "The Damaging Consequences of Violence and Trauma Facts, Discussion Points, and Recommendations for the Behavioral Health System," 2004, Ann Jennings, Ph.D.

The Principles of Nonviolent Child-raising

- In our commitment to build a just, loving, and peaceful world, we must respect the dignity and value of each human being and life force on this planet.
- Children are born loving, curious, trusting, whole human beings. We must remember to always see them in this light and to encourage these natural traits to bloom throughout their childhood.
- Children deserve to be raised with unconditional loving, free from physical hurt, shaming, and manipulation. It is damaging to children to be raised to fear their caregivers.
- The relationship with a caregiver plays a crucial role in the development of neural pathways. These early relationships will determine a child's lifelong relationships with others, sense of security about exploring the world, resiliency to stress, and the ability to balance emotions and make sense of the inner and outside world. Caregivers are 'brain sculptors'.
- Building an intimate relationship with a child is a complicated process that requires acceptance and understanding of basic human needs and feelings. It is natural that both caregivers and children will experience anger and frustration as well as warmth and affection.
- Child-raising is not something that is done to a child, but the process of being in a relationship together. Caregivers are allies to children, offering support as they work with—not against—them to build mutual understanding, respect, and honesty.
- A caregiver's understanding of their own childhood and trauma history (coherent narrative) allows them to understand their reaction to certain behaviors (triggers) in children. Being mindful and reflective opens a path for the caregiver to create a deep, attached relationship with the child.
- Caregivers work to maintain awareness and continually reevaluate the effect of their power in their relationships with children. The misuse of power over children is a form of violence against them.
- It takes time to grow up and reach an adult understanding of the world. The child's maturation and brain development is respected as an ongoing, complex process. The child's view of the world is right for a child, and needs to be supported and recognized as true.
- Each person's reactions and feelings are respected, heard, and recognized as true. Through deep listening, empathy, and loving speech, children are guided to learn nonviolent ways to express their feelings and needs and to resolve their problems. This is the process of building emotional competency and emotional intelligence.

- Children need nurturing guidance and age-appropriate limits to keep them safe, and to teach them the values that are important to the family. This process creates a scaffolding of support around a child. The caregiver is an emotional coach who guides the child in loving, supportive ways that respect the child's innate desire to satisfy his/her basic human needs.
- Nonviolent child-raising is a daily practice using skills such as empathy, self-regulation, and problem solving—skills that both caregivers and children can learn.

Trauma-Informed, Nonviolent Standards of Care

Core Competencies for providing trauma-informed nonviolent care for children and their families

Knowledge

1. The impact of the caregiver-child relationship on the child's developing brain and the effects of disrupted attachment[9].
2. The stages of typical neurological, social, emotional, cognitive, and physical development from infancy through adolescence.
3. The effects of trauma in both children and adults (neurological, social, emotional, cognitive, physical).
4. Key indicators of 'triggering', trauma symptoms, responses and trauma-related coping strategies in adults and children.
5. The multi-generational impact of trauma and childhood adversity as well as the preventive and protective impact of nonviolent parenting.
6. The distinction between trauma-sensitive, trauma-informed, and trauma-specific care, including knowing the key elements of a trauma-informed system.
7. The definition of 'retraumatization' and how children and their families can be triggered or experience new trauma through involvement with the systems and services intended to help them, as well as knowledge of safer coping choices to help families deal with triggers. How staff can avoid reenacting and reinforcing past trauma dynamics.
8. Local resources for nonviolent parenting, trauma-informed services, and trauma-specific treatment for children and their families.
9. The impact of working with trauma survivors (secondary stress, vicarious trauma, burnout and counter-transference) among service providers.

[9] A child's brain is tasked with development of: neural pathways, lifelong frameworks of how to be in relationship with others, a sense of security about exploring the world, resiliency to stress, and the ability to balance emotions and make sense of the inner and outside world.

Values and Attitudes

1. Every human being, whether adult or child has a right to dignity and respect.
2. Children deserve to be raised with unconditional love.
3. Personal boundaries and privacy are basic human rights.
4. Trauma-informed care and nonviolent child-raising have at their core a fundamental shift from a 'power over' to a 'power with' dynamic.
5. Any child-raising practice that hurts the body, mind or emotions of a child is harmful and undermines wellbeing. This includes physical punishment, manipulation, blaming and shaming as well as using praise and rewards to control behavior. Service providers will practice and support nonviolent parenting.
6. A safe, stable and nurturing relationship with a caring adult can help a child overcome the stress associated with exposure to intimate partner violence and other trauma.
7. Children will develop emotional intelligence when caregivers model empathy, deep listening, and the use of loving speech to communicate feelings and needs or resolve interpersonal challenges.
8. A commitment to nonviolence is essential in a intimate partner violence service agency because the service provider-survivor relationship is based on equality. A service provider will not use punitive interventions that emphasize power differentials and echo the 'power over' paradigm of the person who abused.
9. Everyone should be treated as an individual. The culture and personal history of traumatic exposure of both service provider and survivor affect the way they parent and how they respond to trauma as well as how they experience healing and recovery.
10. Behaviors are strategies to meet basic human needs. Needs are never in conflict, only strategies. Behaviors often reflect trauma-related coping skills developed for self-protection and survival. They are a normal response to abnormal circumstances.
11. Collaborating with a survivor places emphasis on survivor safety, choice and decision-making. Involving survivors as partners in the process of recovery from trauma and childhood adversity maximizes the potential for healing.

12. It is necessary for a caregiver to examine their beliefs about trauma as well as their own childhood/trauma history in order to understand potential 'triggers' and biases in their interactions with children and other adults. This will also prevent them from passing on harmful child raising practices, and increase their capacity for self care.
13. Service providers who are continuously exposed to traumatic narratives, especially those with their own trauma history, can become judgmental, blaming and punitive. Agencies will create a culture of wellness to educate and support service providers in managing their response to traumatic exposure.

Communication

1. Families need an emotionally safe environment where their reactions and feelings are respected, heard, and recognized as valid. Validate those feelings but also encourage the survivor to increase the safety of the decisions and choices that flow out of those feelings.
2. Lead with empathy, first trying to understand the feelings and needs of others. Remain open, curious and accepting. Observe rather than judge and remain aware of the underlying trauma and needs of the other person.
3. Employ an interpersonal style that is engaging, honest, trustworthy and culturally competent, using strengths-based, people-centered and affirmative language. (E.g., woman experiencing homelessness vs. the label of "homeless woman"; person diagnosed with schizophrenia vs. "schizophrenic", family leaving violence vs. "IPV family.")
4. Use the trauma lens to look beyond labels, diagnosis, and behavior to acknowledge and address the underlying human needs and trauma history.
5. Focus on commonalities and alliances in order to connect with the participant rather than emphasizing differences.
6. Establish a connection based on safety and respect and focused on an individual's strengths; part of healing and recovery is the creation of 'power with' relationships.
7. Communicate and collaborate with children and families, as well as professionals and communities to create social connections that can support growth and healing beyond the immediate environment.

Practice

1. Create environments that are physically and emotionally safe, comfortable, and welcoming for all children, families, and staff.
2. Provide opportunities for exercising survivor voice and choice, using strengths based approaches and maximizing safety for all.
3. Survivors of trauma and loss often have difficulty retaining and processing new information. Use repetition, patience and break down/simplify the message in support of the person who has been abused.
4. Educate parents/caregivers on risk and protective factors associated with trauma/childhood adversity, including child development, nurturing and attachment, social and emotional competence of children, and other elements of nonviolent child-raising.
5. Educate parents/caregivers about how their own unaddressed trauma and parenting legacy affect their ability to respond to children.
6. Teach children and parents/caregivers grounding and self-regulation techniques for themselves and their children. Offer safe grounding/anchoring opportunities regularly.
7. Create (and help parents create) nurturing guidance and age-appropriate limits to create a scaffolding of support for children. Do not use or support the use of punitive 'power over' methods of control, which is a form of violence against children.
8. When at all possible, allow parents to be the ones who set limits for their children and communicate their family values (to reinforce their role as emotional coach for the child), and allow them to maintain previously established routines with their children.
9. Ensure that survivors have first established safe coping skills and have physical and emotional safety before asking about details of traumatic events or situations.
10. Relating detailed trauma histories in group settings is often retraumatizing/triggering to all who hear them.
    a. In group or public settings, service providers will redirect graphic detail toward coping and current struggles.
    b. In private situations, service providers will help participants ground and detach from emotional pain if participant becomes distraught. Do not insist on continuing with the trauma narrative.

c. Service providers will offer safe coping strategies for trauma-related struggles.

11. Recognize that trauma-informed care and nonviolent child-raising involve skills that are acquired through daily practice. It is natural that service providers, caregivers and children will sometimes experience anger and frustration as well as warmth and affection. Coping safely with all feelings becomes the core of trauma-informed work.
12. Educate and support all staff to recognize and address their risk and the impact of working with trauma survivors and how they may be affected by exposure to detailed histories of trauma and adversity.
13. Create an organizational environment in which self-regulation and grounding techniques are discussed and/or practiced regularly with staff (e.g. during supervision, or staff meetings). Encourage the personal practice of grounding techniques and safe coping strategies.
14. Facilitate referrals and access to trauma-informed and trauma-specific treatment services and nonviolent parenting for children and their families as needed.

Communities

1. Create productive connections with other resources in the community so that people who have been abused can access essential services.
2. Educate and inform community members (residents, leaders, groups, and coalitions) about trauma and childhood adversity, including its causes and effects on individuals, and how to cope safely with the aftereffects of trauma, tragedy and loss.
3. Educate these community members on nonviolent child-raising as a prevention and protection against childhood adversity.
4. Inform these community members about resources for safety, recovery and healing.

Organizations and Systems

1. Safe physical spaces are provided for both adults and children and attempts are made to allow maximum privacy.

2. Professionals at all levels (administration, management, supervisory, direct service, and support) are trained in core elements necessary for trauma-informed, nonviolent practices and organizations.
3. Trauma-informed care and nonviolence is practiced between staff as well as with participants.
4. Agencies regularly self-assess[10] to ensure they are continuously addressing institutional issues that prevent or curtail the use of TINSOC.
5. Organizational procedures, structures, protocols and policies support trauma-informed, nonviolent child-raising practices and services.
6. Clients, families, communities and other systems/practitioners are involved in the process of becoming a trauma-informed, nonviolent organization.
7. The organizational environment is accommodated to meet each child's and family's needs, strengths, capabilities and interests based on their choices (learned by asking not assuming).
8. The organizational environment invests in staff wellness and safety by encouraging self-awareness and reflection on the impact of trauma work.
9. Organization service providers with local, state and federal policy makers for the development of funding streams and policies that support and foster a trauma-informed service system for children and families.

[10] Sanctuary ®, Community Connection, WELL Toolkit, Center on Family Homelessness or other agency assessments

Lessons Learned and Best Practices

Practice trauma-informed, nonviolent care with participants and staff:
The TINSOC workgroup shelters commented that adopting TINSOC is not just about learning how to practice trauma-informed care with participants, but also staff with each other.

Train all staff in TIC:
Many staff who are not working in a "professional" capacity (such as cooks, facilities manager, front desk receptionist, residential workers, overnight staff) have a great deal of interaction with participants. We need to make sure that everyone who interacts with participants is trauma-informed.

Each staff member needs formal support – the kind of support clinical staff is receiving through supervision. Some agencies are already doing this. One TINSOC workgroup shelter (Rainbow Services) has a bi-monthly 2-hour training for all shelter staff. (In the intervening month staff meet around residence-specific issues.) Staff members who have the most contact with participants are often the ones who have the fewest training opportunities (for example, training on the impact of working with trauma survivors.) Issues can come up for these staff in the course of their work, especially since many are survivors of IPV.

Too often middle management has to deal with the problems that are caused by insufficient training of line staff. Shelter administration or management could help resolve this by taking responsibility for training staff on an ongoing basis, perhaps using outside training agencies. The TINSOC workgroup recommends that there are at least quarterly staff trainings.

There is a brief **TIC and NVP self-assessment** instrument developed by Echo Parenting & Education and Gabriella Grant (California Center of Excellence for Trauma-informed Care). The assessment can be used by agencies to ascertain what training might be needed in order for staff to become competent in trauma-informed care and nonviolent parenting. Gabby Grant suggests that ALL staff take the assessment.

Wellness rather than 'self-care':
Self-care has become an expectation, but without the resources to support it. Among staff there is the feeling if you aren't feeling okay, then you must be failing at self-care. It can be used as a punitive tool rather than as real support. Self-care feels like another 'have to'.

Elizabeth Eastlund from Rainbow Services encouraged the TINSOC workgroup to move from using the word 'self care', to 'wellness' because "Wellness is bigger than self, and invites us to take care of one another." Residential coordinators at Rainbow Services meet with staff at least once a week to see how staff is doing. Rainbow Services is also thinking beyond shelter life to how they can help families incorporate wellness into their community and work place. Many other TINSOC workgroup shelters have instigated changes after learning about trauma-informed care and wellness: Angel's Step, has a 'process group' for staff once a week; other shelters hold mini-retreats for staff, provide massages, training in mindful mediation, and opportunities for walking meditation and yoga.

Says Elizabeth, "Adopting a Trauma Informed Culture is a continuous process for IPV organizations. Supporting staff through providing time for wellness activities provides an opportunity to connect and acknowledge the challenging work they do on a daily basis. Rainbow has implemented a wellness activity every other month that encourages staff to step away from their work and take a break. Activities have included learning how to practice deep breathing, eating cake in a mindful way, and a Wii dance party. Future events include a community breakfast and creating art with one another. Rainbow also has a "Wellness Board" at each site. The Wellness Boards pose a question to staff, such as, "What is your favorite summertime activity?" or, "If you could travel anywhere in the world, where would you go?" The Wellness Boards provide an opportunity for staff to share their ideas and take a moment during the day to think about other aspects of their lives. Investing in staff is investing in providing the best possible services to the survivors and families in our programs. The investment provides an opportunity for staff to practice the interventions that can be used with participants."

How to support staff who have experienced trauma:
One of the workgroup members related a story where a staff member was coming into the women's rooms at 2am and "just standing there." This staff member had a trauma history too. The group concluded that we need to provide support to staff who are traumatized, but that the emotional and

physical safety of the participants is paramount. However, the manager can also be trauma-informed and compassionate in their response to the staff member, recognizing the underlying trauma history rather than simply disciplining the individual.

Moving towards collaboration rather than competition:
Unfortunately, competition for funds has not encouraged a collaborative culture among IPV agencies in Los Angeles. However, the TINSOC project demonstrates that there is a willingness to work together and that through collaboration IPV agencies can learn and grow and support one another.

Emerging best practices:
Washington State Coalition Against Domestic Violence is just such an example of the work that can be achieved through 'bottom up' collaboration. The WSCADV is very forward thinking. For example, in Washington State there is a move away from the emphasis on confidentiality and secrecy (such as secret locations). There is also a growing understanding that agencies need to treat the whole family, including the batterer. In terms of breaking the cycle of violence, we have to remember the batterer is a parent too and we cannot help the children if we are not treating the whole family.

Other recommendations:
Grief and separation work: Parents and children need support when they leave their lives to enter shelter but they also need support when they transition out. Another issue is that in shelters the batterer is not spoken about but this is confusing for children who may have a bond with the batterer. Work to address these grief and separation issues could include making empathy books for the children (see the Echo Parenting & Education website for more details).

Preparing survivors and their children for entering shelter. One TINSOC workgroup member talked about a teenage boy who jumped out of a car window and ran off down the street when his mother brought him to the shelter. He thought he was being taken to 'juvie' (Juvenile Hall).

Nonviolent child-raising principles can help here. The initial phone call can let people know that they are coming to environment that really nurtures and respects children. This phone call can also be used to help the parent prepare the children.

Suggested script (or text for the intake form): “Have you been able to talk to your children about going to the shelter? How did you describe it to them? Would you like help in describing it? This is what we do here – it really matters to us what children are experiencing.”

A Note on Cultural Competency. To be truly culturally competent, it is important to have a broader view of what is meant by ‘culture’. It includes race, ethnicity, gender and sexual orientation, but it also includes (among other things) class and immigration experience. Staff working with culturally diverse populations needs to understand and be mindful of their own biased cultural lens.

Competency has to be developed at both the individual and the organizational level. For example, DV shelters often do not accept males, adolescent boys, participants who identify as LGBTQ, participants who use alcohol or illicit drugs, participants who have a mental health diagnosis, or participants who do not have legal immigration status. There are many good reasons why a shelter would not feel equipped to serve these populations (for example, fearing that males will retraumatize the women residents, that the agency does not have the expertise to deal with substance abuse or mental health issues, or that in order to meet the shelter requirement to get a job or be in school requires legal status). However, some DV shelters that have experimented with relaxing their entrance criteria have discovered that “the earth did not fly into the sun.”[11]

A Postscript from Margaret Hobart.
In addition to nonjudgmental and compassionate observations and interventions, when we talk about families needing a safe environment we should also talk about safe physical spaces. First among considerations about what constitutes safe living spaces for traumatized people is not being asked to share a bedroom with strangers.

Transparency in interior spaces (interior windows, for example) can help people feel safer and in more control by seeing who is in a room before entering that room, or by being able to see out of the room so that supervision of children is easier.

[11] How the Earth Didn’t Fly into the Sun: Missouri’s Project to Reduce Rules in Domestic Violence Shelters. The Missouri Coalition Against Domestic & Sexual Violence.

Traumatized mothers have a need for physical and emotional safety, but they also need interventions, interactions and physical spaces that support them in reclaiming a key part of their identity, which is mothering.

(For more please see “Building Safety” at http://buildingdignity.wscadv.org/)