



Newsletter

Women of Nations-Eagle Nest Shelter

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October is Domestic Violence Awareness Month

Domestic Violence Month evolved from the “Day of Unity” that was held in October 1981 and was created by the National Coalition Against Domestic Violence. The “Day of Unity” soon evolved into a week and in October of 1987 the first National Domestic Violence Awareness Month was observed. According to federal data 1 in 4 women will experience violence at the hands of an intimate partner and Native women are 2.5 times more likely to experience violent crimes – and at least 2 times more likely to experience rape or sexual assault crimes– compared to all other races (ncai.org). Domestic Violence Awareness Month is a time to mourn the victims of domestic violence, celebrate the survivors of dv, and connect advocates and survivors to resources. Women of Nations will be launching a purple light campaign and will be setting up silent witnesses in the community. To learn more about silent witnesses go to

<http://www.silentwitness.net>



THE VIOLENCE WHEEL, ALSO KNOWN AS THE POWER AND CONTROL WHEEL, SHOWS HOW ABUSERS USE CONTROL TO MAINTAIN THE ABUSIVE RELATIONSHIP

FACTS

-110 MILLION PEOPLE A YEAR ARE PHYSICALLY ABUSED BY AN INTIMATE PARTNER

-20,000 CALLS ARE PLACED EACH DAY TO DOMESTIC VIOLENCE HOTLINES

-MORE THAN ONE IN THREE NATIVE WOMEN WILL BE RAPED DURING THEIR LIFETIME

-84% OF NATIVE WOMEN HAVE EXPERIENCED VIOLENCE IN THEIR LIFETIME

How to Support Survivors of Domestic Violence

- Research and learn the facts about domestic violence.
- Start an online discussion about domestic violence.
- Read a book that addresses the issue of violence.
- Learn about fostering pet programs to help survivors of domestic violence.
- Replace outside lights with purple lights for the month of October.
- Like the Women of Nations Facebook page—there is a lot of useful information that can be resourceful. www.facebook.com/womenofnations1982
- Take a self defense class with a friend and/or family member.
- Change your social media profile to show that you support survivors of domestic violence.
- Model healthy relationships and call out attention to behaviors that don't seem healthy.
- Talk to your kids, grandkids or nieces and nephews about healthy relationships.
- Discuss the book you read or are still reading with a friend.
- Contact Congress to influence legislation and funding for domestic violence programs.
- Build social connections. Research shows that displaying strong social connections can serve as a protective factor against abuse, which thrives on isolation.
- Post a song or poem to Facebook in support of survivors.
- Challenge attitudes and beliefs that promote a culture of violence and victim-blaming.
- National Domestic Violence Hotline: 1-800-799-7233
- Visit ncadv.org
- Women of Nations Crisis Line: 651-222-5836

Meet Jerrod Brown

With Pathways Counseling

Interview by:
Brittney Amitrano

Q: What do you currently do here at Pathways?

A: I am the treatment director for our ARMHS program (adult rehabilitative mental health services) and I do all of our marketing, lots of training and program development. I primarily focus on adults with mental health and substance abuse issues.

Q: How long have you been at Pathways?

A: About 15 years.

Q: What is your educational background?

A: I have four separate master's degrees; one in criminal justice, one in forensic studies, one in cognitive disorders, and one in mental health counseling. I just recently obtained my PhD in Psychology and a number of different certifications. I teach at a couple of universities at the graduate level, and do writing and research on all types of topics related to forensic mental health which can include areas of domestic violence, trauma, and all of the things that domestic abuse advocates probably deal with on a semi regular basis.

Q: Tell me how you first got involved with Women of Nations.

A: The Executive Director Della reached out to Pathways and wanted to learn more about our services, and how they could refer to us. Pathways came down to meet with your staff, and we kind of formed an informal partnership. I've been down to your location a number of times to do some trainings for your staff. Hopefully we'll be partnering on some research opportunities in the future as well.

Q: Can you tell me a little bit about the research you're doing at Women of Nations?

A: Well we're talking about developing a few survey based studies where we can learn more about the experiences and knowledge base of your staff, and then help use that data to guide and inform new trainees, and just help them become more competent in dealing with the more complex issues of traumatic brain injury among the women that come in there. Also to help with clients that are dealing with fetal alcohol spectrum disorders or other neurocognitive impairments. Just to teach your staff how to communicate and manage that and identify that a little more effectively.

Q: Why is this research important to you?

A: Because if you look at the research data, as many as half the people who come into contact with mental health centers or the criminal justice system have had a history of domestic violence. Those rates may even be higher among

people who are dealing with domestic violence issues at various drop in centers. Just issues of trauma are really at the core of a lot of societal problems. The more we learn about trauma, the more we can learn about how the brain is impacted after trauma, and the better off we're going to be as professionals on how to help these individuals and get the resources they need and hopefully help deviate them away from the system and lead a more productive life.

Q: What do you find challenging about working with clients who are victims of domestic violence, sexual assault, and/or sex trafficking?

A: I would say one of the biggest issues is lack of follow through, and the repeated cycle of getting back into problematic behavior or problematic relationships. That is why I study a lot about brain injuries, and other neurocognitive impairments because if someone's continuing to make the

same mistakes over and over again, I try to figure out what's really going on. In a lot of these cases they're dealing with some untreated neurocognitive issues, untreated mental health, or untreated trauma. If you can get to the core of that, that can give them a better opportunity to be more successful. It can help break this pattern of abuse, trauma, and all the problematic outcomes that can arise from domestic violence.

Q: What does trauma informed care mean to you when working with clients who are victims of domestic violence, sexual assault, and/or sex trafficking?

A: Well I think if you're working with anyone that's had a



Jerrod Brown Interview Continued

history of trauma, serious and persistent mental health issues, or any type of substance use issues, you're best to use trauma informed care approaches. Basically what that means is in an agency that becomes trauma informed, everyone in that agency really understands how trauma impacts an individual. It can be all the way down to the secretary and janitor, all the way up to the executive director. It's how you phrase your questions, how you approach clients, and just being sensitive to clients who are going through trauma because it can impact their ability to be successful in different treatment programs or intervention program. It may impact the clients from giving accurate information, they may shut down in a group setting, they may be triggered by certain sounds, smells, textures, environments, so just being really aware of all those complexities, and how trauma can work and negatively impact that.

Q: What do you wish other people knew about Women of Nations?

A: I think you guys do a fantastic job, and you deal with some really complex issues. I think WDN is going to be leading the way. With some of this research I think the forward thinking of just learning more about what your staff's training needs are is going to be beneficial. I think WDN has been excellent

with reaching out to other partners in the community who may have expertise that you guys don't and work from a team approach, or from a trauma informed care approach. Inviting outside providers in to do trainings for your staff has been helpful, and I know they've invited me in a handful of times to do trainings so I think the more training they have, the better you're going to be.

Q: Tell me about some of the people you've met while working with WDN.

A: I've met a number of your staff and I'm very impressed. I've had the opportunity to get to know your Executive Director Della, and your other leadership team. They've been excellent to work with. They've always been great about reaching out to me and inviting me down to just explore new ideas, new approaches. Getting back to the research and training, I'm very impressed that all the staff at WDN seem to be open minded to this possibility of just learning new things that they might not know right now which will make them more successful in their overall careers, beyond WDN as well.

Q: We, at times, tend to see women who have been at domestic violence shelters end up back in abusive situations after they have left that program. What do you think needs to be done differently

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to set these women up for success the next time around?

A: I would be curious. When people do the same behavior over and over again, I try not to get frustrated. I try to be curious. I try to dig deep, and really that's the motivation behind this. I think it's important to fact check and verify. I think it's important to view records. I think if you have a woman in your shelter that's been there repeatedly, a referral to a qualified mental health professional to do an evaluation might be helpful. If there's been a history of trauma or brain injury that's been untreated, an individual isn't aware that they're dealing with this so it sets them up for failure where they have a very difficult time maintaining a job, maintaining their schooling if they're in school, maintaining any group activities or treatment requirements. If they seem to fail at all of those, more times than not there's something else going on that hasn't been addressed or identified, and we really need to dig deeper until we find out what it is. Then we can develop a treatment plan or goal plan that's individualized to that person. That's the best way, I think, to be successful.

Q: Does the interest in domestic violence seems to be, in your opinion; growing or waning?

A: For me personally, two of my master's degree final projects were on domestic violence and I do a lot of teaching at the graduate level. Some of the classes I teach incorporate elements of Post-Traumatic Stress Disorder, trauma, adverse childhood experiences, attachment theory, and domestic violence. So, anyone working in the helping profession with people, I think should know about this topic because you're going to be dealing with people on a semiregular basis who are dealing with domestic violence issues. I think awareness is increasing but we

still have a long way to go. I think it's still a significantly underreported crime that needs more attention, and I think there's plenty of opportunity for more consultation, for more collaboration, for more research on all of these topics.

Q: What do you think will change as far as domestic violence, sexual assault, sex trafficking organizations and the services they provide to clients over the next five years?

A: Hopefully I will see an increase in evidence based practices being incorporated into all of these centers. I would anticipate there'd be more training on mental health related diagnoses because more often than not, women who are in domestic violence situations are probably going to be dealing with some level of mental illness from depression to anxiety to a host of medical problems. I think it would be advantageous for domestic violence shelters to get some basic training in just some of the medical related issues these women deal with. For example, if they have untreated pain issues because they've been thrown to the ground repeatedly, more often than not these women are going to be dealing with insomnia

related issues, and just learning about the impact that trauma has on brain development of their children, attachment. All of those things will hopefully continue to be increased within domestic violence shelters in Minnesota and across the nation.

Q: After you've completed your findings for this research, what would you like to see happen with this information?

A: To have your staff really understand the research and how we can extend that into practical applications. So, training them about Traumatic Brain Injury for example, if we do one of the research studies on what is the knowledge base of domestic violence advocates about TBI, not just understand what is TBI and be able to identify it in terms of the names and the key research findings, but what practical applications does it have for when you're interviewing someone, when you're trying to get them to comply with certain rules, when you're making recommendations for different types of groups, how it impacts a woman who is involved in the child protection system, or on probation, or has a child who has been diagnosed with all of these mental health issues and parenting concerns. Those would be the practical applications I would teach your staff, hopefully, and how to use that and learning to be more successful long term.

Q: What advice do you have for WDN, or any other domestic violence shelter, when it comes to providing mental health services to victims?

A: Seek out training as much as possible; there's new research findings coming out all the time. Be open minded to things that you might not think you need to know about. A good example is I work with a lot of mental health folks that don't have a lot of training on sleep and a lot people don't make the connection between sleep and trauma or just mental illness in general. If you can treat sleep issues, a lot of secondary issues will be more easily managed or sometimes even go away or lessen. So I think reaching out to trainers, reaching out to experts in the field and coming in to continue to train on various topics that you definitely need to know about, such as trauma informed care, but also some of those

other lesser known topics. Another example; how do attention, learning, and memory deficits impact the success of some of the people you work with. I would say that would be a great area for additional training and awareness as well.

Q: What would be your recommendations to prevent burnout?

A: I think it comes back to more training, more awareness. The more we can be aware, the easier it will be to not get frustrated with a client who continues to demonstrate the same behaviors over and over again. If we can adapt and modify our approaches to the individual rather than the whole blanket type of program where everyone comes in and gets the same services. I think an individualized approach would be helpful. Having staff just be more aware of their own triggers, being aware of secondary trauma or vicarious trauma, and just learning about self-care and boundaries. All of those things I think will be helpful.

Q: And what do you do for self-care in this field?

A: I exercise, I do lots of writing and publishing. A lot of people don't like that but I enjoy that and it's kind of fun. I love creating new programs, new ideas, and just reaching out and collaborating with other people and to me that's not stressful, it's kind of fun actually, kind of weird for most, but I like it.

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**RESPECT. UNDERSTANDING.
KNOWLEDGE. TRUST.**

THESE ARE KEY ELEMENTS IN ANY RELATIONSHIP. WHEN
WORKING WITH MENTAL HEALTH PROFESSIONALS, YOU
SHOULD EXPECT THEM.

EXPECT THEM AT PATHWAYS

Women of Nations Launches Health Advocacy Program

“The Health Education office navigates healthcare with survivors to make sure they never have to hit that “health panic”

Healthcare needs are often the last thing survivors of domestic violence initially think about. Between looking for new housing, safety planning, and gathering identity documentation, health needs fall to the backburner. It is usually only when the health needs can no longer be ignored that the health panic hits. Like when a survivor hasn't had access to her blood pressure medications for weeks, and is now starting to feel the effects or survivor has a daughter with a high fever and realizes for the first time that they don't have established health care providers in the area. Women of Nation's new Health Education Office serves to eliminate that healthcare panic before it begins. The office focuses on meeting with survivors when they first arrive at shelter to address

any immediate medical concerns and to begin the conversation about preventing and preparing for further health needs. Throughout their time in shelter, the office works one on one with residents to ensure that they have a full understanding of their current health through education about existing health conditions and medication reconciliation. Part of that prevention effort include discussions about safe practices such as health sexuality, STI prevention, birth control options, hypertension screening, and weight management. Every week Andrea, the Community Based Nurse Case Manager, puts on a Health and Healing Group that focuses on a different health topic. Women are able to laugh and learn together as they pass stuffed animals in the shape of STIs and sample birth control options around the group. For many women, this is the first space that they have felt comfortable talking and learning from other women about healthy sexuality and their own bodies. One woman came into the health education office with questions about her menstrual cycle and what is considered normal. She explained



that growing up, she learned from her mom that menstruation wasn't okay to talk about. The health education office was the first place that she was able to receive answers to some long-held questions. For many children, the Health Education Office is the first time in years that they have had contact with any medical professional. Women of Nations works to eliminate as much extra stress for survivors as possible. The Health Education office navigates healthcare with survivors to make sure that they never have to hit that “health panic.” The office works to promote healing for survivors in every sense of the word, and to expand healthcare access for every woman that walks through the doors of the shelter.

From the Staff Lounge

ANDREA DAUBE, COMMUNITY BASED NURSE CASE MANAGER

Andrea graduated in May with a Bachelor of Science in Nursing and a minor in Women and Gender Studies from The College of St. Scholastica. During college, she also co-founded the Twin Ports Chapter of Nursing Students for Sexual and Reproductive Health and was president of Sisterhood at CSS, the feminist organization on campus.

For the last four years, Andrea both worked and volunteered as an advocate for survivors of sexual violence. She believes strongly in the necessity of equitable access to medical care to begin to address the mental and physical trauma of domestic violence.



WOMEN OF NATIONS PROVIDES CULTURALLY-SPECIFIC EMERGENCY SERVICES AND SUPPORT TO ALL WHO HAVE EXPERIENCED TRAUMA FROM DOMESTIC VIOLENCE AND SEXUAL ASSAULT. WE EMPOWER NATIVE AMERICAN COMMUNITIES TO PUT AN END TO ALL FORMS OF VIOLENCE THROUGH EDUCATION AND PREVENTION.

Phone: 651-251-1605

Crisis Phone: 877-209-1266

Fax: 651-222-1207

Please visit our website at

<http://women-of-nations.org>



FALL MOONS IN OJIBWE

September-Waabaagbagaa-giizis (Leaves Turning Moon)

October-Binaakwe-giizis (Falling Leaves Moon)

November-Baashkaakodin-Giizis (Freezing Moon)

Fall Community Events

OCTOBER 9, 11AM-2PM

St. Paul Indigenous Peoples Day Parade

Starting at the American Indian Magnet School ending at Mounds Park, St Paul
"Protecting Mother Earth"

OCTOBER 20 9-5PM

Ain Dah Yung Center's 8th Annual Tobacco Prevention and Wellness Symposium
Double Tree Hotel, 411 Minnesota St, St. Paul

OCTOBER 27, 10:30-2PM

MIWRC Fall Feast

2300 15th Ave S, Minneapolis, MN

NOVEMBER 4

Gathering For Our Children and Returning Adoptees Pow Wow
Minneapolis American Indian Center
1530 E Franklin Ave, Minneapolis