Asha Family Services, Inc

Ujima Men's Program - The SOS Project

A Unique Domestic Violence and Community Violence Intervention Strategy

Prepared by:
Antonia A Norton, CEO
Asha Family Services, Inc
3719 W Center Street
Milwaukee, WI 53210
(414) 252-0075
www.ashafamilyservices.org

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Asha Family Services, Inc., (Asha) founded in 1988, is a 35 plus year old, nonprofit victim serving agency that is evidence-based, trauma informed and culturally specific to African American populations; however, Asha serves and welcomes all victims of domestic violence (DV), intimate partner violence (IPV) and sexualized violence (SA). Asha's prevention organization with entrenched community violence intervention (CVI) activity is located in the central city of Milwaukee, WI at 3719-3715 W Center St. Asha is a Swahili and Hindi word that means "life" and "hope". Asha is the first of its kind in Wisconsin and recognized as one of the first in the United States. We know that a victim of DV/IPV can be anyone regardless of race, age, class or gender. We also know that the vast majority of DV/IPV victims are women. One in four women and one in 9 men will experience domestic violence.[1] Asha offers a comprehensive variety of safety and support services for those experiencing violence in the home and in the community as well as services for those who use violence or are at risk of being a victim of violence.

Early in the 1990's Asha began exploring the development of its culturally responsive Ujima Men's Program (Ujima), seeking direct input from the authentic voices of African American men to shape and inform its development. First and foremost, Ujima's primary goal is to eliminate the incidence of violence against women in the home and in the community. Ujima is a Swahili word that means "collective work and responsibility". The Ujima Men's Program was formally launched in early 1994.

Asha's Ujima Men's program and its expansion SOS (Saving Ourselves, Saving Our Sisters and Saving Our Sons) in 2022, was designed to respond to disproportionate rates of Black women being murdered or maimed and Black men's violence and psychological trauma resulting in violent victimization. Currently approximately 85% of DV/IPV homicide victims in Milwaukee are Black women and 89% were killed with guns.[2] Asha operates from the position that homicidal ideation and acts are a sign of mental illness; however, it is not the root cause.

QUALIFIER: It is important for us to say up front, African American men are not more violent by nature. What is often framed as individual behavior is, in reality,

[1] Huecker, M.R., King, K.C, Jordan, G.A., Smock, W. (2023). Domestic Violence. NIH|National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK499891/

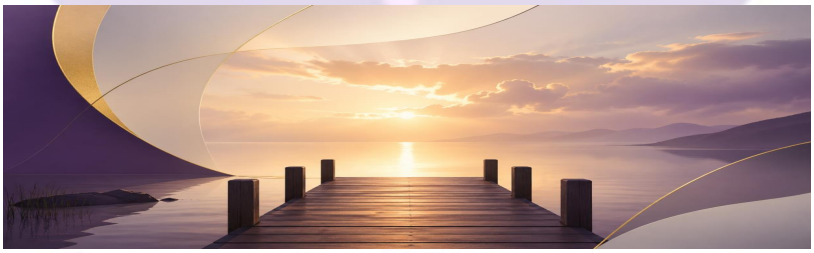
[2] Violence Policy Center. October 2024. When Men Murder Women. https://vpc.org/studies/wmmw2024.pdf

the predictable outcome of sustained exposure to structural inequities, racialized oppression, and community-level trauma.

Exposure to systemic disinvestment across generations of concentrated poverty, over-surveillance, and limited access to legitimate opportunity have shaped the environments in which many African American men are forced to survive. Rates of exposure to violence, combined with harmful societal narratives, creates conditions (including chronic exposure to trauma) where victimization is more likely and behaviors are more readily criminalized and misunderstood. These conditions influence behavioral health outcomes, including how individuals experience and express aggression, cope with stress and navigate depression, harm and survival.

The result is a cycle in which structural harm is mis-attributed as personal or cultural deficiency - reinforcing stigma while obscuring root causes of the disproportionately high rates of violence among residents of disadvantaged inner-city neighborhoods. Effective violence prevention must name and address these conditions directly, rather than pathologizing the individuals most impacted by them.

Ujima Mens Program SOS | Umoja Dock



Asha's Ujima Men's Program began early in the1990s as DV/IPV education groups with men in the community and with men in prisons throughout Wisconsin who were transitioning back into the community. Wisconsin's Department of Corrections noted that DV/IPV was a primary cause of individuals returning back to prison.

Ujima Men's Program offers a 24-week, non-traditional "abusive behaviors" intervention utilizing an evolving curriculum designed by the voices of Black men - including academic contributors and men having discussions in groups within prisons across the U.S. The design is trauma-informed and culturally specific to African American males; however, other populations served have found it helpful.

Groups are intentionally welcoming to men of all backgrounds who desire a safe, affirming place of belonging. Asha is steadfast in its practice that Ujima use trained men reflective of the population served to deliver services to men. The program design and curriculum are devised by and for African American men to help men who experience problems with negative expressions of anger, emotional regulation, conflict resolution and controlling and violent behaviors. Research informs its work. In addition, numerous studies have reported that culturally competent services is particularly needed for African American populations and can serve to improve outcomes, relations, and access to quality care and services among Blacks and other populations of color (McGregor, 2019).[3]

Ujima Men's Program groups are typically 1.5 to 2 hours long, one time per week. Different groups are conducted days, evenings, and weekends. Its primary goal is to end men's violence against women and children that often extends to violence in the community. Ujima Men's Groups are a specialized service designed by and for African American men[4] is the opposite of "Mainstream" domestic violence service providers generally address. Mainstream services entail the usual or most common way that services are provided to the general population; however, "mainstream" do not consider the cultural needs of racial and ethnic populations.[5] This makes Asha unique.

Asha began its initial investigation into Ujima's design in 1990 with guidance from academic researchers and practitioners over 20 years by conducting dozens of DV/IPV Education groups with thousands of incarcerated men with the vast majority being African American. This involved inviting written comments from hundreds of men housed in both federal and state prisons in WI and across the U.S., to inform what this effort would be and do. From inception of the Ujima Men's project, our position remains steadfast in solely using men reflective of participants to engage and hold men accountable for their violence. ***Asha's position maintains that until men declare violence against women stops, it won't.*** We believe it is essential that men take on leadership roles in this effort - are DV/IPV trained and educated and model accountability to drive change in their communities. The initial program, Ujima Men's Services formally launched in the community in early 1994 and in recent years evolved to include SOS (Saving Ourselves, Saving Our Sisters and Saving Our Sons) and the Umoja Dock that is later described. Ujima is a word that represents a core community value, and it

[3] McGregor, B., Belton, A., Henry, T. L., Wrenn, G. & Holden, K. B. (2019). Improving behavioral health equity through cultural competence training of health care providers. *Ethnicity & disease*, *29*(Suppl 2), 359–364. https://doi.org/10.18865/ed.29.S2.359.

[4] Gillum, T. L. (2009). Improving Services to African American Survivors of IPV: From the Voices of Recipients of Culturally Specific Services. *Violence Against Women*, *15*(1), 57-80. https://doi.org/10.1177/1077801208328375 (Original work published 2009)

[5] Think Local Act Personal. https://thinklocalactpersonal.org.uk/jargon-buster/mainstream/

means, “collective work and responsibility.” Umoja is a core community value that means, “striving for togetherness in family and community.”

As practitioners guided by research, we know there is no **“*Silver bullet*”** to address men’s violence against women. Such work requires a multifaceted and multi-layered approach involving systems and concentrating multiple societal elements that influence abuse and violence in the home and in the community. Required is addressing the conditions that spawn it. As such, Umoja Dock is consistent with a multilayered intervention and prevention approach including addressing the influence of exposure to poverty, a lack of employment opportunities, poor educational systems child/adulthood trauma, racism and anti-blackness, disinvestment and poor health challenges. Ujima also addresses the anger, fear, stress, anxiety and disparities experienced with racialized systems of oppression and embedded societal aspects that accept violence against women. Ujima work challenges factors contributing to the cause of violence and works to mitigate harms caused by racism.[6] A critical component missing in our prior efforts to prevent domestic violence, was planning and implementation efforts to help men achieve “livable/family sustaining” wages. That is in Goal 4 of the SOS project.

The Ujima Men’s Program uses a 24 week curriculum we call ***Transformative Accountability Curriculum: Reclaiming Responsibility and Rebuilding Healthy Lives.*** We are able to conduct both virtual group sessions via Zoom and in person groups. However, one-on-one sessions are a supplement and can be conducted both virtual and in-person. Rules for each can be different such as “Cameras on” for virtual group meetings. In-person Ujima Men’s groups take place at Asha Offices and the facility - Umoja Dock. Ujima Groups will be on a continuous schedule allowing for an anchor of on-going support, camaraderie and stability.

[6] Institute for Public Policy Studies. (2019) Racism is a public health crisis. https://ips-dc.org/racism-is-a-public-health-crisis/.

The ideal co-facilitated group size is 10-12 men. The curriculum overview includes:

1. **Understanding Domestic Violence and Abuse**. *Explore the roots, beliefs and realities of domestic violence and intimate partner violence—including its many forms, the impact on victims, the societal scope, and the long-term harm of violence. Examine the difference between healthy and toxic relationship dynamics.*
    a. The physical and emotional consequences for victims, short/long term harm, TBI, strangulation, etc.

2. Naming the Harm, Naming the Survivor. Men confront the specific violence they committed. This session encourages personal ownership by naming the victim and describing the impact of their actions without minimizing, justifying, or denying the harm.

3. **Power and Control as a Framework.** Deepen understanding of how abusive behaviors are not isolated incidents but part of a pattern of power and control. Societal influences - Power over others in families, institutions and population groups. The use of **Proxy Abuse** to gain power over others while deceptively shielding their wrong-doing. Learn how manipulation and coercion are used to dominate relationships. Hegemonic masculinity.

4. **Violence in the African American Community**. Examine domestic violence through the intersecting lenses of race, gender, poverty, and systemic oppression. Understand how historical and present-day inequities shape relationship dynamics and access to support.

5. **Breaking Through Defense Mechanisms**. Challenge the lies we tell ourselves to avoid responsibility—denial, blaming, gaslighting, minimizing. Learn how these behaviors reinforce harm and hinder personal growth.

6. **The Cycle of Abuse.** Analyze the repetitive pattern of abuse—from calm to tension to explosive incidents. Identify characteristics of coercive control and emotional violence.

7. **Why Victims Stay**. Explore the real, complex reasons people stay in abusive relationships—including fear, economics, trauma bonds, and social conditioning. Learn to replace judgment with understanding.
8. **Knowing Self**. Begin a journey of self-discovery. Identify personal triggers and the role of early childhood experiences, including Adverse Childhood Experiences (ACEs), in shaping adult behavior.
9. **Mastering Self-Talk**. Develop awareness of inner thoughts and emotional patterns. Learn thought-replacement techniques and how to disrupt negative self-narratives that lead to harmful behavior.
10. **Building Empathy. Participants l**earn to truly listen, to understand, and to care. Practice presence and emotional connection as a pathway to healing—**Attention. Hearing. Healing.**
11. **Consequences vs. Rewards of Violence**. Participants examine how violent behavior affects their lives and relationships. Real talk: What's been gained, and what's been lost?

12. **Reframing Masculinity and Gender.** *Deconstruct toxic masculinity, misogyny, and learned gender roles. Explore a healthy, respectful, and equitable view of women and all genders.*

13. **Understanding Sexual Consent**. *Participants take a deep-dive into sexual assault, coercion, and the meaning of* ***consent****.* ***No Means No****—every time.*

14. **Emotional Regulation and Rational Thinking**. *Learn to recognize and manage anger before it escalates. Practice nonviolent communication and decision-making grounded in clarity, not emotion.*

15. **Assembling the Conflict Resolution Toolbox.** *Equip participants with practical, repeatable strategies for managing conflict without aggression: Active listening, time-outs, boundary setting, and negotiation.*

16. **Substance Use and Abuse**. *Explore the intersection between addiction and violence. Understand how substance use impairs judgment, escalates harm, and becomes an excuse for abuse.*

17. **Atonement and the Road to Redemption.** *Walk through the* ***Eight Steps of Atonement****—a structured, spiritual, and psychological process toward forgiveness, reconciliation, and right action. Participants apply tools to real-life situations.*

18. **Fatherhood After Violence. Participants will gain understanding on** the lasting impact that domestic violence has on children. Learn what it means to rebuild trust, admit wrong, model nonviolence, and co-parent responsibly.

19. **Sexual Health and Responsibility**. *Explore the link between domestic violence, HIV/AIDS, and sexual health. Learn how control, secrecy, and coercion impact sexual, physical and emotional well-being.*

20. **Developing a Relaxation Plan** *(1-2 Weeks). Learn the role of self-care, emotional regulation, and healthy routines in preventing violence. Create a personalized plan that includes stress management, mindfulness, and emotional de-escalation.*

21. **Creating a Responsibility Plan** *(2 Weeks). Participants apply what was learned. Build a working strategy for daily accountability: Taking timeouts, using conflict resolution tools, staying connected to a support or accountability partner ("Ranger Buddy").*

22. **Becoming the New Man**. *This capstone session invites participants to reflect on their transformation:* ***Who are you now?*** *What have you learned, and how will you live differently? This is the moment participants claim the work and the change.*

SOS (Saving Ourselves/Saving Our Sisters/Saving Our Sons) is an expansion of the Ujima Men's Program developed beginning in 2022. It is a unique and layered strategy that cartels the efforts of Community Violence Intervention (CVI) with Domestic Violence (DV)/Intimate Partner Violence (IPV) interventions. This concerted effort involves DV/IPV intervention, education and training for the CVI workforce and combined CVI/DV structures can operate as ***situation response teams*** for some DV/IPV incidents (where a weapon was not used) that occur in high incidence zip codes or Promise Zones in Milwaukee.

Community violence intervention (CVI) centers individuals most at risk of being a victim of or committing an act of gun violence. CVI delivers a public health approach to gun violence prevention, that involves the use of credible messengers, street outreach and conflict intermediation along with supportive services. CVI is able to address the unique needs of the community where systemic racism, disinvestments, and trauma occur. CVI uses evidence informed strategies to reduce violence through tailored community-centered initiatives. The roots of violence run deep in our society and is adversely impacted by a variety of factors that disproportionately occur in disadvantaged inner-city neighborhoods, including systemic racism, chronic joblessness, poverty, and hopelessness.

Ujima's SOS cultivates and combines efforts (DV/CVI) as a unique strategy to better address the disproportionate impact of community violence, and DV/IPV related incidents and co-occurring homicides among African American men, women and the community.[7]

Domestic violence (DV) also referred to as Intimate Partner Violence (IPV) is first and foremost a crime. It is violence, coercive control and abuse between intimate partners and among family members. It includes physical, sexual, emotional and psychological abuse of adults, children, and elders. Furthermore, it is a major public health challenge that impacts millions of people each year. The most recent research on domestic violence indicates that approximately 20 incidents of DV occurs every minute in the U.S., equating to over 10 million incidents annually.[8] One in four women and one in nine men are victims. DV/IPV is no respecter of persons and can happen to anyone regardless of age, race, class, gender, income, credentials or other status. However, some groups are disproportionately impacted more so than others. For example, African American women represent 7% of the

[7] Johns Hopkins Bloomberg School of Public Health. Solution: Community Violence Intervention. https://publichealth.jhu.edu/center-for-gun-violence-solutions/solutions/community-violence-intervention

[8] The National Child Traumatic Stress Network. National Domestic Violence Awareness Month. https://www.nctsn.org/resources/public-awareness/national-domestic-violence-awareness-month#:~:text=Domestic%20violence%20can%20result%20in,school%20staff%2C%20and%20policy%20makers.

U.S. population; however, they represent 22% of homicides due to DV/IPV. Black women nationally are 6 times more likely than White women to be murders; however, in Wisconsin (Milwaukee) strikingly she is 20 times more likely to be murdered.[9] Regarding the disproportionately high rates of domestic violence among African Americans, research continues to consistently indicate, this is due to poverty, historical racialized oppressions and histories of trauma.[10]

What is SOS:

SOS (Saving Our Selves, Saving Our Sisters, Saving Our Sons) delivers an African American culturally responsive and trauma-informed approach that bands credible CVI (Community Violence Intervention) emissaries (trained in DV/IPV) and DV/IPV victim advocates with lived experience to address and decrease DV/IPV and other violent incidents. This approach requires the education and training of CVI workers/professionals on the dynamics, characteristics and impact of DV/IPV with individuals they engage with in the community and with those among their ranks who are also challenged by DV/IPV in their own lives. SOS welcomes referrals for CVI professionals who are experiencing DV/IPV in their homes and/or with intimate partners. This approach strives to go steps further by incorporating additional measures that can lessen the need for criminal/legal processes aimed to better assure not only the immediate safety of women and access to services but the capacity to address the emotional and psychological needs of Black men who use violence. Furthermore, SOS strategies will be employed to reduce the climbing costs associated with violent incidents. Milwaukee County recently released a report from the National Institute for Criminal Justice Reform titled, *The Cost of Violence - Milwaukee, Wisconsin* which found that a single homicide in WI cost taxpayers approximately $2 million dollars per incident and a single non-fatal shooting costs approximately $644,000.[11] Milwaukee County DHHS Deputy Director David Muhammad has stated, "*Milwaukee ended 2024 with 132 homicides and 639 nonfatal shootings, resulting in a total cost to taxpayers $264,411,516 in a single year! In contrast, a single violence intervention program in Milwaukee known [such] as 414 LIFE has intervened in over 250 high risk conflicts since 2018 that could have resulted in a non-fatal shooting or homicide saving taxpayers approximately $500 million dollars.*"

[9] Waller, et al.
[10] Huecker MR, King KC, Jordan GA, et al. Domestic Violence. [Updated 2023 Apr 9]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK499891 /
[11] National Institute for Criminal Justice Reform. Milwaukee, Wisconsin: The Cost of Gun Violence. The Direct Cost to Tax Payers. https://costofviolence.org/milwaukee-wi/ | https://nicjr.org

A Snapshot of the Economic Costs of DV/IPV is glaring:

- **DV/IPV cost Wisconsin $657 million in 2021** (health care, policing, courts, incarceration, child welfare, and lost work productivity). These numbers have since continued to rise.
- **Loss of life accounts for $242 million annually - 36.7%** of total DV/IPV losses.
- **1 homicide = ~$2 million** to WI taxpayers.
- **1 nonfatal shooting = ~$644,000**.

How SOS works:

Asha's SOS model operates through a coordinated, dual-response approach that centers survivor safety while directly engaging men at risk of causing harm or being harmed. DV/IPV Victim Advocates are paired with Ujima Men's Program Peer Navigators to respond to incidents in real time. Our plan is to serve men at risk of committing acts of DV/IPV whose motivation for the use of violence may be power and control or safety/defending and a weapon was not used.

Referrals may come from community members, CVI partners, family or friends, the Milwaukee Police Department, or the District Attorney's Office. Individuals may be referred for general culturally responsive men's services or directly to **The Dock**.

Umoja Dock, simply referred to as The Dock is a place to pause before crisis becomes harm. This facility is a 24/7 staffed, short-term (up to 72 hours) crisis response and stabilization space designed to interrupt the escalation of domestic or intimate partner violence. It provides a voluntary, non-carceral alternative for men involved in lower-level DV/IPV incidents (where no weapons are used) who are at risk of continued harm or victimization. The enrollee's motivation for the use of violence may be power and control or safety. **It's a place to pause before crisis becomes harm.**

The purpose of The Dock is victim's safety! Men are temporarily removed from the environment of conflict and supported by trained Peer Navigators with lived experience who provide emotional regulation support, accountability-centered engagement, and initial assessment of needs, including trauma history, triggers, and risk factors. Its commitment is to **create safe immediate separation, de-escalate crisis, and stabilize behaviors**.

Simultaneously, Asha's DV/IPV Victim Advocates will be available to respond to the needs of the survivor - ensuring safety planning, crisis support, and connection to ongoing services.

This dual-response model ensures that **survivor safety is prioritized while actively addressing the behavior and needs of the harm-doer**, reducing the likelihood of further violence.

Referrals are also expected to increase through Creative Marketing Resource (CMRIgnite)'sP culturally responsive, targeted public awareness campaign utilizing billboards, bus shelters, transit ads, posters, and social media platforms that are widely used within the communities served. These efforts are designed to normalize help-seeking, interrupt violence earlier, and connect individuals and families to support before incidents escalate.

a. Ujima's SOS Pilot Project – Is informed by a study conducted in Milwaukee (2023) by Dr. William Oliver, Indiana University, who was contracted by Asha to conduct focus groups with men residing in inner-city Milwaukee to uncover their views on the causes of community violence and intimate partner violence among residents of Milwaukee's most violent areas including Promise Zones reporting incidents. The original SOS Anti-violence Awareness campaign was developed as a collaboration between Asha and a culturally responsive marketing agency - Creative Marketing Resources-Ignite (CMRIgnite). From this initial effort, a key finding is 69 men called for services. In this pilot, we will expand our partnership with CMRIgnite to retool the culturally responsive campaign using credible messengers. The campaign revamp targets Black males at risk of engaging in acts of community violence and/or intimate partner violence and includes Gen Z imaginings. The original SOS Anti-violence campaign was designed to destigmatize help seeking and to increase awareness of non-criminal/legal services in the community for at-risk individuals who would be willing to trust and to access intervention services. The SOS Campaign and the project's Final Report can be found at Asha Family Services website under "Resources" https://ashafamilyservices.org
https://img1.wsimg.com/blobby/go/cbeee1c6-9baa-42ab-9677-22cd39acf2d0/SOS%20Campaign%20Final%20Report_Oct%202023.pdf

The updated and expanded SOS Project Pilot and The Dock is supported by different funding and has 4 primary goals. The priority objective is to keep women out of harm's way. The Project Goals include:

(Goal 1) Survivor Support. Within the first year, provide immediate culturally responsive, trauma informed support, services and resources to at ***least 50 female victims of DV/IPV -reaching individuals we may not have accessed previously.***

(Goal 2) Support for Men Who Use Violence. Within the first year, provide culturally specific, non-criminal system interventions for at less ***50 men who are at risk of escalating to violence or who have engaged in lower level, non-weapon involved violence, by trained navigators representative of the population who have lived experience.*** Services include crisis intervention, counseling, accountability, and connection to resources including job assistance.

(Goal 3) Launch Umoja Dock. Over the project period, implement and pilot **Umoja Dock** - designed to offer men **(150-175 over project period)** who are escalating or use violence, short-term housing up to 72 hours for de-escalation, emotional regulation, support and assessment and homelessness. Services include crisis counseling, trauma-informed referrals, goal-setting, employment assistance and weekly support groups in after-care. We know that hurt people, hurt people. As such, a major goal of the Umoja Dock intervention is to provide men at risk of engaging in acts of violence against their partners, assistance with emotional and psychological challenges they have experienced due to trauma histories (Adverse Childhood Experiences/Adverse Community Experiences (ACEs) as children and as adults. *Again, hurt people, hurt people*.

Dock facility - location. **NOTE:** For sustainability, we anticipate this may be sustained by pursuing Medicaid-billable services.

(Goal 4). Employment Integration. Over the project period, provide employment assistance that is successful for **at least 25 men** participating in Umoja Dock. This goal will integrate workforce readiness and job placement as a stabilizing factor, addressing economic insecurity as a driver of violence. Partnerships with local businesses, unions, and workforce development programs (e.g. WRTP/BIG STEP, Employ Milwaukee, re-entry programs, transitional employment) will create pathways to skilled trades and sustainable employment while educating employers on the impact of DV/IPV in the workplace.

Employment is positioned as both a practical need and a restorative tool to promote accountability, reduce recidivism and support healthier relationships. This requires a multi-faceted approach. It is important for us as providers to get in front of employers and employment programs and educate them and their personnel on the pervasiveness of DV/IPV, the dynamics and its mounting impact in the workplace and what can be done to address it. The economic impact of DV/IPV in the workforce cost approximately $113 million annually in Milwaukee and $657 million in Wisconsin as a whole.[12] The economic impact is in the loss of productivity on the job, staff turnover, health care costs, loss of life and disability to name a few.

Personnel Expansion Needs to Support 24/7 Crisis Stabilization

The Umoja Dock operates as a **short-term, high-impact crisis stabilization environment**, requiring continuous staffing to ensure safety, engagement, and de-escalation. Unlike traditional programming, The Dock is **responsive, not scheduled** - men may enter at any hour in moments of crisis.

To maintain program integrity and participant safety, Asha Family Services is seeking support to add 2 additional Peer Navigators to the current team of 3:

Two (2) Additional Peer Navigators (Full-Time)

These positions are essential to:

- Provide **24/7 coverage** during active stays (up to 72 hours)
- Conduct **real-time crisis intervention and de-escalation**
- Support **safe transitions** back into the community
- Monitor **well-being, behavioral health, and risk factors**
- Ensure **accountability and victim safety remains centered**

Peer Navigators are uniquely positioned as credible messengers, many with lived experience, allowing them to build trust quickly in high-stress situations. Without adequate staffing, the model cannot safely operate at full capacity.

[12] Luthern, Ashley. Milwaukee Journal Sentinel. The Cost of Domestic Violence in Wisconsin? A new study estimates annual economic losses at $657 million and growing. (October 11, 2022) https://www.jsonline.com/story/news/local/wisconsin/2022/10/11/cost-domestic-violence-wisconsin-estimated-657-million-sojourner-family-peace-center/8233480001/

Addressing Opioid and Fentanyl Risk Among Participants

As Asha expands the Ujima Men's Program – SOS Project, we recognize the **increasing intersection between substance use, trauma, and violence**, particularly among Black men who have historically been underserved in both behavioral health and substance use systems.

Milwaukee County has identified a growing concern regarding **opioid and fentanyl-related overdose deaths among older Black men (age 50+)**. This population often faces:

- Unaddressed trauma and grief
- Chronic pain and long-term substance use
- Social isolation
- Barriers to accessing culturally responsive care

The Dock is uniquely positioned to intervene.

While the primary focus remains **domestic violence and community violence prevention**, the model allows for **early identification and immediate response to opioid risk** during moments of crisis stabilization.

Integrated Approach (Not a Separate Program)

Asha will incorporate **opioid risk awareness and response** into existing services through:

1. Screening & Assessment

- Brief, trauma-informed screening for substance use and overdose risk upon intake
- Identification of fentanyl exposure risk, prior overdoses, and current use patterns

2. Harm Reduction & Safety Planning

- Overdose education, including fentanyl awareness
- Access to and training on **Naloxone (Narcan)** administration
- Integration of substance use considerations into individualized safety plans

3. Immediate Intervention & Linkage

- Warm handoffs to trusted, culturally responsive treatment and recovery partners
- Coordination with Milwaukee County and community-based providers
- Support for voluntary engagement in services (no punitive or exclusionary approach)

4. Ongoing Engagement

- Continued check-ins through Peer Navigators post-Dock stay
- Reinforcement of harm reduction strategies and stabilization goals

The Umoja Dock does not function as a substance use treatment program; rather, it serves as a **critical interception point** where individuals at risk of violence and overdose can be identified, stabilized, and connected to care. By integrating opioid risk response into an existing violence prevention model, Asha enhances both **life-saving intervention and long-term stabilization outcomes**.

The SOS strategies and goals listed above significantly expand on the 2022-23 SOS study and the SOS culturally responsive anti-violence public awareness campaign *Black Love is Power* that sought to uncover, ***"If men in the community were aware of non-criminal legal system services that destigmatize help-seeking and interrupt violence using the intervention of authentic, credible messengers, based in the community… would they seek help on their own?"*** The study findings resoundingly said "yes", they would. Over the 5 week campaign, **sixty-nine (69)** people called to get help. It further demonstrated that family members and friends of someone at risk of using or becoming a victim of violence would also make a referral.

Ujima Men's Program SOS *Umoja Dock*. (Goal 3) Umoja is a Swahili word and is the first principle of Kwanzaa that means "Unity". In practice it translates to working together to solve community challenges…lifting one another up. The Dock provides community-based temporary housing for adult men of color (age 21 and up) in the community who may need to be temporarily removed from their residence before a DV/IPV incident becomes violent or before the individual becomes violent in the community. An example is an individual who is at his "wits-end," (at the height of frustration) and he or a family member or friend feels he is moving towards becoming violent with his partner or someone else, - SOS/The Dock is another option that can limit his involvement with the Criminal/Legal System and is based in the community and managed 24/7 by men reflective of him and his lived experience in the community.

Vision: **Ujima Men's Program SOS/Umoja Dock** offers a structured and secure environment. It is a large house (Duplex or small side-by side) that is fully furnished with 6 to 8 beds, full kitchen, laundry, offices and group rooms. It offers 24-hour staffing (when participants are on the premises) with personnel who are reflective of the population and are DV/IPV trained and skilled at listening, mediation, and peer support, that is trauma informed, and culturally responsive. This model has also been designed to prevent homelessness as DV/IPV is one of the leading causes of homelessness in the U.S. In addition to preventing homelessness among men who become un-housed as a result of relationship conflict, by providing them with access to a safe space for men to talk openly and honestly about their circumstances in individual and in group settings, to help de-escalate, regulate and coach men to a new direction in managing relationship conflict. In addition, the Ujima SOS/Umoja Dock represents a pathway and potentially a first step toward assisting men at risk for DV/IPV offending toward a healing journey from multiple forms of child/adult trauma (Adverse Childhood Experiences (ACEs), and abuse, poverty, and navigating a racialized structured environment that compounds the dynamics of violence between intimates and violence in the community. It offers:

- **Short-Term Housing (48 to 72 hours) -** A calm, fully furnished and 24/7 staffed space to remove oneself from escalating relationship conflict.
- **Trauma-Informed Peer Support/Evaluation/Assessment -** Facilitated by trained navigators with lived experience and cultural alignment.
- **Healing-Focused Resources -** Group discussions, drug and mental health referrals, emotional regulation tools, and reentry planning, job assistance and goal setting with genuine support.
- **Accountability Without Criminalization -** Umoja Dock encourages reflection and responsibility—not punishment—while supporting long-term change.

EVALUATION: The pilot project is led by Dr. William Oliver, Indiana University. Evaluation incorporates a comprehensive evaluation framework from inception to assess both effectiveness and long-term viability. Evidence-informed benchmarks and measurable outcomes will be established at the outset to capture participant enrollment, progress, program fidelity, and community impact. A combination of quantitative and qualitative data will be collected to ensure a rigorous, data-driven assessment process. Findings from the evaluation will guide continuous improvement, demonstrate accountability, and provide funders with clear evidence of the project's success and sustainability. In addition to collecting

demographic data on program participants and data related to post intervention arrests/convictions during the grant period, the evaluator will:

- a. Conduct individual Interviews with 10 of the male program participants.
- b. Conduct individual Interviews with 10 of the female partners associated with the male program participants.
- c. Conduct two focus groups with Umoja Dock credible messenger service providers.
- d. One after 90 days (anticipated July to August 2026) and a second (anticipated October 2026). (The start of the project was delayed so these times depend on funding contracts executed)

Umoja Dock explained - The Dock as we call it, is a place of arrival, anchoring, and redirection. It is not the final destination - it's a waystation. It evokes imagery of arrival, pause, reflection, and the possibility of setting a new course. A **dock** is a place of **transition** where one comes to rest, refuel, or change direction. **Umoja Dock** is intended to be that space between what was and a sunrise to what could be. It's a place for men to step out of chaos, anger and harm and into a place where they can learn to rest, reflect and reset. With compassionate, culturally attuned guidance, understanding and support, men are given the tools and space to navigate back into the community believing they have ongoing support.

Umoja Dock is Asha Family Services' and the field of family violence's missing piece to keeping women safe. As a temporary safeguard for men in crisis, it not only holds men accountable, but it also offers a culturally grounded, non-incarceration space for reflection, de-escalation, and support *before* violence occurs. **Umoja Dock builds "community**". This is where men can learn and are supported. They are reminded: "*You are not alone"*, "*We-got-you*" and "you are not beyond healing."

The heart of Umoja Dock:

- **Unity**: Strengthening individuals and community by supporting the whole person especially those at risk of causing harm or becoming victims.
- **Courage**: Encouraging and supporting men to face their pain, their patterns, and their possibilities.
- **Connection**: Bridging isolation with community, silence with conversation, and chaos with care.
- **Healing**: Recognizing that transformation is possible when we are given the right space and support.

Why It Matters - *DV/IPV impacts over 10 million people annually in the United States. Impacting 1 in 4 women (depending on race) and 1 in 9 men and* ***it is preventable****!*

- African American women are just under 7% of the U.S. population but account for 22% of DV/IPV-related homicides transferring thousands of traumatized children into the Child Welfare System. In Milwaukee, African American women are 20 times more likely to be murdered than White women.[13] And Black women's heightened risk for IPV homicide extends to the perinatal period.[14]
- The cost of DV/IPV in the U.S. exceeds $12.Billion dollars each year.[15] $6.1 billion accounts for direct medical and mental health services. [16]
- Milwaukee's 2024 gun violence cost taxpayers over $264 million - SOS offers a cost-saving, life-saving alternative.

"Umoja Dock is a place to pause before crisis becomes harm. It's not a dead end. It's not a jail cell. It's a dock - a place to change directions - where a healing journey can begin and a different future becomes possible."

Antonia A. Norton

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[14] Gillum, T.L., et al. (2025) The Murder of Black Women in the United States: A Public Health Crisis. American Journal of Public Health. Vol. 115, No. 5. https://www.sciencedirect.com/science/article/abs/pii/S0140673623022791

[15] Huecker, King, Jordan, Smock. (2023). Domestic Violence. NIH|National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK499891/

[16] Domestic Violence and Sexual Assault Center. https://dvsacenter.org/the-facts/