

# Sheltering with Care

## Tennessee Domestic Violence Shelter Best Practices Manual



tennessee  
**coalition**  
to end domestic & sexual violence

## **Acknowledgements**

*This manual was created in collaboration with domestic violence shelter staff from across Tennessee.*

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The Tennessee Coalition to End Domestic and Sexual Violence is a private nonprofit organization composed of diverse community leaders and program members who share a common vision of ending violence in the lives of Tennesseans through public policy, advocacy, education and activities that increase the capacity of programs and communities to address violence.

The Tennessee Coalition to End Domestic and Sexual Violence provides services without regard to race, national origin, age, sex, sexual orientation, gender identity (or expression), religion, handicap or disability. The Coalition prohibits harassment by employees based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin.

### **As a statewide organization, The Coalition serves**

- Survivors of domestic violence and sexual assault
- Domestic violence and sexual assault programs
- Community groups and organizations
- Criminal justice agencies
- Allied professionals (medical, legal, mental health, etc.)
- Individuals seeking information and resources
- Immigrant victims of domestic violence, stalking or trafficking

### **Services Provided**

- Information and Support
- Technical Assistance
- Training
- Public Policy Advocacy
- Regional Educational and Networking Opportunities
- Resource Library
- Speaker's Bureau
- Toll-free Information Line
- Legal Clinic

### **Mission Statement**

The mission of The Coalition is to end domestic and sexual violence in the lives of Tennesseans and to change societal attitudes and institutions that promote and condone violence, through public policy advocacy, education and activities that increase the capacity of programs and communities to address such violence.

To contact The Coalition call 615-386-9406 or visit [TNCoalition.org](http://TNCoalition.org)

# Introduction

*Tennessee Domestic Violence Shelter Best Practices Manual*

Welcome to *Sheltering with Care*, a best practices manual for Tennessee’s domestic violence shelters. According to the Substance Abuse and Mental Health Services Administration’s concept of a trauma-informed approach, “*A program, organization, or system that is trauma-informed:*


- a. *Realizes the widespread impact of trauma and understands the potential paths for recovery.*
- b. *Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system.*
- c. *Responds by fully integrating knowledge about trauma into policies, procedures, and practices.*
- d. *Seeks to actively resist re-traumatization.”*

In this manual, we have chosen to address three branches of shelter operation, for which we offer a trauma-informed framework:

1. Changes to the physical operations, culture, and environment of shelters that seek to reduce re-traumatization.
2. Customization of support services that meet the unique needs of individual survivors and encourage a more comprehensive and holistic experience within shelter.
3. Reduction of shelter rules and change to policies and procedures that duplicate power and control dynamics experienced by survivors.

One of the core objectives of a trauma-informed agency is to **reduce the power imbalance that exists between advocates and survivors.**

Advocates and administrative staff will always have some degree of power over the survivors they work with. Advocates can decide whether or not a survivor receives services within their agency, and by the very nature of their jobs, advocates possess connections and resources that survivors may not otherwise have access to. Therefore, a trauma-informed agency must work to reduce this power imbalance by empowering survivors to direct their own shelter experiences and lead their own healing journeys. Throughout this manual, you will find examples of evidence-based best practices that take into account power differentials between staff and residents and seek to reduce the risk of re-traumatization.



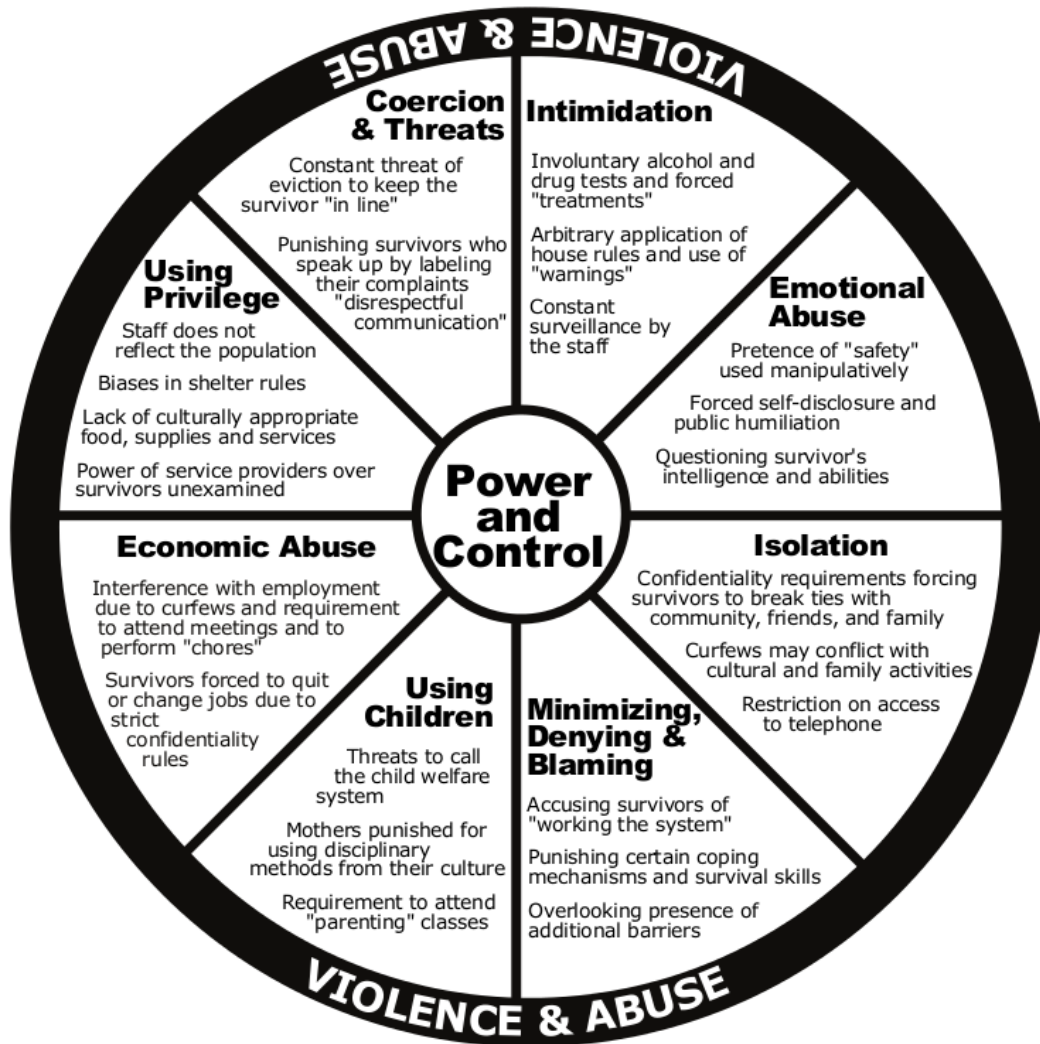
For examples of how power and control can manifest in shelter, see the Shelter Power and Control Wheel on the next page

In the publication *Changing the Script: Thinking about our relationships with shelter residents* (Washington State Coalition Against Domestic Violence, 2006), Margaret Hobart poses three central questions that shelters should consider throughout every aspect of their operations:

1. Does this respect a survivor’s choices and encourage healing and empowerment?
2. Does this help to advance the accountability of individuals and groups to stop domestic violence?
3. Does this change the conditions that allow domestic violence to happen in our communities?

These questions place responsibility at the core of all shelter operations to further a mission of empowerment, accountability, and culture change. Framing an organization’s operations around these values can help the organization undertake the difficult but necessary process of self-evaluation around the issue of trauma-informed care.

## Abusive Power and Control within the Domestic Violence Shelter



© 2002 Emi Koyama & Lauren Martin

This “power and control wheel” was created by **Emi Koyama** and **Lauren Martin** to illustrate how domestic violence shelters may inadvertently abuse power and control over survivors who seek services from them. In no way is this meant to discount the fact that advocates have been doing, and continue to do, extremely important and life-saving work. Rather, it is meant to incite discussion as to what we still need to work on in our empowerment-based and social change advocacy. Please contact Emi at [emi@eminism.org](mailto:emi@eminism.org)

# Common Issues in Implementing Trauma-Informed Care Successfully

## 1. Implementation is Inconsistent

Programs may call themselves trauma-informed, but may not fully understand how to implement trauma-informed practices, or fully commit to the organizational changes that the framework requires. Often, these agencies will skip the necessary step of evaluating and changing internal policies and procedures, including staff training standards, to support this shift. Agencies that struggle with the inconsistent application of trauma-informed care principles often fall short in a few key areas:

- **Lack of Staff Training** – Programs often fail to ensure that all staff members receive training and support on implementing trauma-informed practices. Without consistent staff training and supervision around this issue, it is difficult to gain staff buy-in.
- **No Buy-In from Key Staff** – Staff who have worked in shelters prior to the application of trauma-informed care as a best practice may be particularly resistant to changing a system that they view as having worked well in the past. Newer staff members may take their lead from more seasoned employees, in the absence of consistent training and supervision, leading them to be confused as to their roles and best practices.
- **Inconsistent Implementation** – Programs often end up with some staff practicing trauma-informed care while others do not, or using trauma-informed principles in some areas of service provision while other areas remain very punitive and rule-driven. Without trauma-informed policies and procedures in place across an organization, and internal evaluation methods that ensure best practices are followed, it is very difficult to achieve consistent implementation of trauma-informed services.

This manual will provide readers with a broad outline of how to implement trauma-informed care across an agency, including training suggestions, evaluation tools, and model policies and procedures.

## 2. Ideological Differences

Many agencies have voiced concerns that a trauma-informed care approach will lead to less client participation in advocacy and supportive services (e.g. parenting classes and groups), more work for advocates, and a greater struggle with enforcing communal living norms (e.g. cleaning, quiet hours, curfew). There is concern that trauma-informed environments are less structured and therefore may be detrimental to survivors who ‘need rules and structure.’ Some agencies may also see trauma-informed care as ideologically different than many of the generally accepted norms about shelter agencies in the past, requiring a shift in thinking about who might be a survivor and how they might best receive

services. Trauma-informed care models take some control out of the hands of advocates and give that control back to survivors, and this initial loss of control can be a scary change for many.

Throughout this manual, we have attempted to address these concerns, giving practical guidance to encourage client participation, healthy communal living, and ways to provide structured services without punitive rules. We have also included best practices on opening agency doors to *all* survivors, and creating more positive and productive advocate-client interactions.

### **3. Lack of Training and Evaluation**

Organizations that are implementing trauma-informed care must be prepared to consistently evaluate their compliance with trauma-informed principles, seek out feedback on survivors' experiences, and review policies and procedures for all levels of their agency. Leadership, staff, community partners and survivors should all have input into the organization's self-evaluation processes. Resources must be allocated to ensure that staff at all levels are receiving appropriate training and supervision, that leadership is able to collaborate with similar agencies to discuss successes and challenges with implementation, and that the agency as a whole is conducting periodic self-evaluations and receiving honest feedback about how trauma-informed principles are being implemented.

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## **How to Use this Manual**

This manual can be used in its entirety as a tool for helping agencies implement trauma-informed care 'from the ground up' by offering best practices for shelter environment and culture, advocacy and supportive services, and policy and procedure. Agencies that need assistance in specific areas are encouraged to focus on individual sections as needed. Each section of this manual contains definitions, checklists, tools, real-world examples of implementation, and additional resources. Agencies may go section-by-section and use the included checklists, activities, conversation starters, and other tools to lead discussions during supervision, staff meetings, and for staff training and personal development.

### **You will find the following symbols used throughout the manual-**



Activities and ideas for implementing the information.



Tools such as checklists and assessments.



Indicates important points to remember.

## A Note on Language

You will see some terms used interchangeably throughout this manual. We recognize that every shelter across the state may use different vocabulary when referring to the clients they serve, as well as the agency itself.

*Client/Resident/Survivor/Victim-* Although these terms may have slightly different connotations depending on the context in which they are used, in this manual they refer to individuals seeking or receiving services from domestic violence shelter agencies. Please note that in practice, people who have experienced domestic violence may have very strong feelings about how they personally identify; some feel empowered by ‘survivor’, some prefer ‘victim’ as it reflects the way they view the violence perpetrated on them, and some prefer neither. Advocates should always respect the individual’s choice in how they identify.

*Shelter/Program/Agency/Organization-* These terms are used to refer to domestic violence programs across Tennessee that provide shelter services.

*He/She/They-* In the creation of this manual, we have attempted to remain gender neutral in our presentation of survivors. Because anyone, across all genders, may experience this violence, we have chosen to refer to survivors primarily with the gender-neutral ‘they.’ However, you may find that in some cases we speak of female victims and/or male survivors. This is typically in the instance of citing specific, gender-based research or case studies.



### Tools for Getting Started:

**If your agency is in the beginning stages of implementing a trauma-informed culture this manual may seem daunting. We suggest the following self-evaluation tools that can help you get started, and pinpoint those areas of your agency that may need additional work.**

The National Sexual Assault Coalition Resource Sharing Project and National Sexual Violence Resource Center created an excellent self-evaluation toolkit for trauma-informed services titled *Building Cultures of Care*.

The tool can be accessed at

[http://www.nsvrc.org/sites/default/files/publications\\_nsvrc\\_guides\\_building-cultures-of-care.pdf](http://www.nsvrc.org/sites/default/files/publications_nsvrc_guides_building-cultures-of-care.pdf).

The National Center on Domestic Violence, Trauma and Mental Health has created the ‘Creating Trauma-Informed Services: Tipsheet Series’ which includes *A Trauma-Informed Approach to Domestic Violence Advocacy* which can be viewed at [http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet\\_TI-DV-Advocacy\\_NCDVTMH\\_Aug2011.pdf](http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet_TI-DV-Advocacy_NCDVTMH_Aug2011.pdf)



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# Section 1- Trauma- informed Shelter Environment & Culture

# Creating a Trauma-Informed Environment

*Tennessee Domestic Violence Shelter Best Practices Manual* / *Section I*



Creating a safe and welcoming physical environment should be one of the primary concerns of any trauma-informed victim services agency. Staff should consider how someone who has experienced trauma might receive the shelter’s services. Abuse can affect how a person feels about and interacts with the world; for programs serving survivors of domestic violence, it is vital to consider the physical environment that you are providing survivors to live and interact within.

Consider specific areas of the shelter, such as bathrooms and bedrooms, which can be particularly triggering for survivors. Is there poor lighting, a lack of privacy, or a lack of control over their personal space in these areas? Does the shelter as a whole have adequate building security? These problems can cause feelings of fear and helplessness in survivors experiencing them.

Advocates should also be aware that trauma has often occurred in the context of shelter services themselves. Physically and emotionally coercive practices, forcing clients to partake in involuntary services, strict and often arbitrary ‘house rules’, and other interactions that trigger trauma-related reactions are still far too common in both residential and non-residential victim service agencies.

An important reminder is that:  
“The environment we create communicates our beliefs about the people we serve.”  
*(National Center on Domestic Violence, Trauma, and Mental Health, 2011)*

Advocates should begin the process of evaluating the agency’s physical space by thinking of times and spaces in which they felt comfortable and welcome. We want to give survivors that same sense of welcome and the feeling that the environment has been created in a way that is comfortable for them. Consider the things that you do to make yourself comfortable when you are traveling. We often carry with us, whether in wallets or phones, images of our loved ones; we play music that is familiar and enjoyable; we may even bring a pillow or blanket from home. We are practicing self-care and stress management when we do those things. Survivors come to shelter in the midst of great stress and trauma, and they are often without many of the things they would normally use to calm and care for themselves.

Providing a space that is physically safe and comfortable is an important part of easing this transition between home and shelter.

We can create this type of space within shelter in many ways including selecting art, décor and books that reflect the cultures of the communities we serve, and arranging the physical environment to accommodate a wide range of interactions and behaviors. Program staff should recognize that survivors might want quiet spaces as well as spaces for conversation and movement, and that noisy or very cluttered environments may be unsettling to some survivors. Considering the diverse ways you can use space helps to communicate that a wide range of people are welcomed in your program.

When we provide spaces for survivors to choose how to interact with the world, we are sending the message that we support survivors emotionally as well as physically. This does not have to be a special or financial burden on shelters; a ‘quiet’ space can be nothing more than a quiet corner of a larger room, set aside for survivors to use to restore a feeling of calm. Creating this type of space can be as simple as a comfortable chair, low lighting, a door or privacy screen that can be opened or closed, and a source of quiet music. Shelters might choose to add plants or flowers, calming nature scenes, a soft throw blanket, a stuffed animal to hold, or even a space and supplies for writing, reading, prayer, or meditation. Different things will be soothing to different survivors, and offering a small variety of ways to utilize the ‘quiet’ space can be helpful.

**Transparency and trust** are other key elements in creating emotionally and physically safe environments. This includes ensuring that expectations and intentions for shelter living and access to services are clear rather than hidden. Shelters should provide clear and simple information about plans and expectations. An example is sharing the schedule of upcoming classes and events that will take place in the shelter, anything from support group meetings to movie nights and classes. Sharing this schedule at the same time each week in a location that is open and accessible to all residents, e.g. posted in large print on a bulletin board in the shelter kitchen, can help residents to feel comfortable and confident in the space. Remember that during the time that survivors are residents in the shelter, it is their home. No one likes unplanned visitors and events happening in their home. This transparency also involves collaborating with survivors by soliciting opinions, comments, questions, and observations regarding their experiences with shelter services and environment.

Creating collaboration and an open dialogue includes noticing and responding to issues as they arise. For example, you may notice a shift in the energy within the shelter when new residents enter or others leave, or someone may raise concerns about the shelter environment, resident interactions, or staff behavior. These are opportunities to respond respectfully and transparently, and in ways that do not create dynamics of silencing and minimizing. Addressing these concerns may include naming the discomfort and asking residents to come together with staff to share and discuss what is working and what is not.

Each survivor has their own communication needs related to physical and emotional safety. Some may find it reassuring to have clear directions from a staff member with authority and expertise, some may need safe spaces to vent their feelings and have their emotions validated, others may seek a quiet space that allows them to de-stress and recharge without having to interact with others. An important aspect of helping survivors feel in control is ensuring that they can ask for what they need and express opinions even if they are different to what other survivors are doing or seeking.

Several wonderful self-assessment tools are available to help your organization evaluate its physical environment. Two of the best are:



**Creating Accessible, Culturally Relevant, Domestic Violence and Trauma-informed Agencies A Self Reflection Tool**

[http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/03/ACDVTI-Self-Reflection-Tool\\_NCDVTMH.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/03/ACDVTI-Self-Reflection-Tool_NCDVTMH.pdf)

**Building Cultures of Care: A Guide for Sexual Assault Services**

[Programshttp://www.nsvrc.org/sites/default/files/publications\\_nsvrc\\_guides\\_building-cultures-of-care.pdf](http://www.nsvrc.org/sites/default/files/publications_nsvrc_guides_building-cultures-of-care.pdf)

### **A welcoming shelter environment includes:**

- ✓ Sufficient space for comfort and privacy
- ✓ Absence of violent or sexual materials or posters
- ✓ Staff that are available and trained to intervene in intrusive or harassing behaviors
- ✓ Staff that clearly explain and model policies of confidentiality and safety
- ✓ Staff that give clear information and are consistent and predictable in all interactions with survivors
- ✓ Staff that give survivors as much control over their experience and choices as possible
- ✓ Survivors who are encouraged to set boundaries and limits and ask for accommodations as needed
- ✓ Staff that set clear and consistent boundaries between themselves and clients
- ✓ Staff that respect survivor's ownership of the shelter as residents who are making a home (however temporary)
- ✓ Survivors who are encouraged to offer their feedback and evaluation of services and space
- ✓ Dedicated 'quiet' spaces
- ✓ Safe spaces in- or outside for movement
- ✓ Areas for creativity, supplies for writing, art, and/or crafts
- ✓ Support and space for reflection and self-care for both residents and staff
- ✓ Décor that is welcoming and inclusive of diverse survivors, including those of different faiths and cultures
- ✓ Books and reading materials that reflect diverse interests and readers, including those in under- or inadequately-served communities
- ✓ Spaces for children to play and interact, as well as family friendly spaces
- ✓ Physical accessibility to those who with disabilities or mobility issues

- ✓ Safe and accessible parking and access to the building
- ✓ Signs that are clear, visible, and in multiple languages
- ✓ The agency is not using signs to convey rules or punitive messages
- ✓ Safety warning signs are well-made, easily visible and understandable
- ✓ Bathrooms that are available and accessible to individuals of varied abilities, genders, and body sizes, with doors that lock
- ✓ Living items, such as plants and fish tanks, incorporated into the decor
- ✓ Staff that ask survivors for permission before closing doors, touching survivors, etc.
- ✓ Interior and exterior spaces that are well lit
- ✓ Security systems that are in place
- ✓ Survivors are given access to private, lockable storage
- ✓ Survivors are given access to food and drinks

## Privacy & Storage

Privacy is the state of being free from unwanted or undue intrusion or disturbance in one's private life or affairs. Privacy is a necessary component of shelter services because the lives of victims of violence are often defined by a lack of control. **Shelter residents need to be able to control the space they are living in.** Shelter locations are treated with the upmost confidentiality as part of organizational policy. However, by their very nature, shelter sites are frequented by a variety of people including staff members, volunteers, interns, clients, and their children.

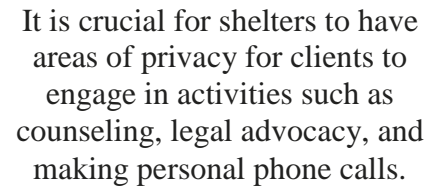
When shelter residents feel that they have privacy when in their personal space and the ability to personalize where they are living, it is much easier for residents to develop a sense of belonging in the shelter. However, it is important to have public spaces as well as private. Communal spaces like the kitchen, living room, or areas utilized for smoking are places in which clients interact and relationships are developed.

**Shelter agencies are responsible for providing necessities to their residents without expectation of payment or contribution. These necessities include:**

- Food staples for basic meals and snacks throughout the day
  - While it may be necessary to store bulk food in areas that residents do not have access to, there should be a variety of basic food staples available to residents at all times.
  - Agencies should be aware that they may encounter clients with health- or religion-related dietary needs, and should work to accommodate those.
  - By providing a variety of staple foods, such as meats, rice, beans and other canned vegetables, bread, milk, and eggs agencies should be able to provide for the dietary needs of most residents.
- Toiletries and hygiene necessities
  - This include menstrual hygiene products, shampoo, soap, deodorant, and other things residents may need in the normal course of their personal care.
- Clothing
  - Agencies should keep on hand basic clothing staples in a variety of sizes and male and female styles.



To develop privacy in shelter, clients must know that their personal spaces (bedroom, bathroom, locked storage) will be treated with respect. That is why it is important to note that it is rarely acceptable to search clients' rooms, especially their personal belongings. Searches would only be permissible in the rare event that there is a safety issue that affects the whole shelter.



It is crucial for shelters to have areas of privacy for clients to engage in activities such as counseling, legal advocacy, and making personal phone calls.

Shelters should always honor clients' confidentiality to the greatest extent possible. In communal living situations, this can pose a difficult barrier. However, it is important to note that discussing clients' information with other clients is not only a violation of confidentiality, but also an invasion of privacy. (See examples on handling common communal living problems on page 147.)

Agencies should provide a "locked space" (locked box, locker, or locking cabinet) for each adult resident to store medications and valuables. Each resident should be solely responsible for accessing their locked space, as this prevents staff from being seen as controlling or dispensing medication. Staff should never open or search this space while the resident is in shelter. Staying away from residents' "locked space" also helps to avoid accusations of theft made by clients toward staff or other residents, and gives survivors a sense of autonomy and security. You can find a model policy on the security of personal items on page 200.

## Pets in Shelter

Pets are often overlooked when safety planning in domestic violence situations. However, companion animals are often threatened, hurt, and sometimes even killed in violent homes. Being unable to take a pet when leaving a violent situation can cause a survivor to delay leaving their abuser, therefore putting the survivor in danger over a longer period of time. If a survivor has been isolated from other people as a part of the abuse, a pet may be a source of comfort, emotional support, and in some cases even protection. People can form deep attachments to their animals, describing the relationship as "best friends", "a family member" or even as "my baby". By working with survivors to keep their animals safe, domestic violence programs are removing a barrier to reaching safety and allowing survivors to maintain the bond they have with their animal.

### Assessment

Include questions about animals in your assessment of the survivor's situation. Begin with asking if the survivor has animals. While we typically think of cats and dogs as pets, it is possible that the survivor may have exotic animals or livestock that they are concerned about. How does the survivor describe the relationship with the animal: friend, child, just a pet? Knowing how the survivor views the relationship can help the advocate understand how high a priority the animal is to the survivor. Determine if the abuser has threatened, harmed or killed pets in the past. Help the survivor brainstorm potential housing situations for their animals such as with a family member, friend, or their veterinary clinic before accessing other services.



## Safety Planning for Pets

If a survivor has the time and ability to do so safely, gathering some of the following materials can make bringing their animal with them easier:

- **Proof of Ownership**- because animals are considered property, having proof of ownership can be very helpful. This could be a bill of sale or adoption papers, or receipts from a veterinary clinic or pet store with the survivor's name on them to show that the survivor has been taking care of the animal, or even a note showing that the animal was a gift.
- **Veterinary records** and any medications the animal requires. Many boarding facilities require that vaccinations are up to date before taking in an animal, so having those records can expedite the process.
- **A leash or carrier.**
- **Food, food bowls, and a favorite toy or blanket.**

*While having these items can make the transition easier, it is not mandatory for the survivor. Safety is always a survivor's top priority; they should leave the abusive situation with their pet even if there is no time to gather the suggested items above.*

Additionally, as of 2007, pets may be included in an Order of Protection. You can find more information about this in Tennessee Code Annotated 36-3-606 (a) (9).

## Housing Companion Animals

Ideally, survivors and their animals should be housed together. Each program needs to consider their circumstances when determining if and how this can be managed. Things to consider include: space availability, species and size limitations, who will be responsible for animal care, and managing things like allergies or fear of animals from other people in the shelter.

If it is not possible to house survivors' animals in the shelter, there are other ways in which the program can help survivors with pets. Some programs provide financial assistance directly to the survivor so the survivor can pay for boarding services for the animal. In other cases, domestic violence programs have developed relationships with veterinary clinics, boarding facilities, or animal rescues or shelters that will house animals at no cost for a limited period of time. Another option is that some programs have developed a network of foster homes that will house a survivor's animals.

Note that any shelter that is ADA compliant in housing service animals has already built the capacity for housing pets and companions animals. For more on service animals see page 20.

For more specific information about developing an animal friendly domestic violence program, including specifics about the physical setting and examples of policies, please refer to the following resources:

Sheltering Animals and Families Together (SAF-T):

<http://alliephillips.com/saf-tprogram/>

SAF-T Start Up Manual:

<http://alliephillips.com/wp-content/uploads/2015/08/SAF-T-Start-Up-Manual-2015.pdf>



## Case Study: Sheltering Pets, How One Agency Made it Work



In 2012, CEASE Inc. of Morristown, Tennessee received an American Kennel Club (AKC) grant to create a “pet safe” program for their domestic violence shelter. They leveraged the grant funds and secured in-kind support for a kennel construction project from their community. Their local Girls’ Inc. donated the materials and labor to pour the concrete foundation for the kennel and their local no kill animal shelter, Noah’s Arc, donated the shelter structure.



Once the shelter had the accommodations set up to accept pets, it was just a matter of integrating the pets into the shelter’s existing assistance animal policy. CEASE Inc.’s policy now allows for all service, therapy, and comfort animals as well as pets. Pets, however, do not receive the same access to the shelter that service animals do. With the AKC grant money, CEASE Inc. is able to provide food, grooming and veterinarian services as needed for each animal.



Now that pets are allowed to be sheltered with their owners at CEASE Inc., the shelter is able to provide safety to many more victims and their beloved pets. It is not without its challenges, however. It is often harder to move someone with a pet into permanent housing, or rehouse them to other shelters because of the pet.

You will find a modified copy of the CEASE Inc. Animal Policy on page 225.

You can find out more about the AKC Women’s Shelters Grant here-  
[http://www.akchumanefund.org/forms/womens\\_shelters\\_grant](http://www.akchumanefund.org/forms/womens_shelters_grant)

## Resources:

*Tips for Creating a Welcoming Environment*, National Center on Domestic Violence, Trauma, and Mental Health, 2011; [http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet\\_Welcoming-Environment\\_NCDVTMH\\_Aug2011.pdf](http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet_Welcoming-Environment_NCDVTMH_Aug2011.pdf)

*Practical Tips For Increasing Access To Services*, National Center on Domestic Violence, Trauma, and Mental Health, 2011; [http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet\\_Practical-Strategies\\_NCDVTMH\\_Nov2011.pdf](http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet_Practical-Strategies_NCDVTMH_Nov2011.pdf)

*Increasing Emotional Safety in Domestic Violence Shelters*, National Center on Domestic Violence, Trauma, and Mental Health, 2011; [http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/ConversationGuide\\_Inreasing-Emotional-Safety\\_NCDVTMH\\_Dec2011.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/ConversationGuide_Inreasing-Emotional-Safety_NCDVTMH_Dec2011.pdf)

*Creating Accessible, Culturally Relevant, Domestic Violence and Trauma-informed Agencies A Self Reflection Tool*, Accessing Safety and Recovery Initiative, 2012; [http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/03/ACDVTI-Self-Reflection-Tool\\_NCDVTMH.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/03/ACDVTI-Self-Reflection-Tool_NCDVTMH.pdf)

*Building Cultures of Care: A Guide for Sexual Assault Services Programs*, The National Sexual Assault Coalition Resource Sharing Project and the National Sexual Violence Resource Center, 2013; [http://www.nsvrc.org/sites/default/files/publications\\_nsvrc\\_guides\\_building-cultures-of-care.pdf](http://www.nsvrc.org/sites/default/files/publications_nsvrc_guides_building-cultures-of-care.pdf)

*Tips for Enhancing Emotional Safety*, National Center on Domestic Violence, Trauma, and Mental Health, 2011; [http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet\\_Emotional-Safety\\_NCDVTMH\\_Aug2011.pdf](http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet_Emotional-Safety_NCDVTMH_Aug2011.pdf)

*Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol*. Retrieved from the University of Iowa Carver College of Medicine, Fallot, R. D., & Harris, M. 2009; <http://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf>

*The eight key components of personal wellness*. Retrieved from: *Befriending Your Body*, Hall, K, 2012; <http://befriendingyourbody.com/the-8-key-components-of-personal-wellness/>

*Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women*, *Journal of Community Psychology*, Elliott, D. E., Bjelajac, P., Fallot, R. D., Markoff, L. S., & Reed, B.G., 2005

*Safe Havens for Pets: Guidelines for Programs Sheltering Pets for Women Who Are Battered* by Frank R. Ascione, Ph.D. [http://www.vachss.com/guest\\_dispatches/ascione\\_safe\\_havens.pdf](http://www.vachss.com/guest_dispatches/ascione_safe_havens.pdf)

# Creating an Inclusive Culture

*Tennessee Domestic Violence Shelter Best Practices Manual* / *Section I*



“An individual has not started living until he can rise above the narrow confines of his individualistic concerns to the broader concerns of all humanity.” -*Martin Luther King, Jr.*

“We need to give each other the space to grow, to be ourselves, to exercise our diversity. We need to give each other space so that we may both give and receive such beautiful things as ideas, openness, dignity, joy, healing, and inclusion.” -*Max de Pree*

“Difference is of the essence of humanity. Difference is an accident of birth and it should therefore never be the source of hatred or conflict. The answer to difference is to respect it. Therein lies a most fundamental principle of peace: respect for diversity.” -*John Hume*

People suffering from domestic violence are already vulnerable—and their chances for receiving the right kind of support are even more diminished if service providers do not have the adequate support, training, and resources to provide services that are responsive to their specific cultural and personal circumstances. This problem is compounded when the culture of the organization itself reflects some of the prejudices a survivor has experienced in other areas of their lives.

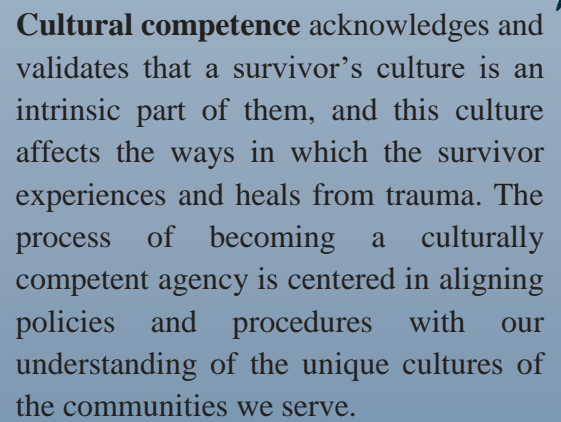
Organizations have a "culture" of policies, practices, and procedures that incorporate specific values, beliefs, assumptions, and customs both consciously and unconsciously. Organizational cultures largely echo mainstream culture, including an embrace of stereotypes, prejudices, and biases. Even the most progressive of organizational cultures may contain comprehensive cultural competence, so skill building is vital for all agencies to ensure that respectful and equal services are given to all survivors. A culturally competent organization brings together knowledge about different ethnic and cultural groups and transforms that knowledge into standards, policies, and practices that make organizational culture inclusive.

## **There are four levels of cultural understanding-**

*Cultural knowledge* means that you know about some cultural characteristics, history, values, beliefs, and behaviors of another ethnic or cultural group.

*Cultural awareness* is the next stage of understanding - being open to the idea of changing cultural attitudes.

*Cultural sensitivity* is knowing that differences exist between cultures, but not assigning judgement to the differences (better or worse, right or wrong). Bringing staff from *awareness* to *sensitivity* can sometimes create conflict. Many people have strongly held beliefs and feelings about their own unique cultures and traditions, making it difficult not to see people from different cultures as ‘other,’ ‘strange,’ or ‘wrong’. This type of conflict is not always easy to manage; it is helpful to remind staff of their mission to serve survivors of all backgrounds completely and respectfully.



**Cultural competence** acknowledges and validates that a survivor’s culture is an intrinsic part of them, and this culture affects the ways in which the survivor experiences and heals from trauma. The process of becoming a culturally competent agency is centered in aligning policies and procedures with our understanding of the unique cultures of the communities we serve.

*Cultural competence* brings together all four levels of cultural understanding and is reflected in operational changes across the organization. A culturally competent organization has the capacity to bring into its system survivors of many backgrounds, beliefs, and cultures, and to work effectively with multi-cultural groups of residents to produce better outcomes.

## **Cultural Competency Tips-**

### **1. Distinguish when cultural explanations are pertinent.**

E.g., a rural shelter frames an immigrant woman’s reluctance to use common bathrooms as a function of her cultural attitudes toward nudity. However, the survivor’s need for privacy may not be related to culture at all. Instead of making an incorrect assumption based on culture a more relevant question may be ‘how is her desire for privacy during vulnerable moments related to the abuse she has experienced’. Many survivors have a greater need for privacy as a part of their desire for safety, which has little to do with cultural mores around nudity.

### **2. Do not accept culture as an explanation for domestic violence.**

Cultural devaluations of women differ in degree from place to place, but are used to the same end across the world, to justify domestic violence. This does not only affect women; rigid gender roles also make it more difficult for male survivors to disclose the abuse they have experienced, and for LGBTQ+ survivors to receive help.

What advocates should be conscious of are the ways in which gender relations are prescribed in a survivor’s culture, how interventions may challenge traditional roles, how domestic violence is treated within that particular culture, and what additional threats or risks (e.g. deportation) may follow when survivors break from tradition.

### **3. Use an understanding of cultural differences to prompt better advocacy, not confirm or perpetuate stereotypes.**

For example, burning a woman to death or shooting her dead – one seems more horrific than the other based on what people are exposed to in their own culture, but in fact both acts are equally horrific. The method of killing does not make one group of men more horribly violent than the other, although our stereotypes may make us think so. We all hold stereotypes, the important thing is to recognize them, set them aside, and stay client-focused.

Community Tool Box has created a free resource manual for building cultural competency across organizations and communities. It is available at <http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/culturally-competent-organizations/main>



### **4. Understand the impact that institutional systems have on survivors.**

For instance, fear of deportation often prevents immigrant survivors from seeking help from law enforcement. Fear of losing custody of his children may prevent a gay male survivor from seeking the help of child protective services because of institutional prejudice that has embraced the false, damaging stereotypes that gay parents are ‘bad for children’ or ‘many gay men are child molesters.’

An advocate’s cultural competency is critical to a survivor’s well-being. Cross-systems advocacy, when two or more victim services or social systems work together, is vital. Advocates must not only prepare survivors to navigate local systems, but be willing to challenge damaging biases and push for cultural competency across the institutions they work with.

#### **Resources:**

*Building Culturally Competent Organizations*, Community Tool Box, <http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/culturally-competent-organizations/main>

*Activist Dialogues: How Domestic Violence and Child Welfare Systems Impact Women of Color and Their Communities*, Family Violence Prevention Fund (2005)

*Domestic Violence at the Intersections of Race, Class, and Gender*, Sokoloff & Dupont, *Violence Against Women*, 11(1), 2005

*Family Violence in a Cultural Perspective: Defining, Understanding, and Combating Abuse*, Malley-Morrison & Hines, 2003

*Intersecting Child Welfare, Substance Abuse, and Family Violence: Culturally Competent Approaches*, Fong, Hendricks, & McRoy, 2006

*Cultural Competency in California’s Domestic Violence Field*, Teng & Warriar, 2012

*Cultural & Gender Competency*, Asian Pacific Institute on Gender Based Violence, <http://www.api-gbv.org/organizing/cultural-competency.php>

*Cultural Competency Standards for Programs Serving Victims of Domestic Violence and Sexual Assault and Other Crimes in Oregon*, Merlo & Glick, 2006

*Culture Handbook*, Family Violence Prevention Fund, Warrier, 2005,  
<http://www.futureswithoutviolence.org/userfiles/file/ImmigrantWomen/Culture%20Handbook.pdf>

# Serving Survivors with Disabilities

Tennessee Domestic Violence Shelter Best Practices Manual / Section I

## Laws Regarding Services to Survivors with Disabilities

### VAWA:

The Violence Against Women Reauthorization Act of 2013, which President Obama signed on March 7, 2013, amends the Violence Against Women Act (VAWA) of 1994 by adding a grant condition that prohibits discrimination by recipients of certain Department of Justice funds against people with disabilities.



### FVPSA:

To be in compliance with the federal Family Violence Prevention and Services Act (FVPSA) Reauthorization Legislation, 2010, programs that receive FVPSA funding must be accessible to all victims. Accessible services will ensure that effective interventions are in place to build skills and capacities that contribute to the healthy, positive, and productive functioning of victims, children, youth, and families. This means services have to be delivered without discrimination on the basis of age, disability, gender, race, color, national origin, or religion. Barriers to accessing shelter, such as requiring participation in supportive services and maintaining rigid program rules, are not allowed. Accessibility is a broad requirement that includes offering shelter and all core services to victims regardless of disability.

### The VAWA grant condition reads as follows:



*No person in the United States shall, on the basis of actual or perceived race, color, religion, national origin, sex, gender identity (as defined in paragraph 249(c)(4) of title 18, United States Code), sexual orientation, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under [VAWA], and any other program or activity funded in whole or in part with funds appropriated for grants, cooperative agreements, and other assistance administered by the Office on Violence Against Women.*

### VOCA:

Section 1407 of the Victims of Crime Act (VOCA) of 1984 prohibits discrimination on the basis of race, color, national origin, religion, sex, or disability in VOCA funded programs or activities (42 U.S.C. § 10604). No person shall on the grounds of race, color, religion, national origin, handicap, or sex be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in connection with, any undertaking funded in whole or in part



with sums made available under VOCA.

**Rules of Department of Finance and Administration, Chapter 0620-3-6, Tennessee Family Violence Shelter Standards:**

People who meet the individual eligibility requirements for family violence shelter and/or shelter services set down in section 0620-3-6-.02 should receive services regardless of disability. The eight core services as listed in the Shelter Standards must be provided for victims of family violence in a family violence program regardless of the victim’s disability status. Those eight core services are: shelter, telephone crisis hotline, referral, counseling for family violence victims, advocacy for family violence victims, transportation arrangements, follow-up, and community education.

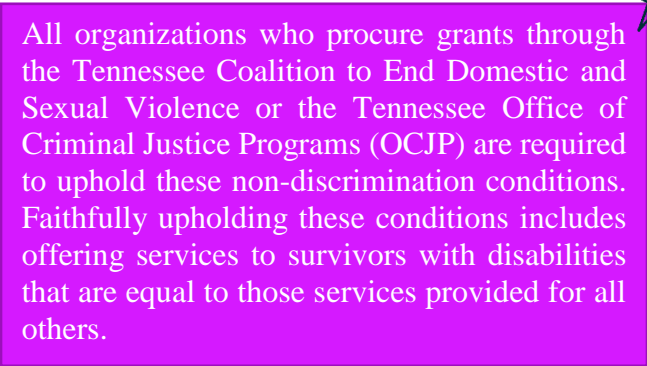
**Multiple federal laws also govern the rights of individuals with disabilities apply to shelter housing services.**

**Title III of the Americans With Disabilities Act (ADA):**

The ADA applies to all businesses and non-profit service providers (referred to in the law as “places of public accommodation”).

According to the ADA, public accommodations must:

- Provide goods and services in an integrated setting, unless separate or different measures are necessary to ensure equal opportunity.
- Eliminate unnecessary eligibility standards or rules that deny individuals with disabilities an equal opportunity to enjoy the goods and services of a place of public accommodation.
- Make reasonable modifications in policies, practices, and procedures that deny equal access to individuals with disabilities, unless a fundamental alteration would result in the nature of the goods and services provided.
- Furnish auxiliary aids when necessary to ensure effective communication, unless an undue burden or fundamental alteration would result.
- Remove architectural and structural communication barriers in existing facilities where readily achievable.
- Provide readily achievable alternative measures when removal of barriers is not readily achievable.



All organizations who procure grants through the Tennessee Coalition to End Domestic and Sexual Violence or the Tennessee Office of Criminal Justice Programs (OCJP) are required to uphold these non-discrimination conditions. Faithfully upholding these conditions includes offering services to survivors with disabilities that are equal to those services provided for all others.

- Provide equivalent transportation services and purchase accessible vehicles in certain circumstances.
- Maintain accessible features of facilities and equipment.
- Design and construct new facilities and, when undertaking alterations, alter existing facilities in accordance with the Americans with Disabilities Act Accessibility Guidelines.

(Learn More- <http://www.ada.gov/t3hilght.htm> )

### **Section 504 of the Rehabilitation Act:**

Section 504 states that "no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under" any program or activity that receives Federal financial. This covers all programs who receive state funding through grants or programs such as VOCA, FVPSA, VAWA, and DOH.

(Learn More- <http://www.ada.gov/cguide.htm#anchor65610> )

### **Fair Housing Amendments Act:**

This applies to most housing providers including shelter and transitional living programs.

The Fair Housing Act, as amended in 1988, prohibits housing discrimination on the basis of race, color, religion, sex, disability, familial status, and national origin.

The Fair Housing Act requires owners of housing facilities to make reasonable exceptions in their policies and operations to afford people with disabilities equal housing opportunities. For example, a landlord with a "no pets" policy may be required to grant an exception to this rule and allow an individual who is blind to keep a guide dog in the residence.

(Learn More- <http://www.ada.gov/cguide.htm#anchor63409> )

If you don't know where to begin Wisconsin's Violence against Women With Disabilities and Deaf Women Project has created *A Practical Guide for Creating Trauma-Informed Disability, Domestic Violence and Sexual Assault Organizations* which can be viewed here- <http://www.disabilityrightswi.org/wp-content/uploads/2012/05/Trauma-Informed-Guide.pdf>

## Dynamics and Risk Factors of Abuse in Survivors with Disabilities

Individuals with disabilities are at an increased risk for experiencing sexual and domestic violence and other forms of abuse. This is due in part to the increased vulnerability to and dependence on caregivers and intimate partners experienced by many people with disabilities. It may take longer for people with disabilities to reach out for help than the average person, and many with disabilities experience multiple instances of abuse across their lifetime. “Abuse survivors with disabilities may also encounter additional problems with self-protection, alienation, dissociation and overly compliant and acquiescent behavior.” (Abramson, 2001)

Other factors that increase the likelihood that an individual with a disability will experience abuse:

- People with disabilities may rely on others to meet basic needs, and the use of multiple caregivers increases opportunities for sexual abuse.
- Social isolation results in limited exposure and lack of information about personal relationships and opportunity to disclose if abuse occurs.
- People with cognitive disabilities may have a strong desire for friendship and connection and may be more easily convinced to forgive or ignore abuse.
- Lack of social credibility for people with disabilities who report or disclose sexual violence.
- Sexual assault survivors that are Deaf, have speech difficulties or a limited vocabulary may need communication devices or interpreters to assist with disclosing or reporting abuse. Access to these types of services can be rare, and often abusers will position themselves as their victim’s primary means of interpretation/communication.
- People who have developmental disabilities may lack information about sexuality, sexual abuse and personal safety strategies. This information may not have been taught in special education classes or institutions. Parents and care providers may not be providing this information in efforts to protect their loved ones or clients.
- Generally, society is not comfortable with people with disabilities having intimate relationships, feelings and needs. Those same members of society are also likely to deny that people with disabilities can be abused or victimized by an intimate partner, especially sexually.



- The large number of people with disabilities in institutional settings and the physical and emotional contact of caregivers results in power imbalances between the staff and residents. This imbalance of power increases risks for sexual assault, abuse and exploitation.
- Survivors with mental health disabilities may experience harmful or dismissive psychiatric or medical responses when they disclose abuse.

(Abramson, 2001)

## Considerations for Serving Survivors with Disabilities

**First Contact/ Intake.** Use this time to learn about survivors’ primary needs. As with any other survivor, immediate safety is the first priority when advocates make initial contact with a survivor. Advocates should determine if the client is eligible for services based on their abuse history, and communicate this eligibility to the client, before questioning the survivor about accessibility needs.

“Our culture has historically considered people with disabilities as broken or abnormal in some way. People with disabilities have often been relegated to institutions, special education classrooms, day programs, sheltered work programs and habilitation programs: outside of the typical experiences in life that most people take for granted.”

(Abramson, 2001)

It is mandatory that if any questions about disability-related needs are asked, they must be asked of all clients. This allows programs to avoid discrimination in their services. The laws are very clear on this matter- the presence of a disability cannot determine a survivor’s access to services.

Advocates should also note that probing for more information about, or asking for proof of a disability, is prohibited. It is a violation of the Americans with Disabilities Act to require documentation or medical information to confirm a person’s disability status. *If one client is required to bring a medical history to access services, then all clients must be required to do so.*

A good practice is to use any question about disability as a guide to make sure that survivors with disabilities receive accessible services. To this end, advocates should make it a practice to gather this information from all clients in order to improve accessibility for everyone. Advocates should also inform all clients that their agency is willing to provide accommodations as needed so that all survivors may access services.



SafePlace Austin has created an excellent guide to help answer many frequently asked questions and concerns regarding working with people with disabilities as well as substance use and mental health concerns.

<http://safeaustin.org/wp-content/uploads/2013/12/Frequently-Asked-Questions-DS.pdf>

If an agency decides they do want to develop intake questions about disability-related needs, consider developing questions that:

- Help identify barriers to services
- Help identify survivors' strengths and resources
- Identify survivors' understanding of how disability affects the violence they have experienced
- Help determine resources available to support and assist with a survivors' disability
- Addresses issues related to the survivors' support systems (e.g., will family members align with a care provider who is the survivor's perpetrator?)
- Maintains survivors' privacy, confidentiality, and autonomy

(Abramson, 2001)



**Ableism** –the practices and dominant attitudes in society that devalue and limit the potential of persons with disabilities. A set of practices and beliefs that assign inferior value (worth) to people who have developmental, emotional, physical or psychiatric disabilities.

(<http://www.stopableism.org/what.asp>)

**When making a plan to bring clients with disabilities into shelter**, advocates should help clients plan for disability-related needs, such as:

- Adaptive equipment (wheelchair, shower bench, crutches, communicative devices, etc.)
- Medications/prescriptions/doctor's orders
- Urological supplies
- Service animal and needed supplies for their care
- Names and phone numbers of home health agencies, caseworkers and other disability service providers to assist in coordinating services
- Phone numbers of supportive loved ones or past attendants who might be willing to help with personal care tasks
- Medical records

(*Disability Services ASAP (A Safety Awareness Program) of SafePlace, 2000*)

### **Disability etiquette and sensitivity**

- Make no assumptions based on appearance or communication. A person's disability may be more or less severe than it appears.
- Talk directly to the abuse survivor- not the care provider, family members, case manager, social worker or interpreter.
- Involve parents, caregivers, spouses, partners, service providers and other family members only if a survivor gives full consent.
- The Survivor may be guarded by family members or service providers and support staff may be walking a fine line between the wishes of a client, their guardian, family members, and agency policies and practices.
- Take special notice of any person who answers for and does not ever leave the survivor. This person may be working with, or actually be, the abuser. (For information on screening for abusers see page 38.)
- People with cognitive disabilities and/or mental illness may take longer to process feelings and information. Take additional time if needed for intake, advocacy, and counseling services.

Many individuals who are Deaf or Hard of Hearing do not consider themselves disabled but as a member of a cultural or linguistic group.



- Go slowly and take your cues from the survivor.
- Support the survivor in making decisions and choices as you would any other survivor.
- Keep in mind that living a “normal” life does not make a person with a disability extraordinary or heroic or special.

## Confidentiality

- The survivor is the client, but often family members, care providers and staff from various disability agencies expect that you will automatically give them all information about the circumstances of the survivor. If a client is not cognitively disabled, then advocates should defer to the client’s wishes about confidentiality as they do all other clients.
- All standard rules of confidentiality apply when serving a person with a disability. Extend the same respect for client confidentiality to a person with a disability as you would for any other survivor. Staff must get signed releases before talking about the case with family members, service providers, or others.
- Tennessee Adult Protective Services staff investigate reports of abuse, neglect (including self-neglect) or financial exploitation of adults who are unable to protect themselves due to a physical or mental limitation. Advocates have a responsibility to report the abuse of an adult who cannot care for themselves to APS. (Learn more- <http://tennessee.gov/humanservices/article/adult-protective-services#sthash.4Gai7P3l.dpuf> )

(Abramson, 2001)

## Service Animals

All of the laws reviewed in Section I of this chapter require shelters to allow service animals.

Shelters must modify any “No Animals” policies and practices as needed to allow equal access to shelter for any person with a disability using a service animal.

Shelters are required to make reasonable physical modifications to the premises to allow persons with disabilities access to their programs and resources. Believing survivors when they tell you that an animal is a service animal complies with federal and state law and is a best practice. You do not need documentation. In fact, it is against the law to require an individual to present you with documentation as proof of their disability or for their service animal.

## Invisible Disabilities

Invisible Disabilities refer to symptoms such as debilitating pain, fatigue, dizziness, cognitive dysfunctions, brain injuries, learning differences and mental health disorders, as well as hearing and vision impairments. These are not always obvious to the onlooker but can limit daily activities, range from mild challenges to severe limitations, and vary from person to person.

Someone who has a visible impairment or uses an assistive device such as a wheelchair, walker, or cane can also have invisible disabilities.

Unfortunately, people often judge others by what they see and often conclude a person can or cannot do something by the way they look. This can be equally frustrating for those who may appear unable, but are perfectly capable, as well as those who appear able but are not.

(Learn more- <https://invisibledisabilities.org/what-is-an-invisible-disability/>)



## Questions that are okay to ask regarding service animals-

‘Is this a service animal?’

‘What tasks is this animal trained to perform?’

### **Frequently asked questions regarding service animals:**

#### **Can we keep service animals out of common areas?**

No. When service animals are working, they must always accompany their owners. When you limit where the animal can go, you are also limiting where the survivor can go.

#### **Can staff or other residents interact with the service animal (i.e, petting, feeding, talking to)?**

No. When the service animal is working, it needs its entire focus to do its job. This means no staff or other residents should ever touch, speak to, feed, or otherwise interact with the animal while it is working. If you are not sure if the animal is working, ask its owner. Always ask the animal’s owner before interacting with the animal, even if it is not working.



#### **Is the shelter responsible for providing the animal’s food or care?**

Generally, the animal’s owner is responsible for all feeding, care, clean up (unless prohibited by their disability), and associated costs. If the survivor is unable to pay for food and other supplies, the shelter should help when able or assist the survivor in seeking help from community agencies.

#### **What if another resident is allergic to or afraid of the service animal?**

Legally, allergies or aversions are not acceptable reasons for limiting shelter access to a survivor with disabilities and their service animal. Shelters should work to provide reasonable accommodations to all survivors. Per the ADA, that may mean advocates working to find accommodations in another shelter program for those survivors who are allergic or afraid.

(Learn more- [https://www.ada.gov/regs2010/service\\_animal\\_qa.html](https://www.ada.gov/regs2010/service_animal_qa.html))

### **A Note on Profoundly Disabled Survivors**

An individual with a profound disability is someone who has one or more severe physical or mental impairments, which seriously limit their functional capacities (such as mobility, communication, self-care, self-direction, and interpersonal skills) to the extent that they cannot reasonably care for themselves without trained assistance.

Agencies may interact with a survivor who is profoundly mentally or physically disabled and is in need of home-health resources in many or all areas of their lives, including bathing, eating, and caring for bodily functions and routine medical needs. In the event that the survivor has insurance, the shelter should work with the survivor’s insurance to help them secure a home-health aide during shelter and moving forward. However, agencies and advocates cannot and should not put themselves in the position of becoming medical caregivers to profoundly disabled survivors for multiple reasons, including-

- Advocates are not trained home-health aides. Profoundly disabled survivors deserve trained medical professionals caring for their needs.
- Advocates can easily put themselves in danger of crossing the bounds of practicing medicine without a license or dispensing medication, which would make them liable for any harm that comes to a profoundly disabled survivor under their care.

Agencies should seek trained medical professionals and licensed partner organizations to provide the care that profoundly disabled survivors need.

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## Creating an inclusive agency for survivors with disabilities- Agency Assessment

The following tool is a list of standards that programs should work to meet in order to respectfully, faithfully, and equitably serve survivors with disabilities. It is by no means an exhaustive list, and agencies will find additional resources for serving survivors with disabilities at the end of this chapter.

	Yes	No
The agency specifically mentions people with disabilities and Deaf people in the agency’s public outreach, including website, brochures, and social media.		
The agency’s strategic plan includes ways to increase accessibility to people with disabilities.		
The agency’s client non-discrimination policy specifically includes disability status.		
The agency conducts a yearly review to assess its physical accessibility to survivors with disabilities in order to identify issues and develop solutions. This includes a review of accessibility using the ADA for guidance (of the physical space, written material, communication practices and staff/volunteer ability) with a resulting action plan.		
The agency actively collaborates with local disability and/or deaf organizations to assure survivors with disabilities have access to a complete range of services.		



The agency provides auxiliary aids and accommodations to people with disabilities when requested.		
The agency has undergone any physical modifications necessary to make it accessible to wheelchair bound survivors.		
The agency provides sign language interpretation and/or tty service along with its other language services.		
The agency collects data on the number of people receiving shelter who identify as having a disability and uses this data to identify and address gaps in service.		
The agency invites disability organizations, specifically people with disabilities, to train agency staff.		
The agency supports people with disabilities to create and operate educational/empowerment groups, such as support groups.		
The agency recruits and employs people with disabilities as staff, volunteers, and board members.		
The agency asks all individuals at intake whether they need any accommodations to ensure full participation in service.		
The agency secures reasonable accommodations upon request within an established timeframe.		
The agency has a service animal policy that:  Establishes the definition of a service animal. Allows service animals into their facility. Addresses concerns emerging from the presence of service animals, including allergies and phobias.		
All of the agency's facilities where services are provided meet the minimum standards of access set by the ADA, including:  Bathrooms Approach and entrance Fire alarm system Resident sleeping rooms and communal spaces		
The agency explicitly names people with disability in its statement about the importance of respecting the diversity of the other residents in a communal living environment.		
The agency's public outreach is inclusive of disability and Deaf people by:  Including disability access symbols. Using people-first language (e.g 'person with disabilities', 'person in a wheelchair' instead of 'disabled' or 'wheelchair-bound'.) Recognizing the cultural identity of Deaf people by referring to them as a separate group.		

Including examples of abuse tactics that perpetrators use against people with disabilities and Deaf people.		
The agency provides all routine materials in simple language and large print (16 or 18 point font).		
The agency's staff training includes:  Power and control tactics perpetrators use against people with disabilities and Deaf people. Safety planning for survivors with disabilities. The potential negative consequences domestic violence survivors with disabilities experience when reaching out for assistance.		

*(Measuring Capacity to Serve Domestic Violence Survivors with Disabilities, VERA, 2015)*

*(Serving Sexual Violence Survivors with Disabilities; A Guide for Rural Dual/Multi-Service Advocacy Agencies, Pacey et al)*

**Resources:**

The Arc, People with Intellectual Disabilities and Sexual Violence,  
<http://www.thearc.org/document.doc?id=3657>

National Center on Criminal Justice and Disability, The Arc,  
<http://www.thearc.org/NCCJD/resources/by-audience/victim-advocates>

OVC Fact Sheet on working with victims of crime who have disabilities-  
[https://www.ncjrs.gov/ovc\\_archives/factsheets/disable.htm](https://www.ncjrs.gov/ovc_archives/factsheets/disable.htm)

OVC Multidisciplinary Response to Crime Vicims with Disabilities Community Guide,  
<https://www.ovc.gov/pubs/victimswithdisabilities/communityguide/comm-print.html>

*Measuring Capacity to Serve Domestic Violence Survivors with Disabilities, VERA, 2015*

*Serving Sexual Violence Survivors with Disabilities; A Guide for Rural Dual/Multi-Service Advocacy Agencies, Pacey et.al, Resource Sharing Project*

*Disability Services ASAP (A Safety Awareness Program) of SafePlace, 2000*

*ADA Best Practices Tool Kit for State and Local Governments, Chapter 7 Addendum 2: The ADA and Emergency Shelters, <https://www.ada.gov/pcatoolkit/chap7shelterprog.htm>*

*Case Management for Clients With Special Needs, <https://www.ncbi.nlm.nih.gov/books/NBK64853/>*

*Invisible Disabilities Association, <https://invisibledisabilities.org/what-is-an-invisible-disability/>*

*Tennessee Adult Protective Services*, <http://tennessee.gov/humanservices/article/adult-protective-services>

*Stop Ableism Inc.*, <http://www.stopableism.org/what.asp>

*Americans with Disabilities Act*, <https://www.ada.gov/>

*Safety Planning for Clients with Disabilities*, Washington Coalition Against Domestic Violence, <https://wscadv.org/resources/safety-planning-for-domestic-violence-victims-with-disabilities/>

*Accessibility & Responsiveness for Survivors with Disabilities*, Safety First Initiative, University of Missouri, 2006

# Serving Immigrant Survivors or Survivors with Limited English Proficiency

Tennessee Domestic Violence Shelter Best Practices Manual / Section I



## Laws Regarding Services Immigrant Survivors or Survivors with Limited English Proficiency

### VAWA:

The Violence Against Women Reauthorization Act of 2013, which President Obama signed on March 7, 2013, amends the Violence Against Women Act (VAWA) of 1994 by adding a grant condition that prohibits discrimination by recipients of certain Department of Justice funds. VAWA 2013 maintains important protections for immigrant survivors of abuse, while also making key improvements to existing provisions including strengthening the International Marriage Broker Regulation Act and the provisions on self-petitions and U-visas.

### FVPSA:

To be in compliance with the federal FVPSA Reauthorizing Legislation, 2010, programs that receive FVPSA funding must be accessible without discrimination on the basis of age, disability, gender, race, color, national origin, or religion. Accessibility is a broad requirement that includes offering shelter and all core services to victims. All victims of domestic violence, **regardless of citizenship, legal status**, or tribal affiliation are to have the same access to services without the need to produce documentation of residency and/or citizenship.

Programs must be able to assist victims of domestic violence that have Limited English Proficiency

### The VAWA grant condition reads as follows:

*No person in the United States shall, on the basis of actual or perceived race, color, religion, **national origin**, sex, gender identity (as defined in paragraph 249(c)(4) of title 18, United States Code), sexual orientation, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under [VAWA], and any other program or activity funded in whole or in part with funds appropriated for grants, cooperative agreements, and other assistance administered by the Office on Violence Against Women.*

(LEP), are Deaf, or are hard of hearing. Using children or other family members to interpret for adult victims is not a best practice and can compromise safety. The federal government’s website addressing limited language proficiency, LEP.gov, provides additional information on ensuring language access. (*Navigating the Family Violence Prevention and Services Program, US Department of Health & Human Services, 2012*)

**VOCA:**

Section 1407 of the Victims of Crime Act (VOCA) of 1984 prohibits discrimination on the basis of race, color, national origin, religion, sex, or disability in VOCA funded programs or activities (42 U.S.C. § 10604). No person shall on the ground of race, color, religion, national origin, handicap, or sex be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in connection with, any undertaking funded in whole or in part with sums made available under VOCA.

**Rules of Department of Finance and Administration, Chapter 0620-3-6 Tennessee Family Violence Shelter Standards:**

People who meet the individual eligibility requirements for family violence shelter and/or shelter services set forth in section 0620-3-6-.02 should receive services regardless of national origin. Section 0620-3-6-.07 Program Administration states, “The program must have a written non-discrimination policy with regard to sex, race, religion, sexual preference, national origin, disability, age or marital status in administering the program and in determining eligibility for the provision of service.”

The eight core services as listed in the shelter standards must be provided for victims of family violence in a family violence program regardless of the victim’s immigration status of primary language. Those eight core services are: shelter, telephone crisis hotline, referral, counseling for family violence victims, advocacy for family violence victims, transportation arrangements, follow-up, and community education.

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## Dynamics of Abuse in Immigrant Victims

Research among immigrant women who have experienced domestic abuse in the United States found that immigrant victims often have experienced high numbers of traumatic events in their lives separate from and in addition to the domestic abuse, over 34% experienced sexual assault perpetrated by someone other than their abuser and 22% were present when another person was raped, beaten, or killed.

*(Dutton, Hass, and Ammar, Battered Immigrant Women’s Willingness to Call for Help and Police Response, 2003; Orloff, Dutton, and Ammar, Use and Outcome of Civil Protection Orders by Battered Immigrant Women in the U.S., 2008)*

Being an immigrant significantly increases vulnerability to recurring sexual assault. A study conducted among school-aged girls found immigrant girls are almost twice as likely as their non-immigrant peers to have experienced recurring incidents of sexual assault (*Orloff, 2013*). Research has also found the Latina college students experience the highest incidence of attempted rape as compared to White,

African-American, and Asian women college students (Orloff, 2013). This may stem from younger immigrant girls being actively targeted by sexual assault perpetrators who see them as legally and socially vulnerable. Immigrant girls and women, particularly those with undocumented or temporary immigration status, often are afraid to report crime victimization to law enforcement officials out of fear that such reports will lead to deportation. In addition to their legal vulnerability, their social vulnerability may stem from fears about the impact that disclosure of sexual assault may have on their relationships with their cultural community or family.

Immigrants occupy a precarious position within the broader community, which adds to their social vulnerability. Many immigrants experience racism, harassment, and oppression based solely on their identity as an immigrant, regardless of legal status. This oppression is often ingrained within a community in such a way that the prejudices are systemic in nature.



For instance, we have seen communities in Tennessee release statements and pass resolutions declaring that undocumented immigrants are not welcome in their cities. Resolutions and statements of this type have chilling effects on immigrant families trying to build their lives in Tennessee. Rather than fostering trust and public safety, these resolutions scare undocumented families away from seeking essential services and reaching out for help with issues of violence and abuse.

*(Empowering Survivors: Legal Rights Of Immigrant Victims Of Sexual Assault, Orloff, 2013; Tennessee Immigrant and Refugee Rights Coalition)*

**As difficult as it can be for domestic violence victims in general to reach out for help, the difficulty is compounded for victims who are immigrants.** These clients may be afraid that any contact with law enforcement or other local authorities will lead to abuse, harassment, or the very real potential for the separation of their families. Victim service agencies should ensure that their staff understand how best to meet the needs of - and provide medical and legal advocacy to – immigrant victims of domestic violence and sexual assault. Culturally and linguistically appropriate services are especially important when serving immigrant victims in rural, farm worker, and other isolated communities where non-English speaking immigrant victims may otherwise have difficulty accessing services. Advocates should be prepared to assist limited English proficient victims in assuring that hospitals, police, prosecutors, courts and other service providers use interpreters certified in the victim’s language when interacting with these clients.

*(Empowering Survivors: Legal Rights Of Immigrant Victims Of Sexual Assault, Orloff, 2013)*

For immigrant victims, the complexity of living in the United States while trying to maintain cultural connections to one's native country can be difficult. This cultural tension can affect the shape and detail of victims' attitudes toward sexual assault and domestic violence. Pressures to assimilate while struggling to maintain cultural identity, and different attitudes about domestic and sexual violence in both cultures, make it difficult to anticipate how immigrant victims will respond to violence. For example, many immigrants from traditional societies in Africa, Asia, and the Middle East believe that certain issues should be resolved within the household or community, and not through the involvement of law enforcement or the criminal justice system. Other immigrant victims feel unsafe disclosing an assault to anyone within the social fabric of their community. Responses to abuse vary among cultures and individuals.

**ALWAYS** consult an immigration attorney if the person you are helping is not sure of their immigration status, or if you are unsure about what resources they are eligible for in your community. The Tennessee Coalition's Immigrant Legal Clinic is available as a resource to agencies across Tennessee.

*(Decker, Raj, and Silverman, Sexual Violence Against Adolescent Girls: Influences of Immigration and Acculturation, 2007; Erez, Immigration, Culture Conflict and Domestic Violence/Woman Battering, 2002; Empowering Survivors: Legal Rights Of Immigrant Victims Of Sexual Assault, Orloff, 2013)*

Without culturally sensitive intervention, an immigrant victim of domestic violence may feel that they have no choice but to stay in an abusive relationship. Immigrant victims face many barriers to seeking and receiving assistance. These barriers are cultural, economic, practical and legal.

#### **Keep in mind that immigrant victims:**

- May be more likely to live in seclusion – they may have immigrated far from family and friends, not speak English, work, or have access to transportation
- May have come from cultures that don't talk about domestic violence, and may believe that the U.S. legal system does not apply to them
- May be ostracized by their family or community if they reveal the violence
- May not be able to utilize available resources because the services are not offered in their language and interpreters are not available
- May find that services in their community are not culturally appropriate
- May fear the criminal justice system and its representatives
- May rely on male family members to interact with the public

**NEVER** contact the Immigration and Customs Enforcement (ICE), Citizenship and Immigration Services (CIS) or Customs and Border Protection (CBP) to verify a person's immigration status. Contact an immigration attorney or the Tennessee Coalition's Immigrant Legal Clinic so you don't put an individual survivor in jeopardy of being deported.

- May fear that their children will be taken from them by "the State"
- May fear that the person abusing them will be deported if they report the abuse, thereby eliminating their only source of income
- May be threatened with deportation by their abuser to prevent them from seeking help
- May fear backlash from their family or community for speaking about abuse

## Although victims' immigration status may present certain challenges, victims do have rights.

- They *do not* need to be a citizen or have documentation to file an Order of Protection
- They have the right to keep their immigration status *private* if they reach out for shelter and/or advocacy services
- Injured immigrant victims may seek emergency treatment at the nearest medical facility
- Crime victims are not required to report their immigration status to law enforcement.

(*Guide For Advocates Working With Immigrant Victims Of Domestic Violence*, The Delaware Domestic Violence Coordinating Council)

## Serving Survivors who Speak Limited or No English



Some immigrants whose first language is not English may experience challenges in overcoming language barriers in the United States. A lack of qualified interpreters in victim services programs, including trained bilingual advocates, may significantly impede victims' ability to access the resources they need. Lack of language access services may also constitute a violation of federal law. Title VI of the Civil Rights Act of 1964 requires all organizations receiving federal funding to provide equal benefits to all people, regardless of race, color, or national origin. The goal of language access

planning is to ensure that your agency communicates effectively with all individuals who might seek your services. This requires ensuring effective communication at all points of contact between a limited English proficient (LEP) person and your agency.

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For survivors with limited English proficiency, a corresponding lack of interpreter and/or language services prevents their access to the same benefits, services, information, or rights that others receive.

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### Creating a Language Access Plan for your Agency- The Basics:



- Conduct a self-assessment to determine what contact your agency has with LEP populations.
  - Self-assessments identify language service needs of your community, the ways in which LEP individuals interact with your agency, and evaluate the existing resources your agency has to meet these needs.
- Develop policy, implementation plan, and procedures for language access.
  - Policy should be designed to require the agency and staff to ensure meaningful language access.



- An implementation plan should describe how your agency will meet these service delivery standards. This includes:
  - How you will address the needs identified in the self-assessment.
  - How you will hire or contract with qualified interpreters.
  - How you will ensure qualified translation of critical documents.
  - How you will provide notice of language services.
  - How you will train staff on policies and procedures.
- Procedures include the ways in which your agency will deliver services to LEP individuals and gather outcomes data.

Monitor, evaluate, and update the agency’s language access plan to ensure effectiveness and that it meets the changing needs of your community.

## Self-Assessment

Any interaction your agency has with the public is an opportunity to interact with LEP individuals. This includes interaction with shelter residents, hotline calls, outreach programs and community meetings, website and social media, agency brochures, and other marketing. The ways in which your agency interacts with the public informs where you may need to make changes in order to ensure meaningful access for LEP individuals.

Programs should also consider identifying the segments of your community that may speak languages other than English. For the self-assessment to be accurate, it must include all communities that are eligible for services or are likely to be impacted by the organization’s mission. This would include all counties that your organization receives grant funding to serve. Your agency may determine the linguistic data of your communities by reviewing data available from federal, state, local, and community-based organizations.

See the *U.S. Department of Justice Civil Rights Division, Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs*, in the ‘resources’ section of this chapter for a self-assessment checklist and additional tools.



Consider outreach to agencies within your service area that are serving and/or doing considerable outreach to immigrant and LEP community members. These agencies can help you to understand LEP populations and the emerging needs and issues within your community.

The *U.S. Census Bureau* through its *American Community Survey (ACS)* maintains statistics on the linguistic composition of LEP individuals. <http://www.census.gov/hhes/socdemo/language/data/index.html>

The *U.S. Department of Education* maintains a *Civil Rights Data Collection*, which has information from the nation's school districts including student enrollment and educational programs and services disaggregated by race, ethnicity, sex, limited English proficiency, and disability. <http://ocrdata.ed.gov/>

The *National Center for Education Statistics* has information on children who speak a language other than English at home. <http://nces.ed.gov/fastfacts/display.asp?id=96>

The *Federal Interagency Working Group on Limited English Proficiency Website* also has demographic information available at [http://www.lep.gov/demog\\_data.html](http://www.lep.gov/demog_data.html)



## Providing Language Services

Effective communication with LEP individuals requires your agency to have language assistance services in place. There are two primary types of language assistance services: oral and written. Oral language assistance service may come in the form of "in-language" communication (a demonstrably qualified bilingual staff member communicating directly in an LEP person's language) or telephonic interpretation services via a language line.

Interpreter competency requires more than self-identification as bilingual. Agencies should avoid using family members, children, friends, and untrained volunteers as interpreters because it is difficult to ensure that they interpret accurately and lack ethical conflicts. Family members as interpreters pose particular difficulties: clients may be uncomfortable talking about their trauma with a family member present to avoid embarrassment, shame, or hurting the family member. Family members may in turn be upset or traumatized by having to hear the survivor's story. Agencies should ensure that the interpreters or language services they use qualified and prepared to address the issues of domestic and sexual violence, including talk of violence and the use of slang terms that may be used for body parts or sexual acts.

Translation is the replacement of written text from one language into another. A translator also must be trained and registered or certified in order to faithfully translate an agency's vital documents. Vital written documents include, but are not limited to: release of information and grievance forms, intake forms, written notices of rights, notices of denials or exits from service, signs and notices advising LEP individuals of free language assistance services.

When agency personnel have reason to believe that an individual is LEP, the agency must respond to that LEP individual in a language he or she understands.

## Training Staff

Staff will not be able to provide meaningful access to LEP individuals if they do not receive training on language access policies and procedures, including how to access language assistance services. Training should explain how staff can identify the language needs of an LEP individual, access and provide the necessary language assistance services, work with interpreters, and request document translations. This training should also include how to document LEP demographic data on things like intake forms and grant reports. Tracking the number of LEP clients served and their language needs allows agencies to better tailor their language services to the clients they are serving.

Agencies must inform LEP individuals of their eligibility for benefits, programs, and services in a language they understand. Agencies should assess all points of contact- telephone, in-person, mail, and electronic communication- that the staff has with the public and LEP individuals when determining the best method of providing notice of language assistance services. An agency should not only translate its

An example of an “I Speak” card can be found at [www.justice.gov/crt/lep/resources/OhioLangIDcard.pdf](http://www.justice.gov/crt/lep/resources/OhioLangIDcard.pdf)

outreach materials, but also explain **how** LEP individuals may access available language assistance services. This may be accomplished through the use of effective, program specific notices such as forms, brochures, language access posters placed in conspicuous locations describing in multiple languages the availability of language assistance services, the use of “I Speak” language identification cards, and by including instructions in languages other than English on telephone menus.

### **Language access procedures should address the following:**

- How staff are to respond to telephone calls from LEP individuals.
- How staff inform LEP individuals about available language assistance services.
- How staff will identify the language needs of LEP individuals.
- How staff are to respond to correspondence (letters and email) from LEP individuals.
- How staff will procure in-person interpreter services.
- How staff will access telephone or video interpreter services.
- How to use bilingual staff for LEP services, and which staff are authorized to provide in-language service.
- How to obtain translations of documents.

HHS.gov provides ‘*Example of a Policy and Procedure for Providing Meaningful Communication with Persons with Limited English Proficiency*’ at <https://www.hhs.gov/civil-rights/for-providers/clearance-medicare-providers/example-policy-procedure-persons-limited-english-proficiency/index.html>

### **Resources:**

Department of Justice Language Access Plan, 2012;  
<https://www.justice.gov/sites/default/files/open/legacy/2012/05/07/language-access-plan.pdf>

U.S. Department of Justice Civil Rights Division, Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs, 2011,  
[https://www.lep.gov/resources/2011\\_Language\\_Access\\_Assessment\\_and\\_Planning\\_Tool.pdf](https://www.lep.gov/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf)

US Department of Labor LEP toolkit- <https://www.dol.gov/oasam/programs/crc/lepnt.htm>

*Ethnic Differences in Female Sexual Victimization, Sexuality and Culture*; Kalof, L., p 75-97, 2000

*Recency of immigration , substance abuse, and sexual behavior among Massachusetts adolescents*, American Journal of Public Health Blake; S.M., Ledsky, R., Goodenow, C., And ODonnell, L., p794-798, 2001

*Sexual Violence Against Adolescent Girls: Influences of Immigration and Acculturation*, 13(5) *Violence Against Women*; Decker, M., Raj, A., and Silverman, J., p 498 & 507, 2007.

*Battered Immigrant Women's Willingness to Call for Help and Police Response*, *UCLA WOMEN'S L.J.* ; Dutton, M.A., Hass, G.A., and Ammar, N., p 43 & 89, 2003

*Use and Outcome of Civil Protection Orders by Battered Immigrant Women in the U.S.*, Orloff, Dutton, and Ammar, 2008

*Empowering Survivors: Legal Rights Of Immigrant Victims Of Sexual Assault*, Orloff, 2013

Tennessee Immigrant and Refugee Rights Coalition, <http://www.tnimmigrant.org/>

*Immigration, Culture Conflict and Domestic Violence/Woman Battering*, Erez, 2002

*Trauma-informed Care for Children Exposed to Violence Tips for Agencies Working With Immigrant Families*, Office of Juvenile Justice, 2011,

<https://www.justice.gov/sites/default/files/defendingchildhood/legacy/2011/09/19/tips-immigrant-families.pdf>

*Guide For Advocates Working With Immigrant Victims Of Domestic Violence*, The Delaware Domestic Violence Coordinating Council

<https://dvcc.delaware.gov/wp-content/uploads/sites/87/2017/06/Final-Immigration-Resource-Guide.pdf>

# Serving LGBTQ+ Survivors

Tennessee Domestic Violence Shelter Best Practices Manual / Section I



As recently as 2011, more than 62 percent of LGBTQ+ victims were denied access to shelters, due in part to programs' unwillingness to accept gay men in these facilities. The Violence Against Women Reauthorization Act of 2013, which President Obama signed on March 7, 2013, amends the Violence Against Women Act (VAWA) of 1994 by adding a grant condition that prohibits discrimination by recipients of certain Department of Justice funds.



This reauthorization of VAWA closed critical gaps in services and justice. VAWA now explicitly names LGBTQ+ people as an underserved population within its non-discrimination clause. **The VAWA non-discrimination clause ensures that all victims of violence have access to the same services and protection to overcome trauma and find safety.**


## VAWA:

The grant condition reads as follows:

*No person in the United States shall, on the basis of actual or perceived race, color, religion, national origin, sex, **gender identity (as defined in paragraph 249(c)(4) of title 18, United States Code), sexual orientation, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under [VAWA], and any other program or activity funded in whole or in part with funds appropriated for grants, cooperative agreements, and other assistance administered by the Office on Violence Against Women.***

## FVPSA:

To be in compliance with the federal FVPSA Reauthorizing Legislation, programs that receive FVPSA funding must be accessible. Accessible services will ensure that effective interventions are in place to build skills and capacities that contribute to the healthy, positive, and productive functioning of victims, children, youth, and families. This means services have to be delivered without discrimination on the basis of age, disability, gender, race, color, national origin, or religion. Barriers to accessing shelter, such as requiring participation in supportive services and maintaining rigid program rules, are not allowed. **Accessibility is a**



The VAWA non-discrimination clause prohibits LGBTQ+ victims from being turned away from services, like traditional shelters, on the basis of sexual orientation or gender identity. LGBTQ+ survivors of violence experience the same rates of violence as straight individuals; however, they often face discrimination when seeking help and protection.

**broad requirement that includes offering shelter and all core services to victims regardless of gender or sexual orientation.**

**VOCA:**

Section 1407 of the Victims of Crime Act (VOCA) of 1984 prohibits discrimination on the basis of race, color, national origin, religion, sex, or disability in VOCA funded programs or activities (42 U.S.C. § 10604). No person shall on the ground of race, color, religion, national origin, handicap, or **sex** be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in connection with, any undertaking funded in whole or in part with sums made available under [VOCA].

**Rules of Department of Finance and Administration, Chapter 0620-3-6 Tennessee Family Violence Shelter Standards:**

People who meet the individual eligibility requirements for family violence shelter and/or shelter services set forth in section 0620-3-6-.02 should receive services regardless of sex. The eight core services as listed in the Shelter standards must be provided for victims of family violence in a family violence program **regardless of the victim’s sexual orientation, sex or gender identity**. Those eight core services are: shelter, telephone crisis hotline, referral, counseling for family violence victims, advocacy for family violence victims, transportation arrangements, follow-up, and community education.

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*All organizations who procure grants through the Tennessee Coalition to End Domestic and Sexual Violence or the Tennessee Office of Criminal Justice Programs (OCJP) are required to uphold these non-discrimination conditions.*

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**Working with LGBTQ+ Clients**

Partner abuse occurs at a comparable rate in LGBTQ+ communities as it does in heterosexual relationships. One in four lesbian, gay, bisexual, pansexual and/or queer people are abused by their partners. Abuse in LGBTQ+ relationships is not about both partners just “fighting it out” all the time. Abuse is never mutual. Abuse is not “two girls in a cat fight” or “boys being boys.” Abuse is one person using power and control over another. Although, as in heterosexual relationships, the abused partner may fight back, there is a difference between self-defense and abuse. Abuse is not about size, strength, who is more masculine or powerful. Abuse is about a set of tactics used by one person to gain power and control over another person regardless of how a person looks or their gender or sexual identity. *(The Network/La Red, Information for Domestic Violence Providers about: LGBTQ Partner Abuse)*

In addition to tactics that are commonly used by abusers in any relationship, some power and control tactics are unique to LGBTQ+ relationships.

### **Examples of Emotional Abuse in LGBTQ+ Relationships**

- Questioning the validity of the survivor’s gender identity or sexual orientation
- Controlling what someone wears or how they express their gender or sexuality
- Name-calling using homo/bi/transphobic slurs
- Pressuring partner to come out (make their sexual orientation known publicly)
- Convincing partner of danger or rejection in reaching out or interacting with others in their community
- Convincing the survivor that no one will help them because they are LGBTQ

### **Examples of Physical Abuse, Intimidation, & Threats in LGBTQ+ Relationships**

- Withholding hormones needed for gender transition
- Stalking, which can be easier if the partner is the same gender because they can make calls pretending to be the survivor in order to find out or manipulate their schedule and resources.
- Refusing to let partner rest or heal from gender transition-related surgeries
- Public displays of affection in areas that are not LGBTQ friendly to intimidate or scare partner
- Threat of outing partner’s sexual orientation, gender identity, HIV status, or any other personal information to employer, parents, friends, teachers, community, the press, etc

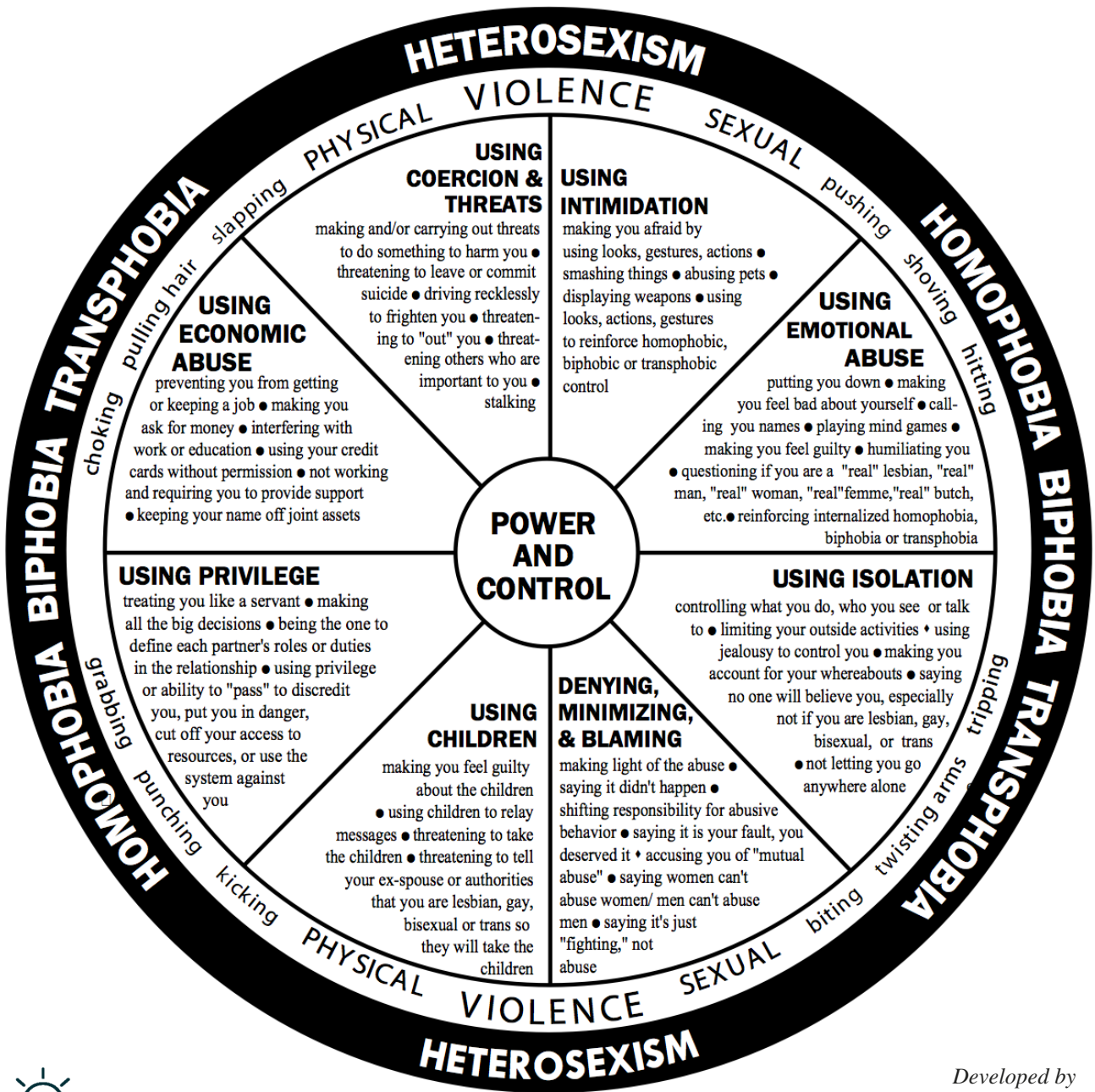
### **Examples of Sexual Abuse in LGBTQ+ Relationships**

- Not respecting words used to describe parts of the survivor’s body or body boundaries
- Exposure to HIV or sexually transmitted infections
- Forcing partner to have sex in a way that doesn’t align with their gender identity
- Using the myth that women cannot rape other women, or that men cannot be raped to deny or discount sexual assault

### **Examples of Economic Abuse in LGBTQ+ Relationships**

- Getting someone fired from their job, which can be easier if the partner is of the same gender and calls impersonating the survivor to say “I quit”
- Identity theft, which can be easier if the partner is the same gender
- Threatening to out partner to employer or to parents or relatives (if they are paying for tuition, housing, utilities, etc)

# Power and Control Wheel for Lesbian, Gay, Bisexual and Trans Relationships



Taking a few moments to compare this wheel with the standard Power & Control Wheel can give you a greater understanding of the unique ways in which common forms of power and control can play out within LGBTQ+ relationships.

Developed by  
 Roe & Jagodinsky

Adapted from the  
 Power & Control Wheel  
 Developed by  
 Domestic Abuse  
 Intervention Project  
 206 West Forth Street  
 Duluth, MN 55806



## A Note on Screening for Survivors and Abusers

In order to determine who is a survivor seeking services, programs need to screen. Screening is a process of looking at a wide range of behaviors of both partners in the relationship and determining which partner has power and control over the other. There are no shortcuts or quick checklists for determining whether an individual is an abuser or a survivor. Screening is a process and skill that requires training and practice. Agencies who work with LGBTQ communities should learn this skill. The Network/La Red, The GLBT Domestic Violence Coalition, and The Northwest Network all offer screening and/or assessment training. For more information on screening see page 50.

## Barriers to services for LGBTQ survivors

Because of homophobia, biphobia, transphobia and heterosexism, LGBTQ survivors face several barriers when trying to access services. Some of these barriers include:

- A sense of invisibility in service systems if there is no mention of LGBTQ partner abuse in outreach materials.
- Judgment or homo/bi/transphobia on the part of service providers, or a fear of this type of discrimination.
- No screening which results in a loss of safety and the possibility of the abuser accessing services.
- Staff ‘outing’ LGBTQ survivors to program participants or other providers.
- Allowing staff or other participants to harass or insult LGBTQ people with impunity.
- Refusing services on the basis of gender identity or perceived gender identity.
- No knowledge of LGBTQ communities by service providers.

*(The Network/La Red, Information for Domestic Violence Providers about: LGBTQ Partner Abuse)*

## Working with Transgender Clients



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"Every survivor is a person first; other identities are secondary. They may be relevant to the abuse and to how the survivor copes with it and to whether they have access to a support network. But for providers to see survivors as 'Other' because of their trans identity is unprofessional. It violates the most basic ethical elements of professional relationships: autonomy, beneficence, and a general concern with justice/fairness."

*(Munson & Cook-Daniels, 2011)*

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There are some challenges to shelter access, system structures, and trans-specific issues that are unique to individuals on the transgender spectrum, including those who are androgynous or gender non-conforming. (For definitions of the terms used in this section see page 220.)

“While exact incidence and prevalence rates of intimate partner violence (IPV) among trans people cannot currently be determined, research and experience indicate that the rate of IPV for trans people is likely the same or greater than the rate among non-trans people at 25 - 33%.” (Black et al., 2011). “Trans people also experience high rates of other forms of violence. Statistics indicate that 1 in 2 experience sexual violence (greater than 50%), almost 1 in 5 experience stalking (18%) and nearly 1 in 3 trans people experience violence motivated by hate (30%).” (Munson, 2014)

Transgender individuals disproportionately experience violence perpetrated by cis-gendered persons, i.e. people who do not identify as trans, both male and female. Trans people face many dangers, including interactions with transphobic individuals, widespread cultural beliefs that shelters only serve women, and the common practice of agencies only accepting non-trans women into shelter. This results in many trans survivors being hesitant, if not fearful, of accessing emergency housing. It is the responsibility of shelters to consider safety of trans individuals, from their abuser as well as other shelter residents, as paramount in their shelter placement.

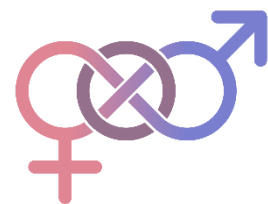
Advocates should keep in mind that trans women are women and trans men are men. It is also important to remember that each survivor (trans or not) will have specific safety needs and concerns that should be addressed when determining where to best place them in shelter. If there is a choice of a gendered facility or all-gender shelter or space, ask the survivor which facility they would like to be housed in. Placement in sex-segregated programs or spaces should correspond with how survivors identify their gender.

### **Best Practices In Working With Trans Survivors-**

- Trans survivors should not be asked about their body (for example, if they are taking hormones, if they have had surgery of any type).
- Trans survivors should not be asked invasive questions (such as how long they have been living as a woman).
- Agencies should not make burdensome demands for identity documents. Agencies should be consistent in the types of documents they ask of any survivor and should not require trans folks to provide additional documentation or proof of their gender identity.

Throughout this chapter, words and phrases such as trans, transgender, and others describing identities will be used to reflect the variety and complexity of identity, experience, and language within the community. We honor and recognize the complexity and multiplicity of gender identities. We use these words in their broadest meanings, inclusive of those whose identities lie outside of these often-limiting terms.

(Adapted from Munson, 2014)



## Documentation for Trans Clients



A trans survivor's non-congruent documentation may pose some challenges if they are actively seeking employment or applying for public assistance or benefits. Sometimes the reason trans folks have not yet changed their identification is the cost or access to legal support in changing their name or gender marker. Shelter staff may be able to assist by helping update documents so that survivors can better access jobs, services, benefits and experience increased safety with aligning identification. (Munson, 2014)

To obtain a legal name change in Tennessee, an applicant must submit a petition to the court. No publication is required. Individuals who have prior felony convictions must provide additional documentation. (Tenn. Code Ann. § 29-8-101 to § 29-8-105 )

In order to update name and/or gender on a Tennessee ID, the applicant must submit (1) a court order certifying the name change, if applicable, and/or (2) "A statement from the attending physician that necessary medical procedures to accomplish the change in gender are complete" or a court order recognizing gender change. (Tennessee Department of Safety Rule 1340-1-13-.12)

Tennessee specifically prohibits amending sex on a birth certificate: "The sex of an individual will not be changed on the original certificate of birth as a result of sex change surgery." (Tenn. Code Ann. § 68-3-203(d).)

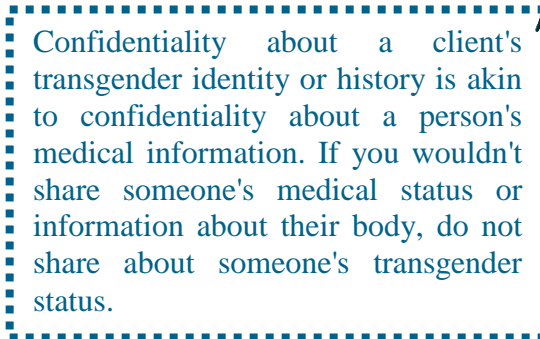
(<http://www.transequality.org/documents/state/tennessee>)

- A [VAWA] recipient may not make a determination about services for one [survivor] based on the complaints of another [survivor] when those complaints are based on gender identity (U.S. Department of Justice, 2014).
- If traditional shelter is not a viable or safe option (keeping in mind the above VAWA nondiscrimination provisions), agencies may help trans survivors find other types of housing away from their abuser.
- When referring a trans survivor to other shelter options, work with them in gaining permission to make initial contact with the alternative housing to ensure the staff and facility are trained, sensitive, and will treat the client respectfully before referring them.
- When a trans survivor presents identification documents, they may or may not align with their gender identity or visual appearance. 41% of transgender people who predominantly live as their chosen gender do not have a driver's license that matches their current name and/or gender (Grant et al., 2011).
- Regardless of whether a trans survivor has documentation that aligns with their current gender and name, it is vital to ask what name and pronoun they use and would like others to use when addressing them.

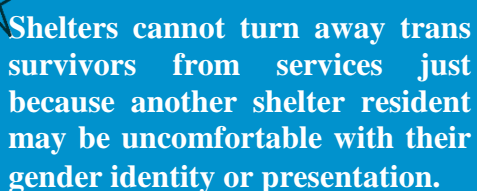
A best practice is to ask all residents about how they would like to be addressed and referred to. For example: "At our agency, we strive to treat everyone with respect; what name and pronoun would you like staff to use when addressing you and referring to you?" If a survivor is unclear about what you mean by pronoun, offer the examples of "he" or "she."

Similarly, if they question why you would be asking about what name to use to address them, offer that some people, for example, prefer to be called "Mrs. Smith" while others prefer "Betty" (Munson, 2014).

- As with all shelter residents, assuring new residents that their personal information will be kept confidential is a critical step toward building trust, showing respect, and empowering them to take back some of the control over what information is shared (or not shared) about them.
- “Keep in mind that accidentally or intentionally disclosing a person's transgender status or history not only violates confidentiality, it may also place a trans woman at increased risk of unequal treatment, discrimination, and even violence from others.” (Munson, 2014)
- Good responses to uncomfortable questions: “We consider the personal history of all our residents to be private information. It is up to each resident to determine how much information about her past or present she chooses to share, if any.” and “It is not appropriate or acceptable to ask about another resident’s body, genitals, or medical history.”
- A trans survivor's shared room assignment in an all-gender shelter should be based on the self-identification of their gender and not on their surgical status (body) or documentation markers (name or gender on driver's license).
  - Advocates should always check in with a trans survivor about any safety or privacy concerns before deciding what room to place them in.
- For many women of trans history, makeup is not an optional accessory, but something that helps define them as women and allows them to present their body in alignment with their female gender identity. Agencies should consider assisting trans folks in shelter with procuring makeup and other specialized toiletries that may be needed, such as wigs, breast forms (prostheses intended to simulate breasts), or breast binders (a specialized garment used to flatten breasts).
- Shelter administrators and staff should consider incorporating room dividers or dividing curtains to afford more privacy between beds in shared rooms where residents may be undressing.



Confidentiality about a client's transgender identity or history is akin to confidentiality about a person's medical information. If you wouldn't share someone's medical status or information about their body, do not share about someone's transgender status.



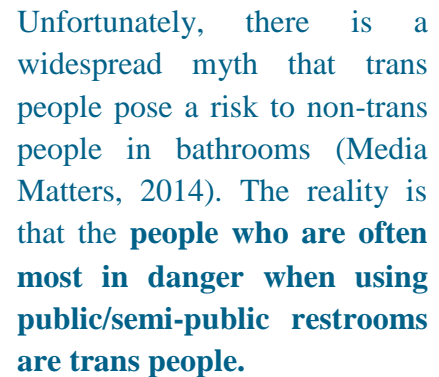
Shelters cannot turn away trans survivors from services just because another shelter resident may be uncomfortable with their gender identity or presentation.

Dividers should be placed in all shared rooms, so that all residents are treated equally.

- More than 65% of the 1,005 transgender respondents to a 2011 FORGE study (Munson & Cook-

Daniels, 2011) said that they viewed the availability of gender-neutral bathrooms as "important," "very important," or "extremely important" in deciding whether to access professional services (including shelter).

- Consider ways in which bathroom access can be made more private for all residents, such as locks, stalls, and curtains.
- Many shelters receive donations of toiletries, clothes and other supplies. When requesting donations, overtly ask for larger sized women's clothes and smaller men's clothing, breast binders, wigs, and other items trans folks may need.
- Shelters should have clear policies on how to handle bias, harassment, discrimination and violence. These policies should be in writing and all staff should receive training to become familiar with the policies and to be able to enforce/uphold them.
  - These policies should specifically cover both sexual orientation and gender identity.
  - Nondiscrimination policies should be visibly posted in the shelter and/or a copy given to every resident so that each person is aware that discrimination is not accepted.



Unfortunately, there is a widespread myth that trans people pose a risk to non-trans people in bathrooms (Media Matters, 2014). The reality is that the **people who are often most in danger when using public/semi-public restrooms are trans people.**

## Intervening in Biased or Discriminatory Behavior


When working with survivors who may have bias against or lack understanding of transgender individuals, it can be helpful to focus on their commonalities to diffuse tense situations and reduce biased comments/behavior. For example, both individuals are in shelter because they need safety and a place to live. Interactions to resolve biased behavior do not necessarily need to be lengthy or punitive. Responding promptly to biased behavior, having a dialogue with each person involved, and coming to an agreement around future expected behavior can often be enough to stop the cycle of disrespectful or abusive behavior.

There is no single way to challenge inappropriate behavior but these are tips:

- Be Ready – You know at some point you will hear or see something that is inappropriate or discriminatory. Prepare yourself for it and ask questions instead of making accusations.
  - “Why do you say that?”
  - “Do you really mean what you just said?”
- Don't punish or blame – calmly correct.
  - “Carol is a woman, the appropriate pronoun to use for her is ‘she.’”

- Intervene Appropriately- As an advocate you are responsible for setting the right tone. Consider when/how you challenge.

- Do you challenge there and then, or quietly at a later date?
- What will be most effective for the person involved/for those witnessing the incident?
- Assess whether it is appropriate to have the conversation in public or behind closed doors.



Just as important as having clear nondiscrimination policies and procedures is actually modeling respectful behavior towards lgbtq+ individuals in all aspects of your organization. When staff and residents treat each other with kindness, compassion and respect, others will generally mirror those behaviors, which results in an environment that cultivates wholeness. There needs to be a commitment from the very top to create an environment in which everyone is respected and feels secure enough to bring in all parts of themselves. (*Munson, 2014*)

- Reflect and reframe- do not repeat insults or abusive speech, but reflect the overarching message that was conveyed to help the offender hear what they have said.

- “So, what I hear you saying is that all immigrants should be punished? Is that right?”

- Appeal to Principles – Call on a person’s higher principles.

- “I’ve always thought you were fair-minded. It shocks me to hear you say something so biased.”

- Set Limits- You can’t control the behavior of clients but you can make them aware of what you will not accept.

- “Don’t tell racist jokes or use that language in shelter. Everyone has the right to feel safe here.”
- “What you just said was disrespectful.”
- “At [ORGANIZATION], we don’t accept discrimination.”



You will find model policies on inclusion and non-discrimination for both clients and staff in Section 3 of this manual, on pages 180 and 214.

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## The Basics for Working with LGBTQ+ Clients; A Review

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1. Assess your agency. Train all staff in cultural and gender competence. Make sure that your agency's environment, media, and materials are inclusive.
2. Collaborate with local LGBTQ and ally organizations.
3. Foster diversity on your staff and board.
4. Examine your own internal biases.
5. Use inclusive forms and create clear policies.
6. Reflect client language. Don't ignore the importance of using the right pronouns; don't ignore when others use incorrect pronouns. Respect an individual's identity and use the terms that someone uses for themselves.
7. Listen, believe, and ask only questions relevant to providing complete services.
8. Lack of disclosure about transgender status shouldn't be taken as a sign of non-compliance, deceit, or denial.
9. Just because a client is 'out' to you, doesn't mean they're 'out' to everyone. Talk to someone before disclosing their sexual or gender identity, even to other staff.
10. Not all trans people have the same relationship to their bodies. Some may literally hate parts (or all) of their body, while others have no underlying body dysphoria and simply claim an identity that differs from what other people think it should be
11. Communicate inclusion. You can easily do this by using diverse examples with your clients, asking broad, open-ended questions, and using non-gendered language.
12. Be bold and creative. Problem-solve with and for your client, so that your client can access the services they need, and in a way that is respectful and not re-traumatizing.
13. Treat people as individuals and don't expect a single person to represent an entire community.

*(For more see Practical Tips for Working With Transgender Survivors of Sexual Violence, Forge, 2008; The Network/La Red)*

## Resources:

*Transgender Individuals' Knowledge of and Willingness to Use Sexual Assault Programs*, Munson, M. & Cook-Daniels, L., 2011

*Sheltering Transgender Women: Providing Welcoming Services; Technical Assistance Guidance*, Munson, 2014, [http://vawnet.org/sites/default/files/materials/files/2016-09/NRCDDV\\_TAG-TransWomenShelter-Sept2014.pdf](http://vawnet.org/sites/default/files/materials/files/2016-09/NRCDDV_TAG-TransWomenShelter-Sept2014.pdf)

*Injustice at every turn: A report of the National Transgender Discrimination Survey*, Grant, J., Mottet, L.A., & Tanis, J., 2011, National Center for Transgender Equality and National Gay and Lesbian Task Force. Available from: [http://endtransdiscrimination.org/PDFs/NTDS\\_Report.pdf](http://endtransdiscrimination.org/PDFs/NTDS_Report.pdf)

*Gendered Restrooms and Minority Stress: The Public Regulation of Gender and its Impact on Transgender People's Lives*, Herman, J., 2013, The Williams Institute.  
<http://williamsinstitute.law.ucla.edu/research/transgenderissues/herman-jpmss-june-2013/>

*Know Your Rights: Fair Housing and Transgender People*, National Center for Transgender Equality, 2012, [http://transequality.org/Resources/FairHousing\\_March2012.pdf](http://transequality.org/Resources/FairHousing_March2012.pdf)

*Practical Tips for Working With Transgender Survivors of Sexual Violence*, Forge, 2008, [https://avp.org/wp-content/uploads/2017/04/2008\\_FORGE\\_Tips\\_Working\\_with\\_Trans\\_SV\\_Survivors.pdf](https://avp.org/wp-content/uploads/2017/04/2008_FORGE_Tips_Working_with_Trans_SV_Survivors.pdf)

*Information for Domestic Violence Providers about: LGBTQ Partner Abuse*, The Network/La Red, [https://avp.org/wp-content/uploads/2017/04/2010\\_TNLR\\_Partners\\_Abuse\\_Handout\\_for\\_Providers.pdf](https://avp.org/wp-content/uploads/2017/04/2010_TNLR_Partners_Abuse_Handout_for_Providers.pdf)

Challenging Discrimination, <http://www.faculty.londondeanery.ac.uk/e-learning/diversity-equal-opportunities-and-human-rights/challenging-discrimination-in-the-teaching-context>

Bystander Intervention in Discrimination, <http://stepupprogram.org/topics/discrimination/>



# Serving Male Survivors in Shelter

Tennessee Domestic Violence Shelter Best Practices Manual / Section I



## Laws Regarding Services to Men

### VAWA:

The Violence Against Women Reauthorization Act of 2013, which President Obama signed on March 7, 2013, amends the Violence Against Women Act (VAWA) of 1994 by adding a grant condition that prohibits discrimination by recipients of certain Department of Justice funds.

*The grant condition reads as follows:*

*No person in the United States shall, on the basis of actual or perceived race, color, religion, national origin, sex, gender identity (as defined in paragraph 249(c)(4) of title 18, United States Code), sexual orientation, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under [VAWA], and any other program or activity funded in whole or in part with funds appropriated for grants, cooperative agreements, and other assistance administered by the Office on Violence Against Women.*

### FVPSA:

To be in compliance with the federal FVPSA Reauthorizing Legislation, 2010, programs that receive FVPSA funding must be accessible. Accessible services will ensure that effective interventions are in place to build skills and capacities that contribute to the healthy, positive, and productive functioning of victims, children, youth, and families. This means services have to be delivered without discrimination on the basis of age, disability, gender, race, color, national origin, or religion. Barriers to accessing shelter, such as requiring participation in supportive services and rigid program rules, are not allowed. Accessibility is a broad requirement that includes offering shelter and all core services to victims regardless of gender or sexual orientation.

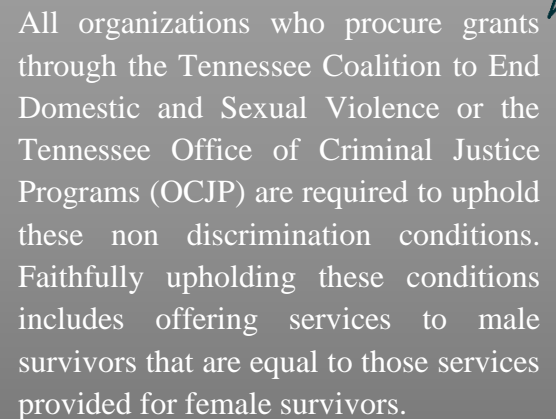
### VOCA:

Section 1407 of the Victims of Crime Act (VOCA) of 1984 prohibits discrimination on the basis of race, color, national origin, religion, sex, or disability in VOCA funded programs or activities (42 U.S.C. § 10604). No

person shall on the ground of race, color, religion, national origin, handicap, or sex be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in connection with, any undertaking funded in whole or in part with sums made available under VOCA.

### **Rules of Department of Finance and Administration Chapter 0620-3-6 Tennessee Family Violence Shelter Standards:**

People who meet the individual eligibility requirements for family violence shelter and/or shelter services set forth in section 0620-3-6-.02 should receive services regardless of sex. The eight core services as listed in the Shelter Standards must be provided for victims of family violence in a family violence program regardless of the victim's sex or gender identity. Those eight core services are: shelter, telephone crisis hotline, referral, counseling for family violence victims, advocacy for family violence victims, transportation arrangements, follow-up, and community education.



All organizations who procure grants through the Tennessee Coalition to End Domestic and Sexual Violence or the Tennessee Office of Criminal Justice Programs (OCJP) are required to uphold these non discrimination conditions. Faithfully upholding these conditions includes offering services to male survivors that are equal to those services provided for female survivors.

### **Equitable Services**

The non discrimination guidelines of the four funding sources listed above require that all programs receiving this funding, which includes any funding from federal agencies, state agencies, or the Tennessee Coalition, provide equitable services to all survivors regardless of actual or perceived race, color, religion, national origin, sex, age, disability or gender identity. These protections include male survivors. Providing equitable services means that each service provided by your organization should be available to all clients, including shelter services.

The VAWA nondiscrimination grant condition provides that a recipient may offer sex-segregated or sex-specific programming when it is “necessary to the essential operation of a program.” The Department of Justice requires any program that receives a complaint of discrimination based on sex-segregated or sex-specific programming to justify their use of this type of segregate services as essential to the operation of the program.

*eq-ui-ta-ble*  
*adjective*

1. fair and impartial.  
**"an equitable balance of power"**

synonyms: fair, just, impartial, even-handed, unbiased, unprejudiced, egalitarian

“DOJ expects the recipient to support its justification with an assessment of the facts and circumstances surrounding the specific program, and to take into account established best practices and research findings, as applicable. The justification cannot rely on unsupported assumptions or overly broad sex-based generalizations... A recipient may not provide sex-segregated or sex-specific services for reasons that are trivial or based solely on the recipient’s convenience... A recipient should not assume that, because services have been sex-segregated or sex-specific in the past, continued sex segregation or sex specificity is “necessary” to its programming.” (*Nondiscrimination Grant Condition in the Violence Against Women Reauthorization Act of 2013 FAQ’s*,

## Providing Equitable Services

Should a program decide that segregating a service, such as its shelter, is necessary to the operation of the program, then it must be able to offer equitable services to clients of all genders.

For example- many programs have chosen in the past to shelter male victims in a hotel, rather than on their shelter property. This is not an example of equitable services, for a variety of reasons. In order for a male survivor's hotel stay to be equitable to a female survivor's shelter stay the following factors must be considered:

**Length of stay.** For example, if the program offers female clients an initial stay of 45 days with potential for extensions the male survivor's hotel stay must offer an equal time period.

**Access to supplies.** If the program provides female clients in shelter with access to meals, food pantry, toiletries, clothing items, or other supplies during their shelter stay, these same concessions must be made for male victims in a hotel.

**Access to services.** If the program offers additional services to female shelter clients, such as support groups, case management, parenting classes, employment assistance, housing assistance, etc., these same services must be offered to male. Further, attention must be paid to the ease with which clients access services.

For example, if support group is offered within the walls of the shelter, what transportation is available for male victims to access this service? If advocates are available to assist shelter clients 24-7 with advocacy, referral, crisis intervention, or case management, what steps are being made to ensure a male victim in a hotel receives this same level of access to services?

**Privacy.** Shelter is a challenging environment, characterized by the need for communal living and a loss of privacy that is present by a shelter's very nature. Hotel accommodations give male victims access to a level of privacy and autonomy not necessarily available to women in shelter spaces. This is then, at its base, not an equitable solution to emergency shelter.

2014)

## Dynamics of Abuse in Male Victims

Advocates should know that domestic violence knows no gender, race, age, or socio-economic boundaries. While it is true that the majority of victims are women, many men around the world experience violence at the hands of intimate partners. Often, male victims are reluctant to report their abuse or to seek help for a variety of reasons, many of which revolve around the fear that men will be judged, disbelieved, or unable to access services based upon their gender.

### Misconceptions Regarding Male Victims Seeking Services:

**'Domestic Violence Shelters Don't Help Men'**- Many male survivors are afraid that they will not be able to access services, or that services are simply not available for men. It is the responsibility of each program, therefore, to make sure that its community outreach includes marketing those services that are available to survivors of all genders.

**'Gay or Transgender Male Victims Will Be Outed'**- Gay or transgender men may believe that they will have to reveal their sexual orientation or gender identity in order to receive shelter services. This can be an especially daunting prospect in rural communities. Advocates should make sure that clients seeking services know that it is enough to identify as a victim of domestic violence, and that although some demographic information may be asked, it is not mandatory to answer these questions. Advocates should also reassure clients of their organization's privacy and confidentiality policies.

**'Men Who Seek Help Are Weak'**- Many men do not seek help because they fear it will make them seem weak or that it will call in to question their sexuality or masculinity. Advocates should reassure male clients that being abused is not a 'weakness.' "There are few actions that require as much bravery as walking away from an abusive relationship. To

recognize that you are in need of help and then take the steps needed to get it is not weakness. It's a sign of strength." (Bari Zell Weinberger, 2015)

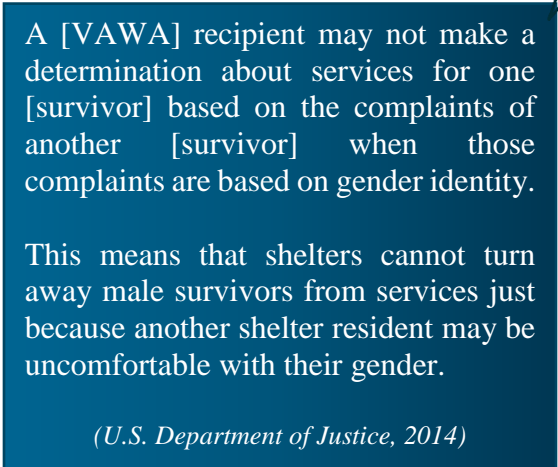
## Considerations for Sheltering Men

Many programs consider sex-segregated shelter services because they are uncomfortable with the notion of housing male and female survivors in the same physical space. Much of this discomfort stems from outdated notions of gender roles, survivor needs, and shelter safety.

### Frequently heard concerns about housing men in shelter include:

- **Female survivors will be afraid.** Domestic Violence programs should strive to empower their clients to live independent, safe, fulfilling lives. Part of this process is understanding that survivors will have to interact with individuals of all genders in their everyday lives. It's also important for advocates to reinforce the reality that not all men are abusers. Indeed, most men are not abusers. Some advocates may be surprised to find that many, if not most, women in shelter do not consider all men threats, and are in fact very open to the prospect of sharing a shelter with male survivors.

The presence and acceptance of individuals of all genders within shelter can have a positive impact on a survivor's healing journey. If advocates believe that the addition of a male survivor to a shelter community will be received negatively by the women in the shelter, then advocates have the responsibility to facilitate a discussion with shelter residents that includes reminders of the program's non discrimination policies and seeks to address any concerns the female residents may have.



A [VAWA] recipient may not make a determination about services for one [survivor] based on the complaints of another [survivor] when those complaints are based on gender identity.

This means that shelters cannot turn away male survivors from services just because another shelter resident may be uncomfortable with their gender.

*(U.S. Department of Justice, 2014)*

It is also important to note that shelters do not have to house male and female survivors in shared bedrooms. It is the practice of many shelters to house male survivors in their own separate bedroom within the shelter, and many have a 'male' bathroom as well. This is considered an acceptable and equitable practice.

- **It is 'inappropriate' for men and women to share space.** There is nothing inherently inappropriate or 'immoral' about housing male and female victims in one shelter. The assumption that male and female survivors, when housed together, will engage in sexual behaviors is misguided and short-sighted, erasing LGBTQ sexual identities and assuming that sexual behavior in shelter might only take place between clients of opposite genders. Additionally, it is not up to shelter staff to police the sexuality of consenting adult clients.

- **Male survivors will be alone/uncomfortable in ‘women’s space.’** This misconception is rooted in the idea that shelter is inherently a ‘women’s’ space, and that only women can be victims of domestic violence. This is a damaging myth that erases the lived experiences of victims of other genders and perpetuates the idea that men are not able to receive shelter services. This also maintains the outdated patriarchal idea that men and women are so fundamentally different that they cannot possibly coexist in a meaningful way. This is the opposite of the empowering, equality-focused ideals that should be central to meaningful anti-violence work.
- **Men may be abusers trying to gain access to their victims/trying to victimize others.** While it is certainly possible for abusers, or simply violent individuals, to gain access to shelter services this is not a phenomenon that is restricted to men. *Advocates have a responsibility to understand that, while the majority of abusers are men, the majority of men are not abusers, and that women and those of other genders may also be abusers or engage in violent behavior in shelter.* For this reason, the four central shelter rules include a ban on violent behavior in shelter, and violence is grounds for immediate exit from shelter services. The expectation is that the shelter environment is one that rejects both emotionally and physically violent behavior. To this end, advocates should be practiced in screening those seeking entrance into shelter to make sure they are not admitting abusers of any gender.

**Many programs have similar concerns about sheltering teen boys as secondary victims. For more information on this issue, see page 85.**

## Screening for Abusers of any Gender

Do not assume that all abusers are men and all victims are women. We know that these beliefs are false and can discourage non-female victims from seeking services. One of the most common concerns when thinking of housing men in shelter is the possibility of admitting an abuser into a safe shelter space. The fear of allowing abusers into shelter is understandable and valid, but advocates must be aware that this possibility is present with abusers of any gender.

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“What would happen if we offered the wrong services to the wrong person? We could place the survivor in danger or in jail and potentially send the message that it was their fault the abuse happened. We could also place the abuser in support services that validate the abuser and tell them they are not to blame for the abuse. We might place the abuser in a confidential shelter or help the abuser get a restraining order against a survivor. This could help the abuser find the survivor or turn a survivor away from services that they need. If we give the wrong services to the wrong person because we are not screening, people get hurt.”

*(Open Minds, Open Doors: Transforming Domestic Violence Programs to Include LGBTQ Survivors, The Network/La Red, 2010)*

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When you have initial contact with an individual seeking services, pay attention to red flags you might hear which could indicate that you are speaking with an abuser.

**Red flags may include things like-**

- *Demanding* to be seen as a victim.
- Repeatedly mentioning and dismissing/justifying violence they have committed toward partner.
- Exaggerating their own injuries and minimizing their partner's.
- History of threats, violence toward other people, non-domestic crime, or weapons use.
- Using abusive language toward the advocate.

Recognize the limits of your knowledge. Batterers are skilled manipulators, accustomed to convincing others of the character they want to portray. It is not the fault of an advocate if someone is admitted into shelter who then behaves in an abusive or violent manner. Every abuser is responsible for their own decisions and violence is a choice.

**Understand that batterers:**

- Act differently in public than when they're alone with their partner.
- Convincingly present themselves as victims. In fact, they may *insist* on being seen as victims. What makes them even more convincing is the fact that they genuinely *feel* victimized if their partner resists their control.
- Blame their behavior on external factors – alcohol, anger, etc.

“Abusers may try to access services that are intended for survivors for many reasons. They may be trying to block their partner from using those services or trying to find their partner. They may also just wish to access the services being offered such as shelter or legal help. However, many times abusers truly believe that they are survivors. Abusers often have a lack of empathy for their partner and a sense of entitlement in the relationship that supports their belief that they are the person being victimized. They may blame their abusive actions on their partner. Additionally, survivors often present themselves as abusers. They may do so because their abusive partner has told them that they are an abuser or that they were to blame for the fights or explosive incidents. They may have been mistakenly perceived as the abuser by police and been arrested. They may feel ashamed for fighting back in self defense and consider themselves abusive. Screening ensures that you are providing the correct service to the correct person.”

*(Open Minds, Open Doors: Transforming Domestic Violence Programs to Include LGBTQ Survivors, The Network/La Red, 2010)*

- Give innocent explanations for abusive behavior. “I just want her to talk to me and understand how I feel, and she thinks I’m stalking her!”
- Blame their behavior on their partner. “She’s a bitch.” “He hit me first.”

*(New York State Office for the Prevention of Domestic Violence)*

## Things to consider:


- Screening is a process. Your most useful tools are active listening and open-ended questions.
- Go with your gut; if something feels wrong, keep exploring.
- Listen for red flags, not only during intake. Advocates should have a good familiarity with red flag behaviors and stay tuned to their clients throughout their interactions.
- Screening is a team event. It is okay to check in with co-workers when red flags come up, or if you feel unsure.
- Be willing to screen at every level, not only with clients but also when hiring new staff, volunteers, or board members.

*(The Intimate Partner Screening Tool for Gay, Lesbian Bisexual and Transgender (GLBT) Relationships, a project of the Gay, Lesbian, Bisexual, and Transgender Domestic Violence Coalition, 2003)*

## Tips for Screening for Potential Abusers

Assess what you have learned while talking with the potential client.

Check for red flags.



The assessment tool on the next two pages may help advocates screen for potential abusers, as well as better understand their client's risks and needs.

- Think about the context in which abusive behavior occurred.
- What meaning or history does a certain behavior have, given the context? What impact does the context have on the agency/self-determination of each person in the relationship?
- Intent of the behavior (controlling partner or gaining control of oneself).
- Effect of behavior (is person afraid or have they established control?).
- Survivors are more likely to empathize with or make excuses for their partner's behavior. Abusers lack empathy, and will often blame their victim for the abuse or dismiss their feelings.
- Look for agency: Who is making the decisions in the relationship? Were the decisions coerced? Whose life is getting smaller?
- Who is getting their way?
- Look for entitlement, the belief that they have the right to what they want at the expense of others.
- Is the caller in fear of their partner? Are they afraid to go home? Are they planning for the safety of themselves or dependents?
- An abuser may state they are afraid, but upon further probing, you may find their "fear" is really disappointment at not being able to control their partner.

- You may wish to have two people screen together, especially when advocates are new to screening.
- If you are feeling triggered, afraid, or attacked by the caller you might be talking to an abuser-remember to pay attention to your gut.

**If you believe you are speaking to an abuser:**

- ✓ You may wish to pull in a coworker or manager to witness the conversation.
- ✓ Tell the abuser, “From what you have shared with us, at this time we believe that you’ve been abusive.”
- ✓ “We do not offer services for people who have been abusive.”
- ✓ You may refer them to batterer’s intervention.
- ✓ You may terminate the call if the caller becomes verbally threatening or belligerent.

*(The Intimate Partner Screening Tool for Gay, Lesbian Bisexual and Transgender (GLBT) Relationships, a project of the Gay, Lesbian, Bisexual, and Transgender Domestic Violence Coalition, 2003; Open Minds, Open Doors: Transforming Domestic Violence Programs to Include LGBTQ Survivors, The Network/La Red, 2010; The Assessment Tool, the Northwest Network. 2011; New York State Office for the Prevention of Domestic Violence)*

**Resources:**

*Open Minds, Open Doors: Transforming Domestic Violence Programs to Include LGBTQ Survivors,* The Network/La Red, 2010

*The Assessment Tool,* the Northwest Network. 2011

New York State Office for the Prevention of Domestic Violence;  
<http://opdv.ny.gov/professionals/index.html>

*The Intimate Partner Screening Tool for Gay, Lesbian Bisexual and Transgender (GLBT) Relationships,* a project of the Gay, Lesbian, Bisexual, and Transgender Domestic Violence Coalition, 2003

Nondiscrimination Grant Condition in the Violence Against Women Reauthorization Act of 2013  
 FAQ’s, 2014

*It’s Time to Acknowledge Male Victims of Domestic Violence;* Bari Zell Weinberger, 2015



# Serving Survivors with Mental Health Concerns

Tennessee Domestic Violence Shelter Best Practices Manual / Section I



Because both abuse and mental health concerns are highly stigmatized in American culture, survivors may hesitate to disclose aspects of the abuse that are related to mental health. They may fear being judged, blamed, or not given help because they suffer from mental health issues. Advocates can normalize the clients' experiences by letting them know that attacking a victim's mental health is a common tactic that people use to justify abusive behavior or to undermine and control their partners. Advocates

should be calm, respectful, and non-judgmental.

Experiencing abuse can affect how a person responds to others, just like many mental illnesses. If someone has a mental health condition, experiencing abuse may cause their symptoms to get worse. In addition, abusers sometimes deliberately try to worsen survivors' mental health symptoms and use their responses to control and belittle them.

Many abusers deliberately make it hard for survivors to trust their own perceptions of what's happening; this is a tactic called *gaslighting*. Though this abuse tactic is used against many survivors, it is particularly common and effective in those with existing mental health conditions.

**Gaslighting is a form of manipulation that seeks to sow seeds of doubt in a targeted individual, hoping to make victims question their own memory, perception, and sanity.**

For example, according to the National Center for Domestic Violence, Trauma, and Mental Health, many survivors with mental health disorders report that their abuser:

- Calls them “crazy”, “disturbed”, “Psycho”, etc.
- Does or says things to make them feel confused or “crazy.”
- Justifies or excuses the abuse by saying that their partner is “crazy,” out of control, or sometimes needs to be restrained.
- Tells them that no one will believe them because they are “crazy” or because they have a mental health history.
- Tells them that they are lazy, stupid, “crazy,” or a bad parent because of their mental health history.
- Interferes with their mental health treatment.
- Controls their prescription medications.
- Has forced them to be committed to an inpatient psychiatric unit or threatens to do so.
- Threatens that they will lose custody of their children because of their mental health status.

It is important to note that not all survivors will voluntarily mention these experiences. Asking specifically about what has happened to them in a non-judgmental way can communicate that you are open to hearing about their experiences and can help reduce feelings of isolation and shame even if they do not choose to disclose at that time. You may say something like, “Many people who experience abuse tell us that..., has anything like that happened to you?”

## Interacting with Survivors who have Mental Health Conditions

1. **Do not expect everyone to connect, interact, respond, and communicate in ways you consider “normal.”**

A survivor’s symptoms of mental illness can be very distracting, keeping their attention focused elsewhere. They may have to concentrate very hard to keep track of what you are saying and may respond more slowly. Symptoms may interfere with being able to read facial expressions or to feel safe in unfamiliar situations or with new people. It may take all of a survivor’s energy just to stay physically and emotionally present in the room.

2. **Stay on track.** Advocates may become judgmental, frustrated, blame the survivor, or distance themselves when they take a survivor’s communication and interaction styles personally, instead of understanding them as a symptom of trauma or mental health concerns. Staying on track means continuing to use the skills, caring, and commitment that advocates offer to any survivor, regardless of the symptoms or struggles that a survivor is experiencing.



3. **Give information transparently.** Advocates should not promise more than they can actually deliver. Avoid secrets and surprises. Be open about what you are going to do, how your program operates, and who makes decisions in your organization. When advocates give a survivor information consistently and clearly, they will be better equipped to make decisions and trust their experience in shelter.
4. **Meet them where they are.** It is an advocate’s responsibility to offer support and information in ways that survivors can use. Speak clearly and check in to make sure that you are saying things in a way that makes sense to the survivor. Some people may be embarrassed to admit that they don’t understand all that you’ve said. Saying something like: “I hope I said that clearly. Was there anything that didn’t quite make sense?” can ease that embarrassment.
5. **Remember that mental illness does not make someone less worthy to receive services.** Denying a survivor shelter or supportive services based on their real or perceived mental illness is not tolerated under VAWA, VOCA, FVPSA, or Tennessee State Shelter Performance

Standards. If survivors truly need more resources and support than your agency can provide, the answer is collaboration and referral, not denying them services.

6. **Remember that mental illness does not mean someone is lying about the abuse they've experienced**, and can in fact make them more vulnerable to experiencing domestic violence. Furthermore, mental illness does not make someone too 'dangerous' for shelter. Millions of individuals in America suffer from mental illness, and are more likely to have violence perpetrated against them than to be violent. If your organization is concerned about survivors being violent in shelter, regardless of mental health status, then you should create or review policies for responding to violence, and make sure staff are trained in what to do if violence occurs.

7. **Collaborate to meet survivors' needs.**

Plan around the kinds of services and supports that have been helpful to a survivor in the past. Safety and confidentiality may make it impossible for us to connect with a prior therapist or case manager who has been helpful, but we can help a survivor to reach out or to brainstorm new resources. Create collaboration agreements with local mental health providers, offer cross-training, or provide co-location of services to more completely respond to the needs of survivors with mental health concerns.

- Become familiar with resources that exist across Tennessee to help survivors with mental health concerns.
  - Mental Health America of Tennessee- <http://www.mhamt.org>
  - Tennessee Suicide Prevention Network- <http://tspn.org>
  - Tennessee Association of Alcohol, Drug, & other Addiction Services- <https://www.taadas.org>
  - TN.gov listing of mental health services for adults- <https://www.tn.gov/behavioral-health/mental-health-services/mental-health-services-for-adults0.html>
  - TN.gov listing of behavioral health resources- <https://www.tn.gov/behavioral-health/mental-health-services.html>

The National Center on Domestic Violence, Trauma, and Mental Health offers tools on making mental health referrals and collaborating with community resources in the following tip sheets:

<http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Locating-Mental-Health-and-Substance-Abuse-Supports-for-Survivors.pdf>

[http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet\\_MH-Referral\\_NCDVTMH\\_Aug2011.pdf](http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet_MH-Referral_NCDVTMH_Aug2011.pdf)



8. **Don't be afraid of acute response.** The impact of trauma on survivors can create an acute mental health response, or worsen existing mental health issues. The presence of acute mental illness does not make a survivor inherently dangerous, in fact those with acute mental health disorders are less likely to perpetrate violence, and more likely to become a victim, than the general population. Seek out mental health first aid and crisis intervention training for your staff. This can help advocates gain hands-on experience in working with those with acute mental

health symptoms without fear and anxiety. Learn more here- <http://www.mhamt.org/mental-health-101/>.

**Resources:**

Tool Kit For Advocates, <http://Www.Nationalcenterdvtraumamh.Org/Publications-Products/Resource-For-Advocates/>

Tips For Making Connections With Survivors Experiencing Psychiatric Disabilities, [http://Nationalcenterdvtraumamh.Org/Wp-Content/Uploads/2012/01/Tipsheet\\_Making-Connections\\_Ncdvtmh\\_Aug2011.Pdf](http://Nationalcenterdvtraumamh.Org/Wp-Content/Uploads/2012/01/Tipsheet_Making-Connections_Ncdvtmh_Aug2011.Pdf)

Asking About & Responding To Survivors' Experiences Of Abuse Related To Mental Health, [http://Www.Nationalcenterdvtraumamh.Org/Wp-Content/Uploads/2012/01/Tipsheet\\_Asking-Responding-To-Abuse-And-Mh\\_Sept2012\\_Final.Pdf](http://Www.Nationalcenterdvtraumamh.Org/Wp-Content/Uploads/2012/01/Tipsheet_Asking-Responding-To-Abuse-And-Mh_Sept2012_Final.Pdf)

How Abuse Might Affect Your Mental Health, <http://Nationalcenterdvtraumamh.Org/Wp-Content/Uploads/2012/01/How-Abuse-Might-Affect-Your-Health.Pdf>

Tips For Discussing A Mental Health Referral With Dv Survivors, [http://Nationalcenterdvtraumamh.Org/Wp-Content/Uploads/2012/01/Tipsheet\\_Mh-Referral\\_Ncdvtmh\\_Aug2011.Pdf](http://Nationalcenterdvtraumamh.Org/Wp-Content/Uploads/2012/01/Tipsheet_Mh-Referral_Ncdvtmh_Aug2011.Pdf)

Locating Mental Health & Substance Abuse Supports For Survivors: A Reference Sheet For Domestic Violence Advocates, <http://Www.Nationalcenterdvtraumamh.Org/Wp-Content/Uploads/2012/01/Locating-Mental-Health-And-Substance-Abuse-Supports-For-Survivors.Pdf>

10 Things I've Learned About Gaslighting As An Abuse Tactic, <http://everydayfeminism.com/2015/08/things-wish-known-gaslighting/>

# Substance Abuse in Shelter & Serving Survivors Struggling with Addiction

*Tennessee Domestic Violence Shelter Best Practices Manual / Section I*

While the state of Tennessee requires that shelters prohibit the use of illegal drugs and alcohol on shelter property, shelter staff come face to face with problems stemming from substance use every day. Survivors may turn to drugs and alcohol to cope with the abuse and pain or they may be forced to use by their abuser. According to the CDC between 40-60% of victims of domestic violence and sexual assault who are seeking services report a substance use problem and more than 90% of addicts seeking treatment report being sexually assaulted at some point in their life.

Survivors with drug or alcohol problems face additional barriers when trying to leave violent relationships. Often perpetrators will sabotage attempts to reduce or stop substance use, force their victims to use or sell substances, and spend family income on substances which places survivors in a financially unstable position. Survivors who use substances may fear the removal of their children, or their partner may act as the only point of supply for substances. These behaviors, combined with those generally associated with domestic violence, dramatically increase a survivor's vulnerability.

For more see the Power and Control Model for Substance Abuse via NNEDV  
<http://www.ncdsv.org/images/WomensSubAbusewheelNOSHADING.pdf>

In general, the longer a victim stays in a relationship, the more severe and repetitive the violence becomes. As the violence increases, the victim's substance use risk is likely to rise. It is important that shelters are receptive to survivors who struggle with addiction, and advocates are equipped to work with them. It is important for shelters to have close relationships with alcohol and drug treatment programs in their area, because the greatest success comes from concurrent, holistic treatment that is addressing both safety and substance use. Often a relapse in one area leads to a relapse in the other.

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***Note that substance use is prohibited on shelter property, but survivors who use substances are not. Survivors who struggle with addiction deserve resources and safety as much as any other survivor.***

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## Social Substance Use ← Continuum of Substance Use → Problem Substance Use

Levels of substance use are fluid and change in response to shifting biological, psychological and social factors. Substance use is often labeled as problematic or not, which does not reflect the more complicated continuum of substance use. Where we are on the continuum does not necessarily depend on the substance we are using. Although the harmful effects of illicit substances tend to appear more quickly than the effects of some legal substances, such as alcohol and tobacco, the latter can have lethal long-term health consequences as well. It is also possible to overdose on prescribed medications or to become overly reliant on legal substances, like caffeine. The legality of a substance does not necessarily

predict where we fall on the continuum, nor does the legality of a substance ensure that there will be no harmful consequences.

Determining when substance use is problematic can be challenging, especially when considering that the level of use may fluctuate as survivors attempt to cope with the violence they experience. Advocates should ask survivors what they need from the program and focus on meeting survivors' needs as they identify them. This means being open to discussing substance abuse concerns and identifying community resources that can help clients address those concerns.

It is important not to make assumptions about the cause of a survivor's behaviors. Nodding off, incoherence, slurred speech and other behaviors can be the result of exhaustion, hearing impairments, head injuries and other effects of violence. Even if these behaviors are related to substance use, these are not dangerous or threatening behaviors and therefore do not warrant asking a survivor to leave shelter. Often survivors who are under the influence of substances are content and stable, because they are engaging in a coping strategy.

If the survivor's behavior is disruptive or there are other residents who are dealing with their own substance use issues, you may want to ask the survivor who is under the influence to go to their room or another private space. This request must be made in a transparent way so as not to seem as though the survivor is being punished for their coping strategy.

When survivors are under the influence of substances, it is not the best time to engage in conversations about safety planning or alternative coping behaviors. The most important thing is that the survivors are safe. Give the survivor time to sleep, to rest and to decide if they want to engage in programming such as case management, safety planning, or treatment referral.

## **Opioids, Domestic Violence, and Mental Health**

In their publication "Mental Health and Substance Use Coercion: Prevalence and Implications for Mental Health and Substance Use Policy" the National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH) discuss the complex interplay between mental health and substance abuse, specifically the compounding influence of IPV on mental health and substance use disorders.

According to research, domestic violence survivors face a greater risk of experiencing a range of mental health conditions, including depression, PTSD, substance use disorders, and suicidality. In addition, research shows high rates of domestic violence among those receiving services in mental health and substance use treatment settings. In 2012, the National Domestic Violence Hotline collaborated with NCDVTMH to further explore these connections, the research specifically targeted tactics of coercion by abusive partners targeting their partner's mental health and substance use.

The results demonstrate how common it is for abusers to engage in behaviors designed to undermine their partners' sanity and sobriety, control their partner's ability to engage in treatment, and discredit their victims in order to distance and isolate them from support systems. While survivors of domestic violence may use substances to cope with emotional trauma or chronic pain, they may also be coerced

into using by an abusive partner, who then sabotages their recovery and uses their substance use condition to further his or her control.

Further compounding this issues is the ongoing opioid crisis happening across Tennessee and the nation. Many survivors of domestic violence begin their struggles with addiction using prescription drugs to manage their physical pain related to the abuse, or to cope with anxiety, depression, and other mental health concerns caused or worsened by the abuse they have experienced. Even now, with widespread knowledge of the opioid crisis, much of the pain medication prescribed to survivors of domestic violence lends itself to misuse and addiction, particularly when coupled with the compounding factors discussed above.

Like asthma and diabetes, addiction is a chronic, relapsing disease that requires long-term care and management. Research has shown that effectively addressing behavioral health issues like addiction involves four basic elements: promote health and well-being, prevent substance abuse, provide treatment and foster recovery.

**Screening** can give advocates important framework for how to bring up substance use in discussion with their clients. It is vital to note that screening tools are not meant as a method to bar survivors from receiving services. Remember, struggles with substance use and mental health do not make someone ineligible for shelter or supportive services. Screening tools should be used simply as guiding resources to help advocates feel more comfortable with broaching the subject of substance use.

The CAGE Screening Tool is a very simple, easy to remember set of questions that can help you talk with survivors about substance use.

You can view this tools from several sources:

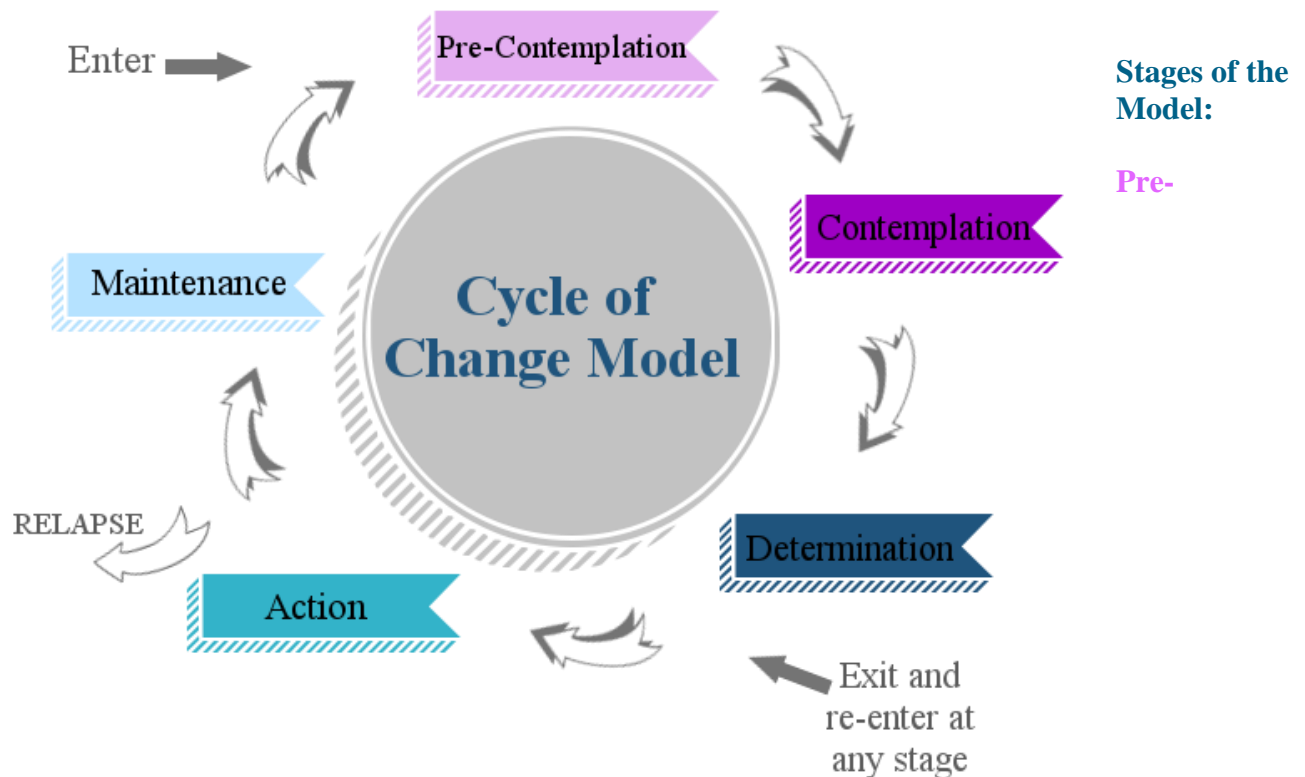
- Johns Hopkins Healthcare-  
[https://www.hopkinsmedicine.org/johns\\_hopkins\\_healthcare/downloads/CAGE%20Substance%20Screening%20Tool.pdf](https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/CAGE%20Substance%20Screening%20Tool.pdf)
- The National center on Alcohol Abuse and Alcoholism-  
<https://pubs.niaaa.nih.gov/publications/arh28-2/78-79.htm>
- The Tennessee Association of Alcohol, Drug & other Addiction Services-  
<https://www.taadas.org/publications>

**Language** use can impact our understanding of issues surrounding substance use and may lead to misunderstandings. It may also lead us away from a trauma-informed approach to clients struggling with substance abuse and into a more victim-blaming frame of understanding. When we are unsure of the intent behind certain terms, we can often find ourselves dehumanizing the survivors that we are working with and reducing them to only one set of characteristics.

Instead of...	Use...	Why?
<b>Crazy, Psychotic, Nuts, Bipolar</b>	Person with mental health concerns OR Person living with [diagnosed illness NOT your opinion on mental health]	It's good practice to prioritize the person over any behaviors or illnesses they may have. Calling someone 'crazy' dehumanizes them and prioritizes their behavior over their identity as a person.
<b>Addict/junkie/alcoholic</b>	Person who uses substances	Addiction is a medical term that might not describe or fit right with some clients. These terms also label a person with their substance use first rather than centering the individual as someone who deals with substance use as only one characteristic of their lives.
<b>Clean</b>	Not using/cutting back on substance use	This term associates substance use (and by connection substance users) with being filthy/dirty/unclean.
<b>User</b>	Person who uses substances	Advocates must acknowledge that a person is an individual with many characteristics first, and substance use is only one part of a survivor's life.



**Cycle of Change.** The cycle of Change theory can be useful in understanding the different stages involved in addressing drug and alcohol use. People have to move through each stage in succession in order to successfully reduce or stop using substances. Most people attempting to stop using substances move around the cycle several times before they become substance free. Advocates can think of this process as very similar to the pattern in which many survivors return to their abuser several times before leaving for good. Similarly, health and safety have a great impact on ending substance dependence.



**Contemplation:** Client is unaware of a problem, being in denial and minimizing a problem, and presenting excuses for why substances are needed

**How to Help Survivors in this Stage:**

1. Raise Awareness of the problem in a non-judgmental manner and emphasize the possibility of change.
2. Safety plan with the acknowledgement that substance use impacts survivor’s risks and safety.
3. Help survivor to make links between their substance use and experiences of violence and abuse, especially substances as a tool of power and control.
4. Provide resources local drug/alcohol agencies without judgment.

**Contemplation:** Client may see some of the negative consequences of substance use but is ambivalent towards change; seesaw of considering and rejecting change.

**How to Help Survivors in this Stage:**

1. Normalize ambivalence and help to weigh pros and cons of treatment to begin tipping the balance in favor of change.
2. Emphasize the survivor's free choice, responsibility and self efficacy for change.
4. Mirror client's language when talking about substance use, and use client's goals as a tool to talk about positive change.
5. Talk positively about local drug/alcohol agencies.

**Determination / Preparation:** Client is motivated to make change and looking for ways to change; this is a window of opportunity.

**How to Help Survivors in this Stage:**

1. Acknowledge the significance of the choice to seek treatment and affirm survivor's ability to change despite the difficult road ahead.
2. Suggest choices for action and help survivor decide most appropriate, achievable path.
3. Discuss survivor's worries & fears.
4. If survivor is fearful about attending a new service, suggest a drug/alcohol worker comes to them at an agreed location.

**Action:** Client is actively doing things to change and modify behavior but is not yet stable.

**How to Help Survivors in this Stage:**

1. Cheer on the survivor, celebrate even small victories and milestones.
2. Support survivor in steps to make change.
3. Reinforce that all feelings and difficulties are normal part of treatment journey.
4. Reflect back to goals.
5. Safety plan around possible interference of treatment by abuser.
6. Let the survivor know that relapse is normal and it will not jeopardize their ability to seek services and treatment.

**Maintenance:** Client continues to maintain behavioral change on a long term basis

**How to Help Survivors in this Stage:** Help clients to identify and use strategies to prevent relapse e.g. finding activities to keep busy, new sources of pleasure, different ways to seek enjoyment and positive feedback.

**Notes on Relapse:** The experience of a substance use disorder often includes periodic relapse, or times when a person returns to a pattern of behavior that they have begun to change and steps back to one of the first three stages in the cycle. Strong or overwhelming emotions, both positive and negative, can trigger craving for substances and potentially a relapse, especially in individuals who have few or no healthy outlets to express those emotions.

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*“A woman may use alcohol or drugs to “stuff” her feelings about the abuse. When she stops drinking alcohol or using drugs, buried emotions may come to the surface. These feelings of pain, fear, or shame can lead to relapse if not addressed.”*

*(Substance Use/Abuse in the Context of Domestic Violence, Sexual Assault, and Trauma, Bland & Edmund, 2014)*

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Advocates should remember that survivors in shelter may find the stress of securing safety and meeting their goals overwhelming and this can lead to relapse. Advocates should encourage survivors to start again and not get demoralized. Emphasize that relapse is not a failure but an opportunity to grow.

### **How to Help Survivors Who Experience Relapse:**

1. Help prepare for and expect relapse as a normal part of the recovery process.
2. Avoid demoralization.
3. Urge them to get back onto the track and not give up.
4. Make sure survivors know that relapse doesn't mean they will lose support.

### **Safety Planning and Harm Reduction with Survivors Who Struggle with Substance Use:**

Shelters practice *harm reduction* by providing safe shelter, food and support for survivors who have experienced violence, whether or not they ultimately decide to leave their abuser. **This lets survivors know that they have support no matter what.** Shelters should also assure victims that they will be supported and receive services regardless of past or present substance use.

Harm reduction principles allow survivors to feel safer, which minimizes the risk for increased substance use or relapse. An important piece of safety planning with survivors who have histories of substance use is developing a relapse prevention plan. This includes assuring survivors that they will continue receiving connection and support even after a relapse.

#### **Discussions about substance abuse when safety planning should include:**

- The various stressors experienced, not just the violence.
- How has the survivor managed to cope with the violence and other stressors?
- How does the survivor feel about how they have been coping? How has the coping helped? How has it not been helpful? Are they interested in exploring other ways to cope?
- How does the survivor find ways to take care of themselves? How can you support them in this?

#### **Discussion specifically about substance abuse should include:**

- How does the survivor feel about their substance use? Does it affect their life?
- Do they see their substance use connected to their experience of violence?
- Does their partner use substances as a means to control them (control their behavior or their supply)?
- Does the abuser use substance use as an excuse for violence?
- Does the survivor think the substance use sometimes gets in the way of safety?

- If Yes, how and in what areas?
- How have they planned for safety, or what have they done to stay safe before?
- How can you help support the survivor in feeling safer?
- Can they use substances with safer people or in safer settings?
- Do they know what types of situations might “trigger” stressors to their substance use?
- What have they done / can they do to deal with those triggers?
  - How can you support the survivor in this?
- Is the survivor interested in making any changes in their level of substance use?
- If so, do they know what changes they would like to make?
- Do they have any idea about how they might make those changes?
- How can you support them in this?
  - Are they interested in talking about their substance use? Is there anyone else they might benefit from talking to about the substance use?
  - Have they accessed supports for substance use in the past?
- What was helpful?
- What has not been helpful?
- How can you help them to find support that they are comfortable with?

**Resources:**

Association of Maternal & Child Health Programs, *Opioids, Domestic Violence, and Mental Health*, <http://www.amchp.org/AboutAMCHP/Newsletters/Pulse/MayJune2017/Pages/Opioids,-Domestic-Violence-and-Mental-Health.aspx>

National Center on Domestic Violence, Trauma & Mental Health, *Substance Use/Abuse in the Context of Domestic Violence, Sexual Assault, and Trauma*, [http://nationalcenterdvtraumamh.org/wp-content/uploads/2015/10/NCDVTMH\\_PatriciaBland\\_DebiEdmund\\_SubstanceUseDVSAtraumaCurriculum.pdf](http://nationalcenterdvtraumamh.org/wp-content/uploads/2015/10/NCDVTMH_PatriciaBland_DebiEdmund_SubstanceUseDVSAtraumaCurriculum.pdf)

National Center on Domestic Violence, Trauma & Mental Health, *Mental Health and Substance Use Coercion Surveys*, [http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2014/10/NCDVTMH\\_NDVH\\_MHSUCoercionSurveyReport\\_2014-2.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2014/10/NCDVTMH_NDVH_MHSUCoercionSurveyReport_2014-2.pdf)

**Tennessee Association of Alcohol, Drug & other Addiction Services, Free Publications**, <https://www.taadas.org/publications>

# Supporting Families & Children

Tennessee Domestic Violence Shelter Best Practices Manual / Section I



According to the data gathered in National Network to End Domestic Violence’s annual Domestic Violence Shelter Census, from 2010-2015, roughly 51% of all shelter residents are children. In spite of this fact, many shelter staff feel ill-equipped to work with family units and support the unique parenting efforts of their adult clients. Instead, family members are often given entirely separate services, and advocates often take an inappropriate role in disciplining children or coerce adults into parenting in ways they are not comfortable with. It is vital for advocates to have clear and healthy boundaries when interacting with parents and children, and to be comfortable in their role of supporting the survivor’s parenting, building resilience, and encouraging bonding within the parent-child relationship.

## Response & Interaction with Parents

Advocates have a responsibility to be aware of the ways in which living with and surviving abuse can impact the survivor’s parenting. “Domestic violence is inherently destructive to maternal authority because abusers intentionally undermine, devalue, and interfere with their victim’s parenting as a tactic of abuse. Further, their behavior can provide a model for children of contemptuous and aggressive behavior toward their mother.” (Keene & Ortiz, 2015)

**Advocates can begin by asking themselves:**

**How can we support parents and children to strengthen their bonds with each other?**

**How can we help families repair relationship difficulties that have emerged as both parent and child have been affected by their experiences of domestic violence?**  
(Blumenfeld, 2015)

The role of the advocate is not to create a lasting relationship with either parent or child, but to act as a support and encourage rebuilding and nurturing of the parent-child bond. Advocates should never take it upon themselves to impose discipline in any form on the child, or to mandate a certain parenting behavior (such as a specific form of discipline or interaction) from the adult. Rather, the goal is to create an

environment where there are ample opportunities for bonding, and a shelter community which encourages and lends itself to non-violent discipline.

### **Within the first 36-48 hours after a parent enters shelter:**

- Tell the parent you want to support their parenting
- Ask “Is there anything in particular you want me to know about any of your children that will help us make this a good place for them?”, “Do they have a birthday coming up, special learning needs or behavior challenges?”, “Are there games or activities that the child really enjoys?”
- Tell the parent you know it can be hard to parent in shelter and you want to help

#### Challenges to discuss:

- Lots of distractions for kids who need to do homework
  - Minimal private space with mom and siblings (how you can help)
  - Kids have had a variety of experiences and we can’t always predict how they may act out their distresses and traumas; need to be vigilant about safety and appropriate play and compassionate with children who are struggling with displacement, disruption and trauma
  - Varying parenting styles within the shelter
  - Feeling that everyone is observing your parenting
- Ask what the parent is most concerned about with regard to parenting in shelter? (What can you do to alleviate this concern or provide support?)



### **Advocacy**

- Give parents and children an informal tour of the shelter within the first 24 hours. Give special attention to children’s and community spaces such as play/media rooms, study areas, quiet areas, etc. Give children a chance to explore and explain shelter community living (such as non-violence, cooking/access to food, quiet times, etc.) in age-appropriate terms.
- Advocates routinely make space for parents to talk about how abuse impacted their children and their parenting
- Program staff defers decision making regarding children’s daily activities to the child’s parent
- Parents, not program staff, present children with toys, games or other fun things that the program buys or receives as donations for children.
- Regular, fun events are scheduled for staff, children and mothers to gather in positive and fun ways, such as pizza party, game night, picnics at the park, etc.

*(Checklist adapted from WSCADV Supporting Parenting in Shelter Checklist for DV Advocacy Programs)*



- Ask about their parenting philosophy: What informs their parenting? Who is their role model? Who do they go to for information and ideas about parenting? How have these strategies worked? What sort of parent do they hope to be?
- Introduce or refresh parents on the non-violence policy in shelter and let them know you are available to discuss this at any time.
- Staff should include non-judgmental and supportive language when discussing parenting and discipline.
  - “I know parenting can be hard, especially with so much change happening, and being in a new place.”
  - “I am here to support you and your children. I can set aside time whenever you need to let you vent or talk about parenting, education, or child development concerns.”
  - “We care about you and your children and making sure you all feel safe and supported.”
  - “We respect your parenting decisions, including decisions about discipline. We’re here to offer support and help you explore your options.”
- Ask about punishment styles, and what kind of punishments they typically use for their children. *See ‘Discipline’, page 72, for information you can share. Information on how to talk about spanking is on page 74.*
- Ask: “How will we know if you are having a hard time?”
- When parents come to you with concerns, instead of posing questions that the parent might answer with a yes or no, you might ask:



- “Can you tell me more about that?”
- “What was that like for you?”
- “How is [your child] doing?”
- “How does [your child] respond to you when that happens?”
- “What have you tried so far?”

*(Checklist adapted from WSCADV Supporting Parenting in Shelter Checklist for DV Advocacy Programs and Keene & Ortiz, 2015)*

### **Encouraging Messages Advocates Can Use With Parents:**

- There are no perfect parents: we all have strengths and weaknesses
- Parents can change the lives of their children for the better
- Single parents are good parents too
- Mothers can be good role models for boys
- Learning to be a parent is a life-long process
- Stopping exposure to violence was the best thing you could do for your children
- There are people to help if you need it
- You can model and teach non-violent problem solving, attitudes, and behavior
- Living with violence as a child is not a "life sentence" for a bad future
- Children can be resilient and can thrive

*(Baker & Cunningham, 2004)*



## Adverse Childhood Experiences (ACEs)

ACEs, or Adverse Childhood Experiences, are a fast-growing field of study recognized by the CDC and other science and mental health professionals as an important building block in understanding physical and emotional health over a lifetime. These studies have consistently shown that those adults who have experienced multiple ACEs, including childhood sexual abuse, childhood exposure to domestic violence, and exposure to drug abuse, have the potential to experience negative mental and physical health outcomes through their lives. These outcomes include increased risk for depression, anxiety, PTSD, heart disease, diabetes, and other illnesses.

Having advocates and other program staff take the ACE questionnaire and discuss ACEs and prevention is a great empathy building activity. See <https://acestoohigh.com/got-your-ace-score/> for the quiz and more information.

ACEs are very common. Almost two-thirds of the original study participants reported at least one ACE, and more than one in five reported three or more ACEs (CDC, 1997).

The good news is that these negative health outcomes and even ACEs themselves are preventable. The CDC has identified five key strategies for prevention, including “supporting parents and positive parenting”. One of the best ways to keep children safe is to support and ensure the safety of their non-offending parent.

## Resources & Referrals

**Advocates should be prepared for parents to ask for assistance with things like:**

Before using ACEs as a tool with staff or residents, the staff members implementing the tool must be trained appropriately. Contact your local health department or Prevent Child Abuse Tennessee for training resources.

- Safety planning for self and children.
- Information about community resources for children (e.g. after school & mentoring programs).
- Counseling or support groups for children.
- Information on child development and how violence affects that development.
- Respite from care-taking or a break from day-to-day struggles (e.g. help with childcare).
- Help with parenting a child whose behavior is worrisome or challenging.
- Help with strengthening or creating a healthy parent-child bond.
- Legal advocacy and referral for child support or custody matters.

Make a plan in advance. Create lists of resources and referral sources in your service area. Shelters are encouraged to reach out to local child advocacy, mentoring, peer education, counseling, and other child



and youth services to become familiar with the services they provide and discuss opportunities for collaboration.

**Take a moment to bring to mind several of the parents and families you are currently working with. Ask yourself:**

- Do I routinely observe parenting strengths?
- What do I identify as positive, or think is working well, in the parent-child relationships I see?
- Am I able to share my observations directly with parents? How often?
- When I do share my observations about strengths with parents, what effect does this have on them?

*(Blumenfeld, 2015)*

Advocates should establish themselves not only as a source of support for physical safety, but for emotional safety as well. This includes validating and supporting the survivor in their parenting efforts.



## Education and Schooling

A stable school experience can help ease some of the effects of domestic violence on children. Schools offer many important benefits, including safety, predictability, a sense of normalcy, peer support, and basic medical and mental health services. However, schools and service providers must work together to ensure safety and confidentiality for children and their parents who are fleeing domestic violence.

The McKinney-Vento Act is a federal law that ensures children and youth who have lost their housing can attend school. It covers children and youth who are living in domestic violence shelters, emergency shelters, staying temporarily with friends or relatives, or in other temporary or inadequate housing. The McKinney-Vento Act says that children who have lost their housing can:

- Attend school, no matter where they live or how long they have lived there.
- Continue in the school they went to before losing their housing or in the school in which they were enrolled last (called “school of origin”), even if they move out of the school district, if that is feasible.
- Go to the local school in the area where they are living. The school must immediately let students enroll, attend classes, and participate fully, even if students do not have documents such as proof of residency, immunization records, other medical records, or school records.
- Receive transportation to their school of origin, provided or arranged by the school district.
- Access all the school services they need, including preschool.

Advocates and organizations can use the worksheet on the following page to help facilitate conversations with their clients about parenting needs. Advocates should provide, give referrals to, or help clients find resources in their community to match their needs.



Advocates should be prepared to help parents enroll their children in school and assist them in accessing the resources listed above. For a model policy on children’s education while in shelter see page 209.

Use this chart to list the things you need for your children. You can get some of these things here. For other things, your advocate can help you find community resources!



<b>Things that I need for myself or my children.</b> ✓	<b>Where Can I find this?</b>
<b>Someone to look after my children while I work.</b>	
<b>Help to pay for child care.</b>	
<b>Help with changing schools.</b>	
<b>Learning how to be the best parent I can be.</b>	
<b>A lawyer for custody or child support issues.</b>	
<b>Help for my child, who is having a hard time.</b>	
<b>Someone to look after my children to give me a break.</b>	
<b>Help for before or after custody visits.</b>	
<b>Counseling for my children.</b>	
<b>Other:</b>	
<b>Other:</b>	
<b>Other:</b>	

(Baker & Cunningham, 2004)



## Discipline

**Positive Discipline** is a model used by many school systems and parenting experts that focuses on behavior. It is based on the idea that there are no bad children, just good and bad behaviors. Good behaviors can be reinforced and bad behaviors punished without hurting the child emotionally or physically.

Positive Discipline is a model focused on respect, compassion, and responsibility, much like survivor-focused advocacy. It promotes positive decision making, teaching expectations to children early, and encouraging positive behaviors. By contrast, punitive or negative discipline may include corporal (physical) punishment and other behaviors that can erode and damage parent-child bonds.

Positive Discipline may not seem any different than other parenting styles, but the keys to this behavior are using a calm tone, respecting children's boundaries, no negative language, and being firm and consistent in enforcing rules.

One of the most important pieces of Positive Discipline is to establish reasonable and clear rules and limits. Often abusers will 'punish' their victims for arbitrary and ever-changing rule infractions. They use this as a means of controlling their victims and making them believe that the abuse is their fault. Positive Discipline is the complete opposite of this manipulative behavior. Children should know all of the rules and boundaries (in shelter and those that their parent establishes) and understand what the consequences for breaking them will be. These rules should be consistently enforced and consequences should be predictable. This helps to establish and secure, safe, and routine-oriented space where the child can thrive. The goal of this model is not to 'punish' but to help children learn to take control of and responsibility for their behaviors.

### **Don't forget recognition!**

Recognizing positive behaviors in children ("Good job," "You worked hard for that," "I really appreciate how you helped Sally.") and rewarding especially important good behavior ("I got you your favorite smoothie because I know how

If possible, let the children help set the rules.

Ask- "What do you think rules should be for the house?" Or "What rules would help us be kind to each other?"



Page 38 of *Helping Children Thrive* includes a great activity for helping parents create family rules with their children. See link in 'Resources' at the end of this chapter.

**Note that the Positive Discipline model is not a mandate for residents in shelter, but gives an excellent and easy-to-understand framework to discuss discipline with parents. It also helps to foster a healthy and respectful environment in shelter.**



hard you worked studying for your exam”) is a great way to motivate kids to keep up or engage in good behavior. It’s also an opportunity to strengthen the bond between parent and child.

## On Spanking

Spanking is a widely debated topic, and for many it’s a very personal and even culturally-ingrained practice. In the South, spanking continues to be an extremely common tool for punishment. Most experts advise against corporal punishment, but many parents (most of them spanked themselves as children) still see it as a useful practice.

As advocates, it is a particularly difficult topic. While it is important to allow parents to choose their own parenting and punishment styles, spanking is something that is contrary to both our commitment to, and rules against, violence in shelter. Even when used simply as ‘punishment’ and not an abusive behavior, spanking can still trigger many negative memories and emotions in adult and child residents.

Advocates are advised to have a conversation about punishment styles with all parents in shelter (see checklist page 67-68 for ideas). When talking about spanking, advocates can discuss the following problems related to spanking and offer non-violent alternatives.

- **Spanking doesn’t teach kids good behaviors.** A child who gets spanked for arguing with his brother won’t learn how to get along better in the future. Effective discipline should teach new skills.
- **Spanking models aggression and can trigger memories of violence.** Children learn the most from modeling adult behaviors. So, if you spank your child for hitting his brother, you’ll send a confusing message. Children who are spanked often feel shame and a loss of control.
- **Spanking shifts a child’s focus from their behavior to their parent’s behavior.** They may spend their time focusing on how they are angry at their parent rather than on what they could do better next time.

### Types of rule enforcement used:

- **Positive reinforcement:** Complimenting, recognizing or rewarding good behaviors
- **Negative reinforcement:** Not giving attention to bad behaviors. Ignoring requests made with rude language (e.g. reminding of manners, “please call me mom, not ‘Karen’”- refusing to answer to ‘Karen’)
- **Positive punishment:** Correlating the punishment to the desired behavior e.g. requiring a child to clean up a mess they made, requiring extra study-time after not turning in homework
- **Negative punishment:** Removing a privilege, time out.



Monroe Carell Jr. Children’s Hospital at Vanderbilt has created *Play Nicely: The Healthy Discipline Program.*, a free curriculum on healthy discipline, including tools and resources. It can be found at <http://www.childrenshospital.vanderbilt.org/interior.php?mid=1998>



- **Spanking loses effectiveness over time.** Sometimes kids decide the misbehavior is “worth it.”
- **Spanking isn't an option as children grow older.** Age appropriate positive disciplines can be used throughout a child’s development, even into late teen years. (*Amy Morin, LCSW, 2016*)



### There are 5 criteria for effective positive discipline

Criteria	Examples
<b>Help children feel a sense of connection or belonging.</b>	This is our home, so we have to keep it clean
<b>Mutually respectful and encouraging.</b>	“I need your help. Can you explain to me why it isn’t important to you to do your homework? Is there a problem we can work on?” “What is your picture of what is going on? Would you be willing to hear my concerns? Could we brainstorm together on possible solutions?”
<b>Effective long-term.</b>	Age appropriate and fitting to the rule broken. E.g. cleaning when messes are made.
<b>Teaches important social and life skills.</b>	Respect, concern for others, problem solving, and cooperation as well as the skills to contribute to the home, school or larger community
<b>Invites children to discover how capable they are.</b>	Encourages the constructive use of personal power and autonomy. “If you need my help with your assignment, please let me know in advance” “I can see you’re upset.” “What do you think about this?”

(*Nelsen, Jane (2006). Positive Discipline*)

### Here are some ideas for talking about spanking and other sensitive topics:

**Be honest about your own worry or discomfort in talking about the subject and address the concern clearly. You can begin by asking if the parent shares your concern.**

Example script- “I’ve been a little worried about how to bring this topic up with you, but I know how much you want the best for your child [using the child’s name].”

“Discipline, and spanking, is a hard topic, especially in shelter. Is this something you’ve thought about?”

**Elicit interest first, don’t just tell or demand.**

Example Script- “I have some information on spanking, and some reasons that it might not always be the best choice. Would you like to look at this tip sheet with me? Some of it may fit your family and some may not.”

**When a parent brings up a concern with you, be tentative about sharing observations or making suggestions.**

The parent may just want someone to listen or to vent to. Think about times when you have called a friend or mentor to talk out an issue, but have not wanted them to try and solve it for you. How did it feel when they started telling you what to do? First, explore with the parent what they typically do in the situation, then ask about what has worked in the past and what hasn’t. Once you’ve done that, then you can offer suggestions.

Example script- “I am not sure if this would be helpful or not. Something that other parent’s have told me works for their children is…” or “Something I have information about is…”

**Normalize, then explore alternatives.** When you have a concern about how a parent may be responding to their child, it can be helpful to first normalize the behavior and response first. You can think about how the parent may be feeling herself in that moment, and you start from a place that makes it okay to have those feelings. By normalizing the parent’s response, you offer the parent a space to explore without fear of judgment.



Sometimes advocates can become frustrated when working with a parent. Many of the conversations advocates must have with parents in shelter are difficult and time-consuming. It is easy to feel discouraged, ineffective, or even angry.

The Self-Reflection Tool on Page 31 of *Guide for Engaging & Supporting Parents Affected by Domestic Violence* (Blumenfeld, 2015) can help advocates and supervisors have conversations about these difficult cases. Find a link to this guide in ‘Resources’ at the end of this chapter.

Example Script- “A lot of mothers have told me that when they see their child [crying, swearing, hitting, etc.] that they [shut down, feel helpless, get angry, or they think they would be better off with the abusive parent, etc.] I wonder if you have ever felt this way? What helps you at those times?” “I wonder if you might be interested in trying something different and seeing if this helps.”

**Tactfully introduce another perspective.**

Sometimes the best we can do is to acknowledge the parent’s positive intentions for their child, reflect back and honor their beliefs, and ask permission to revisit the topic in the future.

Example Script- “I hear what you’re saying about him being a bad kid just like his father, but do you think that he may be acting this way because he’s feeling scared or worried about you getting back together with his Dad and you getting hurt again?”

*(Adapted from Blumenfeld, 2015)*

## Relationship Strengthening vs Weakening Behaviors

Understanding the detrimental and damaging parenting behaviors often used by abusers can help advocates relate to the adult and child clients they are working with. It can also help advocates create a framework for discussing behaviors that parents witnessed in their homes and explore alternative behaviors parents can use to strengthen their family bonds.



### Tactics abusers use when parenting:

#### Authoritarianism

Authoritarian behavior is often characterized by unrealistic expectations for victims, little empathy, and harsh punishment for even very small infractions. Discipline is not thought out or age-appropriate, and is often a product of anger or frustration. Examples include expecting perfection and adult behavior from children regardless of age, or thinking a baby cries to ‘get attention/get on their nerves’ or ‘be a brat’.

#### Low Involvement & Neglect

This involves leaving the daily care and interaction with children to the non-offending. The abuser gives little to no affection, and may avoid interacting with the children in any manner. The abuser may also use rare praise or attention as a ‘reward’ for children to side with them against the non-offending parent. Financial abuse is often present in relationships characterized by neglect, e.g. spending family money on the abuser’s own interests rather than on food for children.

#### Undermining of Non-offending Parent

An abuser may overrule the decisions of the non-offending parent, or belittle, ridicule, or abuse the non-offending parent in front of the children. Deliberately undermining the authority of the non-offending parent, or encouraging the children to model the abuser’s behavior toward the non-offending parent are all parts of this strategy. The abuser may tell the children that the survivor is to blame for the violence in the home, or that the survivor does not love the children. E.g. “I only hurt your mother because she did something wrong.” Your client may say: “My kids treat me just like my abuser did.”

### Ability to ‘perform’ under observation.

Just as many abusers are considered by their extended family or peers to be upstanding citizens, the same is true in parenting situations; many abusers put on a public face of a loving and attentive, even involved, parent. Children may feel safer in public places for this reason.

*(Bancroft & Silverman, 2002, The Batterer as Parent)*

### Role Confusion.

When abuse is occurring within the home, children often assume or find themselves forced into roles that are not appropriate, such as rescuer, referee, or caretaker (especially in the case of children with younger siblings). It can take some time after they are in a safe place for children to adjust to a normal routine and their proper roles. This can cause tension

within family relationships, when children try to assume parenting roles over their siblings, or see themselves as above being parented by the survivor, often because of assuming a protective role. This may also cause bitterness within the child, who may resent being forced into a role they did not choose and were not emotionally prepared for. This resentment may more often than not be directed toward the survivor, both because they are seen as a ‘safe’ person to express frustration toward and because the abuser may have cultivated the idea that the abuse was caused by the survivor.



For more information about power and control tactics used against children, see the ‘Abuse of Children Wheel’ developed by the Domestic Abuse Intervention Project in Duluth, MN. For more specific examples of these tactics in practice, see *Helping Children Thrive*, page 24 and checklist on page 28 as a conversation tool for advocates with parents (Baker & Cunningham, 2004). For links see ‘Resources’ at the end of this chapter.




“Children who adopt pseudo-adult roles such as the “caretaker” may have difficulty adjusting when expected to assume the role of child once again. The “abuser’s assistant” may take up the role of abuser. The “scapegoat” child’s isolation within the family may be intensified by feelings of responsibility for the marital break-up. The “perfect child” may be impatient with and blaming towards siblings who misbehaved or otherwise “triggered” abuse by the abuser.”  
*(Baker & Cunningham, 2004)*

### The following skills can strengthen the parent-child relationship and help children to begin resuming their proper roles within the family.

1. **Model the behavior you wish to see.** This includes compassion, honesty, healthy expressions of emotion (including anger), as well as non-violent, and non-sexist viewpoints.
2. **Have clear expectations.** Rules should be appropriate, understandable, and known to all family members. When you identify negative behaviors (e.g. hitting, name-calling) you should also identify what behaviors should replace it (e.g. soft touches, respectful words).



3. **Praise good behavior.** Misbehavior often gets more attention than positive behavior. Praising good actions encourages them to continue. “You did a great job on your project!” “Thank you for sharing with your sister.”
4. **Focus on the behavior, not the person.** Remember ‘positive discipline’ and that behaviors are bad, not people. E.g. instead of “you’re very rude” try “I don’t like the words you’re using, they make me feel hurt.”
5. **Never compare the behavior of the child with the abuser when disciplining them.** Saying things like, “you’re just like your father” gives children a sense of worthlessness.
6. **Keep emotions out of discipline, and avoid yelling.** All parents get tired, frustrated, emotional, and overworked. Sometimes small things (e.g. not picking up a toy) can cause a large emotional reaction. Take a step back, count to ten, and think through your words. Don’t yell; let your words get the point across. People tend to start to tune out and ignore yelling if it is all they hear, so save it for emergencies.
7. **Expect what is reasonable and realistic based on the child’s age and cognitive abilities.** For example, toddlers can understand the concept of ‘hurt’ and why to avoid hot stoves, but will not cognitively understand the emotional impact of repeating bad names used by the abuser.
8. **Keep adult matters among adults.** It is not fair to expect a child to take on the burden of being a confidant for a parent. This further confuses family roles and can be stressful and upsetting for children to hear.
9. **Make time to spend playing, talking, or doing other bonding activities.** If you have more than one child, set aside time, even just a few minutes, to spend one-on-one time with each child. This shows that children are an important part of a parent’s life.
10. **Practice empathetic parenting.** Parents should consider the ways in which they wish a parent or authority figure had responded to them in times of emotional distress.



See the worksheet titled ‘10 Things I Can Do’ on page 36 of Helping Children Thrive (link in ‘Resources’ at the end of this chapter) for great activities for parents in shelter to think about how they can apply Positive Discipline and nurturing parenting skills.

## Skill Building

The two key skills for survivors to use in rebuilding and nurturing the bonds with their children are listening and reassuring. Advocates can talk with survivors about how they can reassure children that

they will protect them, that they won't leave them, and that nothing that happened in the past was their fault. Often, especially when young, children instinctively blame themselves for anger, violence, and disruption in the home. Likewise, when parents separate (even if it is a situation where the survivor flees with the children to a safe space), young children often worry that they will lose their non-offending parent as well.

Advocates can help parents to find ways to reassure children that they are safe and loved, and that they are not to blame for the violence they have experienced. Often it is helpful to facilitate age appropriate conversations between the parent and child about the violence. The keys to these conversations are:

- Respect the child's feelings about their experiences, and do not try to tell the child how they should feel. This can be especially hard when many children still have positive, loving, or hopeful feelings toward the abuser.
- Acknowledge that the child's feelings are okay and valid.
- Do not force the child to talk if and when they don't want to, but let them know that they can choose to have the conversation when they feel ready.
- Help the child put words to feelings if they are struggling. Some children find it easier to draw or write about their experiences.
- Prepare the survivor that they may hear things that surprise or hurt them, including incidents not known before, or frustrations that the child may have toward the survivor. Sometimes when children are safe they let out built up emotions, including anger.
- Don't confide in child or tell them bad things from the past that the child is not already aware of.

**“Listen to them talk, and show you are ready to hear whatever they need to say.”** *(Baker & Cunningham, 2004)*



Prevent Child Abuse Tennessee offers **Nurturing Parenting**, a concentrated, 8-12 week evidence-based program for parents with children twelve and under. The program focuses on fostering nurturing, protective adult behaviors and safe environments for children in order to promote healthy coping skills and resiliency in children. The program is free and trainers are available to shelters across Tennessee. For more- <http://www.pcat.org/support-for-parents/>.



## Nurturing Activities



Nurturing activities include any activities, small or large, where parents have an opportunity to interact and bond with their children in positive ways. This can include anything from short dance parties, playground visits, movie nights, arts and crafts, cooking, and even homework time. Shelter staff should try to provide or encourage small opportunities for bonding daily, and larger opportunities (like movie nights) weekly.

**Movies nights.** Advocates may host a movie night with parents and children within the shelter, using a movie that is family appropriate and showcases some aspect of healthy family interaction. After the film advocates can ask the group questions, encourage parents to ask- and answer!-questions, and facilitate discussion about the relationships depicted in the film.

### Questions might include:

What was your favorite character and why?

What did you think about [parent and child] in the film?

What was your favorite/least favorite part of the film and why?

### Movie Night Film Ideas:

Title	Key Points	Warnings	Sample discussion question
<i>Lilo and Stitch</i>	Found family, accepting different family structures	Discussion of parental deaths	What do you think about 'ohana'? What do you think it means to be family?
<i>Big Hero 6</i>	Found family, non-traditional family structures, dealing with grief and loss	Discussion of parental and sibling deaths	Who do you talk to when you're feeling sad like Hiro was in the movie?
<i>Brave</i>	Mother-daughter relationships and bonding		Who do you think the bravest person in the movie was? Why?
<i>Matilda</i>	Found family, acceptance, inner strength	Discussion and depiction	Do you think Matilda and Miss Honey were happy

		of abuse and neglect	after the end of the movie? Why?
<i>Coraline</i>	Parent-child bonds, lends itself to discussion about manipulation	Could be scary for some children	What do you think you could do if you were in Coraline’s position? Is there someone you could talk to or get help from?
<i>How to Train Your Dragon</i>	Father-child relationships, healthy masculinity		Hiccup wasn’t like the other boys and men in his village; do you think that helped him in the movie?

### Draw a Safe Place

**Purpose:** This activity is designed to create a personally meaningful, visual representation of a safe place that the child can “go to” in their mind when they feel stressed. This activity promotes self-soothing—both in making the drawing and in using the image in the future.

**Materials:** paper, crayons, markers, or paints

**Recommended age range:** 4 years and older

**Instructions:** Invite the child to draw a real or imaginary place that feels safe. Note that some children may not be able to think of a real place that is safe, because of their traumatic experiences. Sometimes older children, teens, or adults may feel self-conscious about their drawing abilities. Reassure the participant(s) that “this is not a drawing contest” and that the purpose is not to display artistic ability, gently encourage them to re-enter the experience.

This activity can be done individually or in a small group. Some children may need prompts from the activity leader to help create this place (e.g., elaborating on details that the child is able to articulate, such as “Grandma’s blanket is soft,” “breeze in the air,” “smell of cookies baking,” to give specific sights, sounds, smells, textures). After the drawing is complete, invite the child to talk about the picture. Explain to the child that they can “go to” this space in their mind when they are feeling stressed. This can lead to a discussion about times that are stressful when going to this place in their minds might be comforting.

### Bedtime Beads from Natalie Caufield

**Purpose:** This activity incorporates relaxation skills for self-regulation. The beads incorporate both deep breathing skills and positive self-affirmations, images, and memories. In creating the necklace, the parent and child can talk about what images the child is selecting and why they are meaningful. If done with the parent, this activity can promote increased communication and closeness.

As with the “Draw a Safe Place” activity, some children may need help in thinking about what images, words, or memories to include on the beads. Once the beads are completed, they can be carried with the child to school and to visitation with the non-custodial parent, as well as used as a bedtime ritual at home. For many children, the transition to bedtime is particularly difficult, and if this becomes part of the family routine, it can help ease this transition to sleep.

**Materials:** string, small beads, larger beads, paints, markers, stickers

**Recommended age range:** 3 years – 16 years old

**Instructions:** The participant will construct a necklace from large and small beads and using a sturdy string that can be knotted. The small bead, representing the ‘breath beads’ can be all the same color (or plain wooden beads). These are alternated with the larger beads that are decorated with positive images (e.g., people, places, objects, animals, such as family pet, beach), inspirational words (e.g., love, hope, gratitude), or an image that represents a positive memory (e.g., family trip, kicking a winning goal in soccer, etc.). For younger children, stickers may be used, and they may also need some assistance from a parent or the activity leaders in making the image(s) that they select.

Draw a Safe Place, Bedtime Beads, and other activities can be found in *Guide for Engaging & Supporting Parents Affected by Domestic Violence* from the National Center on Domestic Violence, Trauma, and Mental Health (Blumenfeld, 2015). For a link, see the ‘Resource’ Section at the end of this chapter.



## Response & Interaction with Children

When interacting with children of survivors in shelter, advocates have a responsibility to not only set appropriate boundaries, but to model caring and respectful behavior. Advocates should not engage in physical contact with children (touching, hugging, kissing) unless it is initiated by the child, and even then the contact should be brief and professional. It is easy to cross boundaries and create strong attachments to children in shelter, who are often vulnerable and seeking validation and affection. Advocates should take every effort to redirect children to their parent to receive this affection, and help facilitate interaction and bonding between the parent and child.

Any prizes and gifts that may be available for children (e.g. donations of toys or birthday items) should be presented to the child by their parent. Whenever possible, activities for children within the shelter should include their parents as helpers, leaders, or ‘teammates.’ This provides opportunities for the parent and child to bond.

When advocates or volunteers are interacting with or leading activities for children in the absence of parents (such as during adult support groups or other times when parents may be meeting with counselors or advocates), the advocate should see their role as one of a teacher or educator.

Remember- an advocate is only in the child's life briefly, while the parent's relationship with the child is for a lifetime.



We know that consistently loving, nurturing relationships with parents or caregivers who are involved in a child's life over time is the single greatest resource for healthy child development and recovery from exposure to family violence and other trauma. (Lieberman & Van Horn, 2005)

## Safety Planning With Children

Unlike safety planning with adults, much of safety planning with children revolves around their emotional reactions to violence in the home. It is important to reinforce that: children are not the cause of violence or anger in the home (or any related consequences, such as the move to shelter); it is not children's responsibility to keep a parent safe (and they should never intervene in violence); and violence is never okay or justified.

**Planning for violence in the home.** *Survivors return to their abusers an average of seven times before finally leaving for good.* This happens for a myriad of reasons including housing, financial security, child custody, culture and faith, and other very valid reasons. Additionally, the risk of death for survivors increases when they leave their abusers, and many abusers stalk their victims after the relationship has been dissolved. For these reasons it is important to teach children safety skills for violent situations in the home. Advocates should engage parents in teaching and reinforcing these skills:



- Teach children when and how to call 911, and not to hang up when they call.
- Instruct children to leave the home if possible when things begin to escalate. Plan safe places where children can go if this happens (such as a neighbor's house or close convenience store).
- Come up with a code word that the survivor can say when the child needs to leave the home in case of an emergency — make sure that the child knows not to tell others what the secret word means.
- In the house: Identify a room or place children can go to when they're afraid and something they can think about when they're scared.

- Instruct children to stay out of the kitchen, bathroom and other areas where there are items that could be used as weapons.
- Teach children that although they want to protect their parents, they should never intervene.
- Help children make a list of people that they are comfortable talking and expressing themselves to, such as a teacher, family member, friend or friend’s parent, church or club leader.

**Planning for safe custody exchanges and/or unsupervised visits.** Many children feel nervous, upset, or scared when these visits are approaching, and parents may notice a change in their behavior. Abusers may use tactics such as negative talk about the non-offending parent, passing messages through the child, or other emotionally manipulative tactics during visitation which can cause changes in a child’s behavior upon returning home. It is a good idea to encourage or facilitate conversations between the non-offending parent and child before visitation addressing the child’s worries and giving the child space to address fears they may have.

- If it is age appropriate, brainstorm with children to come up with ways that they can stay safe using the same model as you would for the survivor’s home or shelter. Have them identify where they can get to a phone, when and how they can leave the house, and who they can go to.
- If it’s safe to do, send a cell phone with the children to be used in emergency situations — this can be used to call 911, a neighbor or you if they need aid.
- Avoid exchanging custody at the survivor’s home or the abuser’s home.
- Meet in a safe, public place such as a restaurant, a bank/other area with lots of cameras, or even near a police station.
- Bring a friend or relative with you to the exchanges, or have them make the exchange.
- If possible, plan to have the perpetrator pick the children up from school at the end of the day after the survivor drops them off in the morning, eliminating the chances of seeing each other.
- Emotional safety plan as well. Figure out something to do *before* the exchange to calm any nerves the survivor or child is feeling, and something *after* for the parent and child to focus on positive bonding, such as going to a park or doing a fun activity.

Non-offending parents should never vent their anger or frustration about the perpetrator to their children. This forces children to play the role of mediator and places them in an inappropriate adult role. It is also important to note that many children have mixed emotions about the abuser, including love and the desire for a healthy relationship. Survivors venting to their children can alienate the child and may cause the child to feel overwhelmed and forced to choose between their parents.

**Emotional safety planning with children.** Advocates and survivors should reinforce that children are never to blame for violence in the home. You can use the following statements and ideas:

- “You are not to blame for the fighting. It is not your fault.”

- Adults have many ways to solve problems but violence should never be one of them.
- “You cannot make a person behave violently or be abusive; how a person behaves is their choice, and you are not to blame for their behavior.”
- Children are not to blame even if they hear their name in the argument.
- Children and youth often feel conflicted about the abusive parent. For example, they want to help their mother so they call the police. They then have an overwhelming sense of guilt for getting their father in trouble. If the child is feeling guilty for calling the police, or getting the abusive parent in trouble, reaffirm with them that they did the right thing.
- Reinforce that children have a right to:
  - Know that someone will take care of them.
  - Know what is expected of them.
  - Have an idea about what will probably happen next.
  - Not worry that they or someone else will get hurt.
  - Not feel scared.



## Serving Male Children & Youth

Many shelters across Tennessee are still struggling with providing shelter to teenage boys, even though **banning teenage boys from shelter is prohibited**. The continued practice of banning teenage boys from shelter presents a difficult barrier for many survivors, and a failure of these advocacy organizations to serve all those who are experiencing and recovering from the trauma of domestic violence. Male children over the age of twelve present a unique set of service needs, but they do not present a unique threat to the safety and security of shelter residents and staff.

While the research on domestic violence tells us that battering behaviors can be “passed down” from the batterer to children (including girls), the more significant finding is that in the majority of cases these behaviors are not passed down. These teenagers can and do choose nonviolence. They are capable of healthy, respectful relationships. Domestic violence programs can provide a source of support and encouragement for those choices, as well as healing from the abuse and trauma that teens have witnessed and experienced. Shelter staff have a responsibility to model clear expectations and consequences that serve to protect all residents.

Excluding teen boys from shelter is not only prohibited by law but forces survivors to make the difficult choice to seek safety at the expense of their child, but reinforces to the boy that he is not trusted or worthy of safety himself. It is the responsibility of advocates to serve the needs of all primary and secondary victims of domestic violence.



## Safety Concerns



Shelter workers should be trained to screen for potentially abusive individuals of any age or gender prior to admitting families to shelter or at the time of intake. When developing a safety plan that includes an adolescent male, critical information such as a history of violent behaviors, a history of having been sexually abused, or a history of ignoring consequences will assist the advocate in supporting all residents.

Training, screening and guidelines can work together to minimize the risk of allowing any abusive individuals into the shelter. Provide clear expectations for individual behaviors and support survivors and their children. Consequences for abusive and/or violent behaviors by shelter residents may include taking legal action and/or requiring the abusive individual to leave shelter.

### **When working with teen secondary victims advocates & agencies should:**

1. Inform the program participant about services provided to victims of domestic violence and their teenage children including shelter and other advocacy services.
2. Complete the intake with the program participant without the presence of their teenage child. This is to maintain the survivor's confidentiality and allow them to feel comfortable discussing sensitive topics without the presence of their child. If needed, the advocate should make a plan with the survivor to support their parenting needs.
3. Explain to the survivor and the teen the purpose of maintaining confidentiality. Additionally, the advocate should make a confidentiality agreement with the teen, just as with the survivor.
4. Discuss the shelter's non-violence policy with the program participant and their teen. Explain the importance and purpose of this policy.
5. Work jointly with the program participant and their teen to create a safety plan. The safety plan should include the activities the teen boy participates in outside of school or independent from the non-offending parent.
6. Meet separately with the program participant and the teen to assess what support and services they each need.
7. Inform the teen of support groups, activities and other services and community resources available to him, describe their purpose, and encourage his participation.
8. Discuss dynamics of domestic violence with the teen and offer age-appropriate written materials. Discuss the strategies the program participant's teen has or can use to cope with domestic violence.

9. When possible offer peer support activities such as mixed-gender peer support groups for teens offering discussion about domestic violence tactics, coping strategies, anger, and grief as well as individual support.

10. Consider partnering with local ‘Big Brother-Big Sister’ or other youth mentoring agencies to provide positive mentoring for teens.

11. Make sure the diversity of your organization’s staff matches the diversity of the community you are serving, this includes hiring male staff members.

See page 213, for an example policy on serving teens.

## Shelter Environment

Whenever possible, shelters should have indoor and outdoor spaces dedicated to children’s play as well as quiet time (e.g. homework and reading).

Think about the décor of these areas- keep it light and child friendly, and make sure storage of children’s toys can be reached by the children they are intended for. Even in adult and communal spaces, think of small hands; do not put fragile or breakable items or electronics within easy reach.

Display children’s artwork on the fridge with magnets and consider investing in easy-change or simple plexi-glass frames to display children’s art on rotation in children’s spaces.



### On cleaning and sanitizing toys and surfaces.

**Cleaning** involves scrubbing, washing and rinsing to remove visible soil and debris, typically using soap or pre-made cleanser and water.

**Sanitizing** is covering the cleaned area with a sanitizing solution such as bleach and water. The best practice recommendation is to leave the sanitizing solution on the surface for a minimum of 2 minutes before wiping it dry. It can also be left to air dry.

**Disinfecting** is covering an already cleaned area with a disinfecting agent that is non-toxic for children, such as a stronger bleach and water solution. This kills all of the germs on a surface.



Sanitizing and disinfecting should be done often to minimize spread of illness in a shelter.

Basic measures for a disinfecting solution are-  $\frac{3}{4}$  teaspoon bleach to 1 cup cool water OR 1 tablespoon bleach to 1 quart cool water OR  $\frac{1}{4}$  cup bleach to 1 gallon cool water.

## Policies & Procedures

**On Childcare.** Many shelters have a rule (or policy) in place saying that parents must be with their children 24 hours a day when they are in the shelter. This rule is not only impractical, it interferes with both the parent's and child's activities and responsibilities. For instance, a parent who is preparing dinner while their child is playing or doing homework in another room is in violation of this rule, even though they are participating in a normal routine that parents across the country engage in daily. This rule also means that residents can't openly arrange for someone else to watch their children while they shower, meet with an advocate, make important and sensitive phone calls, or during other times when it would be inappropriate for children to be present.

**On Department of Children's Services (DCS).** Shelters should not establish a mandatory practice of reporting all parents who enter shelter with minor children to DCS. This practice can further damage parental bonds, compound survivors' trauma and anxiety, and set up a culture of mistrust between survivors and the advocates (agency). While advocates should take seriously their duty as mandated reporters of child abuse and neglect, reporting a non-offending parent who is seeking safety in shelter and has shown no abusive or neglectful behaviors is an unnecessary and punitive step. Advocates should keep in mind that **imperfect parenting on the part of a survivor is not the same thing as abuse.**

A best practice for ensuring permanency and stability for children is to keep them in the care of the non-offending parent whenever possible. Programs should have a policy which details

“The more that advocates considered what was truly realistic and supportive for residents, the more they realized that many (if not all) of their rules regarding children and parenting were not in the mothers' or children's best interest. Eliminating these rules allowed advocates to expect and respect residents' need to be able to have time away from their children, for personal care, chores or matters that are not conducive to having children present. The same was true regarding the interest of the residents' children, who benefit from time away from their mothers, such as by attending their own support groups and engaging in fun activities without their mothers present.”

*(How the Earth Didn't Fly Into the Sun: Missouri's Project to Reduce Rules in Domestic Violence Shelters, MCADSV, 2011)*

“On Oct. 26, 2004, the New York Court of Appeals unanimously held that a mother's inability to protect a child from witnessing abuse does not constitute neglect, and therefore cannot be the sole basis for removal. Furthermore, the Court held that any decision to remove a child must be weighed against the psychological harm to the child that could be created by the removal itself, and that only in the rarest of instances should this decision be made without judicial approval.” *(Nicholson v. William, 1999 )*



the requirements for reporting suspected child abuse. The agency should provide things like safety assessments, safety planning, and supportive services to all parents in shelter. (*Arizona Coalition to End Sexual and Domestic Violence, Making the Connection Between Domestic Violence and Child Abuse, 2014*)

**On Abandonment of Children.** When shelter staff know or suspect that a parent has abandoned their child in shelter they should follow the same policies and procedures as they would for reporting urgent cases of abuse or neglect, notifying both DCS and law enforcement. Once reports have been made and the children are safe, it is important for agency leadership to offer support for both staff and other residents. When cases of abandonment occur, it is often very distressing and difficult for witnesses to understand and process. If advocates notice signs of neglect or abandonment, this is an opportunity for

You will find a list of model policies for children and families, including a child abuse reporting policy, childcare policy, and more on page 209.

advocates to talk with the parent about supportive resources and potentially to suggest alternative custody arrangements. Advocates should broach these conversations non-judgmentally and reassure survivors that it is normal and healthy to seek help and support for caring for their children while they are healing from abuse and trauma.

#### **Resources:**

Sample Empowering Responses-

<https://www.positivediscipline.com/sites/default/files/sampleempoweringresponses.pdf>

Positive Discipline Tip Sheet- <https://www.positivediscipline.com/sites/default/files/positive-discipline-guidelines.pdf>

Praise vs. Empowerment

[https://www.positivediscipline.com/sites/default/files/praise\\_and\\_encouragement.pdf](https://www.positivediscipline.com/sites/default/files/praise_and_encouragement.pdf)

PBS Parents- Seven Tips for Practicing Positive Discipline

[http://www.pbs.org/parents/talkingwithkids/positive\\_discipline\\_tips.html](http://www.pbs.org/parents/talkingwithkids/positive_discipline_tips.html)

Abuse of Children Wheel' developed by the Domestic Abuse Intervention Project in Duluth, MN

<http://www.theduluthmodel.org/pdf/Abuse%20of%20Children.pdf>

Guide for Engaging & Supporting Parents Affected by Domestic Violence from the National Center on Domestic Violence, Trauma, and Mental Health, Blumenfeld 2015.

[http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2016/04/NCDVTMH\\_GuideEngagingSupportingParents.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2016/04/NCDVTMH_GuideEngagingSupportingParents.pdf)

How the Earth Didn't Fly Into the Sun: Missouri's Project to Reduce Rules in Domestic Violence Shelters, MCADSV, 2001. [https://vawnet.org/sites/default/files/materials/files/2016-07/NRCDV\\_ShelterRules\\_0.pdf](https://vawnet.org/sites/default/files/materials/files/2016-07/NRCDV_ShelterRules_0.pdf)

Helping Children Thrive : Supporting Woman Abuse Survivors As Mothers, Baker & Cunningham, 2004 <http://www.ifcc.on.ca/wp-content/uploads/2017/02/Helping-Children-Thrive-Supporting-Woman-Abuse-Survivors-as-Mothers -A-Resource-to-Support-Parenting.pdf>

The National Center for Victims of Crime Handbook on Reaching and Serving Teen Victims-  
<http://www.ovc.gov/pdftxt/ncj211701.pdf>

Washington State Coalition Against Domestic Violence Model Protocol on Working with Battered Women and Their Teenage Boys in Shelter - <http://bit.ly/1TkednR>

Nicholson v. Williams (Defending parental rights of mothers who are domestic violence victims)  
<http://www.nyclu.org/case/nicholson-v-williams-defending-parental-rights-of-mothers-who-are-domestic-violence-victims> )

Arizona Coalition to End Sexual and Domestic Violence, Making the Connection Between Domestic Violence and Child Abuse, 2014, <http://www.azcadv.org/azcadv2014wp/wp-content/uploads/2014/06/Making-the-Connection-Between-Domestic-Violence-and-Child-Abuse-2014.pdf>

Child Protection in Families Experiencing Domestic Violence, Bragg, 2003,  
<https://www.childwelfare.gov/pubpdfs/domesticviolence.pdf>

Tips for Supporting Children and Youth Exposed to Domestic Violence, National Center on Domestic Violence, Trauma, and Mental Health, [http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/05/Tipsheet\\_Children-Exposed\\_NCDVTMH\\_May2012.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/05/Tipsheet_Children-Exposed_NCDVTMH_May2012.pdf)

# Serving Rural & Urban Communities

Tennessee Domestic Violence Shelter Best Practices Manual / Section I



## Providing services to Rural Communities

According to the National Advisory Committee on Rural Health and Human Services: Intimate Partner Violence in Rural America Policy Brief March 2015, while people living in rural communities experience IPV at similar rates to those in urban communities, they are more likely to experience **greater severity of violence**, and less likely to reach out for help as a result of the high degree of social interconnectedness in rural communities. Due to high rates of poverty, transportation barriers, a lack of affordable housing, and telecommunications barriers in rural America, rural survivors may face both significant barriers to leaving an abusive situation and to establishing a new life once they have left. For these reasons, rural survivors are an especially vulnerable population.

As Sara R. Benson points out in the Law Library Journal Vol. 108:2 [2016-11] defining “rural” areas in terms of population or access to resources is difficult, but it is even more challenging to find a singular rural experience in America as rural culture is heavily influenced by regional differences. For example, survivors in farming communities may choose to remain with abusive partners because they wish to retain the family farm while survivors in rural Appalachia may be trapped because of the region’s entrenched form of patriarchy and physical isolation of the communities. A study of rural primary care physicians found that cultural expectations common to rural communities tend to establish IPV as a normal behavior.

Advocates working with survivors from rural communities must be aware of the unique barriers these survivors are faced with:

**Extreme Isolation:** Rural communities are characterized by vast amounts of land with few people. Individuals may not have access to a car, a telephone, the internet, or even neighbors. Women born and raised in rural communities are typically accustomed to the isolation; however, when violence is added it can be deadly. Abusers often have sole access to the family vehicle, and quite frequently they forbid their victims from working outside the home which further isolates them and provides abusers with more financial control.

**Social Factors:** Survivors in rural communities report having less social support and greater feelings of loneliness. This can be attributed to social factors such as traditional gender roles and a high degree of social cohesion. A **lack of privacy** in a rural community is also a barrier to seeking help because the



person to whom a survivor might reach out to for help, such as a member of law enforcement, a primary care provider, or another service provider, might have a personal relationship with the survivor or abuser.

### Some ways agencies can combat barriers affecting survivors in rural areas-

1. Hire staff that come from the same communities
2. Develop cultural competence for staff members
3. Create culturally relevant prevention materials.
4. Develop relationships with other service providers in the community
5. Provide domestic violence specific training for other service providers in the community

**Poverty:** Because rural communities on the whole have higher rates of poverty than other areas, survivors have a more difficult time becoming financially independent. There may be fewer economic opportunities in rural areas. Those who can find jobs face both a male-female wage gap and urban-rural wage gap. A brief from the nonprofit Wider Opportunities for Women notes that rural women earn on average 25 percent less than their rural male counterparts and 16 percent less than their metropolitan female counterparts. Rural residents also have fewer liquid assets and rural survivors are 2.5 times more likely to have their property destroyed by an abuser. They are also less likely to have employer-based benefits and they face higher health insurance costs. And because these areas have lower population levels, they have fewer community resources available.

**Trouble accessing services:** A study from Illinois on service use by rural and urban survivors indicates that rural survivors are more likely to need a range of social services, including education, transportation, and housing services. However, long travel times, a lack of providers, and a lack of access to transportation and telecommunications can prevent rural survivors from seeking these needed services.

**Homelessness or housing instability:** Without a stable address, rural survivors also may have trouble applying for state and federal human services programs as well as employment. A lack of high-quality affordable housing is a persistent challenge in many rural communities. According to the National Network to End Domestic Violence, the “largest unmet need” for domestic violence victims from 2015 was “for shelter and housing”.

**Lack of transportation:** Most rural communities have no public transportation system and survivors may face the additional barrier of their abuser controlling the family’s transportation. Transportation challenges affect advocates, too. Often advocates are not reimbursed for fuel needed to travel many miles.

**Physical and mental health problems:** Rural survivors report more severe physical and mental health problems than urban. These survivors may have higher rates and severity of depression, anxiety, post-traumatic stress disorder, low self-esteem, and suicidal thoughts as well as higher instances of substance abuse. Due to a shortage of providers in rural areas, these survivors have limited access to mental and physical health care. Often one provider plays many roles and may not have specific training to address the needs of victims.

**Elder Abuse:** One in ten older adults living at home experience abuse each year. The fact that rural communities have a higher share of persons 65 and older makes elder abuse a significant concern. Abuse of an older person creates additional health, social, and economic barriers. Service providers in Tennessee are mandated to report elder abuse. This can be an additional barrier for older victims to seek help.



Consideration must be given to the close social ties in rural communities so that a victim's need for anonymity is taken into account and that appropriate service referrals and protection is afforded them.

### **Sample Questions When Assessing Rural Victims' Needs:**

- How far away is their closest neighbor?
- Do they have access to a telephone or the internet?
- Do they have a means of transportation?
- Do they have a social support system?
- Do they know about the survivor services near their home?
- Have they used or would they consider using the services near their home?

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## **Providing Services to Urban Communities**

As with rural communities, there are unique considerations to be made when operating a shelter or other victim service agency in an urban community.

### **Space**

Although urban shelters tend to house more clients than those in rural areas, they have to contend with a significant increase in population, and therefore in the numbers of survivors seeking shelter services. Often, urban shelters find themselves consistently full and having to refer survivors to other programs to find shelter. **Therefore, it is vital that advocates in urban areas cultivate strong networking relationships with their fellow agencies in order to make effective referrals and to help clients access shelter.** Advocates at urban shelters must also make sure that, even when they do not have bed space available, they are offering survivors access to the agency's other services, such as legal advocacy, safety planning, and support groups. Advocates should remember that shelter is only one of many services provided at most domestic violence agencies.

### **Lack of Connection**

Often agencies in rural communities suffer from 'too much connection'; in these small communities, it is often difficult to ensure confidentiality and privacy because 'everyone knows everyone.' The opposite is often true in urban settings; many times these shelters suffer from a lack of connection. The anonymous nature of city life means that survivors may have less positive, supportive connections that can be used as resources for transportation, safety, and emotional support. It is also likely that they are less aware of the supportive services offered in the community, because they can get lost in a sea of other businesses. Advocates should collaborate with community organizations that offer services like job placement, housing, mental health and addiction services, etc. These agencies will be vital in helping to provide a



holistic range of services to survivors who may be less familiar with what resources are available to them. Advocates should also provide survivors with resources on making ‘peer connections’, things like hobby groups (e.g. book clubs, special interest classes and groups) and peer support groups, where survivors can cultivate personal support systems and healthy connections.

### **Quantity vs Quality**

Because of the increased demand for services in urban areas, many urban shelters find themselves struggling with the issue of quantity over quality. These agencies can easily fall into the trap of trying to serve the highest number of survivors possible at the expense of service quality. This often leads to over-sized caseloads for advocates and case managers, less time spent with individual clients, stress and burnout for staff, increased discord between shelter residents, and clients who are more likely to return to their abuser and less likely to take advantage of supportive services offered by the agency and community. Ultimately, more clients are being served, but very few are satisfied with the services they have received.

Agency leadership should take an objective look at the number of clients they have committed to serve, and examine whether that is a reasonable number. When making this decision, consider the time it takes to provide truly comprehensive and client-centered services as well as the time needed to access resources

in your community. For example, if your community has an average three-month wait for housing, it is unreasonable to expect clients to remain in shelter for only four to six weeks.

By focusing on providing quality services over quantity, agencies will be able to see a decreased rate of survivors returning to their abuser, and more survivors successfully completing their goals, as well as lower staff turnover and burnout rates.

### **Resources:**

Rural Health Information Hub, Toolkit on Rural Domestic Violence-

<https://www.ruralhealthinfo.org/topics/domestic-violence>

Resource Sharing Project, Rural Training and Technical Assistance Project Toolkit-

<http://www.resourcesharingproject.org/rural-training-and-technical-assistance>

Due either to a moral imperative or an unfounded belief that an increase in the number of clients served will likely result in increased grant funding, agencies often believe that they must provide services to as many clients as possible. In the end, neither of these things is true.

1. Clients are demonstrably better served by being referred or re-housed to a shelter with the capacity to fully serve them, than by receiving partial or lackluster services by an overwhelmed and overcrowded agency.
2. Funding does not rely on an agency’s ability to serve an increased number of survivors, and will not increase because of it. Rather, funders look to an agency’s ability to meet the deliverables of its grant contracts, and to provide high quality services to clients.
3. Agencies are more likely to receive increased funding by demonstrating quality, trauma-informed service provision, and creative, innovative service offerings.



Institute for Women's Policy Research, The Status of Women in the South, Anderson, Shawl & Childers et al, 2015

National Advisory Committee on Rural Health and Human Services, Intimate Partner Violence in Rural America Policy Brief, March 2015-

<https://www.hrsa.gov/advisorycommittees/rural/publications/partnerviolencemarch2015.pdf>

Journal of Women's Health, Rural Disparity in Domestic Violence Prevalence and Access to Resources, 2011 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3216064/>



# Section 2- Trauma-Informed Advocacy

# Healthy Communication & Conflict Resolution

*Tennessee Domestic Violence Shelter Best Practices Manual / Section II*



## Conflict Management and Resolution

“Supporting conflict resolution between shelter residents is an important part of domestic violence intervention work. Helping [survivors] better identify the roots of conflict with other shelter residents and reinforcing how to resolve conflict in respectful and productive ways can go a long way to building a truly supportive, nurturing and empowering shelter environment. When conflicts arise between advocates and shelter residents,

shelter staff must ensure that their response does not reinforce the power and control dynamics that are at the core of domestic violence.” (*Conflict Resolution Tools for Domestic Violence Shelter Staff*, VAWnet.org)

Group living is particularly challenging when you are sharing communal space with strangers who are living in real fear of, and healing from, the trauma of domestic violence. While advocates working in shelter programs are expected to build a community and manage a household of survivors from diverse backgrounds and circumstances, many may not receive the necessary training to resolve the types and intensity of conflicts that may arise within the shelter.

The first major challenge in conflict resolution is identifying the root causes of the conflict. Resolution can only be achieved after all causes, current and resurfacing, are identified.

After a cause is identified, the next step in conflict resolution is to gain an understanding of the impact on the individual. In a shelter setting, understanding the root causes of problems can help advocates positively address the situation, promote healthy communication and understanding between residents, and aid in the ability solve current conflicts and prevent future ones.

Learning how to deal with conflict, rather than avoiding it, is crucial. When conflict is mismanaged, it can cause great harm to a relationship, but when it is handled in a respectful, positive way, conflict provides an opportunity to strengthen the bond between two people. By learning skills for conflict resolution, you can keep your personal and professional relationships strong and growing.

### Definition of Conflict

Conflict can be described as a situation when two or more individuals have incompatible goals. Everyone needs to feel understood, nurtured, and supported, but sometimes their goals may be or seem conflicting. Opposing goals and need for comfort and safety create some of the most severe challenges in our personal and professional relationships.

## Twelve Approaches of Conflict Resolution

Win win approach- How can we solve this as partners rather than opponents?

Creative response- Transform problems into creative opportunities.

Empathy- Putting oneself in the shoes of the other for the sake of greater understanding.

Appropriate assertiveness- Apply strategies to attack the problem not the person.

Co-operative power- Eliminate "power over" to build "power with" others.

Managing emotions- Express fear, anger, hurt and frustration wisely to affect change.

Willingness to Resolve- Name topics that you wish to resolve, be willing to hear the needs of others.

Mapping the conflict- Define the problems and identify each person's feelings, values, and needs.

Development of options- Design creative solutions together.

Negotiation- Plan and apply effective strategies to reach agreement.

Mediation- Engage in dialogue to work toward agreement.

Broadening perspectives - Respect other's values and differences. Reframe "for me to be right, others must be wrong" thinking.

For more insight on these 12 methods, see the Conflict Resolution Network's *Conflict Resolution Toolkit* at <http://www.crnhq.org/CR-Kit.aspx?rw=c>

The needs of all sides play important roles in the long-term success of most relationships and deserve respect and consideration. When you can recognize the legitimacy of conflicting goals and become willing to examine them in an environment of compassionate understanding, it opens pathways to creative problem solving, team building and improved relationships.

### Tips for managing and resolving conflict:

- 1. Listen for what is felt as well as said.** When we listen we connect more deeply to our own needs and emotions, and to those of other people. Listening also strengthens us, informs us, and makes it easier for others to hear us when it's our turn to speak.
- 2. Make conflict resolution the priority rather than winning or "being right".** Maintaining and strengthening the relationship, rather than "winning" the argument, should always be your first priority. Be respectful of the other person and his or her viewpoint.
- 3. Focus on the present.** If you're holding on to grudges based on past resentments, your ability to see the reality of the current situation will be impaired. Rather than looking to the past and assigning blame, focus on what you can do in the here-and-now to solve the problem.
- 4. Pick your battles.** Conflicts can be draining, so it's important to consider whether the issue is really worthy of your time and energy.
- 5. Be willing to forgive.** Resolving conflict is impossible if you're unwilling or unable to forgive. Resolution lies in releasing the urge to punish, which can never compensate for our losses and only adds to our injury by further depleting and draining our lives.
- 6. Know when to let something go.** If you can't come to an agreement, agree to disagree. It takes two people to keep an argument going. If a conflict is going nowhere, you can choose to disengage and move on.

## 5 Steps of the Mediation Process

1. Convening- getting all parties to the table
2. Opening the mediation- going over confidentiality and other basic information
3. Communication- sharing the stories of all sides
4. Negotiating- working toward agreements
5. Closing & writing the mediation agreement

### The mediator will

- Remain non-judgmental
- Listen actively
- Act impartially
- Encourage the expression of feelings and values
- Seek out underlying needs and interests

### Role of the mediator

- Mediators help people communicate their own needs and interests, clarify issues, and negotiate their own agreements.
- Mediators do not take sides, they are neutral facilitators
- Mediators are impartial and have no stake in the outcome of the process

## Mediation

Mediation is a way of resolving disputes when two people who disagree with each other call upon a third party to assist in solving the problem. The mediator fills the role of the third party and must remain impartial. A mediator manages the interactions between parties and facilitates open communication. Mediation can be an effective tool to assist advocates in working with shelter residents that are in conflict.

Mediators use various techniques to open, or improve, dialogue and empathy between disputants, aiming to help the parties reach an agreement.

### Elements of Successful Mediation:

#### Those in conflict:

- Voluntarily take part
- Are prepared to be open and honest about the situation and their part in it
- Want to work cooperatively with the other party to find a solution
- Feel that they are in a safe environment

#### When mediation is not appropriate:

- If a resident feels coerced to take part
  - When this happens, the intervention is set up to fail.

Provide clear information about mediation, including the benefits of the process. Emphasize that the process and outcome reached are under the control of the participants.

- If a resident feels unsafe or threatened
- If the mediator loses their neutrality

### Key Elements of Mediation:

- Impartial Facilitator
- Voluntary (on the part of all residents)
- Confidential
- Informal and Flexible
- Collaborative



- Focused on future, not past actions
- A successful mediation resolves the conflict and achieves a 'win-win' for all parties

## De-Escalation Tips

- **Be Empathic and Nonjudgmental**

When someone says or does something you perceive as weird or irrational, try not to judge or discount their feelings. Whether or not you think those feelings are justified, they're real to the other person. Pay attention to them. Keep in mind that whatever the person is going through, it may be the most important thing in their life.



- **Respect Personal Space**

If possible, stand 1.5 to three feet away from a person who is escalating. Allowing personal space tends to decrease a person's anxiety and can help you prevent acting-out behavior. If you must enter someone's personal space to provide care, explain your actions so the person feels more secure.



- **Use Nonthreatening Nonverbal Communication**

The more a person loses control, the less they hear your words—and the more they react to your nonverbal communication. Be mindful of your gestures, facial expressions, movements, and tone of voice. Keeping your tone and body language neutral will go a long way toward defusing a situation.

- **Avoid Overreacting**

Remain calm, rational, and professional. While you can't control the person's behavior, how you respond to their behavior will have a direct effect on whether the situation escalates or defuses. Positive thoughts like "I can handle this" and "I know what to do" will help you maintain your own rationality and calm the person down.

- **Focus On Feelings and Values**

Facts are important, but how a person feels and what's important to them are key points. Some people have trouble identifying how they feel about what's happening to them. Watch and listen carefully for the person's real message. Try saying something like "That must be scary." Supportive words like these will let the person know that you understand their feelings, this may make them comfortable enough to be more expressive.

- **Set Limits**

If a person's behavior is belligerent, offensive, or disruptive, give them clear, simple, and enforceable limits. Offer concise and respectful choices and consequences. A person who is upset may not be able to focus on everything you say. Be clear, speak simply, and offer the positive choice first.

- **Choose Your Battles**

It's important to be thoughtful in deciding which rules are negotiable and which are not. For example, if a person doesn't want to shower in the morning, can you allow them to choose the time of day that feels best for them? If you can offer a person options and flexibility, you may be able to avoid unnecessary conflicts.

- **Allow Silence For Reflection.**

We've all experienced awkward silences. However, even when it is uncomfortable sometimes it is the best choice. It can give a person a chance to reflect on what's happening, and how he or she needs to proceed. Silence can be a powerful communication tool.

- **Allow Time For Decisions.**

When a person is upset, they may not be able to think clearly. Give them a few moments to think through what has been said and made decisions. A person's stress rises when they feel rushed. Allowing time brings calm.

(<https://www.crisisprevention.com> )

## **Resilience**

Resilience is the process of adapting or 'bouncing back' in the face of adversity, trauma, tragedy, threats or significant sources of stress. Being resilient doesn't mean that someone is not experiencing sadness, anger, grief, anxiety, or other difficult emotional and physical responses to stress. Advocates know that emotional and physical signs of trauma are common in survivors of domestic violence, and the path to healing takes time. Resilience is a common trait shared by survivors of trauma who are successful in their healing.

Resilience is not a trait that people either have or don't; it involves behaviors, thoughts and actions that can be learned and developed in anyone. People do not all react the same to traumatic and stressful life events. An approach to building resilience that works for one person might not work for another. People use varying strategies.

### **Ways to help survivors in shelter build resilience:**

**Making connections & building support systems.** Often abusers isolate their victims from family, friends, and other supportive individuals as a method of exerting their control over victims. An important part of healing and regaining independence for many survivors is rebuilding or creating new support systems. Advocates can help survivors identify safe and supportive individuals in their lives, and refer them to peer support opportunities, like support groups, book clubs, women's centers, or even things like yoga classes or other special interest groups.

**Avoid seeing crises as insurmountable problems; instead move toward manageable goals.** Advocates can help survivors recognize the work they are doing toward healing and empowerment. Advocates should help survivors to identify the goals that are most important to them, such as housing, education, work, learning new skills, etc., and help them to identify smaller steps to



take to reach their goals. (For example, employment may be the survivor's priority, the steps included may be updating or learning to create a resume, practicing interview questions, job skills training, applying for multiple positions, accessing transportation for interviews, etc.) Recognize and encourage the hard work and progress as each goal is met. Small celebrations make big impacts!

**Accept that change is a part of living.**

Shelter living is a huge change and adjustment for most survivors. It is often a scary and difficult transition, and can often be seen as another trauma or punishment. All of these emotions are normal and valid. Validating how

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*Everyone is different and will respond differently to the process of building resilience. The keys to successful resilience building are empowerment, respect, and encouragement.*

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difficult the transition to shelter can be, having open discussions about the challenges of communal living, and helping survivors to navigate this change in their lives is an important role of shelter advocates.

**Look for opportunities for self-discovery.** With great change comes the opportunity for self-discovery and growth. Many survivors have been discouraged, or even outright forbidden, from exploring their interests, learning new skills, or engaging in any growth or change that is normal to adult life.

Organizations can provide opportunities for survivors to explore old and new interests and skills. Organizations can reach out to community members- seek out individuals who would be willing to volunteer to teach a class for shelter residents (e.g. yoga, knitting cooking, resume writing). Encourage survivors who have particular skills or interests to teach classes for their fellow residents, or to create a book club, knitting circle, or other activity of interest.

**Nurture positive self-view.** Advocates should encourage survivors to develop confidence in their ability to solve problems. Advocates should encourage and empower survivors to make their own choices regarding goals, priorities, and next steps. ("That's a great choice," "It sounds like a good plan, how can we help you?", "What are your thoughts/concerns/next steps?")

**Maintain a hopeful outlook.** Advocates should strive to be positive and encouraging when talking about the future, modeling an optimistic outlook for survivors who may have difficulty believing that anything good can come in the future.

**Encourage self-care.** Advocates should encourage survivors to pay attention to their own needs and feelings. Advocates should offer opportunities for relaxation and self-care, such as quiet areas, books to read, movie nights, adult coloring books, and a soothing physical environment. Advocates should talk with survivors about self-care and think about offering self-care opportunities throughout the week (examples include: 'facials' with inexpensive, individual face masks, pedicure party with inexpensive nail polish and nail stickers, baking a sheet of 'break and bake' cookies, coloring in adult coloring books) (*Adapted from American Psychological Association, Road to Resilience, Comas-Diaz, et al.*)

Psychologist Edith Grotberg, Ph.D., believes that everyone needs reminders of the strengths they have. She urges people to cultivate resilience by thinking along three lines:

- **I Have** (e.g. strong friendships, role models, a good job, skills, etc.)

- **I Am** (e.g. a person who has hope, cares about others, is proud of myself, a loving parent)
- **I Can** (e.g. grow, heal, communicate, solve problems, build good relationships)

Advocates can encourage survivors who are discouraged or who are working on resilience to make their own ‘I Have, I Am, I Can’ lists as reminders of their strengths.

(Adapted from Hara Estroff Marano, *Psychology Today*, 2003; 2016)

## Resources

*De-escalation tips*-crisisprevention.com

American Psychological Association’s ‘Road to Resilience’ Toolkit-  
<http://www.apa.org/helpcenter/road-resilience.aspx>

*The Art of Resilience*, Hara Estroff Marano, *Psychology Today*, 2003; 2016

Conflict Resolution Tools for Domestic Violence Shelter Staff: <http://vawnet.org/sc/conflict-resolution-tools-domestic-violence-shelter-staff>

*The Consensus Building Handbook: A comprehensive guide to reaching agreement* (1999). Susskind, L., McKernan, S., and Thomas-Larmer, J. (Eds). Sage Publications

*The Dynamics of Conflict Resolution: A Practitioner's Guide* (2000) Mayer, B., (San Francisco: Jossey-Bass,).

*The Handbook of Conflict Resolution: Theory and practice* (2006) Deutsh, M., Coleman, PT. and Marcus, E.C. (Eds). John Wiley & Sons, Inc.

*Getting to Yes: Negotiating agreement without giving in* (1991) Fisher, R, and Ury, W. 2<sup>nd</sup> Ed. A Penguin Book,

The Conflict Resolution Network: <http://www.crnhq.org>

Conflict Resolution Skills, <https://www.helpguide.org/articles/relationships-communication/conflict-resolution-skills.htm>

# Staffing and Supervision

*Tennessee Domestic Violence Shelter Best Practices Manual / Section II*



## Supervision

Supervision in residential programs is essential to keeping staff engaged, healthy, and able to provide great services to survivors. Supervision must include a concern for performance and an emphasis on learning the skills to be effective.



### Supervision has three functions:

- **Administrative:** Ensuring adherence to agency policy and procedure and clarifying expectations.
- **Educational:** Encouraging and developing skills and reflecting on work.
- **Supportive:** Maintaining coworker relationships, encouraging self-care, and ultimately improving morale and job satisfaction.

The first two functions, administrative and educational, focus on the basic needs and performance of the staff member. The supervisor typically guides these two functions. Supportive supervision focuses on the staff's emotional and social needs, and the staff member generally brings forward their needs and concerns in this area. In order to create space for supportive supervision, the supervisor must be available and approachable, provide unbiased perspective, and show grace for a staff member's mistakes and failures when appropriate.

Functionally, supervision can take many forms depending on the size and structure of the organization, but the following are basics that can help point supervisors in the right direction:

- Schedule regular meetings and respect that time. This makes the supervisee feel valued and that their time and relationship is important.
- Look for opportunities to empower the supervisee- for example, ask them to bring topics to the meeting, ask for their input, and encourage them to be daring and think outside the box.
- Document conversations, even small ones. Include dates, topics, and agreements or goals in these notes. This a useful record, as well as a sign that you are focused on the meeting. When performance opportunities arise, having documentation makes it easier to recall strengths and help staff use those strengths to address opportunities.

- Make sure you follow up on the supervisee's, and your, concerns. Let staff know what you found out, what changes you have observed, or even that you are still looking into the concern. This communication is essential to maintaining trust and job satisfaction.
- Engaged Feedback: A supervisor must be ready to ask questions, listen, and accept that they may not have all the information. The purpose of feedback is to foster growth, so give feedback without shame or blame. Supervisors should take a moment to make sure that they are ready to give feedback in a constructive and supportive matter. Most people want to do their best, so it is helpful to assume positive intent and work together with the supervisee to figure out where things went off track.
- Be accountable to your word. Do what you say you will do!
- Recognition: do it swiftly, do it often, and make sure it is genuine. It is important that not all interactions with a supervisor are negative. This breeds fear and insecurity, which will be passed on to the people we serve! It does not have to be a big gesture; a sticky note, card, or an email are often enough. However, it is important to find out how each staff member likes to receive praise. Tailored recognition is very impactful.

## Staffing

Finding, hiring and keeping great staff is important to providing the best services to those we serve. Unfortunately, it can be one of the most difficult parts of running a domestic violence program. There is not one right way to hire and retain staff, because it is highly dependent on the area, size and design of the program.

### Finding the right people

Staffing is hard work! Staff should be able to stay calm in a crisis, be empathetic, multitask, have healthy boundaries and more. There are many places organizations can advertise an open position, such as local colleges, craigslist, recruiters, web listings (Indeed, Career Builder, Zip Recruiter, Idealist.org, etc.). Consider advertising in multiple places to increase the pool of applicants.

If you are seeking special skills or languages, make sure that you are advertising in areas that draw people with those skills. Consider testing those skills during the interview as well. If you are seeking a Spanish speaker, for example, many people will apply that are familiar with Spanish but who may not be able to speak fluently, so be sure to check language proficiency in the interview.

### Interviewing Candidates

Turnover is costly in many ways- from the actual costs of hiring and training a replacement to the low productivity or poor customer service that can happen while the replacement learns the job. To decrease these costs, interviewers must be proficient in hiring the right people for the position.

Critical skills, behaviors and traits that are necessary to do the job well include: performing under pressure, managing multiple tasks excellent communication skills, managing conflict well, and being a

team player. There may be additional items that need to be present for specific positions or shelters.

Preparing for the interview is essential. Know what critical skills, traits and behaviors you need for the job, and develop behavior-based questions that address those skills.

### Some sample behavioral interview questions:

- Abilities/Skills/Knowledge
  - Describe your experience working with survivors.
  - What skills and knowledge would you bring to this position?
  - Have you ever worked with a client who pushed boundaries? Tell us what the issue was and how you responded to it.
  - Why do DV victims/survivors stay with their batterers?
  - When you started with ABC agency, how did you learn the job and become part of the team?
- Motivation
  - What are your passions? Motivations?
  - Think about a time you learned something new and felt excited about it. What was it and how did you learn it?
  - Why do you want this job?
  - We all have areas for growth and improvement. What is something you have identified as an area for development for you? What are you doing to work toward that goal?
- Fit
  - What pushes your buttons?
  - When were you part of a team effort that you felt good about? What was your role? What were challenges/benefits of the teamwork?
  - What are your current job frustrations that you would like to avoid in a new job?

During the interview, make sure you describe the job objectively, ask behavioral questions- ask follow up questions and confirm your understanding. Behavioral interviewing has at its core the idea that past behavior is the best predictor of future behavior.

*Be aware of biases!* The more an interviewer is aware of unique biases, the better able the interviewer is to focus objectively on the job related attributes.

In closing the interview, be sure to invite questions from the candidate. Advise the candidate of the time line of the hiring process and next steps. Provide the candidate with a copy of the job description and information regarding the dress, hours, benefits and pay.

#### Some things to remember when interviewing:

- Allow silence.
- Make an effort to understand cultural differences and cultural norms.
- Take notes- if you receive personal information, do not write it down.
  - Stay up to date on employment discrimination laws.
- Avoid judgement but make an effort to be genuine and honest in your responses.

In evaluating candidates, it is important to evaluate on the same factors- the critical success factors you developed prior to beginning interviews.

**Be wary of candidates who:**

- Quit a job without notice
- Speak disparagingly about former employers
- Arrive late
- Cannot supply verifiable references
- Reveal confidential information
- Have had many jobs in a short period

Once you have decided on a candidate, follow your agency's process for background checks and all other hiring activities. Ensure that the start date allows you enough time to prepare for the new staff.

**Training New Hires**

Once the hiring process is complete, the real work begins! The first day is extremely important as it shapes the candidate's impression and expectation of the organization. Make sure someone is waiting for the new hire when they arrive. A tour of the facility and introductions to staff help acquaint the staff. Supply staff with all essential items for the job including a nametag, keys, password or logins, mailbox and other items. If the new hire has an individual workspace, it is nice to have it clean and supplied with all items needed for the work. All of these

things give the new hire a sense that they are welcome and that the agency is prepared for them.

Provide the new hire with an employee handbook that outlines all agency policies and procedures regarding employment. It is also best to create a training plan in advance of the new hire's first day. This will outline what their first week or so will be like. It is important to cover all job tasks, expectations, and allow time to practice these skills with supervision. Provide feedback during training and help the new hire acclimate to the agency specific systems and procedures.

**Reviews, Feedback and Performance Improvement**

Provide your staff with performance reviews on a regular basis. The feedback should never be a surprise, as these things should be discussed during regular supervision. The purpose of a performance review is to assess performance, aptitude and skill. It also communicates the findings in an official way to the employee to ensure performance goals are properly set and met.

Feedback is an important part of a staff's development. It is important to deliver feedback effectively.

**Here are some things to remember when giving feedback:**

- Be specific.
  - “Niki, you have been 15 minutes late for your last three shifts. Please explain why.”
- Consider your timing.
  - “Susan, I'd like to review the content of your presentation before your speech next week so you can do a great job in front of the group.” (prior to an activity)
  - “Susan, you did an outstanding job in organizing your presentation for the meeting. The speech was well researched and logical.” (after an activity)

- Consider the person’s needs.
  - “Joe, I know how important it is to you to provide great service to clients, but I can see that you are stressed and tired right now. What do you think would help you care for yourself so you can provide the best service possible to clients?”
- Focus on behavior the person can do something about.
  - “Sam, we would appreciate your keeping the team informed about the status of the project.”
- Avoid labels and judgements by describing behavior rather than evaluating.
  - “Jordan, I have given you the opportunity to complete CPR training three times. What is the barrier?”
- Define the impact on you, the team and the organization.
  - “When you don’t document interactions in a timely manner, other staff are not aware of a client’s status and they can’t provide appropriate services to the client.”

Sometime, even the best feedback does not improve a staff member’s performance. Performance Improvement Coaching (aka, write-ups, corrective action, etc.) is a way to document issues and create a plan for the staff member to improve. Recommended steps include:

- 1) Before the meeting
  - a. Determine actual and desired performance.
  - b. Determine the good business reasons why the problem must be solved.
  - c. Determine logical consequences if the problem continues.
  - d. Determine the appropriate action steps.
- 2) During the meeting
  - a. Confirm that the planned action is appropriate.
  - b. Gain the staff’s agreement to change.
  - c. Determine the actions the staff will take.
- 3) After the meeting
  - a. Document the discussion.
    - i. Include the names of those involved in the discussion, nature of the issue, dates, consequences, agreed upon actions of staff and supervisor, and follow up dates.
  - b. Follow up to make sure the problem has been solved.
    - i. If positive change has been made, provide recognition as appropriate.
    - ii. If not, begin/continue formal discipline process.

### **Staffing Patterns**

There are many different ways to staff a shelter. It will depend on the size, budget, and design of the shelter.

Some shelters use standard shift scheduling where a staff member works the same shift every day. Some use a retail type schedule where the staff will work a variety of shifts and not have a set schedule. Others do a mix of both of those. Don’t be afraid to mix it up and try something new!

# Personal & Organizational Health

Tennessee Domestic Violence Shelter Best Practices Manual / Section II



"Organizational trauma is a collective experience that overwhelms the organization's defensive and protective structures and leaves the entity temporarily vulnerable and helpless or permanently damaged. Traumatic events can be sudden, shocking, and throw the organization into turmoil. Organizational traumatization may also result from repeated damaging actions or the deleterious effects of the nature of an organization's work." (*Organizational Trauma & Healing*, by Pat Vivian and Shanna Hormann)

Just like people, organizations can experience trauma. Organizations can be traumatized by single catastrophic events, ongoing harms, and by the nature of working with victims of trauma. This chapter will explore how organizational trauma occurs, how it affects people within the organization, and ways to build self-care into organizational culture.

## Organizational Trauma

Trauma may be direct and acute, it may be direct and chronic, or it may be vicarious, created by constant exposure to clients' traumas. In any of these forms, trauma seeps into victim services and other caregiving organizations and affects not only those involved but the organizations as well. Unaddressed organizational trauma — whether sudden or cumulative — causes serious harm and can be catastrophic for organizations. It negatively affects service delivery, compromises work with clients, and weakens the organization's ability to respond to internal and external challenges. Over time, the unhealed effects of trauma and traumatization compromise the organization's fundamental health.

Especially in victim services or other caregiving organizations, traumas often manifest in being 'stuck' in a repetitive cycle of negativity. Change is happening (e.g. turnover, new clients, new grants or projects), but there is no sense of moving forward or moving past old traumas.

Organizational trauma is systemic; the effect of a trauma is broken connections; with colleagues, leadership, the purpose & passion of the organization, with the outside community and other stakeholders around the organization.



## Roots of Organizational Trauma

### Single Events

Trauma can occur because of a single acutely destructive event: leadership embezzlement, layoffs from the loss of a large grant, workplace violence, serious injury, death, or natural disaster. Such episodes erupt within caregiving organizations and not only affect those who experience them directly, but radiate out to other organization members.

### Ongoing Harms

Trauma in caregiving organizations may also be cumulative and relatively more subtle. Although none of these patterns may erupt in a single traumatic event per se, their cumulative effects can induce traumatization over time within direct care staff and other organization members. Feelings of helplessness gradually arise over time rather than all of a sudden. Often organizations experiencing ongoing harms have multiple sources of harm happening at once.

### Working with Trauma

Trauma in caregiving organizations also may be vicarious. Secondary traumatic stress affects caregivers who work with others in emotional pain and “soak up” such pain themselves. The empathic nature of the work means that direct care staff are constantly absorbing stories of pain and trauma, which results in this secondary stress, often called vicarious trauma.

While vicarious trauma originates in direct care staff, it will inevitably spread through the organization, as stories of clients are shared and staff attempt to process what they have absorbed.

Anti-violence organizations are at particular risk for organizational trauma caused by the redemptive and empathic nature of our work. Our daily work activities create an intense environment and passionate advocates are drawn to this work. Often, the organizational culture adds to the intensity through the demands of an advocate’s workload and the way staff communicate with one another. The intensity of this organizational culture is part of the organization’s strength, but it also creates risk for organizational trauma.

The toxicity of secondary traumatic stress for caregivers matches that of post-traumatic stress for the trauma victims themselves. If they are able to process the trauma, organizations and their members can integrate painful experiences into daily functioning, learning and growing from experiences without

**The sources of ongoing harms are wide-ranging and include things like:**

- Increased demands for productivity and larger workloads that ignore already existing tasks
- Lack of personal development and training for staff, inadequate time for supervision
- Staff turnover leading to loss of friendships, peer support, and organizational memory
- A director who routinely verbally berates and belittles staff
- A staff member who bullies and manipulates others, turning staff against each other
- Repeated lack of transparency about important organizational issues that leave staff feeling frustrated and insecure about the future of the agency
- A hostile relationship within the community that leaves an organization feeling hyper-vigilant and constantly under attack



being disabled by them. If they are unable to process the trauma, it seeps into the organization itself, causing disconnection. This is at once the most common type of organizational trauma that presents in direct services organizations, and the easiest type of organizational trauma to prevent.

## Symptoms of Organizational Trauma

When an organization feels ‘stuck’ or trauma is ongoing/cyclical, it can feel never ending and it’s very easy for staff to feel trapped. Their financial situation, or often their sincere love for and obligation the work keeps them from leaving.

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*Two fundamental symptoms of traumatized organizations are a lack of transparency and breakdown of trust.*

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**Unexpected Turnover** is often symptomatic of organizational trauma. This may seem counterintuitive, but the reality is that staff tend to hang on until they reach a breaking point, so leaving seems sudden and unexpected.

This ‘**trapped feeling**’ along with existent trauma and the need to shoulder the responsibilities of staff who have left, can also result in low energy levels and situational depression among those who stay behind. High stress makes people concentrate on their own emotional state and safety, and they find it difficult to focus on the task at hand. The American Psychological Association estimates that job stress, in the form of absenteeism, healthcare costs and productivity loss, costs US companies about \$300 billion a year.

In chronically stressed organizations, individual staff members - many of whom have a past history of exposure to traumatic and abusive experiences – may not feel particularly safe with their clients, with management, or even with each other. They are chronically frustrated and angry, and their **feelings may be vented on the clients.**

*"Just as the lives of people exposed to repetitive and chronic trauma, abuse, and maltreatment become organized around the traumatic experience, so too can entire systems become organized around the recurrent and severe stresses...as a result complex interactions often occur between stressed staff, frustrated administrators and pressured organizations that result in service delivery that often recapitulates the very experiences that have proven to be so toxic for the people we are supposed to treat."*

*Organizational stress as a barrier to trauma-informed service delivery, Bloom, 2010*

Often these frustrations emerge as escalations in punitive measures, the creation of **reactionary rules**- strict rules created out of, and to prevent, unique situations. For example, a client who returns to shelter drunk and belligerent may result in a harsh and unreasonable

curfew for all and the expulsion of any client who is suspected of drinking outside shelter.

In cases of severely traumatized agencies, uncertainty and threats originate from the organizational system and leadership, which creates a chronic level of hyper-arousal. Staff are always on edge and the environment becomes increasingly crisis-oriented. **Stress and crisis become normal and expected.**

**Communication breaks down** between staff members; as a result interpersonal conflicts increase and are not resolved. Team functioning becomes increasingly fragmented. As this happens, staff members are likely to feel overwhelmed, confused, and depressed. Emotional exhaustion, cynicism, and a loss of personal effectiveness lead to demoralization and burnout.

The staff members of traumatized service organizations are caught between the demands of the system and the needs of the clients. Organizations become completely focused on getting through the present while lacking energy and enthusiasm to plan for the future. **Crisis seems unending and there is no progress or positive change.**

In a traumatized organization, rumors run rampant and often take the place of official communication. **Traumatized organizations are notoriously bad at communicating in times of crisis.** Silence from leadership lets imagination run out of control, and anxiety levels run high. Communication and



Constant stress, lack of communication, and reactionary change create an erosion of trust among people within the organization and toward the organization as a whole.

transparency is lost, which leads to a continued lack of trust and resistance to any proposed changes.

**Workers feel powerless.** In most cases, decisions during crisis are made behind closed doors by a small minority, and most

workers do not have a voice in that process. This also leads to **chronic discouragement** of staff's creativity and ideas, fear or mistrust of trying something new in an environment that feels fragile and prevents innovation. There is a feeling that keeping things the same, 'the way we've always done it,' is protective- but instead it stifles growth and makes staff feel undervalued and unheard.

Chronically stressed organizations engage in **faulty and inadequate problem-solving**, usually reverting to old ways of doing things, even if old ways no longer work. Organizational thought processes are likely to become oversimplified, extremist and reactive because there is a constant feeling of having to make immediate decisions.

**Traumatic events are highly polarizing**, and can easily rupture long-standing good relationships, particularly hierarchical ones between workers and managers. People will align with those who they perceive to be in similar circumstances to themselves, (and therefore non-threatening) and erect emotional barriers against those who they believe are a threat, typically pitting staff and leadership against each other, and dividing peers into factions.



In chronically stressed organizations, staff often become progressively hopeless, helpless and demoralized about the work they are doing and the possibility of seeing significant change. Over time, **leaders and staff lose sight of the mission of their work**, and derive less and less satisfaction and meaning from the work. This presents as a loss of vision, purpose, and hope that the organization can make significant change toward its mission.

## Creating Healthy Organizational Cultures

### Leadership Must:

- **Bear witness to what occurred**
  - Recognize and acknowledge the trauma. Give people time to grieve and process the trauma. Depending on the severity of the traumatic situation, this could take days or weeks. Then staff can work towards integrating the trauma in affirming and meaningful ways.
  
- **Foster insight and empathic connections**
  - Assist the staff in understanding the trauma and making sense out of it, including what the trauma means to them personally and organizationally.
  - Connect with sister organizations, TA providers, and other systems in the state/community.
  - Provide opportunities for personal development.
  - Transparency and communication can do much to contain anxiety.
  - When organizational trauma is the result of cumulative vicarious trauma, providing education and structures to cope with vicarious trauma normalizes the experience and helps employees feel supported (see text box for suggestions).
  
- **Be respectful of negative emotions throughout healing process**
  - It may take longer for staff to ‘trust’ change and healing than leadership, because staff are not always involved in planning conversations and because two fundamental symptoms of traumatized organizations are lack of transparency and breakdown of trust. Leaders should take care not to be frustrated as staff express negative emotions (hurt, anger, frustrations, grief, anxiety) through the healing process.
  
- **Offer optimism, confidence, and energy.**
  - Champion organizational strengths and help employees reconnect to the mission of the organization.
  - Recognize good works in big and small ways.
  
- **Model trust**
  - Set expectations for ethical and direct communication. Ask for outside help when necessary, including perhaps hiring a consultant or bringing in a TA provider to help process the trauma.

#### Create opportunities for team building:

- **formal-** workshops, peer education and cross training, staff and team meetings, collaborative projects.
- **experiential-** dinner, movies, special interest groups (book club, exercise class), physical activity.

#### Prioritize opportunities for feedback and encouragement:

- team check-ins
- regular supervision
- staff sharing and networking opportunities

- **Build trust and short-circuit the rumor machine by being transparent.** Give employees frequent, detailed information about the changes affecting your organization.
- **Set priorities to move forward.**
  - Note that setting a plan for the future is the last step here. Many of the others will happen in various orders or simultaneously, but moving forward only happens successfully after we work to address the trauma itself.

## Reconnect to Mission:

In traumatized organizations, it can be hard to reconcile the mission of the organization with the trauma we have experienced. Often the organization's mission statement has stayed the same as the organization has changed and evolved with the times.

When an organization has gone through trauma, there is a need for evaluating or changing its mission statement.

### Too often, mission statements:

- Are not inclusive
- Do not reflect the organization's strategic plan or the real work you do
- Do not reflect the values systems from which the staff operate

### Take the time to get staff buy-in

- Do not rush to define your values; if you rush you risk drafting a statement that no one will buy into and thus implement.
- Give staff opportunities for input and discussion.

### Distill values into observable behavior

- Don't be wishy-washy or esoteric with your values; spell them out in simple, concrete terms that are easy to understand and carry out

### Be true to your organization

- Make it work for your organization instead of what sounds good or what people would like to hear.

### Keep it visible

- Once you have your list of values, print it out, put it up on walls, have handouts for every meeting. Talk about the values all the time.
- At staff or team meetings, save a few minutes on the agenda to discuss how you've seen your values being expressed in the past week and to share appreciation of one another based on the values you see in action.

### Think About Integration

- Your values are completely useless if they are only a list on your website. Find a way to integrate them into everything. When you hire people, make sure candidates know your values and expectations around them. When you do performance evaluations, make sure you discuss organizational values. When you collaborate with other organizations, make sure you discuss and see if your values align.

## Discuss & Adapt Regularly

- As new team members and leaders come along, values may sometimes change to incorporate their perspectives. This helps with ownership, which is very important. Your board and staff may want to figure out which values/behaviors are non-negotiable, though, and use those to guide who you bring into the organization.

## Foster Self-Care:

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“We cannot develop and implement visionary strategies for change in the long term if we are exhausted and burned out in the short term. To shift our work and movement culture, we need to care for ourselves and each other in a markedly different way so that as a movement we can move beyond surviving to thriving. By transforming ourselves, we will be able to engage in work that can actually transform our society.”

### *Move to End Violence Initiative*

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## Organizational Self-Care Assessment

1. **Reflect on what the organization does to take care of itself.** Start from a place of strength and think about what your organization already does well to create a supportive environment. These are areas you can reinforce or supplement to create more self-care opportunities. For example, does everyone gather for lunch on a daily or a weekly basis? Do you have regular team meetings? Regular supervision?
2. **Understand that lack of care is systemic,** therefore, changing traumatized systems is the best way to assure that we are able to care for ourselves and each other. We can't address organizational self-care without also addressing organizational culture. Even if an advocate is caring for themselves outside of work, coming into a traumatized, stressed organization resets any personal progress made.
3. **Spend some time thinking about what your organization's cultural practices are and how they might be preventing self-care from happening.** Think critically about where there are barriers to care. Make a list of organizational practices that seem to block self-care.

### Barriers to Organization Self-Care

- Include:**
- Staff are off-site and cannot meet in person for weekly supervision/staff meetings
  - There is no communal space for staff to share lunches or network
  - Staff are overwhelmed with workloads and taking a break means more stress
  - Staff are feeling pressure to say yes to every request regardless of their existing workload
  - Staff are being given tasks at the last minute or leaving tasks until the last minute which creates a sense of urgency and stress
  - There is no clear sense or priorities, so each assigned task is treated as if it must be completed immediately

#### 4. Assess where energy is being spent-

- Have staff write out what they do in one day and one week
- Be realistic, include for instance ‘5 hours a week for paperwork’, ‘shopping for supplies 4 times per week’, organizing, cleaning, filing, research, etc.
- Pinpoint areas that can be delegated and recruit interns or volunteers. Reach out to community for help with repairs, cleaning, shopping, filing, etc.

#### 5. Facilitate an organization-wide discussion about what it would feel like if the organization had a culture of self-care, talking through questions like these:

- What would be different?
- What would you be doing more of or less of?
- How might you respond to one another’s requests differently?
- How might you make requests differently?
- How would you make reflection, resilience and renewal a priority?

#### Ways to Build Self-Care into Organizational Culture:

- Supervisors making work-life balance a standing check-in question as part of regular supervision meetings
- Incorporating meaningful self-reflection or self-care activities before the start of all staff meetings
- Leaders modeling boundary setting (e.g., not responding to email after work hours, not scheduling back-to-back meetings)
- Creating spaces for cross training and peer education
- Training staff in ethical communication and conflict resolution
- Having mutual accountability agreements and ways to hold each other accountable in loving ways
- Interrupting racism, sexism, homophobia, ableism, classism, transphobia and all other forms of oppression in the workplace
- Offering health care or self-care packages/monies which include access to mental health services
- Meetings purely devoted to self-care and vicarious trauma, where staff can put themselves on the agenda when need be
- Adding a self-care line item to your budget, with unrestricted funds, even if it’s really small in the beginning

#### A few Examples of Peer-to-Peer Self-Care

It’s often more fun to do things with other people. Chances are everyone in your office is as stressed as you are. At the next staff meeting, share and brainstorm ideas for self-care. Select a couple of them to implement. Don’t be overly ambitious- choose something simple and achievable, explore a new restaurant together for lunch once a month, go on a walk as a team once a week.

#### Encourage Participation in Self-Care

- Know that healthy stress management and appropriate self-care allows us to be more productive and effective in our work, and reduces burnout and turnover
- Use self-care as incentives

- Reach out to board members and private donors for self-care items as giveaways for staff successes, or during particularly stressful periods
- Share and celebrate self-care at team and staff meetings
- Engage in self-care activities as a group (group lunches, walks, book club, activities to start off staff meetings, weekly meditation or other de-stressing workshops)- but be sure to remain inclusive as to not create cliques.
- Build in opportunities for self-care into the workday- make sure people are taking lunches and breaks, send out funny videos, inspiring songs and quotes.
- No meeting days, quiet rooms, closed-door days (where staff can have an uninterrupted day to catch up on a project or task), or work-from-home days.
- Provide healthy snacks, encourage staff to take walking breaks, as they would smoke breaks.
- Create ways for everyone to participate.
  - Think about people who are off-site.
  - Think about people with disabilities.
- Share self-care stories and ideas on a bulletin board.
- Make self-care a game or (non-mandatory) contest. Give points for engaging in self-care and offer rewards at the end of the month.
  - Have staff team up to encourage team-building (it can be a great way to bond across work groups by mixing up staff from different departments).
  - Prizes can be silly (medals from the dollar store, funny certificates, crowns for the ‘queen/king of self-care’).

## Resources:

Trauma-informed Organization Assessment <https://www.thenationalcouncil.org/wp-content/uploads/2012/11/Is-Your-Organization-Trauma-Informed.pdf>

Organizational Trauma and Healing, By Pat Viavian and Shana Hormann, 2014 :  
 organizationaltraumaandhealing.com &  
<http://www.antiochseattle.edu/wp-content/uploads/2012/07/Orthoworkshop07.HormannVivian.pdf>

Bert Hellinger Institute, Traumatized Organizations :  
[https://www.hellingerinstituut.nl/?option=com\\_content&view=article&id=120&Itemid=347](https://www.hellingerinstituut.nl/?option=com_content&view=article&id=120&Itemid=347)

Organizational Stress As A Barrier To Trauma-Informed Service Delivery, Sandra L. Bloom, 2010 :  
<http://sanctuaryweb.com/Portals/0/Bloom%20Pubs/2010%20Bloom%20Organizational%20Stress%20as%20a%20Barrier%20to%20Trauma%20Chapter.pdf>

The Revelation of Organizational Trauma, William A. Kahn, 2003 :  
<http://journals.sagepub.com/doi/pdf/10.1177/0021886303261954>

Protecting employees from organizational trauma, Darcy Jacobsen, 2012 :  
<http://www.globoforce.com/gfblog/2012/protecting-employees-from-organizational-trauma/>



Organizational Trauma and Resilience, Resource Sharing Project, 2016:  
[http://www.resource-sharingproject.org/sites/resource-sharingproject.org/files/Organizational\\_Trauma\\_and\\_Resilience.pdf](http://www.resource-sharingproject.org/sites/resource-sharingproject.org/files/Organizational_Trauma_and_Resilience.pdf)

Moving Away from a Scarcity Mindset <http://www.bethkanter.org/scarcity-mindset/>

Community Care <http://archive.organizingupgrade.com/index.php/blogs/b-loewe/item/729-end-to-self-care>

Organizational Self-care <https://www.compasspoint.org/blog/organizational-self-care-why-it-matters-and-what-it-could-look-your-organization>

Organizational Self-Care Assessments:

[https://www.onelegacy.org/docs/SelfCare\\_SelfAssessmentTool3\\_Organizations.pdf](https://www.onelegacy.org/docs/SelfCare_SelfAssessmentTool3_Organizations.pdf)

<https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf>

# Case Management

*Tennessee Domestic Violence Shelter Best Practices Manual / Section II*



In addition to safety, a key part of shelter is supportive services. Shelters utilize case management as the primary tool for providing information, resources, and stabilization for survivors of violence. Case management services are tangible, goal-directed interactions, advocacy and assistance provided to survivors to obtain needed services, to develop short- and long-term resources and safety plans, and to facilitate the coordination of services from multiple providers.



## **An Important Difference between Trauma-Informed Case Management and the Traditional Model**

It is important to note that traditional case management and trauma-informed case management have significant differences. In the traditional model, the expert is generally the advocate; they are the person with the knowledge. This traditional model creates a sense of dependency and need for a “relationship” between the advocate and survivor wherein the advocate must “fix” the survivor. However, in a trauma-informed model, the survivor is the expert about his or her own life. The advocate’s role is to assist survivors with resources and skill development. This model is preferable, as it empowers survivors to make their own choices and have a sense of control over the healing process. (*Betru, 2013*)

## **Foundational Elements of Trauma-Informed Care**


The following section will explore the foundational elements of trauma-informed care, and how to implement them into service design and delivery. These elements are essential for appropriate case management with shelter residents.

1. Non-violence is the foundation of all programming, practices, and interactions in trauma-informed agencies.
  - Non-violence is essential for survivors. Staff must model non-violence in their interactions, including words, tone, gestures, and actions with other staff. This commitment to non-violence emphasizes equality and discourages staff from using coercive or punitive interventions.
2. Survivors are treated as individuals. Each individual seeking services has their own unique history, background, and experiences.

- It is the advocate’s responsibility to listen to survivors describe the violence, abuse, harm, and trauma they have experienced. The repetitive nature of this job can sometimes create in advocates a lack of sensitivity to survivors and their stories. Advocates must listen to each survivor as if it was the first time they have heard a story of trauma or violence.
3. Survivors heal in their own ways and react differently.
    - Agencies must strike a balance between being flexible and being consistent. An agency cannot become so flexible that it lacks structure, but it cannot become so consistent that it is too rigid and punitive.
    - *In Practice.* Length of shelter stays must be pre-determined based on an agency’s unique program. The amount of days must also be flexible for a client that encounters barriers, i.e. housing or employment delays.
  4. Agencies must respect survivors. Personal boundaries and privacy are inherent human rights.
    - It is each agency’s responsibility to create an environment, emotionally and physically that enhances survivors’ sense of safety. The moments before calling a domestic violence program or walking through the doors of a shelter is often very stressful and risky. Advocates should build an atmosphere of empathy and compassion to engage survivors and put them at ease in the first few minutes of contact.
    - *In Practice.* Ownership language is strongly discouraged. Advocates should be conscious of the language they use to refer to survivors. For example, it is more appropriate to use the phrase “The person that I am working with” versus “My Client” or “My victim”.
    - Advocates should present a calm and warm demeanor when engaging with a client for the first time. It is vital that advocates give survivors their undivided attention. This displays respect and open communication, which builds trust.
    - Establishing a predictable routine assists in developing the survivors’ emotional safety. This is generally because domestic violence situations are chaotic and unpredictable.
  5. Understanding the attachment of the survivor to the person who harmed them.
    - Advocates must understand the range of feelings that survivors have towards the person that harmed them. It is important to create a space in which survivors can grieve and share that they miss their partner and the

**How Agencies Can Create Safe Spaces:**

- Security measures in shelter with fire and police alarms.
- Quiet spaces with comfortable chairs and music
- Confidential group locations
- Safety gates for children and covered electrical sockets
- Private lockers with keys
- Restrooms with locks
- Meeting basic needs of access to food, warmth, water, and beds
- Clean rooms, bedding, and kitchen
- Uncluttered group rooms
- A “no weapons” policy
- Lock procedures for medications in shelter



relationship. This open dialogue builds trust between survivors and advocates.

6. Agencies incorporate knowledge about trauma into every aspect of service delivery.
  - Agencies must understand that trauma and the traumatic experience endured by survivors has shaped their sense of self and others. This knowledge must inform any service that an agency provides.
  - *In Practice*  
Advocates should ask themselves:
    - Is the interaction I am about to have necessary?
    - What purpose does it serve?
    - Who does this help?
    - Who may this hurt?
    - Does this interaction facilitate or hinder the inclusion of the individuals impacted by domestic violence?
    - Is the survivor included?
7. The manner in which a survivor experiences traumatic reactions will certainly be affected by the culture to which they belong.
  - Agencies must understand that a survivor’s culture can impact their definition of violence and trauma. It is unrealistic to believe that advocates will have a complete knowledge of every culture of every survivor. However, advocates must possess a willingness to practice cultural sensitivity with each survivor they work with.
  - *In Practice*. Advocates should inquire about what has helped the survivor within their culture. Advocates can also explore with survivors the meaning of violence and harm within their family and culture.
8. Collaborating with survivors places and emphasis on survivor safety, choice and control.
  - There are many responsibilities of agencies that provide shelter services: performing intakes and goal planning sessions, transportation, providing for survivors’ basic needs. All of these responsibilities are transformed into policies and procedures on how shelter should function. Agencies must be mindful that survivors coming into shelter certainly view this as a lack of control over their own basic needs and daily life. Advocates must collaborate with survivors instead of enforcing arbitrary policies.

“ The helping relationship between staff and a client must be open, dynamic, and well sequenced: not merely checking in, but also not overwhelming and pushy.”  
(Betru, 2013)

*(Adapted from Ohio Domestic Violence Network, TIC Best Practice and Protocols)*

## **Intake Process**

### *Initial Contact with Survivors*

The initial contact is the first interaction that an agency has with a survivor. This could be over the phone or in person. At this interaction, the advocate should gather information about the person’s situation and determine what services they need, specifically shelter. The initial contact with a client should not be confused with the term Intake. These are two separate kinds of contact.

**Upon arrival at shelter, no matter time of day, a brief orientation process should occur. Advocates should:**

- Introduce themselves to the survivor and their children
- Provide a brief tour of the facility, including kitchen, bathrooms, where the phone is located, entrance, exit, and where to find staff
- Ask the survivor if they or their children need anything to eat
- Only gather critical information, only minimal paperwork should be completed at this time

Be aware of your environment:

- Is the space where you are doing the intake quiet and private, or are you constantly interrupted?
- Do you have tissues and water available? Is the lighting in the room too bright or too dim?
- Remember people who are traumatized very seldom sit with their back to the doorway. Always provide a way out by not blocking the door.

**Only when this orientation process is complete can an advocate move on to setting up the intake.** This meeting should take place 24-72 hours **after** the survivor has arrived at shelter. If the survivor has arrived in the middle of the night, it is **never** appropriate to do the intake immediately.

It is not appropriate to show a survivor to their room and provide nothing else. This leaves clients to figure out where things are and how to occupy their time until an advocate comes and talks to them.

**Intake.** There are two purposes for the intake session: to establish and/or build a rapport between the advocate and the survivor, and to get information about the survivor's history. Many survivors find this process difficult and triggering. Advocates should practice ways to make this process as trauma-informed as possible.

*To reduce the overwhelming nature of the intake, a review of the agency's policies and procedures can be conducted in a separate meeting.*

### **Steps for a successful intake:**

- Engage the survivor.
  - *"I was wondering if you have some time that we can sit down and talk? I want to see how you are settling in and see if you have any questions about shelter or your situation."*
- The office that the intake takes place in should be tidy and free from clutter to avoid feelings of disorganization.
- If children will be present, find out which toys and /or activities will keep them engaged and provide comfort.
  - Play-Doh, Legos, coloring books, video games.
- If children will not be present, be aware that children will need to check on the whereabouts of their parent in this strange new setting.
  - Show the child where their parent will be located and vice versa, and expect interruptions.

- Explain to the survivor what the intake process is and what types of information you will be discussing.
- Ask the client if they have any immediate needs, identifying those needs can alleviate the feeling of crisis and assist the survivor in focusing on the intake.
- Obtain any personal information, needed for grant reporting, that has not already been completed.
- A positive way to start an intake session is to outline what the client can expect from you and what you will expect from them. This will assist in building trust and establishing boundaries from the very beginning of service provision.

### Client History.

The next step in the intake process is to gather information about the trauma the client has experienced. To deliver effective trauma-informed services, staff must understand the survivor's unique history. This will aid advocates in determining what resources will work, what barriers the survivors face, and assist the advocate and client in creating an individualized safety plan. (Betru, 2013)

### Sample Intake Script.

*"I am interested in learning more about your history and your recent experiences. This will help me get to know you better so I can help you meet some of your goals. I am going to be asking questions about your past that can be personal. You do not have to answer any questions you are not comfortable with.*

*Your stay with the shelter or program will not be taken away if you do not answer the questions. How would you like to tell me that you do not want to answer a question? Some people say "I am not comfortable answering that"; others simply say pass. (Wait to get an answer before moving forward).*

#### Check In:

- How is the survivor feeling both physically and emotionally?
- How are they feeling inside?
- Do they have any questions they wanted to ask?
- Offer future assistance if they should need to talk more.
- Talk about strengths, likes, and hopes in closing.

(Ohio Domestic Violence Network, TIC Best Practice and Protocols)

*You can also take breaks as needed. You can let me know by telling me you need a break or I will ask you if you need a break if I sense that you might need some space. Some of the questions I ask will be about events that might have been stressful, frightening, or upsetting to you. The questions will help me understand how we should approach goal planning and making a safety plan.*

*Does this make sense so far? Do you have any questions for me before we get started? (Pause to get an answer and clarify any questions they may have.) Okay, if you are*

### Important Steps in Intakes:

- Ensure that the survivor and their children have settled in before moving forward with the process
- Always offer the individual choices regarding the time of the intake. Empower the survivor with options.
- Validate the individual's ability to "walk through the door."
- Are you leaning forward, nodding and conveying interest?
- Perform an environmental scan and be mindful of your space and how it may feel to the individual.
- Explain the process with sensitivity and share that you will be asking questions about difficult topics.
- Show empathy during the process to build trust.
- Convey your understanding of trauma, triggers, and responses to build a sense of safety.
- At the closing of the intake process, ensure that the person is not leaving feeling emotionally vulnerable.

(Ohio Domestic Violence Network, TIC Best Practice and Protocols)

ready, I would like to get started. “

At the end of this process, you should check in with the client. Much of the subject matter of an intake is triggering; survivors should be informed in advance that they might get upset, that this is common and perfectly fine, and that staff are always available. Additionally, it is appropriate to thank the client for participating, and if appropriate schedule their first goal planning of needs assessment session.

## Case Management & Goal Planning

Case Management is a critical component of providing shelter services because it concretely addresses clients’ pressing needs: it entails assessing, planning, monitoring, and advocating. (*Mueser, Bond, Drake, & Resnick, 1998*). However, providing case management with a trauma-informed care lens can be tricky for even seasoned advocates. Advocates have an intrinsic need to help, but should be mindful to allow survivors to control the case management process as a step in the process of restoring overall control in their lives.

This section will provide easy tools for, and examples of case management interactions.

## Motivational Interviewing

Motivational interviewing (MI) is “a collaborative, person-centered form of guiding to elicit and strengthen motivation for change (Rollnick, 2008)” this change refers to a targeted or chosen behavior. MI presumes that people have a strong capacity for change and aims to empower the client to make choices that move them toward goals and healing. (*Miller & Rollnick, 2002*) The purpose of MI is to create a nonjudgmental, supportive environment for survivors as they move through various stages of change, and to guide them in exploring and ultimately strengthening their motivation for healing. (*Partner Abuse Vol.1*)



A key concept in MI is that the service provider (SP) needs to resist the “righting reflex”—the desire to make better, fix, or prevent harm before the client has specifically asked for such assistance or given permission to provide it. (*Miller & Rollnick, 2002*). The dangers of domestic violence and sexual assault heighten the advocates’ need to protect survivors. This is often reflected in the persuasive tactics used by advocates when a survivor’s circumstances seem life threatening. Motivational Interviewing follows a principal that change will occur when the client is ready, not when the advocate prefers the change to occur. (*Sobell and Sobell, 2008*)

**Several MI strategies and techniques are outlined on the next two pages, as well as the ways in which they can be applied to advocacy scenarios.**

Many of these strategies discuss ‘change’. This is not an implication that client’s behaviors are to blame for any abuse or trauma they have experienced. MI strategies are used in a variety of settings, including rehabilitation and counseling. For advocacy purposes ‘change’ might refer to behaviors that have negatively impacted the survivor’s time in shelter or interactions with other residents. ‘Change’ in this context may also refer to working toward goals the survivor has identified in their goal planning and other case management interactions with advocates.

## Asking Permission

**Rationale:** Asking permission communicates respect for clients. Clients are more likely to discuss changing when they are asked rather than being lectured or told to change.

### Examples of Asking Permission

- “Do you mind if we talk about [insert behavior]?”
- “Can we talk a bit about your [insert behavior]?”
- “You’ve talked to me before about being in recovery, do you mind if we talk about how being in shelter can affect recovery?”

## Eliciting or Evoking Change Talk

**Rationale:** This strategy elicits reasons for changing from clients by having them give voice to the need for change. When clients discuss change, they usually bring up reasons for change that are personally significant. Change talk, like several Motivational Interviewing (MI) strategies, can be used to address discrepancies between clients’ words and actions (e.g., saying that they want to become abstinent, but continuing to use) in a manner that is non-confrontational.

### Examples of Questions to Elicit/Evoke Change Talk

- “What would you like to be different about your current situation?”
- “What makes you think you need to change?”
- “What will happen if you don’t change?”
- “What will be different if you complete this program?”
- “What would be the good things about changing your [insert risky/problem behavior]?”
- “What would your life be like 3 years from now if you changed your [insert risky/problem behavior]?”
- “Why do you think others are concerned about your [insert risky/problem behavior]?”

### Tips to Elicit/Evoke Change Talk with Clients Who are Having Difficulty Changing

Focus is on being supportive.

- “How can I help you get past some of the difficulties you are experiencing?”
- “If you were to decide to [pursue of the goals from their goal plan], what would you have to do to make this happen?”

### How to Elicit/Evoke Change Talk when there is Little Expressed Desire for Change.

Have the client describe a possible extreme consequence.

- “Suppose you don’t [meet this goal], what is the WORST thing that might happen?”
- “What is the BEST thing you could imagine that could result from meeting your goal?”



### **How to Elicit/Evoke Change Talk by Looking Forward**

- “If you [apply for housing and get in], how would your life be different from what it is today?”
- “How would you like things to turn out for you in 2 years?”

## **Open-ended Questions**

**Rationale:** When advocates use open-ended questions richer, deeper conversation flows and empathy with clients is created. In contrast, too many closed-questions can feel like an interrogation. Open-ended questions encourage clients to do most of the talking, while advocates listen and responds with a reflection or summary statement. Open-ended questions allow clients to tell their stories.

### **Examples of Open-Ended Questions**

- “Tell me what you think about your [progress toward goal].”
- “What’s happened since we last met?”
- “What made you want to meet today?”
- “What would you like to accomplish this week?”

## **Reflective Listening**

**Rationale:** Reflective listening is a way to build empathy with clients and demonstrate that they are being heard. Reflective listening involves listening carefully to clients and summarizing and reflecting back the essence of what they are saying (e.g., “It sounds like you are really nervous about your housing interview.”). This gives residents an opportunity to confirm or correct advocates understanding, promotes healthy communication patterns, and opens a dialogue to increase advocates’ understanding of the survivors’ thoughts and feelings.

### **Examples of Reflective Listening**

“It sounds like you feel...because....”

“What I hear you saying...”

“So on the one hand it sounds like .... And, yet on the other hand....”

“Is it fair to say that because of [experience], you are concerned/afraid about...and having/doing...would make you feel safer.”

“It sounds like your drinking has been one way for you to cope with how afraid you were when you were with [abuser].”

“I get the sense that you are wanting to [change], and you have concerns about [insert topic or behavior].”

## **Normalizing**

**Rationale:** Normalizing is intended to communicate to clients that what they are experiencing is not uncommon, and that they are not alone.

## Examples of Normalizing

- “A lot of people who come to shelter are concerned about [insert problem].”
- “Many people report feeling a similar frustration/fear/worry when they’re trying to [meet goal].”

## Affirmations

**Rationale:** Affirmations are statements made by advocates in response to what clients have said, and are used to recognize clients’ strengths, successes, and efforts to change. When providing an affirmation, advocates should avoid statements that sound overly ingratiating (e.g., “Wow, that’s incredible!” or “That’s great, I knew you could do it!”). While affirmations help to increase clients’ confidence, they also need to be genuine.

### Examples of Affirmative Statements

- “Your commitment really shows by [insert a reflection about what the client is doing].”
- “You showed a lot of [insert what best describes the client’s behavior—strength, courage, determination] by doing that.”
- “It’s clear that you’re really trying to change your [insert risky/problem behavior].”
- “By the way you handled that situation, you showed a lot of [insert what best describes the client’s’ behavior—strength, courage, determination].”
  - “With all the obstacles you have right now, it’s [insert what best describes the client’s behavior—impressive, amazing] that you’ve been able to make so much progress in your goals.”

## Format of Advocacy/Case Management Sessions

Case management or goal planning sessions should have a predictable format for survivors. When sessions are predictable in nature it builds client’s trust and sense of safety within the program. Advocates should note that just because a client is engaging in case management and setting goals it does not mean the resident is ready to tackle all of their goals at once. Not all clients are immediately ready to jump into the action of rebuilding their lives, this takes time. Advocates should have patience and understand that achieving goals takes time, and even simple action toward goals can take an emotional toll on survivors who may have spent months or years prevented from making any types of decisions for themselves.

### Case Management Example

*(Adapted from Betru, 2013)*

This sample session will outline an approach to address accessing health and human services needs with a client.

1. Check In (5-10 minutes)
2. Review the objective of the session and ask the client if that is still their desired focus.  
*Use this time to remind the client where the last session left off and confirm current goals for this session.*

*In Practice-* “As we discussed in our last session, today we are going to be going over how you can access housing and discuss what resources and steps are available for you. It can seem like a daunting and overwhelming process, but I am here to help you. We will discuss what your needs are, how you have tried to get housing in the past, and come up

*with a plan together. How does that sound? “*

3. Review past attempts to meet the need and be aware that this may invoke negative feelings from the client’s traumatic or adverse experiences. Ask the client about past attempts to meet this need, remembering to use open-ended questions, reflective listening, and positive affirmations:

**Remember services must always start with what the client identifies as their most pressing need.**

*In Practice-*

- *“Can you tell me if you have tried to get housing in the past, and if so, what that experience was like for you? What went well, and what did not go so well? “*
- *“I remembered that when we talked before you mentioned that you were evicted from a housing unit and that it was difficult experience for you. When you think about trying to get housing again and your past experience what are some feelings that come up for you?”*

4. Ask the client about their family and community resources. A client’s resources include formal and informal support systems and community organizations that may help them meet their need.

*In Practice-*

- *“Can you tell me who from the community, your family, or friends has tried to help you with this matter in the past? What things did you find helpful and how much help did they give you?”*

*These types of questions will help you establish which resources to provide and what level of advocacy is needed.*

- *“When you think about getting housing, what are some important things you want us to keep in mind? For example, for some people living near their relatives is very important, while for others it is being in a child-friendly neighborhood. For someone else it may be that the area is welcoming to her religious or racial background. What are things about housing that are important to you?”*

5. Discuss what internal and external barriers stand in the way of meeting the need.

*Asking these types of questions can help determine what kinds of interventions and resources can*

be provided. Advocates should follow up with questions about how the client will manage their time and stress while addressing this need.

In Practice:

- *“Can you tell me about what things you think stand in the way of you getting housing? Do you have anything that you think would be a problem for your housing application? How about any money or back payment owed to housing services that might come up?”*
- *“Getting housing is a complicated and stressful experience. Because of this, some people naturally feel stressed and are exhausted by the process. What do you think are some emotional obstacles or stressors that might affect your attempts? Do you think time management will be an issue for you?”*

6. Educate the client about how to access services, provide information and options about what specific steps can be taken.
7. Decide who does what- establish what the advocate will do and what the client will do toward meeting this need or goal.
8. Summarize the session, review tasks for both the advocate and client, and what the next session will entail.

In Practice-

- *“So today we talked about your past experiences in trying to get housing. I’m hearing that you have been able to get housing in the past, but your eviction due to domestic violence was really difficult. It sounds like you are not quite ready to start looking at housing options yet. So, we’ve agreed that we’ll talk about it again at the next session, and brainstorm what supports you have in the community. You will not need to prepare or do anything for the next session. I will get you the bus vouchers and have them ready for you for the next session. How does this sound?”*

9. Check Out and Say Good Bye.

## Tools for Advocates

Being a victim of violence and trying to access services can be very stressful. Advocates should be familiar with ways to assist clients in navigating distressing emotions. Skills that are helpful in managing emotional distress are: identifying and labeling emotions, expressing empathy and compassion, helping clients to create a self-care plan, and using techniques to reduce overwhelming emotions. (Betru, 2013)

### Identifying and Labeling Emotions

Clients may not be able to identify the emotions that they are experiencing and not know what to do with them. Below is a tool from the Ohio Domestic Violence Network that assists advocates and clients in identifying emotions.

### Survivor Responses and Advocate Interventions

Survivors respond to trauma in many different ways. Below are some effective ways that advocates can intervene in and respond to common trauma reactions.

Survivor Reaction	Advocate Intervention
<b>Fear</b>	<ul style="list-style-type: none"> <li>-Be with the survivor</li> <li>-Give clear, concise explanations of what to expect in the situation</li> <li>-Invite the survivor to express feelings and fear, allow extra time for this process</li> <li>-Without making unrealistic promises, reassure the survivor that they are safe</li> <li>-Share relevant information to help alleviate the fear</li> </ul>
<b>Guilt and Self-Blame</b>	<ul style="list-style-type: none"> <li>-Help the survivor distinguish between their own judgments about themselves, the batterer's judgments about them</li> <li>-Reaffirm the batterer's responsibility for the assault</li> <li>-Redirect anger away from the survivor to the batterer, reminding them that no one deserves abuse</li> <li>-Dispel myths while explaining why the survivor may believe them</li> <li>-Practice non-judgmental empathy</li> </ul>
<b>Anxiety</b>	<ul style="list-style-type: none"> <li>-Focus on the here-and-now events and feelings as much as possible</li> <li>-Be calm, kind, supportive, and reassuring; let the survivor know that others</li> </ul>



	have survived, and they can too
<b>Compulsive Repetitions</b>	<ul style="list-style-type: none"> <li>-Let the survivor know that nightmares and flashbacks are common responses</li> <li>-Provide appropriate referrals to long-term counseling with a professional therapist</li> <li>-Continue to be patient and to encourage expression of feelings</li> </ul>
<b>Mastery and Control</b>	<ul style="list-style-type: none"> <li>-Refrain from arguing with the survivor, set appropriate limits, and don't respond to anger with anger</li> <li>-Support the survivor in making simple decisions and reaffirm their control over their life</li> <li>-Empathetically relate to the survivor's need for control</li> </ul>
<b>Shock, Disbelief and Denial</b>	<ul style="list-style-type: none"> <li>-Acknowledge that it is difficult for the survivor to accept the fact that they have been in an abusive relationship</li> <li>-Listen empathetically and encourage the survivor to express their feelings</li> <li>-Let the survivor know that their response is normal and not "crazy"</li> </ul>
<b>Sadness, Loss and Hurt</b>	<ul style="list-style-type: none"> <li>-Show non-judgmental care and understanding</li> <li>-Reassure the survivor of their worth and value as a person</li> <li>-Tolerate silences and encourage the survivor to cry (when they want to) about the loss</li> <li>-Support and encourage efforts to reach out for help from friends and family</li> <li>-Encourage expression of feelings and convey your own feelings to the survivor such as concern, compassion, and respect</li> </ul>
<b>Anger and Resentment</b>	<ul style="list-style-type: none"> <li>-Accept and affirm the survivors' anger at the batterer</li> <li>-Explore ways to redirect that energy and support efforts to release it in healthy ways</li> <li>-Encourage safe and appropriate expressions of anger- when talking with a counselor or advocate, for example</li> </ul>

*(Adapted from a publication by the Cleveland Rape Crisis Center)*

## Creating a Self-Care Plan

Often when clients are feeling overwhelmed or stressed, they tend to neglect survival behaviors, including nutrition, adequate sleep, and exercise.

Advocates can ask:

- When you feel bad, what can you do to take care of yourself?
- Who can you count on to comfort you?
- What can you do when there is not someone there to help you feel better?

## Techniques to Reduce Overwhelmed Feelings

In her book, *Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress*, Elizabeth Vermilyea outlines several tools for coping with traumatic stress reactions. The tools as well as her description of them are presented below.

### Grounding

Present, here-and-now awareness. Grounding is the process of connecting with the present moment so that a survivor can connect with their strength, inner power, resources, and options.

#### Grounding Exercise- ‘5 Senses’

This exercise is especially helpful when a client is experiencing anxiety, panic, flashbacks, or being triggered. It is used to remind clients that they are safe in the present. Speak clearly and calmly, use the client’s name, ask the client to focus on your voice, you may have to repeat yourself a few times to gain their focus. Ask the client to answer the following questions out loud.



- Name 1 thing in the room you can taste
- Name 2 things in the room you can smell
- Name 3 things in the room you can hear
- Name 4 things in the room you can touch/feel
- Name 5 things in the room you can see
- Name one thing in the world that makes you happy



## **Reality Check**

The process of accurately figuring out what is really happening in the moment versus what the survivor may think or feel is happening.

## **Feelings Check**

Paying attention to and learning the natural cycle of increases and decreases in feelings and mood states.

## **Imagery**

Using imagination to manage difficult experiences. Imagery allows a survivor to plan or problem solve, to achieve a goal, and to comfort themselves.

Imagery may be used to help a survivor envision practicing steps to achieving goals.

## **Journal Writing**

Writing to facilitate self-awareness, understanding, self-expression, healing and recovery.

- . The journal serves as a road map, a support, and a method of internal communication and self-expression
  - . Level 1 – surface level – writings about events of the day in a present- focused way - records facts not feelings
  - . Level 2 – feeling focused – write about feelings, thoughts, or impulses, and how trauma is affecting the person
  - . Level 3 – involves writing about traumatic events and is only recommended for people working with a therapist

## **Artwork**

Drawing to facilitate self-awareness, understanding, self-expression, healing, and recovery.

## **Talking**

Using words to describe your thoughts and feelings, and experiences to yourself and to others.

*(Adapted from Elizabeth G. Vermilyea's Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress. The Sidran Press: Baltimore, MD (2000).)*



## Resources:

Betru, Yodit K., "Supporting Transitionally Homeless Women In Rural Regions: The Need For Trauma-Informed Case Management" (2013). Doctorate in Social Work (DSW) Dissertations. 42.

[http://repository.upenn.edu/edissertations\\_sp2/42](http://repository.upenn.edu/edissertations_sp2/42)

*Elizabeth G. Vermilyea's Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress. The Sidran Press: Baltimore, MD (2000)*

Ohio Domestic Violence Network, *TIC Best Practice and Protocols*

Motivational Interviewing. New York: The Guilford Press. Miller, W.R. & Rollnick, S. (2013).

Motivational interviewing Helping people change. New York: Guilford Press. *Mueser, Bond, Drake, & Resnick, 1998*

The Evolving Context of Social Work Case Management: NASW Releases Revised Standards of Practice, Herman, 2013,

<https://www.socialworkers.org/assets/secured/documents/practice/Case%20Management%20Standards.pdf>

Mueser, K., Bond, R., Drake, R. & Resnick. (1998). Models of community care for severe mental illness: A review of research on case management. *Schizophrenia Bulletin*, 24, (1), 37-74. Murray, S. (2011). Violence against homeless women: Safety and social policy. *Australian Social Work*, 64(3), 346-360.

# Safety Planning

*Tennessee Domestic Violence Shelter Best Practices Manual / Section II*



Safety planning is, at its core, helping survivors create a plan to keep themselves and any vulnerable dependents, such as children and pets, safe while living in an environment of domestic violence and abuse, preparing to leave, and after leaving an abuser. The strategy behind safety planning is to reduce the risk of violence the survivor faces. Each person's plan should be crafted with their individual situation in mind and altered when circumstances change; for

example, strategies for survivors in shelter will be different than strategies for survivors in transitional or permanent housing.

In order to centralize survivor safety in the most comprehensive way possible, advocates must evaluate a survivor's risks, which include the complex networks of needs and problems each survivor faces. Advocates and survivors should work to address the complicated realities of the survivor's experience. Good safety plans recognize that the most obvious risks for a survivor, physical abuse, may be only the tip of the iceberg. Safety planning begins with the individual survivor and the immediate circumstances of their abuse, but may end with concerns about housing, education, and job skills.

Survivors need advocates to take a more complete view of their risks and strategies. However, many advocates tend to focus solely on physical violence when safety planning. Effective safety planning must take into account the diverse social factors of a survivor's life that impact their choices and decisions. These social factors can facilitate or hinder a survivor's safety. For example, a survivor's family may be a resource for housing and emotional or financial support in the wake of abuse, or a survivor's family may side with the batterer, compromise the survivor's confidentiality, or turn them away from housing.

Social factors that influence safety planning include external conditions, pressures, norms, and practices that affect the dangers a survivor faces. It is important to recognize that whether visible to outside observers or not, social risks are real and significant to the individual.

**Attempts to assess safety needs and create a safety plan should consider a variety of key factors in a survivor's life including:**

- Homelessness and financial hardship
- Drug or alcohol addiction
- Lack of education and job skills or history

- Sexual and gender identity
- Language and immigration status
- Child protective services
- Law Enforcement and the justice system
- Religion
- Nationality and culture



## Leaving & Staying

Leaving can include entering shelter or other safe housing, living with family or loved ones, or any other strategies that remove survivors from the abuser's home or life. In this context, leaving may also include having the abuser removed from the home, thus 'leaving' the relationship. However, it is important to be aware that safety-planning strategies vary widely depending on what the individual survivor's version of 'leaving' looks like.

Staying can include either deciding not to leave the home and relationship, or choosing to return to the relationship and perpetrator's residence from a 'safe' location like shelter. Though again, the strategies for safety planning in these situations are highly dependent on the survivor's unique circumstances.

### Examples of how social and life-generated risks may influence safety:

- 1- Lack of language skills and immigration status can exert a high level of pressure on a survivor's decisions. The survivor may be afraid to live in the US without the day-to-day help of an adult who speaks more fluent English (which their abuser may have provided). They may be fearful of any contact with law enforcement because the language barrier makes them immediately identifiable as an immigrant, and they face the threat of deportation and being separated from their family or children. Advocates should recognize this social risk and be able to evaluate the degree to which a survivor's limited English influences their choices and decisions. Advocates can mitigate this by locating resources to help the survivor with translation and immigration services.
- 2- A Native American woman whose batterer has been drinking alcohol may make very different decisions about contacting law enforcement when she is being abused than a white, suburban woman in similar circumstances. The Native American woman's experience might tell her that her abuse would probably be overlooked and that law enforcement would focus on her and her partner's alcohol usage. She may be opposed to getting law enforcement or other systems involved based not only on her personal experiences with non-Native organizations, but on the experiences of others in her community. The white suburban woman may have fears of the legal system, but would likely have a greater sense of trusts that law enforcement would help her. The way survivors view the police, courts, and advocates, based on the history of oppression in their culture, limits or enhances each survivor's ability to seek help regarding their partner's violence.

### On Staying & Leaving

For some victims, leaving makes things better; it may even be lifesaving. Advocates want victims to leave abusive relationships because in many cases, leaving works. But advocates should know that

strategies for leaving are not enough. During and after leaving their abuser is the most dangerous period for a victim of domestic violence. After a survivor leaves, the abuser has lost all power and control over the victim, and may re-exert this control by escalating to greater levels of violence or even murder.

Leaving can also cause significant financial burdens on survivors and can place children in precarious circumstances. Leaving can mean the loss of home, health care, job, child custody, faith community, immigration status, or the support of family and friends. Before a survivor decides to leave, they must weigh all consequences. Survivors should be encouraged and supported in making their own decisions about leaving or staying in the context of their lives and culture. Advocates should understand that, for some survivors and their children, leaving makes their lives more difficult and dangerous. Shelters are not magical havens that can guarantee a survivor safety from an abuser.

“Leaving ... has become the standard by which victims are judged. Leave and you are worthy of the full range of services and protection. Stay and the resources may be limited, the consequences sometimes severe. Victims who don’t leave are often unfairly judged to be making poor decisions, viewed as “not being serious” about stopping the violence, or as somehow responsible for not preventing it.”  
(When Battered Women Stay... Advocacy Beyond Leaving, Jill Davies, 2008)

### **Some things advocates should consider when helping survivors plan for staying or returning:**

- In the past, what strategies have worked for and against the survivor?
- What are the survivor’s personal and social barriers to living independently?
- What would help the survivor overcome these barriers?
- What are the survivor’s personal and social resources?
- What are abuse strategies the abuser uses beyond just physical violence (emotional, financial, using children, using isolation, etc)?



**Supervision Question: How can an advocate help plan with the survivor to mitigate the abuser’s power and control strategies?**

## **Tips for Safety Planning**

### **Staying/Returning-**

- Be aware of access to exits in the home or other spaces where abuse commonly occurs.
- Practice ways of getting out of the home safely, other than using main doors.
- Keep a small ‘go bag’ at a trusted friend or relative’s house.
- Tell trustworthy neighbors about the violence, and when it would be safe or helpful for them to call police.
- Devise a code word to use with trusted family, friends, coworkers and neighbors to indicate when the survivor needs police intervention.
- Plan where to go if leaving becomes necessary.

- Survivors should trust their instincts and judgment.

### Leaving-

- Establish bank accounts in survivor's name only.
- Remove survivor's name from any shared bills or accounts.
- Leave a 'go bag' including money and important documents with a trusted person.
- Determine safe housing, whether in shelter or with trusted loved ones.
- Carry change, a calling card, or safety cell phone at all times. Do not depend on a cell phone if the batterer is on the same phone plan.
- Advocates should discuss Orders of Protection with the survivor, including pros and cons and the process of applying.
- Discuss and practice a safety plan with any children, including how and when to call 911. Have the children rehearse their name, the survivor's name, and address, and tell the children never to intervene in fights between adults.
- Inform the child's caregiver or school who has permissions to pick up the child.
- At work survivors should inform safe supervisors or building security that the abuser should never be allowed on the premises.
- Devise a safety plan for coming and going from work.
- Plan for any communication with the batterer, including court and custody exchanges.
- Change all digital passwords, even those the survivor does not think the abuser has had access to. Don't forget online banking passwords.
- Change all privacy settings on social media to the most stringent setting.
- Block known profiles of the abuser on all social media platforms.
- Turn off GPS on electronics, also turn off location tagging on social media, and apps like 'find a friend', 'find my i-phone', or other social apps that the abuser may have access to.
- Do not use electronics if the abuser shares the data plan.
- For more tips on technology safety, visit <http://techsafety.org/> and see page 207 for information on technology use in shelter.

## Safety Planning and Harm Reduction with Survivors Who Struggle with Substance Use

Shelters practice *harm reduction* by providing safe shelter, food and support for survivors who have experienced violence, whether or not they ultimately decide to leave their abuser. This lets survivors know that they have support no matter what. Shelters should also assure victims that they will be supported and receive services regardless of past or present substance use.

Harm reduction principles help survivors to feel safer, which minimizes the risk for increased substance use or relapse.

**Discussions about substance abuse when safety planning should include:**

- The various stressors experienced, not just the violence.
- How has the survivor managed to cope with the violence and other stressors?
- How does the survivor feel about how they have been coping? How has the coping helped? How has it not been helpful? Are they interested in exploring other ways to cope?
- How does the survivor find ways to take care of themselves? How can you support them in this?

**Discussion specifically about substance abuse should include:**

- How does the survivor feel about their substance use? Does it affect their life?
- Do they see their substance use connected to their experience of violence?
- Does their partner use substances as a means to control them (control their behavior or their supply)?
- Does the abuser use substance use as an excuse for violence?
  - Does the survivor think the substance use sometimes gets in the way of safety?
  - If Yes, how and in what areas?
    - How have they planned for safety, or what have they done to stay safe before?
    - How can you help support the survivor in feeling safer?
- Can they use substances with safer people or in safer settings?
  - Do they know what types of situations might “trigger” stressors to their substance use?
- What have they done / can they do to deal with those triggers?
- How can you support the survivor in this?
  - Is the survivor interested in making any changes in their level of substance use?
  - If so, do they know what changes they would like to make?

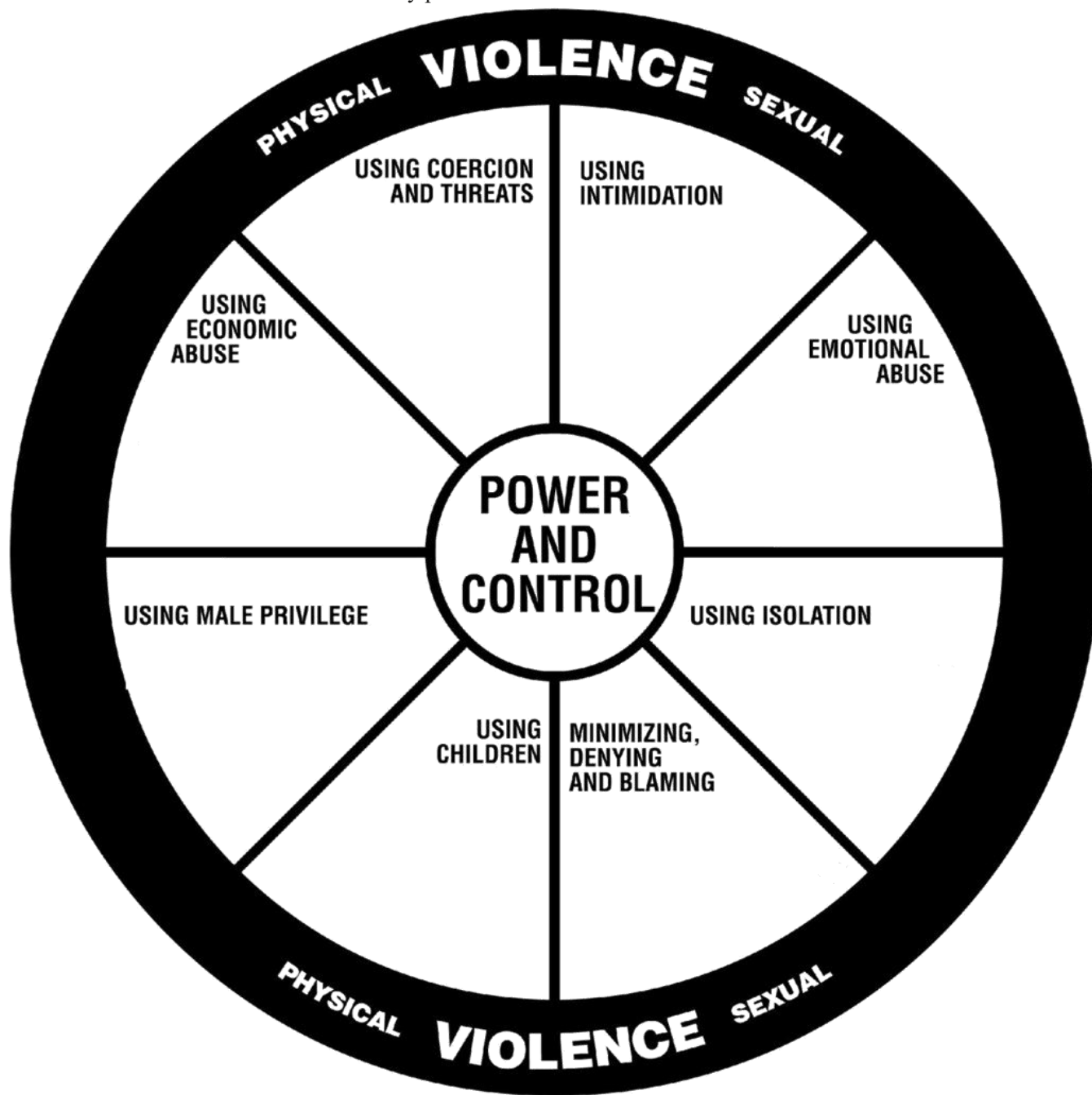


- Do they have any idea about how they might make those changes?
- How can you support them in this?
- Are they interested in talking about their substance use? Is there anyone else they might benefit from talking to about the substance use?
- Have they accessed supports for substance use in the past?
  - What was helpful?
  - What has not been helpful?
  - How can you help them to find support that they are comfortable with?

**The following pages contain sample safety plans and planning tools. The plans are created to be conversational and survivor-led. Each survivor is different, and has different risks and needs for safety. No one safety plan can serve everyone. Advocates should be prepared to spend time asking questions and exploring the survivor’s individual concerns.**



Walking survivors through a blank version of the traditional Power & Control Wheel is a great way to begin safety planning. This gives each survivor the opportunity to identify the ways in which their abuser uses the various power and control tactics identified in the wheel. This gives the advocate a more complete understanding of the survivor's risks and what the safety plan needs to address.



## Sample Safety Plans

### *Plan for Staying or Returning*

Signs you recognize when your partner has been violent in the past:

- 1.
- 2.
- 3.
- 4.

List some of the safest places in your home. These will be the lowest risk places- places where there are no weapons or if you fall, you will be less likely to be injured. Avoid arguments in the bathroom, kitchen, near any weapons, or in rooms without an outside exit.

- 1.
- 2.
- 3.

Use your intuition and judgment to decide the seriousness of the situation. List some things that have worked in the past to calm your partner down before an incident.

- 1.
- 2.
- 3.

List ideas you might have to protect your children in a bad situation. This may include: having children stay in a lockable room when an incident occurs; having a phone with emergency numbers for them to call when a serious situation occurs, or having code words to use when you are in danger to let your children know they need to call emergency phone numbers. Talk with your children about what to do in an emergency situation.

- 1.
- 2.
- 3.
- 4.

In a dangerous situation, have a list of neighbors or friends' phone numbers to call who can come help.

- 1.
- 2.
- 3.
- 4.



What are some things that might make you feel safer within your home? Examples might be: important phone numbers, telling a trusted neighbor or friend about the violence and establishing a code word in case you need them to call the police, storing copies of important documents in a safe place, or anything else you think would be helpful.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Are there specific things about being with your partner, or in the home, that you have concerns, questions, or fears about? Your advocate can help you safety plan around these concerns.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

NOTE: It might not be safe for you to keep this document with you. [ORGANIZATION] can store it in your file and an advocate can review it with you anytime you want, in person or on the phone. You can change or update your plan at any time.

## *Plan for Leaving*

Have you left your partner in the past? What worked and what did not?

What things can you do to prepare for leaving without your partner finding out?

List things you may need when you leave. Important things may be: identification, birth certificates, car registration, social security card, medication, school and vaccination records, money, change of clothes, important pictures, baby necessities, etc. Having a phone with emergency numbers may be helpful.

Keep these things in a location that's easily accessible when leaving. Where would that be?

If you do decide to leave a relationship, how will you get out safely? List exits you could use in your home if you were to leave and days or times when it is safest to leave.

Do you have any supportive people you trust who can help you when leaving? Any neighbors, family, or close friends that know your situation who you could contact or stay with in case of emergency?

You may want to give them a safe word to let them know you are safe even if you choose to stay. What would that safe word be and who would you give it to?

In the case of emergency and you need to leave quickly, where would you go?

Plan A:

- a. Location:
- b. Telephone number:

Plan B:

- a. Location:
- b. Telephone number:

Plan C:

- a. Location:
- b. Telephone number:

Here are some local resources that you can call:

[ORGANIZATION CONTACT INFO]

Resource 2-

Resource 3-

Resource 4-

What are some things that worry you about leaving? How can you plan for those things? Your advocate can help you brainstorm.

### *Safety Plan for Shelter Living:*

Some things that will help you during your stay in shelter include: identification, birth certificates, car registration, social security card, medication, school and vaccination records, change of clothes, baby necessities, accessibility items. Do you have these things?

Living in shelter can be very stressful; are there any worries or questions that you have?

Do you have an order of protection?

Are you dealing with any legal issues related to your partner (custody, criminal charges, order of protection, divorce, etc.)? Do you have any worries, questions, or needs regarding these legal issues?

Do you need to communicate with your partner (e.g. for custody exchanges, personal items, court proceedings, or other reasons)? Your advocate can help you think of strategies to be safer when talking to or meeting with your partner.

Stalking is very common when people leave their abusive partners. Has your partner ever done anything that felt like stalking (e.g. following you, tracking you, reading emails or social media, excessive phone calls, going to your work or other places you frequent)?

Does your abuser have access to you via social media or other technology? Does he know your passwords, or do you share a phone plan?

Do you have children?

- This can be a very stressful time for parents and children, do you have any worries or questions about your children in shelter? (e.g. new schools, doctor's visits, worries about their emotions or behavior)
  
- Do you have a plan, or need help planning, for your children's schooling? (e.g. transportation, registration, alerting school officials to not let your partner pick up the children)

What are other things that worry you about being away from home? How can you plan for those things? Your advocate can help you brainstorm.



## Resources:

*When Battered Women Stay... Advocacy Beyond Leaving*, Jill Davies, 2008; <http://www.bcsdv.org/wp-content/uploads/2015/09/BCS-Pub20.pdf>

*Assessing Social Risks of Battered Women*, Radhia A. Jaaber and Shamita Das Dasgupta, <http://vawnet.org/material/assessing-social-risks-battered-women>

*Safety Planning for People with Disabilities Preparing to Leave an Abusive Situation*, Disability Services ASAP (A Safety Awareness Program) of SafePlace, 2000

*Safety Plan for Victims of Domestic Violence*, <https://www.pcc.edu/resources/illumination/documents/safety-plan-for-victims.pdf>

*Technology Safety Planning with Survivors*, NNEDV Safety Net Project, 2003, [http://www.ncdsv.org/images/NNEDV\\_TechSafetyPlan\\_CanadaEnglish\\_BC\\_2008.pdf](http://www.ncdsv.org/images/NNEDV_TechSafetyPlan_CanadaEnglish_BC_2008.pdf)

Domestic Violence Resource Center, On Safety Planning, <http://www.dvrc-or.org/safety-planning/>

*Assisting Survivors with Personal Privacy Management: Digital Technology and Safety Information Booklet*, PCAR, 2012, [http://www.ncdsv.org/images/pcadv-pcar\\_assistingsurvivorswithpersonalprivacymanagement\\_2012.pdf](http://www.ncdsv.org/images/pcadv-pcar_assistingsurvivorswithpersonalprivacymanagement_2012.pdf)

For more on needs assessment and planning, see page 187

For tips on safety planning with children, see page 83

# Encouraging Communal Living: Case Studies from the Field

*Tennessee Domestic Violence Shelter Best Practices Manual / Section II*

## Chores & Cleaning

**Situation 1:** A slightly developmentally delayed, middle-aged woman was staying in shelter while going through menopause. She had asked staff for sanitary pads but was bleeding through them. She bled through while sitting on the sofa and her bed, leaving noticeable stains on each, and made a mess on the toilet. Some of the other clients complained to the nighttime advocate.



**Advocate’s solution:** The nighttime advocate brought the woman into the office and asked if the agency could provide the resident with some Depends, since the pads she was using didn’t seem to meet her needs. The advocate also asked if the resident would be willing to assist her in cleaning up some of the blood. Instead of getting angry, the advocate and the client scrubbed the sofa and the toilet together. The nighttime advocate spoke to the day advocate during shift change, so that the day advocate could purchase the Depends and assist the resident once she woke up with cleaning her sheets and bedding.

**Why it was Trauma-Informed:** The advocate pulled the client aside and addressed the issue with her privately, in a sensitive way, instead of in a group. The advocate did not feed into the other residents’ anger, but instead remained calm. The advocate helped provide the client alternative solutions to solve the issue, and suggested team work to clean up. The advocate made sure there was a continuum of care in place for the resident, and followed-through on her promised resource.

**Situation 2:** The Shelter is full. No residents are cleaning the kitchen and it is a mess. Several residents have complained about the state of the kitchen.

**Advocate’s Solution:** The advocate asked all residents to attend a house meeting without using language that made it seem mandatory. For example-“Hey Client A, we are having a house meeting in 15 minutes in the living room, see you then.” Or “Hey everyone, we’re meeting in the living room in 10 minutes to talk about the kitchen if you have a minute.” The advocate then discussed with the group the state of the kitchen, and explained that if it was not cleaned within a couple of hours, the staff would have to close the kitchen for the night so that they could clean it.

**Why it was Trauma-Informed:** The advocate did not make the house meeting mandatory, instead she invited clients to attend. The advocate laid out the concerns that she had witnessed, and what had been brought to her attention. The advocate did not make the clients clean; rather, the advocate provided the

two options available and let the residents decide for themselves what choice to make. Also note that the kitchen was not permanently closed (which would violate shelter standards) nor was the closure of the kitchen used as a threat or punishment. Rather, it was presented as an option: if the advocates need to clean the kitchen, it must be closed for a short time therefore the closure becomes a natural consequence and a choice the residents are making for themselves.

## Stealing/Loss of Belongings

**Situation 1:** Client A comes into the shelter office very upset. He just arrived back at shelter from work and went into his room and his carton of cigarettes is missing, as well as his case of Mtn. Dew's. He tells you that Client B stole these items out of his room. He believes this because yesterday Client B was asking him for cigarettes but today she has her own. Client A wants the Agency to buy him more stuff.

**Advocate's Solution:** The advocate sat down with Client A and had a conversation about his choices. "Client A, I know that you are upset about the stealing of your belongings. Unfortunately, the shelter does not replace a person's things, but we do have some options to assist in this situation. 1. We could mediate a discussion between you and Client B about the loss of your things. 2. We can discuss a safety plan so this doesn't happen again in the future."

The advocate then asked the following safety plan questions to make sure Client A had all of the information he needed to live safely in the shelter: When you came in to shelter, did the advocate explain how to use the lockers for your important belongings? Are you having trouble using the lockers? In what way is the locker not working for you? Do you have a car here at the shelter that locks?

**Why it was Trauma-Informed:** The advocate did not 'take sides' between the clients, or punish one client without proof. Instead, the advocate had a calm, private conversation with Client A and offered to mediate between the clients. The advocate also took the time to help Client A plan around the safety of his belongings, taking his concerns seriously and preventing future theft from happening.

**Situation 2:** Client A forgot to lock her medicine in her locker upon intake. She later realized some of her medicine was missing. She came to staff and discussed her feelings, and her plan to see if anyone would admit to taking it. While asking clients about her stolen medicine, her tone triggered Client B. Client A was convinced that due to Client B's reaction, Client B must have been the one to take the medicine.

**Advocate's Solution:** Staff explained that everyone comes from a different place and has different experiences that shape how they react to things. Upon Client A and B's request, staff had a house meeting. Staff reiterated the importance of locking medicine up. While in the meeting, Client B explained to Client A why she responded the way she did. This opened the door for staff to explain the toll that trauma takes on people and how we react to things that trigger us. The clients made up and had a better understanding of themselves and each other. After this, whenever staff finish an intake, they get a lock and go straight to the lockers to give the new client a chance to lock up medicine since settling into shelter can be overwhelming and it is sometimes easy to forget.

**Why it was Trauma-Informed:** Instead of jumping to conclusions, staff used the situation as a chance to talk with clients about the effects of trauma on different individuals. Staff successfully facilitated a

conversation between the two residents, and helped them to come to an understanding. Staff also spotted an opportunity to implement a more trauma-informed intake procedure, taking into account that entering shelter can be very overwhelming for survivors of trauma. Staff created a system to prevent the same situation from happening again without creating punitive rules.

## Relationships between Staff and Clients

**Situation 1:** Mandy, a client in shelter, is very hardworking and driven. She is likable and funny. Mandy has taken advantage of all the services while in shelter. She has cleaned up after other residents, been kind to all staff, and worked hard to get her own apartment. While completing her exit paperwork the day before she was leaving for her new apartment, she asked if she can hang out with the advocate after she leaves shelter. Mandy is new to the state and has no friends in the area.

**Advocate's Solution, A Script:** “Mandy, you have accomplished so much in your short time in shelter and you should be very proud of this. You know that I am a resource for you, a person to talk to about your situation and I will assist you in the goals you have chosen for yourself. However, I cannot be a friend to you. I will be happy to work on ways to help you build your own support system. You are right about needing friends - you do need people in your life that care about you and that you can call on when times are tough. Do you want to work on figuring out who those people are in your life? Also, I know that you are new to town and you don't really know anyone locally. Do you want to talk about places that you can go to meet people and develop relationships? You told me that when you came into shelter you had been sober for 10 years. Maybe we could contact local recovery resources to start developing that support?”

**Why it was Trauma-Informed:** The advocate understood Mandy's need for a support system of peers and was empathetic to her need, even while upholding firm professional boundaries. The advocate helped to provide options for Mandy in building peer supports in her community.

**Situation 2:** Client A did not like the shelter advocate. Every time the advocate would try to meet with or discuss something with her, she would leave the office. It got to the point where Client A would avoid the advocate entirely and only come to the office if she needed supplies like shampoo. One day, Client A's dog got out of the gate and ran down the road, and Client A went chasing after her dog.

**Advocate's Solution:** The advocate didn't know how to help because she could sense that the client was angry and didn't think she would want the help of an advocate that she didn't seem to like or trust. Thankfully, Client A caught her dog and both of them were unharmed. The advocate gave Client A space for a few minutes, as she was calming down. Once things seemed calm, the advocate simply went into the common room and shared the space with Client A. The advocate allowed Client A to begin the conversation, and allowed the client to talk out her frustrations and feelings. Once Client A was finished, the advocate was able to explain that she cared, and was there to help the client. The advocate was honest in telling the client that she didn't know how to assist her because every time she had previously tried, the client would get upset and walk out. They were both able to be honest, open, and calm. At the end of the conversation, the client responded positively to the advocate, and they were able to set up times to meet together moving forward.



**Why it was Trauma-Informed:** The advocate paid attention to the client’s emotions and gave her space when needed. The advocate listened patiently to the client’s frustrations, without getting angry or defensive, and did not argue with or deny the client’s emotions. The advocate was honest and open with the client, treating her as a peer and seeking out her insight into making the advocacy relationship work.

## Parenting

**Situation:** Angela has three small children with her in shelter. She barely pays attention to them, often leaving them in the care of other shelter residents while she stays in her room. Tonight, while a resident is making dinner for her children and Angela’s, Frank (Angela’s middle child) spills a drink. Angela who was outside smoking comes back into the shelter to see the mess. Angela begins to scream at Frank about what a terrible mess he made, that he is such a disappointment and that everything is his fault. Frank is six years old.

**Advocate’s Solution:** The advocate asked to speak with Angela alone in the office after ensuring that there was an activity to keep the children occupied. The advocate guided a conversation with some of the following prompts: “Angela, I see you struggling with your emotions when dealing with your children, is this something that you want to talk about? I know that living in shelter and experiencing violence like you have is very stressful, but I see you having a difficult time parenting. Parenting is a tough job, especially with all the change that comes with living in shelter. How do you feel that you do your best parenting? How do you feel like Frank is doing in shelter? Do you feel that your parenting is going well? I have some options and resources that are available to assist with parenting. Would you like to hear about those?”

**Why it was Trauma-Informed:** The advocate did not confront Angela in front of Frank and the other residents, but she did move to address the situation immediately, making sure that the children were taken care of and speaking to Angela in private. The advocate addressed the parenting issues directly and kindly, asked appropriate questions instead of reprimanding or expressing judgement, and offered suggestions and resources.

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*For the case studies below, supervisors are encouraged to review the examples and responses provided with their teams, and discuss the ways in which the responses are trauma-informed. Leaders might also give staff time to discuss how they would respond in trauma-informed ways, or what they might do differently based on the unique dynamics of your shelter.*

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**Situation 1:** Gary just went to Wal-Mart and bought a week’s worth of groceries for himself and his three children. Gary leaves some hamburger to defrost in the sink. Sonya, another shelter resident, is cooking the hamburger when Gary arrives home from work. Gary gets upset at Sonya, an argument happens.

**Response: Begin** by separating the individuals if not already done. Ask if Gary would like to speak with you about this situation. Discuss with Gary what options he feels would help resolve this matter: i.e. staff mediating the situation with Gary and Sonya. Let Gary know that Sonya probably did not do this

maliciously. Brainstorm with Gary options for preventing this from happening in the future. If appropriate, staff could talk with Sonya one-on-one as well.

**Situation 2:** Julie and Edith are in shelter. Staff notices that they have developed a close relationship. Julie comes to staff and tells them that they are thinking about moving in together.

**Response:** “Hey Julie, I know that you are excited about looking for a place of your own! Are you considering having Edith be your roommate?” “How do you feel that will go?” “A lot of survivors come into shelter and develop a strong bond with the other people here, and it is a great thing to develop a support system. Have you ever thought about what you would do if it didn’t go well with Edith? Maybe we should talk about a backup plan in case things don’t go as well as you hope. Would you be open to that?”

**Situation 3:** Jane works second shift. She gets back to the shelter around 11pm every night. Her roommate Lynn does not work. Jane comes home and wants to watch TV, eat, and lay around their room. Lynn is very upset by this and says that Jane is interrupting her sleep.

**Response:** “Lynne, I know that you are upset with Jane about her sleeping schedule interrupting yours, do you want to talk about this with me? How about we discuss what is happening in your room? First, have you talked about this with Jane?”

“I understand living in shelter is hard and many people do not like to create conflict in the room that they have to share. Do you want to come up with some options that can help you in this situation?” “Why don’t you tell me about your schedule?” “So it sounds to me that you really do not have a set schedule is that right? Have you ever thought about adjusting how you spend your time, maybe like staying up a little later and sleeping in more? Tell me about how that would make you feel? I understand it would be an adjustment, but maybe you could try it for a period of time and if that doesn’t work or you feel uncomfortable to you then you could talk with Jane again, I can help you think of ways to speak with her, or mediate the conversation.”

**Situation 4:** Sam is in the shelter office wanting to get help. Sam has been on drugs for about 8 years, he wants to get help, and does not know how to go about it. Sam is a returning client that had dismissed his order of protection a few months ago when his spouse promised to go to marriage counseling. He discloses that he has been using opiates to cope with the fact that his spouse did not treat him right. Sam’s use has escalated since his husband filed a petition in a nearby town for emergency custody of the children. Sam now feels rehab is necessary for him but does not know where to start. Sam is showing signs of intoxication and rambles to himself.

**Response:** “Sam, I want to start by letting you know that everything we talk about today is going to be confidential, and this is a safe space to discuss your addiction. It is very common for people to use alcohol and drugs to cope with abuse and other traumatic instances in their lives. We have lots of resources. I’m sure we can find one together that fits your needs, or I can give you the list for you to look over alone if you would prefer. Is it okay with you if I go over what’s available with you so that we can discuss the pros and cons of what you are looking for?”

“There are a few local organizations here in the county that offer support groups and outpatient classes free of charge and that are available almost every day. I have their names and numbers here, and our transport van does drop off and pickup daily. I understand that outpatient classes may not be enough since you are looking for inpatient, but I want you to have all resources available. We do have one inpatient short-term program here in this county. There is a quite a waiting list, but I have a contact number and an application that we can fill out if you would like. In the next town over, they have a bigger selection of short-term in-patient programs with smaller waiting lists. I have seen people start out with one choice, decide it isn’t working, and move into one of the other programs, so I want you to know that these are options.”



# Section 3- Polices & Procedures: A Voluntary Services & Rules Reduction Model

# Voluntary Services: Theory & Definitions

*Tennessee Domestic Violence Shelter Best Practices Manual / Section III*

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“Receipt of supportive services under FVPSA will be voluntary. No condition will be applied to receipt of emergency shelter as described in Section 10408(d) (2).”

*(Family Violence Prevention and Services Act (FVPSA) Reauthorization Legislation, 2010)*

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Voluntary services, as opposed to mandatory services, means that clients do not need to complete a program or take part in other services as a condition of receiving housing. Services are offered based on each person’s specific needs.

A voluntary services model is one piece of the puzzle in creating a trauma-informed organization. This model recognizes that every survivor experiences and reacts to trauma differently, and so each survivor will want and need a unique set of services and interventions. A voluntary services model empowers each survivor to make their own decision about which services will benefit them, and how and when to receive those services.

Many agencies worry that voluntary participation will lower their participation numbers long-term. However, studies of this model have shown that, after an initial dip, participation numbers gradually and consistently *increase* over time as supportive services change to meet the needs of the survivors being served. The programs studied experienced a marked increase in both the amount and quality of resident participation.

## **Some changes that may occur organically over time with the services shelters offer include:**

- Support groups and classes designed with the needs of those currently residing in shelter in mind
- Alternative wellness groups
  - Yoga, walking, gardening, etc.
- Changing programs based on staff and volunteer expertise as well as client feedback
- Client-led classes or groups based on clients’ unique skills and interests
- Programs finding ways to provide childcare during classes and workshops

Remember- it is still important for staff to plan and deliver supportive services even if attendance is voluntary. Organization leadership should encourage staff creativity and client input when planning classes and groups. Agencies should also take time to re-evaluate what the success of supportive services looks like, and how it can be measured in trauma-informed ways. For instance, empower survivors to choose which services are most meaningful and impactful for themselves and their families, and then pay attention to trends in attendance and feedback!

Shelters may worry that residents’ choices not to partake in supportive services may negatively affect their progress toward goals set during needs assessment, for instance, securing housing or successfully attending parenting classes as a condition of child custody. It is difficult for many advocates to step back and allow clients to make choices they disagree with without taking on a ‘parent’, ‘teacher’, or even ‘boss’ role. Advocates often don these roles in order to convince or coerce clients into changing their

choices, or partaking in services the way the advocate thinks is best. The voluntary services model does not mean that advocates cannot have open and honest conversations with residents about their choices, but it does mean that the choices are to be made by the clients themselves, and that those choices should be respected by shelter staff. Survivors should be empowered to make their own choices, even if the advocate disagrees.

**Resources:**

Voluntary Services Learning Module, Virginia Department of Social Services, [https://www.dss.virginia.gov/files/division/cvs/ofv/grantees/learning\\_modules/vs\\_module\\_01.pdf](https://www.dss.virginia.gov/files/division/cvs/ofv/grantees/learning_modules/vs_module_01.pdf)

Domestic Violence Shelter Services: A Review of the Empirical Evidence, Sullivan, 2012, <http://www.dvevidenceproject.org/wp-content/uploads/ShelterResearchSummary.pdf>

Standards for Domestic Violence Programs, Missouri Coalition Against Domestic and Sexual Violence, 2016, <https://www.mocadsv.org/FileStream.aspx?FileID=417>

Understanding Voluntary Services, NNEDV, <https://nnedv.org/mdocs-posts/understanding-the-basic-of-the-voluntary-services-approach/>

Transitional Supportive Housing Programs: Battered Women’s Perspectives and Recommendations, Melbin, Sullivan, and Cain, 2003, <https://scholars.opb.msu.edu/en/publications/transitional-supportive-housing-programs-battered-womens-perspect-3>

Voluntary Participation in Services: Promoting Trauma-Informed Care for Survivors of Domestic Violence, California Partnership to End Domestic Violence, <http://www.cpedv.org/overview/voluntary-participation-services>

Sustaining Housing, a Voluntary Service Approach, [http://b.3cdn.net/naeh/f5ecd52d9e48c8c301\\_0lm6vuk14.pdf](http://b.3cdn.net/naeh/f5ecd52d9e48c8c301_0lm6vuk14.pdf)

# Four Shelter Rules



The primary goal of the trauma-informed, rules reduction model of shelter service is to create a less restrictive and more empowerment-focused shelter environment. However, this model does not mean that absolutely no rules exist within shelter. On the contrary, the framework forces shelters and other victim services agencies to consider what rules actually serve the safety and security of clients, residents, and staff.

The following ‘Big 4’ rules have been identified as the core rules that govern shelter life. These are also the only rules that, under a trauma-informed model, service providers should consider as grounds for giving a client a sometimes immediate, unscheduled exit from shelter.



Based on this guidance, as well as the core concept of creating a physically and emotionally safe space for survivors, the ‘Big 4’ shelter rules all agencies are required to address are:

- 1) Confidentiality (Explanation on page 157, model policy on page 161)
- 2) Prohibition of Weapons in Shelter (Explanation on page 169, model policy on page 170)
- 3) Prohibition of Violence in Shelter (Explanation on page 169, model policy on page 170)
- 4) Substance Use on Shelter Property (Explanation on page 171, model policy on page 172)

These rules are also addressed in the *Rules of the Department of Finance and Administration, Chapter 0620-3-6, Family Violence Shelter Standards*:

## 0620-3-6-.04 MINIMUM STANDARDS FOR FAMILY VIOLENCE SHELTERS

- (1) ...Shelter facilities must have confidential locations and be located in separate facilities that exclusively serve family violence victims and their dependents...
- (2) (j) A shelter program must prohibit possession and use of weapons, alcohol or illegal drugs on its premises.
- (3) (e) A shelter program must have a written policy which provides for security and confidentiality of residents’ location. This policy must include procedures regarding intruders or trespassers, contact with law enforcement, and access to staff or the designated person 24 hours a day.



## ‘Big 4’ Rule #1- Confidentiality

### HIPAA, VOCA, VAWA, & FVPSA – What Covers You?

**HIPAA** is the acronym for the Health Insurance Portability and Accountability Act that was passed by Congress in 1996.

HIPAA regulations apply to "covered entities" which are health plans, health care clearinghouses, and health care providers. The primary goal of the law is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information, and help the healthcare industry control administrative costs.

HIPPA makes the assumption that information will be shared and gives medical staff some discretion about when and where that will be shared.

The HIPAA privacy rule creates a minimum standard for protection of private, protected health information, regardless of how that information is maintained (i.e., on paper or electronically), and describes permitted uses and disclosures, and **when consent for disclosure is and is not required.**

For example, HIPAA allows the sharing of personal information under many circumstances including-

- Treatment Collaboration
- Payment & Billing
- Sharing with Affiliated Entities
- Medical Research

At its core, HIPAA assumes that personal information needs to be shared in order to facilitate the best treatment for an individual, and medical professionals are considered experts on when and what to share, and with whom. *Sharing can and is done without the knowledge or consent of the patient in many cases*, HIPAA simply establishes rules around that sharing.

HIPPA was created to “assure that individuals’ health information is properly protected while allowing the flow of health information – to provide and promote high quality health care – to protect the public’s health and well being.” ([www.hhs.gov](http://www.hhs.gov))

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**Is your agency covered by HIPAA? ONLY if you provide licensed medical services, such as operating a sexual assault exam clinic.**

**The vast majority of domestic violence programs are in no way covered by, or associated with, HIPAA.**

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**VAWA** Nondisclosure of Confidential or Private Information Sec. 40002 Violence Against Women Act of 1994

“In order to ensure the safety of adult, youth, and child victims of domestic violence, dating violence,



sexual assault, or stalking, and their families, grantees and subgrantees under this title shall protect the confidentiality and privacy of persons receiving services.” –VAWA

VAWA grantees and subgrantees are prohibited from disclosing any personally identifying information without a release of information form signed by their client or client’s guardian unless compelled by statute or court mandate. These mandates are the only exceptions to the VAWA confidentiality provision, and the statute or court order must specifically address confidentiality in order to constitute an exception. In the case of court mandate, grantees need to limit the information released to the minimum required to fulfill their legal obligation, take steps to protect the privacy and safety of those impacted by the disclosure, and attempt to notify the victim of the disclosure.

Best practice is to ask the court to quash (invalidate) any subpoena that asks for a program’s records. Responding to subpoenas can raise unique questions. For help in responding to subpoenas, programs should contact a local attorney with knowledge about U.S. federal VAWA and state laws regarding confidentiality. Programs may also contact The Tennessee Coalition to End Domestic and Sexual Violence (TCEDSV) and NNEDV’s Safety Net Project for resources to address subpoenas.

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**Is your agency covered by VAWA? Any agency that receives state or federal funding to operate any portion of their program is beholden to VAWA requirements.**

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**VOCA** Victims of Crime Act Regulations on Confidentiality Applying to Grantees- 28 CFR §94.115

Sub-recipients of VOCA funds must protect the confidentiality and privacy of persons receiving services. VOCA sub-recipients must not disclose, reveal, or release any personally identifying information collected in connection with VOCA-funded services regardless of whether such information has been encoded, encrypted, hashed, or otherwise protected.

VOCA requires informed, written, and reasonably time limited consent of the client or client’s guardian to release any personally identifying information at anytime, except with regards to a court mandate (as in VAWA). Aggregate data (such as that used for grant reports) is acceptable, as it doesn’t contain identifying information.

VOCA also states that:

- *In no circumstances may a crime victim be required to provide a consent to release personally identifying information as a condition of eligibility for VOCA-funded services*
- *In no circumstances may any personally identifying information be shared in order to comply with reporting, evaluation, or data-collection requirements of any program. This is why all personally identifying information MUST be redacted from requested files during site visits by agency funders.*

- Nothing in VOCA prohibits compliance with legally mandated reporting of abuse or neglect. When making a good faith report of abuse or neglect as a mandated reporter, you are not seen as violating any confidentiality guidelines.

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**Is your agency covered by VOCA? If your agency receives VOCA funding for any part of your work, yes.**

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**FVPSA The Family Violence Prevention and Services Act**

First authorized in 1984, the Family Violence Prevention and Services Act (FVPSA) is the only U.S. federal funding source dedicated directly to domestic violence shelters and services. Administered by the U.S. Department of Health and Human Services, FVPSA was reauthorized as part of the U.S. Child Abuse Prevention and Treatment Act (CAPTA) through fiscal year 2015 and was signed into law on December 20, 2010. 6.

**With the 2010 amendment, the U.S. federal FVPSA confidentiality obligations (42 USC §10402) specifically parallel those of VAWA.**

“Confidentiality: The address or location of any shelter facility receiving FVPSA funds that otherwise maintains a confidential location shall not be made public, except with written authorization of the person or persons responsible for the operation of the shelter program.”  
*(Tennessee Office of Criminal Justice Programs)*

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**Is your agency covered by FVPSA? If your agency receives FVPSA funding for any part of your work, yes.**

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**Tennessee Shelter Performance Standards**

***Any shelter agency receiving funding of any kind from the Tennessee Office of Criminal Justice Programs (OCJP) or The Coalition (TCEDSV) must abide by these standards.***

Program policy regarding confidentiality must require:

- (a) The shelter program to have a written policy regarding the disclosure of information about any program participant.

This policy will specify procedure regarding release of client information to include who may release information, what types of information may be released, to what resources the information may be released, and under what conditions information may be released.

- (b) Prior written consent of the program participant to release any information is required except under four conditions:
  - (a) disclosure for medical emergency;

- (b) disclosure to legal guardian of a program participant who has been legally declared incompetent;
- (c) disclosure for reporting of child abuse or adult abuse; and
- (d) disclosure required by subpoena or for monitoring and auditing purposes (during monitoring and auditing personal identifying information must be redacted).

## Tennessee State Law

*Any shelter agency operating in Tennessee, regardless of funding source, must abide by these standards.*

*T.C.A. 36-3-623. Confidentiality of records of centers.*

The records of domestic violence shelters and rape crisis centers shall be treated as confidential by the records custodian of such shelters or centers, unless:

- (1) The individual to whom the records pertain authorizes their release; OR
- (2) A court approves a subpoena for the records, subject to such restrictions as the court may impose, including in camera review.

*T.C.A. 71-6-208. Shelter locations privileged -- Service of papers or process.*

No person can be compelled to provide testimony or documentary evidence in a criminal, civil or administrative proceeding that would identify the address or location of a shelter.

- (c) In any proceeding involving a shelter or a person staying at a shelter, the sheriff, constable or other person serving any legal papers or process shall serve any such legal papers or process by contacting the shelter by telephone and making arrangements for service of the papers or process on the shelter or the person staying at the shelter.

“Remember: it’s the survivor’s information. The survivor retains the right to choose when, how and what personal information will be shared, or not shared, and with whom. Agencies and advocates are responsible for respecting and honoring the victim’s wishes and safeguarding any of the survivor’s information that they collect or hold.”

*(Victim Confidentiality Considerations For Domestic Violence and Sexual Assault Programs When Responding to Rare or Emergency Situations, The Confidentiality Institute and NNEDV, 2010)*

## Putting It All Together

**Best Practice:** Advocacy programs should follow the **most protective** confidentiality law that applies to them.

- If you are a covered medical entity, you must follow the HIPAA Privacy rule.
- If you are a VAWA/FVPSA/VOCA Grantee or Subgrantee? You must follow VAWA/FVPSA/VOCA privacy rules.
- If you are BOTH, you must **follow the most protective rules, which are the VAWA/FVPSA/VOCA Guidelines.**
- **All agencies must follow state law.**

## Model Policy on Confidentiality

[NAME OF ORGANIZATION]

**Effective Date:**

Confidentiality Policy

**Purpose:** To inform all staff and volunteers of [ORGANIZATION] their requirements regarding confidentiality of clients and services.

**Additional Authority:** Violence Against Women Act of 1994; Victims of Crime Act; Family Violence Prevention & Services Act; Tennessee Family Violence Shelter Performance Standards; Tennessee State Law

**Scope:** All [ORGANIZATION] staff, contractors, and volunteers.

**Responsible Party:** [ORGANIZATION EXECUTIVE DIRECTOR]

Signature of Executive Director: \_\_\_\_\_

### POLICY

- I. It is the policy of [ORGANIZATION] that all client information will be kept confidential and not shared with other parties. The disclosure of any confidential communication regarding past or present clients of [ORGANIZATION] to any individual or organization who is not a staff member of [ORGANIZATION] is prohibited.
- II. Confidential communications include any verbal or written communications between a client and staff member and all records kept by staff in the course of providing services.

### PROCEDURES

- I. **[ORGANIZATION] staff must provide the following information to all clients:**
  - a. Staff is required to maintain each client's confidentiality
  - b. Information about a client's interactions with [ORGANIZATION] can be released only if written consent is given or it is mandated by law (e.g. child abuse reporting or medical emergency)
  - c. Clients, like staff, are expected to keep the location of the shelter and other client's identities confidential. Failure to do so can result in removal from the program.
- II. **Information can be released in the following circumstances:**
  - a. **To the client directly.**
    - i. Before staff release a client's file to the client, staff should:
      1. Sit with the client and let them review the file so they are aware of its contents

2. Make it clear to the client that they have the right to choose to disclose or not disclose information about their involvement with [ORGANIZATION] to others outside the program.
3. Discuss the potential advantages and problems that may result in releasing information.
4. Make it clear that once the client releases information [ORGANIZATION] cannot be responsible for how that information is used.
5. Discuss with the client the option of releasing a summary letter of the client's involvement in services rather than the entire file.

**b. By written agreement from the client.**

- i. [ORGANIZATION] must obtain informed and voluntary consent from the client for the disclosure of any information. Staff must use a Release of Information Form to document this consent in writing, verbal consent is not acceptable. The Form must be completed before any information can be shared.
- ii. The Release of Information Form must be filled out completely, in writing, and signed by the client.
- iii. The client must be informed of exactly what information is being released. Staff should only release information when it will aid the client in obtaining their goals or moving forward in their healing process.
- iv. Even after the client has exited the program new written releases are required for each instance of information sharing. Verbal or telephone requests are not acceptable.
- v. The survivor has the right to revoke their consent at any time. Any verbal or written withdrawal of consent must be documented on the Release of Information Form and information sharing must cease immediately.
- vi. Releases must be stored in the client's file.
- vii. [ORGANIZATION] shall not use blank release forms or require that a client sign a form or release any information as a condition of receiving services.

**c. Under the following legal circumstance client consent is not required:**

- i. Medical or other emergency situations.
  1. Staff shall provide the emergency operator enough information to respond (e.g. location of the program and the general nature of the emergency) without giving out personally identifying information about a client. For example, the program can say "there is a middle-aged woman having chest pains", or, "there is an abuser attempting to enter the shelter."
  2. The conscious survivor can choose what information they will share with the medical or police responders when they arrive. What the survivor

chooses to share with the responders is their choice; it is not the program's right or obligation to "fill in the blanks."

3. If the survivor is unconscious, this does not negate confidentiality between [ORGANIZATION] and the survivor. Staff should report the facts that led them to request an emergency response without revealing personally identifying information about the client (e.g., "She came into the room about 15 minutes ago; her skin color went gray, and she passed out.")
  - ii. A Release of Information is not required in instances of mandated reporting in regards to child or elder abuse. Information related to child or elder abuse situations will be reported to appropriate authorities in accordance with [ORGANIZATION]'s reporting policy and Tennessee state law.
  - iii. In cases where a client is a minor or has been declared incompetent, information shall be shared with the client's legal guardian. The client's legal guardian will be required to consent to any release of the clients information
  - iv. Subpoenas. If any subpoena for a client's file is received, there must be immediate notification to [ORGANIZATION] executive director and staff attorney.
    1. [ORGANIZATION]'s standard response to subpoenas is to file a Motion to Quash and protect a client's records from release.

### **III. Special Considerations**

#### **a. Staff**

- i. All staff, volunteers, and contractors must sign a confidentiality agreement.
  1. Confidentiality must be maintained even after the employment/affiliation relationship ends.
- ii. Staff will not remove client files from the office unless a Release of Information Form has been signed and they are transporting them for a purpose related to that Release.
- iii. Staff shall not use any names or identifying information when discussing clients with any individual or organization outside of [ORGANIZATION].
- iv. When out in public staff will not acknowledge past or present clients unless the client initiates contact.

#### **b. Telephone**

- i. Staff or volunteers answering phone lines shall not disclose or confirm that any individual is receiving services to any caller, even if the caller identifies as a loved one of the client or a partner organization, unless a Release of Information form has been signed and the caller can be identified.

#### **c. Visitors**

- i. All visitors to [ORGANIZATION] must sign the confidentiality agreement. Staff will inform visitors of the importance of maintaining confidentiality.

- ii. Staff will give clients advanced notice of any visitors to the shelter site, and give them the options to stay in their rooms or leave the facility if they do not wish to be seen by the visitors.
  - iii. Staff will escort any visitors during their entire visit.
  - iv. Any individuals visiting clients must sign a confidentiality agreement, and follow the procedure outlined in the Visitor Guidelines Form.
- d. Disclosure of Location
  - i. The location of a shelter is privileged by law in Tennessee. Under no circumstances should anyone, including a client, employee, or volunteer of the shelter, be compelled to provide testimony or documentary evidence in a criminal, civil, or administrative proceeding that would identify the address or location of a shelter.
  - ii. Everyone associated with the shelter should be informed of the “location privilege,” and understand its importance to the safety and well-being of residents, employees and volunteers. Anyone entering a [ORGANIZATION] shelter shall sign a statement agreeing to keep the location secret.
- e. Service of Process
  - i. For the purpose of serving legal papers or process on residents of the shelter, or the shelter itself, Tennessee law obligates sheriffs to contact the shelter by telephone and make arrangements for service.

# Model Confidentiality Notice for Clients

## Confidentiality Notice for [ORGANIZATION] Clients

Staff and volunteers at [ORGANIZATION] will keep confidential all information communicated to them by [ORGANIZATION] clients. This means that:

1. We will not share with any person or organization whether we have had contact with you or provided services to you, including whether or not you are residing in our shelter.
2. We will not share any information that you have told, or materials that you have given to, us with anyone outside of [ORGANIZATION].
3. We will oppose any subpoena or other legal effort to obtain this information from us, when you have not authorized the release of this information.
4. Anytime information needs to be shared, you will have the option to decide whether or not it will be shared and who it will be shared with.

If you do not agree to sharing information, [ORGANIZATION] will not share it unless there is an emergency. Emergencies where information might be shared are:

1. We learn or have reason to suspect that a minor child or vulnerable elderly person is being abused or neglected. In such a case, we will need to contact Protective Services.
2. We witness a violent assault that you are involved in. In this case, we may contact law enforcement for assistance.
3. There is a medical emergency where an ambulance needs to be called on your behalf.

If you give us written permission to release information to others, you will have the right to revoke that permission at any time.

As a participant in [ORGANIZATION]'s program, you must agree to maintain the confidentiality of the shelter location, other program participants, and [ORGANIZATION] staff and volunteers. This means:

1. You will not share the address or location of the shelter to anyone for any reason now or in the future.
  - a. If you wish to have a trusted visitor come to the shelter, you must talk to staff and they will facilitate this visit in a way that doesn't break confidentiality.
2. You will not disclose personal or identifying information about other program participants or [ORGANIZATION] staff and volunteers to anyone for any reason now or in the future.

If you breach this confidentiality agreement it may result in immediate dismissal from [ORGANIZATION]'s shelter program due to safety concerns for you as well as the confidentiality and safety of other residents, staff, and volunteers.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff Signature: \_\_\_\_\_



# Model Client Visitor Policy

[ORGANIZATION] recognizes that clients staying in shelter may need or want to receive trusted visitors during the course of their shelter stay for transportation, help or companionship. All visitors MUST complete each step in this policy, as well as signing a confidentiality agreement, in order to be allowed to visit clients at shelter.

### Visitors Must:

1. Be referred by the [ORGANIZATION] client they wish to visit to contact [ORGANIZATION] staff.
  - a. Clients must not give out the location of the shelter to any visitors at any time. Visitors who meet these visitation requirements will be given location information by staff only.
  - b. Clients must sign a Release of Information Form before staff can communicate with the potential visitor, stating that the client is requesting the visit.
2. Go to the [ORGANIZATION] main office to sign a confidentiality agreement, sign a copy of this form, and provide a picture ID to be photocopied.
3. Understand that any and all information pertaining to ANY client of [ORGANIZATION] is confidential and must never be revealed to any person at any time.
4. Agree to never reveal the exact address OR the general location of the shelter to anyone for any reason at any time, even if you are no longer visiting your loved one. To reveal this information would place many people in danger.
5. Enter the house ONLY when all residents that reside in the shelter are in agreement, and then they may visit ONLY in the common areas of the house. Keep visits SHORT; it is not a place to “hang out”. Visitors may take the resident off property for visits if it is safe for the resident. Approved Visitors may transport clients to and from work or other appointments as needed without entering the shelter.
6. Abide by the 4 non-negotiable shelter rules- they must maintain confidentiality, must not bring weapons, drugs or alcohol onto shelter property, and must not engage in any violence.
7. Call the [ORGANIZATION] office to verify that staff are on premises before visiting. Visitors are not allowed inside the shelter unless staff are on site.

Client being visited: \_\_\_\_\_

Visitor: \_\_\_\_\_

Purpose of visit(s): \_\_\_\_\_

[ORGANIZATION] Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Attach the following documents to this form:

- Confidentiality agreement signed by visitor
- Copy of visitor’s photo ID
- Copy of release of information form signed by client pertaining to visitor

# Model Release of Information Form

[ORGANIZATION] Limited Release of Information Form

**NOTE:** Before you decide whether or not to let [ORGANIZATION] share some of your confidential information with another agency or person, an advocate will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want [ORGANIZATION] to release some of your confidential information, you will be the one to choose what is shared, how it's shared, with whom, and for how long. You can change your mind about sharing at any time.

I understand that [ORGANIZATION] has an obligation to keep my personal information confidential. I also understand that I can choose to allow [ORGANIZATION] to release some of my personal information to certain individuals or agencies. I understand that [ORGANIZATION] can never force or require me to agree to release any information.

I, \_\_\_\_\_, authorize [ORGANIZATION] to share the following specific information with:

<b>Who I want to have my information:</b>	Name: Specific Office at Agency: Phone Number:
---	--

The information may be shared:  in person  by phone  by fax  by mail  by e-mail  
 I understand that electronic mail (e-mail) is not confidential and may be intercepted and read by other people.

<b>What info about me will be shared:</b>	<i>(List as specifically as possible, for example: name, dates of service, any documents).</i>
<b>Why I want my info shared: (purpose)</b>	<i>(List as specifically as possible, for example: to receive benefits).</i>

**I understand:**

- That I do not have to sign a release form. I do not have to allow [ORGANIZATION] to share my information. Signing a release form is voluntary. That this release is limited to what I write above. If I would like [ORGANIZATION] to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from [ORGANIZATION].

- That [ORGANIZATION] and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

**I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.**

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **Witness:** \_\_\_\_\_

**This release will remain in effect until :**

- 15 days from the date above.
- 30 days from the date above.
- 60 days from the date above.

(60 day releases are to be used only in cases where the release is being used for Law Enforcement or State Attorneys in the course of criminal investigation and prosecution.)

**Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)**

I confirm that this release is still valid, and I would like to extend the release for an additional 15 30 60 Days.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Witness:** \_\_\_\_\_

- Consent to Release Information has been withdrawn as of Date: \_\_\_\_\_ this release is no longer valid.

Adapted from Julie Kunce Field, J.D. and NNEDV Release Form Template.

## **‘Big 4’ Rules #2 & #3- Prohibition of Weapons & Violence in Shelter**

**Violence.** Shelters should model and promote respect and non-violence in all interactions including those between adults and children. Shelters are, by their very nature, a respite safe from violence residents have experienced in their past. To that end, the prohibition of weapons and violence in shelter are two of the most vital rules under the “Big 4”.

While physical and emotional violence cannot be tolerated within shelter, advocates should be aware that it is normal for survivors to be angry about their situations and that sometimes this anger is expressed in unhealthy ways, such as yelling, slamming of doors, and arguments between residents.

*These moments of anger are not the same as engaging in violence.* In these cases, advocates should be comfortable addressing the conflicts and negative emotions on an individual basis, rather than threatening remove survivors from shelter. Because it is common for these situations to arise, advocates should expect them and not be hesitant to discuss conflict resolution, self care, and emotional safety with residents. For tips on conflict resolution, see page 97.

**Weapons.** Firearms, especially handguns, are more common in the homes of battered women than in households in the general population. More than half of the time, the weapon used to carry out an “intimate partner” homicide is a gun.

The link between guns and fatal domestic abuse is so strong that research shows simply living in a state with a high rate of firearm ownership increases the risk of being fatally shot in a domestic violence incident. The presence of firearms often increases the lethality of attacks and expands the number of victims. Abusers intent on killing an intimate partner, especially if they use a gun, often also target other people who happen to be on the scene.

For these reasons, along with a general concern for client safety and the safety of children in shelter, firearms are prohibited on shelter property. Advocates should be comfortable discussing this rule with clients upon intake, and have a plan in place for the removal of firearms and other weapons that may be in the possession of clients. This is often done through partnerships with local law enforcement, who pickup and remove any weapons that clients may disclose during intake from the organization’s office.

Just because a client may be in possession of a weapon when they arrive for intake does not mean they should be barred from admittance into shelter. Initial intake should be a time when clients are notified of the ‘Big 4’ rules and given the opportunity to disclose and rid themselves of weapons. If a client discloses weapon possession but chooses not to rid themselves of the weapon in question, advocates should refer them to other community resources, and make it clear that no one in possession of a weapon may stay in shelter.

# Model Policy for Clients on Weapons and Violence

[ORGANIZATION] Shelter Policy for Clients- Weapons & Violence in Shelter

**It is the policy of [ORGANIZATION] that every resident, including children, has the right to live without threat of violence in any form.**

1. Physical, verbal, or emotional violence are not acceptable and will not be tolerated at [ORGANIZATION] shelter.
2. Advocates are available to assist you with non-violent alternatives to conflict and fighting.
3. No weapons are allowed on shelter property, advocates will be able to help you get rid of any weapons at intake.
4. If you are having trouble parenting without the use of physical force or threats, please talk to an advocate. The advocates are here to support your parenting and help you create plans and strategies for parenting that are effective and non-violent.

Any illegal or violent behavior or possession of weapons on shelter property will jeopardize your ability to stay here and may result in immediate dismissal from [ORGANIZATION]'s shelter program due to safety concerns for other residents, staff, and volunteers.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff Signature: \_\_\_\_\_

## ‘Big 4’ Rule #4- Substance Use in Shelter

While the state of Tennessee requires that shelters prohibit the use of illegal drugs and alcohol on shelter property, shelter staff come face to face with problems stemming from substance use every day. Survivors may turn to drugs and alcohol to cope with the abuse and pain or they may be forced to use by their abuser. According to the CDC between 40-60% of victims of domestic violence and sexual assault who are seeking services report a substance use problem and more than 90% of addicts seeking treatment report being sexually assaulted at some point in their life.

Determining when substance use is problematic can be challenging, especially when considering that the level of use may fluctuate as survivors attempt to cope with the violence they experience. Advocates should ask survivors what they need from the program and focus on meeting survivors’ needs as they identify them. This means being open to discussing substance abuse concerns and identifying community resources that can help clients address those concerns.

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*Note that substance use is prohibited on shelter property, but survivors who use substances are not. Survivors who struggle with addiction deserve resources and safety as much as any other survivor.*

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**More on substance abuse and use in shelter starts on page 58!**

### Safety Planning and Harm Reduction with Survivors Who Struggle with Substance Use:

For more on safety planning with survivors who may have substance use concerns, see page 64.

Shelters practice *harm reduction* by providing safe shelter, food and support for survivors who have experienced violence, whether or not they ultimately decide to leave their abuser. **This lets survivors know that they have support no matter what.** Shelters should also assure victims that they will be supported and receive services regardless of past or present substance use.

Harm reduction principles allow survivors to feel safer, which minimizes the risk for increased substance use or relapse. An important piece of safety planning with survivors who have histories of substance use is developing a relapse prevention plan. This includes assuring survivors that they will continue receiving connection and support even after a relapse.

# **Model Policies & Procedures on Substance Use**

## **Alcohol & Drug Policy for Clients**

[ORGANIZATION] Shelter Policy for Clients- Alcohol & Drugs

While illegal drugs and alcohol are not permitted on shelter property, [ORGANIZATION] recognizes the direct link between substance use and domestic violence. We offer a non-judgmental approach that attempts to meet clients “where they are” with their substance use and sobriety.

[ORGANIZATION] does not deny services to survivors who are struggling with sobriety, we try to give opportunities for clients to minimize the harm associated with substance abuse and increase their personal safety.

It is the policy of [ORGANIZATION] that every shelter resident has the right to a healthy, sober, and drug free environment:

1. Alcohol and illegal drugs are not permitted on shelter property
2. Some residents in shelter struggle with substance use. [ORGANIZATION] is here to support them in their recovery while giving them a safe place free from abuse.
3. Residents with histories of substance use can work with [ORGANIZATION] staff to make a plan for remaining sober. Staff will support recovering residents in a respectful, non-judgmental way. Please let us know if you would like support for substance use recovery.
4. Individual lockers are provided for each person to lock up prescribed and over the counter medications. This is for the resident’s privacy as well as safety of other residents and children.

## **Alcohol & Drug Policies and Procedures for Staff**

*Adapted from the Stella Project, a project to reduce barriers for women experiencing violence who use substances.*

### **Key Points:**

- Substance use often enables survivors to cope with their experiences of violence and with the effects of violence on their levels of mental wellness.
- Not all substance use is problematic
- Any behavior that is offensive or disruptive, whether related to varying levels of mental wellness and/or substance use or not, will be addressed. However, exiting clients from shelter is not the only, or best, way to address substance use.
- Negative language such as “junkie”, “alkie” or “addict” are unacceptable ways to refer to survivors.
- All prescription medications should be safely stored to be accessed only by the individual client, such as in lockers or closet safes.
- The state of Tennessee requires no illegal drugs or alcohol to be present on shelter property. However, a client returning to shelter under the influence is not a violation of this rule.

### **During Intake:**

Important things to remember when talking to survivors about substance use:

1. Ensure privacy. Children should not be present.
2. Let the survivor know why you are asking the questions that you are, what you will do with that information and who will have access to that information. Remember if they have children they may be afraid that information will be used against them by their abuser and/or child protective agencies.
3. Ask questions in a conversational, respectful, non-judgmental manner.
4. Assure the survivor that their level of substance use will not impact their access to [ORGANIZATION] services.
5. Let them know that there are rules and boundaries around substance possession in the house and that these rules apply to all residents.
6. Let the survivor know that substance use often fluctuates as a result of violence.
7. Give clients the opportunity to disclose any illegal substance or alcohol possession, so that the substances may be disposed of. This disclosure is not grounds to refuse services.
8. If clients do not disclose substance possession it is the policy of [ORGANIZATION] to assume the client is not in possession of any illegal substances or alcohol.
9. If the survivor has questions about the program, answer them openly and honestly:
  - a. If the survivor has concerns about living with other people who have varying levels of substance use, explain that changes in these areas are a normal response for individuals who have experienced violence. Let them know that the program staff are there to support them and to help them feel safe.
  - b. Staff are available to talk to and plan how best to support them as they cut back/curb their use of substances. Tell them that survivors often find their levels



of substance use are affected by violence. You may also refer them to local substance use supportive services.

### **Record Keeping:**

Advocates should not record information about a survivor's substance use in their client file. Remember that anything you record may be subpoenaed and the information could negatively impact clients if abusers are able to get hold of it.

Before asking for or recording any information about a survivor, ask yourself:

- What is the purpose of collecting or recording the information? How will it improve your services?
- What will you do with the information?
- Could the information be harmful to the client?
  - Will it have an impact access to services (yours or others)?
  - Could it be used against them in legal settings?
  - How could an unsympathetic third party interpret the information?

### **Survivors with Children**

Many people see individuals with varying levels of substance use as incapable of parenting, let alone parenting well. However, levels of substance use do not make someone a bad parent. Most parents prioritize their children's safety, even over their own. Fear of Child Welfare Agencies can further negatively affect a survivor's level of substance use, and make them less likely to disclose or seek help for substance use.

Advocates and researchers are finding that one of the more effective ways to protect and support children, is to protect and support their non-offending caretakers.

- Provide a safe, open environment where survivors can talk openly about the effects of violence on their life.
- Help them plan for how they can support their children if they are experiencing violence or substance use.
- Find out what you can do to support a survivor in their parenting:
  - How are they feeling about things with their children?
  - What supports does the survivor have in place for their parenting?
  - What might help them with parenting?

\*If you genuinely feel that the survivor is unable to care for their children safely, is neglecting, or abusing the children, follow [ORGANIZATION]'s policy for reporting abuse or neglect.

### **Making Effective Referrals**

- What areas of concern are most important to the survivor.
- What supports or services does the survivor think would be helpful right now? What are they not looking for?
- Are they accessing any other supports right now? Are they helpful? How could things improve? If not, what has kept them from accessing support?
- What kinds of supports have they found helpful in the past? And unhelpful?

**Substance Use Resources Available for [ORGANIZATION] Clients\*:**

*\*Please fill in those resources which are available in your community, and the contact information.*

- Detox or withdrawal management
- Daytox or stabilization groups
- Outpatient treatment
- Intensive non-residential treatment
- Residential treatment
- Supportive recovery services
- Street outreach programs/Needle exchange programs
- Methadone treatment
- Safe, supported housing
- Integrated trauma and substance use treatment programs

*(Substance use support services identified by Tessa Parks in Freedom from Violence: Tools for Working with Trauma, Mental Health, and Substance Use.)*

## **Resources:**

### **Rules Reduction Resources:**

Thoughtful Documentation, Missouri Coalition, <https://www.mocadsv.org/FileStream.aspx?FileID=10>

NNEDV Templates and Toolkits collection, <https://nnedv.org/transitional-housing-toolkit/>

Arizona Domestic Violence Service Standards, <http://www.azcadv.org/azcadv2014wp/wp-content/uploads/2014/06/Service-Standards.pdf>

Washington State Coalition, <https://wscadv.org/resources/running-a-shelter/>

Trauma-informed, United States Department of Justice, <https://www.justice.gov/ovw/blog/trauma-informed-what-it-means-survivors-domestic-violence-and-sexual-assault-0>

Trauma-informed Services Exploratory Project:

<http://mncasa.org/assets/PDFs/TI%20Project%20Overview.pdf>

<http://mncasa.org/assets/PDFs/TI%20Project%20Exec%20Summary.pdf>

### **Confidentiality Resources:**

Victim Confidentiality Considerations For Domestic Violence and Sexual Assault Programs When Responding to Rare or Emergency Situations, The Confidentiality Institute and National Network to End Domestic Violence, 2010

Confidentiality Institute <http://www.confidentialityinstitute.org/servicespackages.html>

HIPAA, VAWA, & FVPSA: Different Laws, Different Purposes – NNEDV

<http://www.hhs.gov/hipaa/for-professionals/privacy/>

<http://tools.nnedv.org/faq/faq-flc/flc-hippa>

<https://nnedv.org/?mdocs-file=688>

<https://www.tn.gov/finance/office-of-criminal-justice-programs/ocjp/ocjp-grants-manual/redirect-fund-source-chapters/fund-source-chapters/fvpsa.html>

[http://www.acf.hhs.gov/sites/default/files/fysb/fvpsa\\_admin\\_guide\\_20121119\\_0.pdf](http://www.acf.hhs.gov/sites/default/files/fysb/fvpsa_admin_guide_20121119_0.pdf)

### **Violence and Weapons Resources:**

Model Rights & Responsibilities, Washington State Coalition Against Domestic Violence, <http://wscadv.org/wp-content/uploads/2015/06/Model-Policy-on-Shelter-Rules.pdf>

Shelter Standards and Regulations, End VAW, <http://www.endvawnow.org/en/articles/1391-standards-and-regulations.html?next=1392>

12 Facts That Show How Guns Make Domestic Violence Even Deadlier, The Trace, 2016; <https://www.thetrace.org/2016/08/15-facts-that-show-how-guns-make-domestic-violence-even-deadlier/>

Facts Sheets on Guns and Domestic Violence, Futures without Violence, [https://www.futureswithoutviolence.org/userfiles/file/Children\\_and\\_Families/Guns.pdf](https://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Guns.pdf)

### **Substance Use Resources:**

Power and Control Model for Substance Abuse via NNEDV  
<http://www.ncdsv.org/images/WomensSubAbusewheelNOSHADING.pdf>

Perinatal Partnership Against Domestic Violence, Bland, P., Washington State Department of Health, & Washington State Coalition Against Domestic Violence, 2001  
Freedom from Violence: Tools for Working with Trauma, Mental Health and Substance Use; Tessa Parks, 2007, <http://endingviolence.org/publications/freedom-from-violence-tools-for-working-with-trauma-mental-health-and-substance-use/>

Substance Use/Abuse in the Context of Domestic Violence, Sexual Assault, and Trauma, Bland & Edmund, 2014, [http://nationalcenterdvtraumamh.org/wp-content/uploads/2015/10/NCDVTMH\\_PatriciaBland\\_DebiEdmund\\_SubstanceUseDVSATraumaCurriculum.pdf](http://nationalcenterdvtraumamh.org/wp-content/uploads/2015/10/NCDVTMH_PatriciaBland_DebiEdmund_SubstanceUseDVSATraumaCurriculum.pdf)

The Stella Project, <https://avaproject.org.uk/wp-content/uploads/2016/08/Stella-Project-Toolkit-2007.pdf>

Reducing Barriers to Support for Women Fleeing Violence, Payne & Clifford, <http://endvaw.ca/wp-content/uploads/2016/05/Reducing-Barriers-to-Support-for-Women-Fleeing-Violence-A-Toolkit-for-Supporting-Women-with-Varying-Levels-of-Mental-Wellness-and-Substance-Use-BCSTH-2011.pdf>

# Intake Policies

The Rules of the Department of Finance and Administration, Chapter 0620-3-6, Family Violence Shelter Standards lay out the following written policies and procedures which domestic violence shelters receiving state or federal funding must have in place:

- A written non-discrimination policy with regard to sex, race, religion, sexual preference, national origin, disability, age or marital status in administering the program and in determining eligibility for the provision of service.
- An intake packet to include at minimum:
  - House rules ('The Big 4')
    - Confidentiality
      - This includes confidentiality of location, records and documentation, and services
    - Prohibition of weapons
    - Prohibition of violence
    - Prohibition of alcohol and illegal drugs on shelter property
  - A written policy regarding intake procedures including
    - A written policy which established 24 hour immediate access to staff or a trained volunteer
    - Eligibility of Services
    - Needs assessment and safety planning
    - An explanation of services available and how those services are accessed
  - A written statement of rights and responsibilities
  - Reason and process for termination from program
  - Program length of stay, availability of extension, and the process for re-entry to program
  - Policy and procedures for child and elder abuse reporting
    - Regarding and requiring reporting of child abuse to the Department of Children's Services.
  - Grievance procedures.
- A written plan for fire and tornado evacuation
- A written policy concerning the security of resident's belongings

- A written policy for utilization of a telephone by residents
- A written policy and procedure for emergency and routine medical needs of residents
- The following policies related to children:
  - A written policy concerning the educational plan for children in the shelter
  - A written policy concerning non-violent discipline to be practiced by staff and residents alike
  - A written policy regarding child care
  - A written policy regarding the rights and responsibilities of children and an orientation of these children, where age appropriate, to these rights and responsibilities

**You can view the Family Violence Shelter Standards here-**

<http://publications.tnsosfiles.com/rules/0620/0620-03/0620-03-06.pdf>

On the following pages you will find model versions of each of these required documents, with exception of the ‘Big 4 Rules’ which are located in the previous chapter beginning on page 148. Please feel free to copy and use the documents as they are, or adapt them to the needs of your agency. In the event that you do adapt the

documents, please refer to the Family Violence Shelter Standards so that you can be sure your adapted document meets all of the guidelines laid out in the Standards.

## **Model Policies for Inclusion and Non-Discrimination**

### **Sample Anti-Discrimination Policy for Clients:**

[PROGRAM NAME] is committed to providing the best possible services to all violence survivors regardless of actual or perceived race, sexual orientation, gender, gender identity or expression, religion, national origin, age, and disability, as well as to others from diverse backgrounds. All survivors receiving services at [ORGANIZATION] shall receive fair and equal treatment, without bias, and shall be treated in a professional manner.

I understand that [AGENCY] welcomes and serves all survivors of violence who access services, including lesbian, gay, bisexual, and transgender individuals, and those of other genders, sexual orientations, cultures, and religions. I have a responsibility to be respectful of the other program participants and staff and I have the right to be treated respectfully. I understand that any oppressive or abusive language or actions from staff or residents are not acceptable. If I have questions about this policy, I can ask a staff member to explain it to me.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## **Transgender Identification and Support Policies**

### *For Employees*

[ORGANIZATION] recognizes that transgender employees may face additional challenges in the workplace. Affirming our commitment to an inclusive environment, embracing of the diversity of our staff, [ORGANIZATION] seeks to ensure that employees who are currently transitioning or who have already undergone gender transitions are treated in an equal and respectful manner.

Transgender employees are encouraged to dress consistently with their gender identity and should be addressed with the pronouns relevant to the gender with which they identify. Additionally, as [ORGANIZATION] respects all employees' right to privacy, transgender employees shall not be subject to unwanted questions regarding their status, medical history, or sexual orientation.

### *For Service Users*

As part of its commitment to provide services to those in need without discrimination or harassment, [ORGANIZATION] promotes an environment that is accepting and encouraging to transgender service users. Service users identifying as transgender shall receive support and accommodation from [ORGANIZATION] in determining their needs. Pronouns used and clothing provided shall reflect the gender with which the survivor identifies, and confidentiality shall be respected in regards to disclosures concerning transgender status, medical history and sexual orientation.

*(FVPSA Model LGBTQ Anti-harassment Policies, LA Gay & Lesbian Center; Virginia Anti-Violence Project Model Policies; The Network/La Red)*



## **Model Policy on 24-Hour Access to Staff**

*Tennessee Family Violence Shelter Standards*

*0620-3-6-.04 Minimum Standards for Family Violence Shelters*

*(3)(b) A shelter program must have a written policy which establishes 24 hour immediate access to staff or trained volunteers. This access may include an individual on the premises or on-call. This access must be available to residents in shelters, safe homes, or commercial lodging. This policy must be made available to all residents.*

### **Shelter Client Policy- 24 Hour Access to Staff**

All clients of [ORGANIZATION] may speak to a staff member at any time. Staff members are available in person in [ORGANIZATION]'s shelter during [HOURS] as well as in our main office during [HOURS], you may reach the office during these hours at [PHONE NUMBER]. [ORGANIZATION] also maintains a 24 hour hotline where clients may reach one of our staff at any time of day or night. The number for the hotline is [NUMBER].

## Model Policies on Eligibility of Services

### Definitions:

**Client Program Completion** – When a client has ‘completed’ or ‘graduated from’ an advocacy program. This may take days, weeks, or months, and is a survivor led process that will look different for each client. Completion may include finding long-term safe housing, completion of criminal justice procedures, or any other milestone that a client determines as an end to their need for shelter and/or supportive services.

**Client Requested Re-housing** – When, during the course of receiving services, a client determines or agrees that they would be better served by moving to another shelter or advocacy program. The reasons for this may be related to safety and security, job opportunities, the location of family and other resources, or simply seeking an agency that better fits their needs.

**Client Initiated Departure** – When the client has reached the initial minimum time limit within a shelter program, and it is determined through an impartial review of the client’s time in shelter that they have chosen not to take steps to meet the goals that they identified through the needs assessment process with an advocate; therefore a time extension will not be granted.

**Involuntary Termination** – When a client has knowingly and deliberately compromised the safety of the shelter program- such as through violence, threats of violence, or bringing a weapon into shelter; or when a client places other residents in danger through a breach of their confidentiality.

### To receive shelter services, an individual (victim) must:

A) Customarily reside in a household with the perpetrator. This means the place where, in the settled routine of an individual's life, they regularly or normally live is shared with their abuser.

OR

B) Be a victim of sexual assault, violence or harassment, including stalking, where the client’s customary residence has been made unsafe for them to continue living.

Note that having temporarily fled abuse into homelessness or temporarily staying with a loved one to flee abuse does not alter the client’s customary residence. Customary residence changes upon receipt of long-term safe housing. This means they are still eligible for shelter services.

Shelter clients should be individuals who have had their welfare put at risk by a perpetrator, OR who can state that they have experienced some form of domestic abuse at the hands of their partner or a family member. This includes physical, sexual, emotional, verbal, financial, and other forms of abuse including threats of violence.

If a potential client does not know if they have experienced domestic violence advocates should walk them through what domestic violence is and examples of types of domestic violence. For examples, see the *Power and Control Wheel* on page 182.

Individuals are eligible for services if they meet the above requirements and are adults eighteen years of age or older, or are emancipated minors, or are minor children or dependents of the eligible individual.

***These services are provided regardless of race, color, religion, sex, age, perceived or actual sexual orientation, gender identity or gender expression, marital status, national origin, or disability.***  
(Adapted from *Tennessee Family Violence Shelter Standards*)

### **Lethality Assessments.**

Lethality Assessments are tools used in the assessment or evaluation **of a victim's level of risk of violence or death.** Lethality Assessments can be a useful tool in helping clients to understand their risk, and as a safety planning tool. However, they should not be the sole criteria for determining eligibility of shelter services.

Many law enforcement agencies and domestic violence shelters across Tennessee are partnering to implement the Maryland Model Lethality Assessment Program (LAP) for First Responders. This is an excellent tool to both help law enforcement agencies better assess the potential danger posed to a victim

You can learn more about the Maryland Model LAP here-

[http://mnadv.org/mnadvWeb/wp-content/uploads/2011/10/LAP\\_Info\\_Packet--as\\_of\\_12-8-10.pdf](http://mnadv.org/mnadvWeb/wp-content/uploads/2011/10/LAP_Info_Packet--as_of_12-8-10.pdf)

in a domestic violence situation, and to foster greater collaboration between law enforcement and the shelters which serve their communities. All efforts should be made to shelter victims referred from law enforcement who have scored high on the LAP, due to the seriousness of the potential danger they face. **However, this particular tool is designed to be used by law**

**enforcement to assess victims and should never be used as a tool for shelters to 'screen out' clients who do not score 'high enough' on the LAP.**

### **Screening In.**

In the past, many shelters created arbitrary criteria in an effort to establish a metric for determining which clients are most worthy of shelter services. Those who did not meet these criteria were screened out of services, leaving many vulnerable victims without safe housing and advocacy because they did not meet the agency's definition of a victim.

Studies of trauma tell us that many survivors of domestic and sexual violence do not act in stereotypically 'victimized' manners; they may be calm or even jovial, and their narratives of the abuse are often non-linear. Research has long shown that domestic and sexual violence are vastly under-reported crimes, so relying on a referral from law enforcement or a police report to determine eligibility is detrimental to many thousands of survivors seeking services each year.

Survivors may not identify themselves as being 'in fear of', 'in danger from', or 'abused by' their perpetrator despite the fact that outside observers might easily identify their situation as one of power and control. Many victims of intimate partner violence have very complex emotions about their partner, including love. Some survivors have a very difficult time believing that a loved one might kill them, despite experiencing violence in the past. Labeling what they have experienced as 'abuse' is also

difficult for many survivors, particularly those raised in households or communities where violence was normalized or treated as private, or for male victims who were socialized to believe that men cannot be 'abused'. Survivors may have also grown 'numb' to the fear of violence over time, so criteria that include questions about 'fear' are often screening out survivors who truly need shelter services.

Shelters should use the guidelines provided within the eligibility requirements above to screen clients into shelter, with the understanding that people who have experienced these types of violence have many ways of naming and expressing their experiences. Helping clients to understand the different ways that power, control, and violence manifest in relationships allows agencies to be more successful in providing services to survivors of all forms of domestic violence.

A tool for screening and assessment can be found on page 50.



### **Client Requested Re-housing- Referring Between Shelters.**

You may need to refer a survivor to a different shelter for any number of reasons, including lack of bed space, concerns about survivor safety or confidentiality, the survivor's wish to relocate for safety, job, or to be closer to family, or even to simply find an agency that better fits their needs. Advocates should make every effort to locate an alternate shelter for these survivors, rather than simply passing along a list of phone numbers to survivors.

- Identify other shelters in your service area or in the area the client wants to relocate to.
- Contact the shelter office or hotline and identify yourself as an advocate working with your agency.
- If you do not have a release of information you can still share some information with the agency to determine a fit, such as 'Female client with three children ages 5, 7, and 11' or 'Male client who needs wheel chair accessibility', without compromising their confidentiality.
- If possible call with the survivor in the room or on the line. For example:
  - This is Mary, an Advocate with Shelter. I am trying to help a survivor find space in another shelter because we are full/we have concerns about the survivor's safety if s/he stays in the area/etc.
  - The survivor is a woman with 2 children ages 2 and 4
  - Do you have any space available for her starting tonight?
  - Wonderful! I have the client on the line/in the room, I am going to let you speak with her.
- The shelter you are referring to may ask to speak privately with the client, advocates should always facilitate these private conversations to the extent possible.

If another agency is contacting you seeking shelter or services for a survivor, you should:

- Take their request in good faith; remember that we are all trying to help. Never assume that a shelter is trying to 'pass along a bad client'.
- Cooperate with the advocate who is calling as much as possible. If you do not have space available let them know, if space is available ask to speak with the client, or arrange for the client to call you as soon as possible.

If a client is involuntarily terminated from shelter due to issues of safety, security, or violence in shelter, advocates are under no obligation to secure alternative domestic violence shelter housing, particularly if these same safety concerns would continue in the new shelter location. Advocates should offer these clients a resource list, including homelessness resources, and other holistic community resources.

## Power & Control Wheel



## **Model Policy on Assessment & Planning**

An assessment should be completed as soon as possible after intake (which should be completed within 48-72 hours after entrance into shelter). This assessment can inform the supports a client will need for their continued safety, help advocates to more comprehensively safety plan with the client, and help clients name their goals and achieve the goals they set during their time working with [ORGANIZATION].

Advocates should meet with the client to create a service plan and safety plan within two days of completing the needs assessment.

Advocates should meet with clients to review the assessment and service plan weekly, or as often as the client requests. Ideally, these documents should be reviewed any time significant change occurs in the client's circumstances. Safety plans should also be reviewed periodically, and should always be updated to reflect changed in the client's life and circumstances.

### **Assessment**

The following categories should be covered through dialogue with a survivor, which can facilitate identification of risk factors and needs. Some issues are of greater immediate priority (for example, safety of survivors and children, child custody issues, contact with perpetrator). Other issues may be left until later meetings with the advocate, if it is more appropriate or if the client is uncomfortable.

#### **Safety**

- Actual and potential contact with the abuser?
- Safety at home/shelter- does the client feel safe? What could improve the client's safety?
- Safety outside the home- work, school, shopping, doctor's appointments, etc.
  - What steps has the client taken, what steps can they still take? (changing routes and schedules, informing trusted allies of the situation)
- Technology safety- what steps has the client taken? What steps can they still take?

#### **Access to Support Systems**

- Does the client have any contact with friends and family? Are they safe or unsafe to confide in?
- Are there individuals the client was isolated from by the abuser that they would like to reach back out to?
- Are there other contacts or allies that the client can reach out to? (neighbors, colleagues, faith communities)
- Does the client have any concerns about loneliness/lack of support or contact with peers?
- Are there support groups and/or interest groups available where the client could seek contact and interaction of peers?

## **Physical Health**

- Does the client have medical insurance?
- Does the client have regular contact with medical professionals? (obgyn, specialist, etc.) When was the last time they had a routine physical?
- Does the client have any injuries related to the abuse that they need attention for?
- Does the client have any other ongoing health concerns?
- Does the client have needs arising from a disability or other chronic illness?
- Other physical health concerns?

## **Mental and Emotional Health**

- Is the client experiencing depression, anxiety, disturbed sleep, self-harming behavior, or suicidal thoughts?
- Does the client wish to speak to a counselor or therapist to talk about their experiences?
- How do they cope with stress day-to-day?
- Some survivors of abuse use alcohol or drugs to help with pain, depression, stress or anxiety. This is a coping skill that has helped them survive, and survivors will not be judged, blamed, or denied services if they have used these coping skills. Is this something the client has used or experienced? Would they like referrals or support related to substance use?
- Are there other emotional or mental health concerns they would like to address?

## **Housing**

- Does the client have any current housing on which they are listed on the lease or housing contract?
- Do they have other long term issues, such as owed rent or utilities, which could prevent them from leasing in the future?
- What type of housing options is the client interested in? How many people would be living with them, is there a location they have in mind?
- How can they apply for housing assistance?

## **Legal Issues**

- Has the client filed a police report, or do they want to?
- What is the current status of any criminal charges?
- Has the client filed an order of protection or do they want to?
- Does the client have an attorney?
- Does the client need assistance with divorce or child custody? Is there a custody agreement in place?
- Does the client need assistance with immigration issues?
- Are there other legal issues the client has concerns about?

## **Financial**

- Does the client have any current income?

- Do they have a banking account separate from the abuser, or are they sharing an account with the abuser?
- Do they need a banking account?
- Do they need help planning a budget?
- Do they need dept counseling?
- Do they need help applying for social assistance like welfare or disability?
- Are there other financial concerns the client has?

### **Children**

- Does the client have or need to set up child custody or contact arrangements?
- Does the client have any concerns about the child's safety?
- Has the client made reports to DCS or do they need to?
- Do they have concerns about the child's physical or emotional health?
- Educational needs?
- Behavioral issues?
- Does the client need parenting support or classes?
- Does the client need support with non-violent discipline?
- Do they have other needs or concerns related to the client?

### **Employment, Education, & Training**

- Is the client currently employed or going to school? Do they want to be?
- Has their work or school been informed of the situation? Are there safety measures in place?
- Are there problems related to the abuse (need for time off, missing deadlines/tests, etc)
- Is the client interested in occupational training, job skills, help creating a resume, or working with a temp agency?
- Are there other work or study needs?

### **Interests**

- Does the client have any particular hobbies or interests they enjoy or would like to explore?
- Are there barriers to pursuing these interests? (money, travel, time)
- Other issues or desires related to hobbies and interests?

**Are there other issues or concerns the client has about their goals, future, or shelter life?**



Sample Service & Goal Plan

\_\_\_\_\_ 's Top Concerns from Needs Assessment  
Name

_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
----------------------------------	----------------------------------	----------------------------------	----------------------------------



Long Term Goals (Based on Concerns)

Steps to Take (Short Term Goals)	Complete by Date	Done By
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate



Steps to Take (Short Term Goals)	Complete by Date	Done By
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate



Steps to Take (Short Term Goals)	Complete by Date	Done By
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate

My advocate and I will meet  twice a week  weekly  as needed to work on my goal plan.

The Main Things I need from my advocate and the shelter are:

## Model Explanation of Services

The *Tennessee Rules Of Department Of Finance And Administration Chapter 0620-3-6 Family Violence Shelter Standards*, under section 0620-3-6-.07 Program Administration, requires each program to have written rules, regulations and statement of rights which are given to shelter residents and made available to non-residents as appropriate as part of the intake process. These should include an explanation of services available.

While each agency across Tennessee offers slightly different services, and offers those services in ways that are unique to their communities, the Family Violence Shelter Standards identify eight core services that must be provided for survivor in a program that receives state or federal funding. These requirements are echoed in the Family Violence Prevention Services Act (FVPSA) that identifies those same core services and adds a ninth service to this core components list.

These required core services are a good place to start when organizations begin to construct their Explanation of Services Form.

What follows is a list of those nine core components as well as a brief description of each, which can serve as a basis for agencies to create their own document. You will find clarification guidance about these core services in the Family Violence Shelter Standards under section 0620-3-6-.05 *Minimum Requirements for Shelter Services* as well as the Tennessee Office of Criminal Justice Program Grants Manual in the *Funding Source Chapter FVPSA*.

### Explanation of Services

#### Safe Confidential Shelter

[ORGANIZATION] maintains a shelter facility to provide safe, temporary housing to victims of domestic violence. [ORGANIZATION] has policies and procedures in place to maintain the confidentiality of the shelter's location and to the best of our ability maintain a location where residents are safe from violence.

#### 24 Hour Crisis Hotline

[ORGANIZATION] maintains a 24 hour hotline to allow survivors and clients to speak to an [ORGANIZATION] staff member and access referrals at any time. The phone number for this hotline is [NUMBER].

#### Counseling

[ORGANIZATION] offers the following counseling services-

- crisis intervention
- support counseling
- information sharing on domestic violence dynamics and other related issues
- individual planning to include assessment, goal and resource development, and evaluation
- safety planning

[ORGANIZATION] clients are welcome to speak to an advocate at any time about receiving one of more of these services. These services are not related to therapy as provided through a mental health provider. Clients who are interested in therapy in addition to counseling as part of their plan of service can speak to an advocate to be referred to mental health services within the community

### Advocacy

[ORGANIZATION] offers a variety of advocacy services including referrals to community resources, facilitating client's access to [ORGANIZATION] services, providing accompaniment and support to court, medical, law enforcement, and legal appointments related to the violence they have experienced, and assisting clients with goals including housing and employment. Clients as well as their children and dependents may access these services at any time.

### Transportation

“This service may be provided by the most appropriate means for the area. Transportation arrangements may be provided by staff or volunteers in personal vehicles, commercial vehicles such as bus or cab, by local law enforcement officials, or by human service agency representatives. The client is encouraged to provide or arrange for transportation service when possible.” Via *Tennessee Family Violence Shelter Standards*

### Community Education

[ORGANIZATION] provides public awareness resources, speakers, and community training focused on informing the community of the services available through [ORGANIZATION] and educating the community on the issues of family violence.

### Referral

[ORGANIZATION] staff are available to provide referrals to community resources that may offer important assistance or services to survivors, including medical, legal, educational, housing, mental health, employment, rehabilitation, and childcare organizations.

### Follow-Up

“Follow-up service is specifically designed for individuals who have been residents of a shelter, safe home or commercial lodging. Follow-up services may include any of the core services to assist in stabilizing the victim's circumstances. Continued involvement of the program, type of follow-up service, and length of time available shall be determined by the client whenever possible or appropriate.” Via *Tennessee Family Violence Shelter Standards*

### Specialized Services to Children and to Underserved Populations

“Accessibility is a broad requirement that warrants consideration in many situations, including, but not limited to, sheltering adolescents with their abused parent or guardian and offering all core services; offering shelter and all core services to victims irrespective of citizenship or limited English; accommodating victims with

disabilities whether mental or physical, and creating a welcoming environment for LGBTQ victims.”  
Tennessee Office of Criminal Justice Program Grants Manual, *Funding Source Chapter FVPSA*

**Resources:**

Tennessee Family Violence Shelter Standards- <http://publications.tnsosfiles.com/rules/0620/0620-03/0620-03-06.pdf>

Tennessee Office of Criminal Justice Program Grants Manual, Funding Source Chapter FVPSA-  
<https://www.tn.gov/finance/office-of-criminal-justice-programs/ocjp/ocjp-grants-manual/redirect-fund-source-chapters/fund-source-chapters/fvpsa.html>

## **Rights & Responsibilities**

Including a statement of rights and responsibilities in your agency's shelter intake packet can be helpful in clarifying a client's expectations and setting a positive tone for communal living. Many survivors enter shelter without knowing what to expect out of shelter living and what is expected of them, or having a very skewed perception of shelter life based on negative stereotypes. Advocates can help to dispel these stereotypes and ease clients' uncertainty by being open and honest about both the challenges of shelter living and those behaviors that make communal living easier.

Clarifying our expectations of clients' behaviors in an open and straightforward way, while also reminding clients that they have the right to expect to be treated with respect and dignity, is an important step in equipping survivors to navigate shelter life. This type of open and clear communication also cultivates a positive emotional and social environment within the shelter, and between residents and staff.

Creating a culture within shelter where clients have the right to receive respect and non-violence gives survivors the opportunity to embrace these rights in every facet of their lives, and empowers them to speak out when they are experiencing violence, disrespect, and discrimination. Clarifying resident rights and responsibilities upfront also gives advocates an opening to have difficult conversations with residents when any number of conflicts arise from communal living. Rights and responsibilities are not a 'three strikes' system used to exit clients from shelter (as prohibitive lists of 'Shelter Rules' have been in the past) but rather a way to encourage respect, conversation, empowerment, and cooperation.

### **Sample Statement of Rights and Responsibilities for Shelter Living**

You have the right to be treated with respect and dignity by staff, volunteers and other shelter residents. You have the responsibility to grant that same respect to other residents and staff.

You have the right to receive all [ORGANIZATION] services for which you are eligible; this includes goal planning and advocacy services.

You have the right to receive timely accommodations to reasonable requests made to [ORGANIZATION] staff regarding your physical and emotional safety, privacy, access to services, and mobility.

You have the right to receive referrals to useful community resources and other victim's services programs as needed, even if you are not residing in shelter or actively participating in services offered by [ORGANIZATION].

If you do not feel that [ORGANIZATION]'s shelter or other services are a good fit for you, you have the right to be referred to other programs which may be more appropriate to your needs.

You have the right to an environment that is safe, accessible, and free from abuse, violence, weapons, and illegal activity.

You have a right to be treated in an ethical manner, and to be free from discrimination on the basis of national origin, religion, race, color, gender identity, disability status, or sexual orientation by everyone who lives and works here, just as you have the responsibility not to discriminate against others.

You have the right to access [ORGANIZATION]'s Grievance Procedure at any time if you feel that you have experienced abuse or discrimination at the hands of [ORGANIZATION]'s staff or volunteers.

You have the right to self-determination. We are here to support you in making your own decisions. You have the right to manage your finances and set your own goals while you stay here.

Each family has the right to safety and privacy. Families also have the right to establish schedules that allow each member adequate rest, peaceful time, and time to complete schoolwork and family obligations. You have the responsibility to respect the comfort and peace of other residents.

Every resident has the right to a clean and physically safe environment. You have a responsibility to maintain your rooms in a manner that is sanitary, safe, and considerate of future residents. All of us together, including staff, have a responsibility to care for common areas of the shelter so that all residents have a safe and healthy physical environment.

The Shelter Program *may* ask you to leave if any of the following occur:

1. Violence or threats of violence towards staff or other residents.
2. Bringing alcohol or illegal drugs into the shelter.
3. Breaking another resident's confidentiality.
4. Bringing your abuser to the shelter.

If you are having trouble with the other responsibilities that relate to communal living, staff will work with you individually and in house-meetings to create a plan that works for you and facilitates harmonious group living.

For more examples, see *Model Rights and Responsibilities from the Washington State Coalition against Domestic Violence* <https://wscadv.org/wp-content/uploads/2015/06/Model-Rights-and-Responsibilities-for-Shelter-Residents.pdf>

## **Model Length of Stay, Exit, & Termination Policies**

### **Length of Stay and Extension Policy**

The average stay at our shelter is 45 days.

#### **This doesn't mean that after 45 days you are on your own.**

At your first advocacy or goal planning session, you will be given an exit date 45 days from your entrance into shelter. This date is not set in stone, and can be extended based on your situation. When your exit date is approaching, a shelter advocate will ask you to write a few sentences about why you would like a longer stay. Then our shelter advocates will review your case together, they will give you a notice of whether your stay is extended at least 7 days before your exit date. Each extension is for three weeks (21 days), and extensions are not limited in any way.

#### **Extensions are made on a case-by-case basis and your communication with us is vital!**

While we understand circumstances in which clients may want or need to leave shelter for a few days, if you leave shelter for more than a 48-hour period and have no contact with the staff, your bed will be given up. [ORGANIZATION] cannot hold your bed, unless we have communication with you.

### **Process for Re-entry to Program**

If you voluntarily exit the shelter program for any reason, including choosing not to extend your time, securing alternative housing, or even returning to your partner, you are welcome to return to the shelter at any time as long as-

1. You still meet shelter criteria
2. We have open space available (if space is not available, we will do our best to help you find a different shelter)

If you do re-enter shelter after ceasing all [ORGANIZATION] services, you will have to re-complete the intake process and associated paperwork.

You will not be welcome to return to [ORGANIZATION]'s shelter if:

1. You no longer meet the criteria for shelter (if this is the case, staff will still provide you resources for and referrals to appropriate agencies)
2. You have been terminated from the shelter involuntarily, such as for breaking one of the following rules:
  - a. Bringing a weapon into shelter
  - b. Committing a violent act in shelter
  - c. Compromising confidentiality
  - d. Using illegal drugs or alcohol on shelter property

## Sample Reasons and Process for Denial or Termination from Program

It is the policy of [ORGANIZATION] to provide comprehensive services to all victims of domestic violence. However, there may be times when it is appropriate to deny or terminate services. These procedures shall be a last resort after all other methods for service inclusion have failed, or when the safety or health of another client or staff has been compromised.

### Procedures

1. A denial of services occurs when the individual requesting program services is found to be inappropriate for services and therefore denied.
  - a. Denial of service must only be based upon no presence of domestic violence or sexual assault issues in the individual's life, a clear and present violation of the safety of [ORGANIZATION] clients, facility and/or staff, or a breach of confidentiality.
2. Involuntary termination of services occurs when [ORGANIZATION] discontinues current services to a client without their agreement.
  - a. Involuntary termination of services must only be based up a violation of the safety of [ORGANIZATION] clients, facility, and/or staff or a breach of confidentiality.
  - b. The individual shall receive, in writing and verbally, the decision, reason for termination, and their right to and process of appeal. *See Grievance Procedure.*
  - c. The knowledge and approval of the Executive Director shall be required for all involuntary terminations.
3. Denial or involuntary termination of services will not be based on an individual's race, age, sex, gender identity, ethnicity, national origin, marital status, sexual orientation, disability, or religion.
4. [ORGANIZATION] staff member shall attempt to provide alternative referrals to individuals who have been denied or terminated from services. Additionally, individuals should receive, in writing, all services available to facilitate the termination process.



## Model Client Grievance Procedures

### [ORGANIZATION] Client Grievance Procedure

*You have the right to be heard.*

We encourage residents to deal with conflicts directly with the people involved whenever possible. If you need help to resolve a conflict, staff is available to problem solve or mediate.

We want you to feel comfortable, have a quality service experience, and have your concerns heard. It is your responsibility to let the program manager know if you are having a conflict with a staff member, or if an issue arises with the services you are receiving at [ORGANIZATION]. If the problem is not resolved by speaking to the program manager, if you are not satisfied with the program manager's response, or if you do not feel comfortable speaking to the program manager, you may speak with our Executive Director.

If you are still not satisfied you may file a complaint (grievance).

If you feel you have been discriminated against or treated unfairly because of age, race, color, national origin, ethnicity, religious belief, physical or mental disability, gender, sexual orientation, or income level, or you are dissatisfied with any service you have received, you have the right to file a grievance. If the matter cannot be resolved by communicating with a trusted advocate or the program manager you may file a written complaint with the Executive Director. A written complaint is simply a written description of the issue you are experiencing, signed and dated by you. The Executive Director will respond to your complaint within 24 hours.

If a satisfactory resolution is not reached through the Executive Director, you may present the problem in writing to the Executive Committee of the Board of Directors, who will respond to the complaint in writing within 24 hours.

If you are not satisfied with the response of the Executive Committee, you may present a written complaint to the full Board of Directors who will either reject or affirm the decision of the Executive Committee in writing within 24 hours.

A copy of your complaint and all information relating to it, including supporting documents and any appeals, will be kept in your file. You will be given a clear explanation of any decisions related to your grievance in writing, including any action to be taken by [ORGANIZATION] staff.

Decisions as to the resolution of all grievances will be made based on [ORGANIZATION]'s written policies and procedures as well as state and federal law as it relates to shelter service requirements.

An advocate has explained the grievance process to me, and I understand the process.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

## Model Policy and Procedure for Staff Regarding Client Grievances

### Grievance Procedure

**Purpose:** To inform staff about the requirements and process for clients to file a grievance.

**Additional Authority:** Violence Against Women Act, Family Violence Prevention Services Act, Tennessee Family Violence Shelter Standards

**Responsible Party:** [ORGANIZATION] Executive Director

**Signature of Executive Director:** \_\_\_\_\_

### Policy

1. It is the policy of [ORGANIZATION] that every client has the right to file a complaint if they feel that they have not been treated fairly or if suspect they have been discriminated against.

### Procedure

1. At the initial contact with any client of [ORGANIZATION], the staff is to inform the client of our grievance procedure and the process for handling complaints.
  - a. If they feel they have been discriminated against or treated unfairly because of age, race, color, national origin, ethnicity, religious belief, physical or mental disability, gender, sexual orientation or income level, they have the right to file a grievance.
  - b. If they feel they have been discriminated against or are dissatisfied with any services of [ORGANIZATION], we encourage them to first discuss the matter with their advocate or the program/shelter manager. If the problem cannot be resolved, they may file a written complaint with the Executive Director.
  - c. The Executive Director will acknowledge the complaint within 24 hours.
  - d. If resolution is not reached through the Executive Director, the client may present the complaint to the Executive Committee of the Board of Directors who will respond to the complaint in writing within 24 hours.
  - e. If the client is not satisfied with the response of the Executive Committee they may present a written complaint to the full board that will either affirm or reject the decision of the Executive Committee within 24 hours.
  - f. A copy of all complaints and all information relating to it will be kept in the client's file. The client will be given a clear explanation of program policies and procedures relating to the action or lack of action regarding the complaint.
  - g. A copy of the complaint and all information relating to it, including supporting documents and any appeals, will be kept in the client's file. The client will be given a clear explanation of any decisions related to the grievance in writing, including any action to be taken by [ORGANIZATION] staff.
    - a. Decisions as to the resolution of all grievances will be made based on [ORGANIZATION]'s written policies and procedures as well as state and federal law as it relates to shelter service requirements.
2. A copy of the Client Grievance Procedure must be signed by each client stating that the procedure has been explained to them, and kept as part of their client file.

## **Model Policies on Safety, Security, and Medical Needs**

### **Tornado Plan**

In the event of a tornado, head to [DOWNSTAIRS OR BASEMENT AREA WITH NO WINDOWS] until all clear is given by an advocate. Please review the tornado plan posted in all rooms of the shelter.

### **Fire Plan**

In the event of a fire, please use the nearest fire exit, following the illuminated exit signs, and head to [MEETING PLACE AWAY FROM THE BUILDING]. Once you are out of the shelter, please do not reenter for any reason. Please review the fire plan and all fire exits located in all rooms of the shelter.

### **Security of Personal Items**

[ORGANIZATION] provides a “locked space” (locked box, locker, or locking cabinet) to each adult resident for the storage of medications and valuables. Each resident will be solely responsible for accessing their locked space; staff will never open or search this space while you are staying in shelter. [ORGANIZATION] requires all medications to be stored in this locked space unless accommodations have been agreed upon with staff.

[ORGANIZATION] urges residents to store any valuables in this locked space; [ORGANIZATION] is not responsible for any lost or stolen items. Should you leave behind any personal items when you exit shelter [ORGANIZATION] will hold these items for a maximum of ten (10) days in order to give you time to retrieve your items before they are disposed of.

If you have any questions about this policy or your locked space please see a staff member.

### **Policy on Routine Medical Needs in Shelter**

[ORGANIZATION] will work with shelter residents to arrange or secure transportation to doctor’s offices for medical appointments, and advocates will work with residents on securing needed medical treatment and referring to medical resources in the community.

For routine medical needs, some over the counter medications are available to clients. A small supply of Tylenol, aspirin and Children’s Tylenol will be in [LOCATION OUT OF REACH OF CHILDREN], secured with a childproof lock.

### **Shelter First Aid Supplies**

A first aid kit is available for resident use. It is located in [LOCATION OUT OF REACH OF CHILDREN]. It contains basic first aid and emergency supplies.

## **Medical Emergencies**

If you have a medical emergency and you need immediate help, you can call 911 or have an advocate call 911 for you.

If there is a medical emergency where an ambulance needs to be called on your behalf [ORGANIZATION] will attempt to protect your confidentiality to the extent possible. If you are conscious when the ambulance is called [ORGANIZATION] will defer to you to make any and all disclosures of need to the emergency personnel who respond.

If you are unconscious or unable to provide information to the medical personnel [ORGANIZATION] staff will only share information related to your immediate medical condition.

## **Model Shelter Policy on Medications**

*Adapted from the National Center on Domestic Violence, Trauma, and Mental Health Model Medication Policy for DV Shelters, 2011*

### **Purpose**

[ORGANIZATION] is committed to providing a safe, accessible, and trauma-informed environment for survivors of domestic violence and their children. In addition, the shelter acknowledges its ethical and legal obligations to serve survivors of domestic violence and their children without regard to disability status. To these ends, the shelter has adopted this medication policy. All staff and volunteers will receive training on and copies of this policy. Staff and volunteers are responsible for complying with the policy and for seeking guidance from a supervisor if they have any questions or concerns about the policy.

Authorized Official: [ORGANIZATION EXECUTIVE DIRECTOR]

Signature of Executive Director: \_\_\_\_\_

### **Policies**

#### **Advocacy Policy**

1. Staff and volunteers will not ask questions about survivors' or their children's mental health status, disability, or use of medications as part of the screening process.
2. Staff and volunteers will provide every survivor who is residing at the shelter with a copy of this medication policy and/or an explanation of the policy.
3. Staff and volunteers will offer every survivor information and advocacy related to mental health, disability, and medications.
  - a. At this shelter, we don't judge people or refuse services to people based on their mental health status.
  - b. This is a safe space to talk about any mental health needs survivors might have.
  - c. When people come to shelter, they sometimes have to leave important medications behind. If clients need help getting medications that they left behind, advocates will try to help.
4. Staff and volunteers will not make assumptions about the mental health status, disability, or use of medications by survivors or their children; instead, staff and volunteers will offer the same information and advocacy related to mental health, disability, and medications to every survivor.

## Model Policy on the Storage and Dispensation of Medications

1. The shelter seeks to afford shelter residents with the greatest possible privacy and autonomy, while also providing a safe shelter environment.
  - a. Staff and volunteers will not store or dispense medication or monitor how survivors access medications.
  - b. The shelter will provide every survivor with an individual locking box, locker, or locking cabinet (“locked space”) for storage of medications and valuables.
    - i. The Shelter will ensure locked spaces are mounted to the wall or bolted to the floor so they cannot be removed or stolen.
  - c. The shelter will not limit or monitor the survivor’s access to their locked space, such as by holding the key in the shelter office.
  - d. If a survivor indicates that they need access to refrigerated storage space, the shelter will provide refrigerated storage space in the manner that provides the greatest possible privacy and autonomy.
2. During a survivor’s stay at shelter, staff and volunteers will ask them to make sure that any medications they have are safety secured.
  - a. The shelter will ask every survivor to sign an agreement that she will store any medications in her individual locking box, locker, or locking cabinet provided, or if it is one requiring refrigeration, as otherwise provided.
  - b. The agreement will provide that survivors who have medications that must be taken in the event of a medical emergency may carry them on their person (e.g., in a fanny pack).
  - c. In the event that the survivor has concerns about signing the agreement, staff or volunteers will ask the survivor if an accommodation or change to the policy would allow them to comply. If the staff or volunteer and the survivor cannot find a reasonable accommodation to the policy and non-compliance poses a direct threat to the safety of the survivor or to others, the survivor may be asked to leave shelter.
    - i. A survivor will not be asked to leave shelter unless (1) their behavior or inability to follow this medication rule or policy poses a direct threat to themselves or other people, (2) there is no reasonable accommodation that would eliminate the direct threat, and (3) all possible and appropriate referrals are made to ensure the safety and well-being of the survivor and others.
3. Staff and volunteers will not provide advice about medications unless they are authorized by law and the shelter to do so.

## Sample Shelter Resident Medication Safety Agreement

Welcome to [ORGANIZATION] shelter. We are committed to providing you with the greatest possible privacy and autonomy during your shelter stay, while also providing a safe shelter environment for everyone.

We recognize that you or your children may have medications with you. If so, you must keep them secured during your stay. We will provide you with an individual locking box, locker, or locking cabinet (“locked space”) for storage of these medications. You are responsible for making sure that any medications belonging to you or your children are safety secured in this locking space at all times. You may also use the locked space to store other belongings.

If you have medications that must be taken in the event of a medical emergency, you may carry them on your person (e.g., in a fanny pack). You are responsible for keeping these medications out of the reach of children at all times.

If you have any questions or concerns about this policy, or if you need a change or accommodation to this policy, please alert a staff member before signing. We would be happy to work with you to find a reasonable accommodation

A staff member has discussed this agreement and the shelter medication policy with me. I understand and agree to this policy.

---

Name

---

Signature

---

Date

---

Staff Signature

The medication policies above were adapted from the National Center on Domestic Violence, Trauma, and Mental Health’s *Model medication policy for DV Shelters* that can be viewed here- <http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Model-Medication-Policy-for-DV-Shelters.pdf>

## Model Shelter Policy- Suicide Risk

*Adapted from the National Suicide Prevention Helpline Imminent Risk Policy, 2012*

### Suicide- Imminent Risk Policy

**Purpose-** This policy shall direct [ORGANIZATION] staff to initiate measures necessary to secure the safety of residents determined to be attempting suicide or at Imminent Risk of suicide.



#### Definitions of Key Terms-

**Imminent Risk:** A client is determined to be at imminent risk of suicide if [ORGANIZATION] staff believe, based on information gathered from the person at risk, that there is an obligation of staff to take urgent actions to reduce the client's risk. In other words, if no actions are taken, the staff believe that the client is likely to seriously harm or kill themselves. Imminent Risk may be determined if an individual states (or is reported to have stated by a person believed to be a reliable informant) both a desire and intent to die and has the capability of carrying through their intent.

**Active Engagement:** : Intentional behaviors undertaken by staff to effectively build empathy and connection with a client at Imminent Risk, encouraging understanding and agreement on actions necessary to reduce Imminent Risk or help client accept medical interventions when the person is in the process of a suicide attempt. Active Engagement is staff behavior that seeks to collaborate with and empower the client to secure their own safety. Active engagement is typically necessary for both a comprehensive, accurate assessment of a client's suicide risk as well as for collaborating on a plan to maintain the client's safety.

Date: \_\_\_\_\_

Signature of Executive Director: \_\_\_\_\_

Policy:

1. Staff will practice Active Engagement with clients determined to be at Imminent Risk of suicide, and make efforts to establish a connection in order to create partnership with the client in securing their own safety, whenever possible.
2. For clients at Imminent Risk, but who have not made an active attempt, staff will use the least invasive intervention and consider involuntary emergency interventions as a last resort. As such, Center Staff shall:
  - a. Seek to collaborate with individuals at Imminent Risk.
  - b. Include the individual's wishes, plans, needs, and capacities towards acting on their own behalf when planning interventions.



- c. Establish collaborative relationships with emergency mental health service providers in your community, to be contacted or used as referrals for clients who pose a risk of suicide.
  - d. Be aware of the number and web address of the National Suicide Prevention Helpline, which advocates can guide clients through calling, or even call on a client's behalf (at the request of a client).
    - i. Number- 1-800-273-8255 (offers translation services and TTY)
    - ii. Web Address- <https://suicidepreventionlifeline.org/> (Offers life chat)
3. Initiate life-saving services for all suicide attempts in progress.
- a. Ensure that the individual at risk receives emergency medical care as soon as possible by calling 911.
  - b. Do not rely on mobile crisis units for suicide in progress, call for emergency medical care as with any other medical emergency. See Medical Emergency Policy for guidance.
  - c. While staff should make reasonable efforts to obtain the at-risk individual's consent to receive such services wherever possible, [ORGANIZATION] shall not require that the individual's willingness or ability to provide consent be necessary for staff to initiate medically necessary rescue services.

<http://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Lifeline-Policy-for-Helping-Callers-at-Imminent-Risk-of-Suicide.pdf>

## **Model Communication & Technology Policies**

### **General Information**

You may receive phone calls at [SHELTER PHONE NUMBER], please answer the phone with a simple 'hello', do not share that they have called [ORGANIZATION] shelter. Never give out the shelter's address to callers.

You can receive mail at [SHELTER P.O. BOX] and use that as your current address for any application while in shelter.

Wifi password is: [PASSWORD]

### **Cell Phones**

Cell phones are important tools for work, family, and safety. [ORGANIZATION] will never take away or restrict your cell phone use. Some phone providers and organizations offer 'emergency' phones which are used only to call emergency services such as 911. If you feel that you are in need of one of these 'emergency' phones, your advocate may be able to help.

### **Internet**

We have [NUMBER OF COMPUTERS] available for your use in [LOCATION]. There are shortcuts on the desktop to topics like budgeting, local resources, resume building, and how to use Microsoft word. Please be aware that [ORGANIZATION] shelter often has a large number of residents and only [NUMBER] computer(s), please be respectful of all residents and make sure all those who need to use the computer are able to do so.

### **Social Media**

[ORGANIZATION] understands that social media is an important tool for communication and connection. We never forbid the use of social media but we do ask that you consider some steps to make sure that it is safe for you and all other shelter residents.

1. Before logging in to any social media or apps when you enter shelter or leave your abuser turn off GPS on your phone, this prevents any accidental sharing of your location.
2. GPS technology is now integrated with social media and allows social media sites to pinpoint and transmit a user's exact location. Even a post or comment that is unrelated to shelter may reveal confidential location information. Turn off any location tagging on apps like twitter, facebook, and instagram- you can even use your phone settings to revoke an app's permission to use GPS information. Never tag your location on social media, as abusers can use this information to find you.
3. Change privacy settings on all social media and apps to the most private possible setting.
4. Block all known profiles of your abuser on social media.
5. Turn off location services like 'find a friend' or 'find my iPhone'

6. Turn off 'geotagging' in your phone's camera settings
7. If your cell phone plan includes a family monitoring feature, have that feature shut off if the abuser has ever had access to it.
8. Do not use any phones or tablets if you share your account or data plan with your abuser.
9. Never post images of the outside of the shelter on social media, in order to protect the shelter location.
10. Never post any images of other shelter residents on any social media without their express permission.
11. Change all digital account passwords including email, banking, and social media.
12. If your abuser has had access to your phone, tablet, or computer there is a chance there is spyware on the device, if you suspect that this is the case please let an advocate know so that they can help you.

**Resources:**

Technology Safety Planning with Survivors, NNEDV Safety Net Project, 2003,  
[http://www.ncdsv.org/images/NNEDV\\_TechSafetyPlan\\_CanadaEnglish\\_BC\\_2008.pdf](http://www.ncdsv.org/images/NNEDV_TechSafetyPlan_CanadaEnglish_BC_2008.pdf)

Assisting Survivors with Personal Privacy Management: Digital Technology and Safety Information Booklet, PCAR, 2012, [http://www.ncdsv.org/images/pcadv-pcar\\_assistingsurvivorswithpersonalprivacymanagement\\_2012.pdf](http://www.ncdsv.org/images/pcadv-pcar_assistingsurvivorswithpersonalprivacymanagement_2012.pdf)

# Family & Children Policies

*Tennessee Domestic Violence Shelter Best Practices Manual / Section III*



## Sample Educational Plan

[ORGANIZATION] Shelter is in the [SCHOOL DISTRICT], which includes [LIST OF PUBLIC ELEMENTARY, MIDDLE, AND HIGH SCHOOLS IN YOUR DISTRICT].

Advocates can help you to enroll your child in school while you are in shelter, if that is needed, and can work with you on planning for transportation to and from school for your children.

[ORGANIZATION] respects parent's right to home school their children, however if parents choose to home school their children they will need to show that they have been registered in a home school program.

We understand that shelter living is a difficult adjustment for many people, especially children; advocates are here to support both you and your children during this transition.

## Sample Non-Violent Discipline Policy

**It is the policy of [ORGANIZATION] that every resident, including children, has the right to live without threat of violence in any form.**

1. Physical, verbal, or emotional violence are not acceptable and will not be tolerated at [ORGANIZATION] shelter.
2. While [ORGANIZATION] understands the importance of allowing parents to choose their own parenting and punishment styles, spanking is something that is contrary to both our commitment to, and rules against, violence in shelter.
  - i. Even when used simply as 'punishment' and not an abusive behavior, spanking can still trigger many negative memories and emotions in adult and child residents.
3. Advocates are available to assist you with non-violent alternatives to spanking as a punishment.
4. If you are having trouble parenting without the use of physical force or threats, please talk to an advocate. The advocates are here to support your parenting and help you create plans and strategies for parenting that are effective and non-violent.

## Sample Child Care Policy

It is the policy of [ORGANIZATION] that you have the right to be supported in your role as a parent

1. Staff and volunteers of the Shelter Program will ask your permission before caring for your children or providing them food or medicine. We want your children to understand that you, not we, are watching out for them and meeting their needs.
2. You may make babysitting arrangements with other women. Please complete a babysitting agreement and post it on the clipboard on your bedroom door so that we know who is in charge of your children while you are away.
4. We want all children to be safe while they are here. Children under 10 must be supervised by a responsible adult. That adult must keep the children within earshot, on the same floor of the building, and be aware of what they are doing.
  - a. Please be aware that children in the program may have been exposed to traumas which result in their acting out, sometimes against other children. For this reason, we ask you to be vigilant in supervising your children.

<b>Babysitting Agreement</b>	
I _____ am leaving _____ in charge of my children	
Parent Name	Babysitter Name
from _____ to _____ on _____.	
Time	Time                      Date
I understand that [ORGANIZATION] is not responsible for the care or supervision of my children.	
Signature _____	Date: _____
Babysitter's Signature: _____	Date: _____
Names of children: _____	

## Sample Policy on Reporting Child & Elder Abuse and Neglect

Every staff member of [ORGANIZATION] must make a report as required by Tennessee law if they ever suspect that child abuse or neglect, or abuse of a vulnerable or elderly adult, has occurred. Any person with reasonable cause to believe a child is being abused or neglected now or has been in the past must, under the law, report to the Tennessee Department of Children's Services or to local law enforcement. Those who report and "act in good faith" are immune from any civil or criminal charges which may result.

Tennessee defines child abuse as-

- **Physical abuse:** Non-accidental trauma or physical injury of a child, or failure to protect a child from harm. **\*\*NOTE- Being a victim of Domestic Violence does not qualify a parent as committing failure to protect under Tennessee Law.**
- **Neglect:** Failure to provide for a child's physical survival needs to the extent that there is harm, or risk of harm, to the child's health or safety.
- **Sexual abuse:** When a child is involved in intentional sexual acts with an adult or elder child or sexual behaviors/situations in which there is a sexual component.
- **Psychological harm:** A repeated pattern of caregiver behavior or extreme incident(s) that convey to children they are worthless, flawed, unloved, unwanted, endangered.

[AGENCY]'s procedure for reporting abuse or neglect is as follows:

When abuse or neglect is witnessed or suspected:

1. [Agency]'s Director, or Director's proxy, must be notified immediately that a report is being made.
2. Each staff member and client who witnessed or suspects abuse will make a written report of the incident(s).
3. If the child or elder is in immediate or ongoing danger the staff member who witnessed the incident or (in the case of multiple witnesses) a senior staff member will **immediately** call law enforcement to report the incident. A follow up report should be made online at <https://apps.tn.gov/carat> or <https://reportadultabuse.dhs.tn.gov/> to include the written accounts.
4. If there is not imminent danger to the victim [e.g. cases where abuse happened in the past] an immediate report should be made to the TN Child Abuse Hotline 877-237-0004 of Elder Abuser Hotline 1-888-277-8366. A follow up to the call should be made online at <https://apps.tn.gov/carat> or <https://reportadultabuse.dhs.tn.gov/> to include the written accounts.
5. If the abuser is a shelter resident they should NOT be exited from the shelter until after law enforcement or DCS arrive to assess the situation. This is to make sure that the child and offending parent are available for assessment by DCS and/or law enforcement.
  - a. Once law enforcement or DCS arrive on scene staff should let them know that the survivor will be exited from shelter based on the instance of abuse, so that LE/DCS are better able to assess the

housing needs of the child.

6. If the abuse is/was perpetrated by the survivor's abuser, an advocate will inform the resident of their intention to report the abuse and to support the survivor and child through the DCS process.
7. Written statements and records of reports will be added to client's file. As long as it does not endanger the child's welfare, or cause the client to flee with the child, the Client should always be informed that a report has been made.

*More information on TN law can be found at <https://www.tn.gov/dcs/program-areas/child-safety/reporting/hotline-faq.html>*

## Example of Children's Rights and Responsibilities

- Children have the right to work with staff that are trained to meet their needs.
- Children have the right to receive advocacy support and services that are age appropriate.
- Children have the right to play, and [ORGANIZATION] will provide age appropriate toys, books and activities.
- Children have the right to be safe and free from violence.
- Children have the right to education; [ORGANIZATION] will provide materials as needed to complete school work, such as pens, pencils, paper, markers, and other supplies.
- Children have the right to be listened to. Staff will provide a listening ear to assist in any problems or concerns you have.

### Sample Policy on Serving Teens:

[Name of agency] shall work to ensure access and services for all survivors of domestic violence and their minor children, including teenage boys. Comprehensive plans to meet the needs of survivors and their teen children should consider the following:

1. Developing policies and procedures for identifying and assessing the needs of program participants and their teenage dependents.
2. Providing teens with a range of age-appropriate service options and activities.
3. Providing program participants and their teen dependents with age-appropriate domestic violence written materials.
4. Periodic training of staff for working with teenage secondary and primary victims, and related issues.
5. Monitoring of the policy and program implementation.



# Staff Policies & Procedures

*Tennessee Domestic Violence Shelter Best Practices Manual / Section III*

## **Sample Non-Discrimination Personnel Policy**

[ORGANIZATION] is committed to creating an environment that supports equal employment opportunity and nondiscrimination for all persons, regardless of race, color, religion, sex, age, perceived or actual sexual orientation, gender identity or gender expression, marital status, national origin, or disability.

Employees, volunteers and other individuals involved in providing services to survivors shall not discriminate against or harass any survivor in their care or any fellow service provider and shall immediately report any evidence of discrimination, physical or sexual harassment, and verbal harassment of any persons to their supervisor. Individuals who feel they have been subject to discrimination or harassment should report this occurrence to [ASSIGNED PERSON].

- I. Upon receiving a report regarding alleged discrimination, [ASSIGNED PERSON] will conduct an investigation. Upon completion of this investigation, [ORGANIZATION] will inform the employee who made the complaint all results of the investigation.
- II. If the investigation determines a violation of this policy has occurred [ORGANIZATION] will take appropriate disciplinary action against the offending party.
- III. Employees who report, in good faith, violations of this policy will not be subject to retaliation based on the report or investigation.

[ORGANIZATION] will take all reasonable steps within its control to meet the diverse needs of all survivors and staff and provide an environment in which all individuals are treated with respect and dignity, regardless of race, color, religion, sex, age, perceived or actual sexual orientation, gender identity or gender expression, marital status, national origin, or disability.

- I. Employees who believe they may require an accommodation for their disability or related needs should discuss these needs with the Executive Director.

The Executive Director shall act as the responsible agent in the full implementation of this policy.

# Model Policy and Procedure for Staff Grievances

## Grievance Procedure

**Purpose:** To inform staff about the requirements and process to file a grievance.

**Additional Authority:** Violence Against Women Act, Family Violence Prevention Services Act, Tennessee Family Violence Shelter Standards

**Responsible Party:** [ORGANIZATION] Executive Director

**Signature of Executive Director:** \_\_\_\_\_

## Policy

1. It is the policy of [ORGANIZATION] that every staff member has the right to file a grievance if they feel that they have not been treated fairly or suspect they have been discriminated against or harassed. [ORGANIZATION] does not tolerate and will make every effort to stop discriminatory harassment, sexual harassment, and workplace bullying. However, grievances are considered a last resort for resolving an **interpersonal conflict (not including discrimination or harassment)**.
2. In the case of interpersonal conflict not including discrimination or harassment:
  - a. Employees are expected to engage in direct and deliberate communication with all parties involved in the complaint, exhausting communication methods for resolving their complaint including mediation, problem solving meetings, and supervision meetings.
  - b. By the time a complaint reaches the status of grievance, the employee's supervisor and other parties involved must already be familiar with the situation and have worked with the employee to resolve the complaint.

## Procedure for Interpersonal Conflict

At the initial contact with any client of [ORGANIZATION] the staff is to inform the client of our grievance procedure and the process for handling complaints.

- a. If the problem cannot be resolved through communication and mediation, employees should then file a written complaint with the Executive Director including all documentation about the complaint and problem solving efforts.
- b. The Executive Director will make a file including all information related to the grievance and will address the complaint within 24 hours.
  - i. The decision of the Executive Director is final.
- c. In the event that the Executive Director is a direct party to the grievance, the staff may present the complaint in writing to the Executive Committee of the Board of Directors who will respond to the complaint in writing within 24 hours.
  - i. The decision of the Executive Committee is final.
- b. Decisions as to the resolution of all grievances will be made based on [ORGANIZATION]'s written policies and procedures as well as state and federal law.

## Sample Procedure for Harassment or Discrimination

1. While no fixed reporting period has been established, [ORGANIZATION] urges prompt reporting of these complaints so that rapid and constructive action can be taken. [ORGANIZATION] will make every effort to stop discriminatory harassment, sexual harassment, and workplace bullying before it becomes severe or pervasive, but can only do so through cooperation of its employees.
  - a. Any employee who feels they are the target of discriminatory harassment, sexual harassment, or workplace bullying is encouraged to inform the offending person orally or in writing that such conduct is unwelcome and must stop.
  - b. If the employee does not wish to communicate with the offending person directly, or if such communication has been ineffective, the employee has multiple avenues for reporting these behaviors:
    - i. Verbally or in writing to supervisors, management, the Executive Director, or the Executive Board. Staff may also wish to report these issues to [ORGANIZATION'S] Title IV compliance officer [COMPLIANCE OFFICER].
  - c. [ORGANIZATION] will promptly and thoroughly investigate all reports of discriminatory harassment, sexual harassment, or workplace bullying as discretely and completely as possible.
    - i. If [ORGANIZATION] determines that harassment or bullying has occurred it will take appropriate disciplinary action against the offending party.
    - ii. At the completion of the investigation [ORGANIZATION] will inform the employee who made the complaint all results of the investigation.
    - iii. All documentation related to the complaint and investigation will be kept on file.

## **Model Plan for Staff Development**

Staff development can be viewed as the activities and programs (formal or informal and on or off site) that help staff members learn about responsibilities, develop required skills and competencies necessary to accomplish institutional and divisional goals and purposes, and grow personally and professionally to prepare themselves for advancement.

Because job descriptions, individual goals, and even the mission of the organization or department may change, staff development plans will be reviewed on a regular basis. Changes to the staff development plan shall be made as needed. Both the supervisor and the staff member must agree upon changes.

Staff development policy should be directed toward the following objectives:

- Clarify expectations for the continued professional education of each staff member
- Specify the options available for staff improvement
- Make clear the connection between continuous professional development and institutional rewards
- Ensure adequate funding for staff development activities
- Purposefully determine staff development activities based upon a careful assessment of staff member needs
- Employ accepted methods of teaching and learning in staff development activities

## **Sample Policy for Staff Development**

All staff members will participate in an ongoing process of staff development. Because the particular duties and needs of each individual are different, supervisors will develop a plan for staff development that encompasses the missions of [ORGANIZATION] as well as the staff member's unique needs.

All staff members should have an individual staff development plan. Staff development plans should be developed collaboratively between the staff member and supervisor and reviewed on a regular basis.

At minimum, new staff members should receive 40 hours of training during their first year of employment, including one of the following trainings offered by the Tennessee Coalition- ABC's of Advocacy, Senator Tommy Burk's Victim Assistance Academy, Regional Shelter Institute. After the first year, each staff member should strive for a minimum of 20 hours of personal development.

Each staff member must receive Title VI training annually.

Each staff member must document their training, including hours and topics, to be kept in their personnel file. This should include certificates of attendance or other written confirmation of attendance.

## Professional Development Action Plan Template

Based upon your personal assessment of your current knowledge, skills and abilities, as well as feedback you have received from your supervisor, ask yourself the following questions:

- How can I improve or strengthen my work performance?
- What are the key areas I want or need to develop to remain proficient in my profession?
- What are new skills and knowledge I will need in the future?

After determining the key learning areas in which you want to focus, develop specific and measurable goals in which to pursue. Use this template to facilitate your goal-setting process, to document your results, and to track your accomplishments.

Use the SMART model to ensure your goals and action steps are **S**pecific, **M**easurable, **A**ttainable, **R**ealistic and within a specific **T**imeframe.

**Goal:** \_\_\_\_\_

**Relevance** – how will this goal help me: \_\_\_\_\_

\_\_\_\_\_

What are the steps or strategies I will take?	What is the realistic timeframe to accomplish the step or strategy?	How will I evaluate each step or strategy?	How will I know the step or strategy has been accomplished?

## Model Plan for Staff Self-Care

### Self-Care Statement

“Because self-care and other aspects of organizational wellness have reciprocal effects, we can use self-care to mitigate organizational dysfunction. A change in one part of the system affects other parts of the system. With integrated and activated self-care, we can change the way we respond and interact with the organization and other stressors. We can modulate negative impacts and maximize positive strategies.” (*Grise-Owens, 2015*)

[ORGANIZATION] recognizes that the environments in which we work can have a significant influence on our well-being and on our level of self-care. Individuals who work in a supportive and caring environment may generally have a better outlook on life and feel better about coming to work every day, even if the work is challenging at times. An individual staff member’s engagement in self-care doesn’t excuse organizational responsibility; [ORGANIZATION] understands that pursuing organizational wellness is crucial.

[ORGANIZATION] is committed to the following steps to promote a healthy environment:

- **Offering genuine respect and trust:** [ORGANIZATION] will give staff the time, support, and tools they need; trust and respect cannot be coerced but must be developed over time.
- **Working with a vision:** Program leaders are tasked with moving the program forward; they will include staff in creating the vision and provide them with leadership roles that help implement the mission.
- **Sharing the decision-making process:** Staff members should have an understanding about which decisions will be made by leadership alone, and which decisions will include staff members’ consensus.
- **Rejecting a scarcity mentality:** The program director will be optimistic and forward-thinking when brought new ideas.
- **Tending to the physical environment:** Leadership will pay attention to the environment, such as appropriate adult work spaces, comfortable staff lounges, a place to store one’s personal belongings, etc.
- **Walking our talk:** Leadership will follow through on promises made to staff, model self-care, practice confidentiality, and work toward reaching program goals.
- **Providing Resources:** Leadership will work with their staff during supervision to create self-care plans and make sure self-care opportunities are included in staff goal planning.

A sample self-care plan can be found at

[https://safesupportivelearning.ed.gov/sites/default/files/07\\_NCSSLLE%20SafePlace\\_Handout\\_Staff%20SelfCare%20Plan.pdf](https://safesupportivelearning.ed.gov/sites/default/files/07_NCSSLLE%20SafePlace_Handout_Staff%20SelfCare%20Plan.pdf)

## Appendix I – Definitions

<b>Word</b>	<b>Definition</b>
Ableism	The practices and dominant attitudes in society that devalue and limit the potential of persons with disabilities. A set of practices and beliefs that assign inferior value (worth) to people who have developmental, emotional, physical or psychiatric disabilities.
Administrative Supervision	Ensuring adherence to agency policy and procedure and clarifying expectations.
Cisgender	Denoting or relating to a person whose sense of personal identity and gender corresponds with their birth gender
Client Initiated Departure	When the client has reached the initial minimum time limit within a shelter program, and it is determined through an impartial review of the client’s time in shelter that they have chosen not to take steps to meet the goals that they identified through the needs assessment process with an advocate; therefore a time extension will not be granted.
Client Program Completion	When a client has ‘completed’ or ‘graduated from’ an advocacy program. This may take days, weeks, or months, and is a survivor led process that will look different for each client. Completion may include finding long-term safe housing, completion of criminal justice procedures, or any other milestone that a client determines as an end to their need for shelter and/or supportive services.
Client Requested Re-housing	When, during the course of receiving services, a client determines or agrees that they would be better served by moving to another shelter or advocacy program. The reasons for this may be related to safety and security, job opportunities, the location of family and other resources, or simply seeking an agency that better fits their needs.
Client/Resident/Survivor/Victim	Although these terms may have slightly different connotations depending on the context in which they are used, in this manual they refer to individuals seeking receiving services from domestic violence shelter agencies. Please note that in practice, people who have experienced domestic violence may have very strong feelings about how they personally identify, some feel empowered by ‘survivor’, some prefer ‘victim’ as it reflects the way their view the violence perpetrated on them, some prefer neither. Advocates should always respect an individual’s choice in how they identify.

Core Services	The eight core services as listed in the shelter standards must be provided for victims of family violence in a family violence program regardless of the victim's immigration status or primary language. Those eight core services are shelter, telephone crisis hotline, referral, counseling for family violence victims, advocacy for family violence victims, transportation arrangements, follow-up, and community education.
Crisis-Oriented	Completely focused on getting through the present while lacking energy and enthusiasm to plan for the future
Cultural awareness	Being open to the idea of changing cultural attitudes, moving past cultural knowledge to integrate understanding.
Cultural competence	Cultural competence acknowledges and validates who people are, and understands that their culture is an intrinsic part of them that affects the ways in which they experience and heal from trauma. The process of becoming culturally competent focuses on aligning policies and procedures with our understanding of the unique communities we serve.
Cultural knowledge	Knowing about some cultural characteristics, history, values, beliefs, and behaviors of another ethnic or cultural group.
Cultural sensitivity	Knowing that differences exist between cultures, but not assigning values to the differences (better or worse, right or wrong).
Educational Supervision	Encouraging and developing skills and reflecting on work.
FVPSA	Family Violence Prevention and Services Act (FVPSA) Reauthorization Legislation, 2010
Gaslighting	A form of manipulation that seeks to sow seeds of doubt in a targeted individual, hoping to make victims question their own memory, perception, and sanity.
Gender Identity	A person's perception of having or belonging to a particular gender, which may or may not correspond with their birth gender
He/She/They	In the creation of this manual, we have attempted to remain gender neutral in our presentation of survivors. Because anyone, across all genders, may experience this violence, we have chosen to refer to survivors primarily with the gender-neutral 'they.' However, you may find that in some cases we speak of female victims and/or male survivors. This is typically in the instance of citing specific, gender-based research or case studies.
HIPAA	The acronym for the Health Insurance Portability and Accountability Act that was passed by Congress in 1996. HIPAA regulations apply to "covered entities", which are



	health plans, health care clearinghouses, and health care providers.
ICE	Immigration and Customs Enforcement
Initial Contact with Survivors	The initial contact is the first interaction that an agency has with a survivor. This could be over the phone or in person. At this interaction, the advocate should gather information about the person's situation and determine what services they need, specifically shelter. The initial contact with a client should not be confused with the term Intake. These are two separate kinds of contact.
Invisible Disabilities	Invisible Disabilities refer to symptoms such as debilitating pain, fatigue, dizziness, cognitive dysfunctions, brain injuries, learning differences and mental health disorders, as well as hearing and vision impairments. These are not always obvious to the onlooker but can limit daily activities, range from mild challenges to severe limitations, and vary from person to person.
Involuntary Termination	When a client has knowingly and deliberately compromised the safety of the shelter program- such as through violence, threats of violence, or bringing a weapon into shelter; or when a client places other residents in danger through a breach of their confidentiality.
LEP	Limited English proficiency (LEP) is a term used in the United States that refers to a person who is not fluent in the English language, often because it is not their native language
LGBTQ+	LGBTQ+ is an acronym for Lesbian, Gay, Bisexual, Trans, Queer/Questioning, and others. It refers to a population of people united by having gender identities or sexual orientations that differ from the heterosexual and cisgender majority.
Mediation	A way of resolving disputes when two people who disagree with each other need a third party to assist in solving the problem. The mediator fills the role of the third party and must remain impartial.
Organizational Culture	Organizations have a "culture" of policies, practices, and procedures that incorporate specific values, beliefs, assumptions, and customs both deliberately and unintentionally. Organizational cultures largely echo mainstream culture, including an embrace of stereotypes, prejudices, and bias.

Organizational Trauma	"Organizational trauma is a collective experience that overwhelms the organization's defensive and protective structures and leaves the entity temporarily vulnerable and helpless or permanently damaged. Traumatic events can be sudden, shocking, and throw the organization into turmoil. Organizational traumatization may also result from repeated damaging actions or the deleterious effects of the nature of an organization's work. " (Organizational Trauma & Healing, by Pat Vivian and Shanna Hormann)
Positive Discipline	A model used by many school systems and parenting experts that focuses on behavior. It is based on the idea that there are no bad children, just good and bad behaviors.
Privacy	The state of being free from unwanted or undue intrusion or disturbance in one's private life or affairs.
Profoundly Disabled	An individual with a disability who has one or more severe physical or mental impairments, which seriously limit their functional capacities (such as mobility, communication, self-care, self-direction, and interpersonal skills) to the extent that they cannot reasonable care for themselves without trained assistance.
Reactionary Rules	Strict rules created out of, and to prevent, unique situations
Role confusion	Children who adopt pseudo-adult roles such as the "caretaker" may have difficulty adjusting when expected to assume the role of child once again.
Service Animal	The ADA defines a service animal as any dog or miniature horse that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability
Sexual Orientation	A person's sexual identity in relation to the gender to which they are attracted; the fact of being heterosexual, homosexual, bisexual, etc..
Shelter/Program/Agency/Organization	These terms are used to refer to domestic violence programs across Tennessee that provide shelter services.
Supportive Supervision	Maintaining coworker relationships, encouraging self-care, and ultimately improving morale and job satisfaction.
Trans	Shortened form of transgender, this form may be preferred by some individuals
Transgender	Denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth gender

Transparency	A key element in creating emotionally and physically safe environments. This includes ensuring that expectations and intentions for shelter living and access to services are clear rather than hidden. Shelters should provide clear and simple information about plans and expectations.
Trauma-Informed	A program, organization, or system that is trauma-informed: a. Realizes the widespread impact of trauma and understands the potential paths for recovery. b. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system. c. Responds by fully integrating knowledge about trauma into policies, procedures, and practices. d. Seeks to actively resist re-traumatization.
VAWA	The Violence Against Women Reauthorization Act of 2013, which President Obama signed on March 7, 2013, amends the Violence Against Women Act (VAWA) of 1994 by adding a grant condition that prohibits discrimination by recipients of certain Department of Justice funds
VAWA non-discrimination clause	The VAWA non-discrimination clause prohibits LGBTQ+ victims from being turned away from services, like traditional shelters, on the basis of sexual orientation or gender identity. LGBTQ+ survivors of violence experience the same rates of violence as straight individuals; however, they sometimes face discrimination when seeking help and protection.
VOCA	The Victims of Crime Act (VOCA) of 1984
Voluntary Services	Voluntary services, as opposed to mandatory services, means that clients do not need to complete a program or take part in other services as a condition of receiving housing. Services are offered based on each person's specific needs.

## **Appendix 2- Pet and Animal Policy**

This policy has been modified from CEASE, Inc.

This policy differentiates “assistance animals” from “pets”, describes types of assistance animals, and sets behavioral guidelines for animals.

### **Animal Policy**

The Americans with Disabilities Act requires [ORGANIZATION] to allow service animals. [ORGANIZATION] strives to provide equal access to shelter for any person with a disability using a service animal. [ORGANIZATION] will make reasonable physical modifications to the premises to allow persons with disabilities access to its programs and resources.

[ORGANIZATION] is not required to provide any accommodations that would:

1. Pose a direct threat to the health or safety of others
2. Result in physical damage of the property of others, unless the threat can be eliminated or significantly reduced by reasonable accommodations.
3. Pose an undue financial and administrative burden.
4. Fundamentally alter the nature of [ORGANIZATION] operations.

#### **Definitions:**

##### Partner/Handler

- A person with an animal
  - A Partner is a person with a disability
  - A Handler is a person without a disability

##### Pet

- A pet is a domestic animal kept for pleasure or companionship

##### Service Animal

- An animal individually trained to do work, or perform tasks directly related to the disabilities that person (partner) has.

##### Team

- A partner and his/her animal. The pair works as a cohesive team in accomplishing activities of daily living and tasks.

## **Requirements for Staff Members and/or Volunteers Regarding Service Animals**

Staff members and/or Volunteers of [ORGANIZATION] cannot ask the nature of the person's disability.

- ❖ Staff member and/or Volunteers of [ORGANIZATION] may inquire:
  - If the animal is required because of a disability
  - What job the animal is trained to accomplish.

Staff members and/or Volunteers may not pet a service animal

- ❖ Petting a service animal while it is working distracts it from its duties at hand.

Staff members and/or Volunteers are not permitted to feed a service animal

- ❖ The animal may have special dietary needs, or habits that the staff member is unaware of. This can make the service animal ill.

Staff members and/or volunteers are not to intentionally separate, or attempt to separate, a partner/handler from his/her service animal.

Staff members and/or Volunteers should take every precaution not to deliberately startle a service animal.

## **Requirements for Animals and their Partners/Handlers**

Vaccinations

- ❖ Animals should be in good health.
- ❖ Staff members/volunteers may be able to assist residents in taking animals to the veterinarian. This allows the animal to receive a wellness check, assure shots are up to date, and address any issues that need attention now for the safety of the animal's health and others who may meet said animal.

Leash

- ❖ Service animals should remain with their partners at all times. Pets must be in the kennel if handler is not on the shelter premises.
- ❖ Animal should be on a leash at all times, including service animals, unless there is a viable reason in relation to the partner's disability that the animal cannot be on a leash. If leash interferes with the tasks the animal performs, then the animal has to be under the partner's control using voice commands, signals, or an alternate effective means.

Cleanup

- ❖ [AREA] is available for animals to relieve themselves.
- ❖ DO NOT allow animals to relieve themselves in any playground area.
- ❖ If animal relieves themselves in an inconvenient location it is the partner/handler's responsibility to pick up and dispose of waste properly unless the partner's disability prohibits this. If this is the case prior arrangements should be made.

- ❖ If animal stays in kennel, partner/ handler must assist other residents in the care of keeping the kennel clean.

#### Feeding and Other Care

- ❖ Partner/handler is to ensure animal is fed each day and fresh water is provided.
- ❖ Tend to the needs of the animal
- ❖ If partner/handler is not able to care for animal, other arrangements need to be made by partner/handler to ensure care is provided. This cannot include staff

**An animal can be asked to leave if the health or safety of others are threatened by the presence of the animal.**

#### Contact Person and/or information

If partner/handler is not able to care for animal, other arrangements need to be made by partner/handler to ensure care is provided. This cannot include staff. Staff members need to be aware of contact persons and numbers in case an emergency arises with the client or animal.

**Any Complaints or appeals should be submitted to [EXECUTIVE DIRECTOR].**

**[EXECUTIVE DIRECTOR INFORMATION AND SIGNATURE]**



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