

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.

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.



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.”