How the Earth Didn't Fly Into the Sun

Missouri's Project to Reduce Rules in Domestic Violence Shelters

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When advocates in residential domestic violence programs throughout Missouri questioned the role of rules for residents within their programs, they were revisiting a familiar struggle. The concept and conflict of having rules in shelters has been repeatedly recycled and re-silenced as long as shelters have existed … until recently.

After hearing advocates' consistent concerns, the Missouri Coalition Against Domestic and Sexual Violence staff began discussing the possibility of a different approach, one focused more on advocacy and less on rules. Out of these questions and discussions came the Shelter Rules Project, a chance for shelter programs to examine and decrease their rules to better align with their agencies' philosophies and missions while receiving support from their state Coalition and colleagues.

Leadership from shelter programs in seven regions of Missouri met and agreed to plan and implement a reduced-rule or voluntary services approach within their respective programs. What began as a one-year plan in 2007 has continued into the present.

Surveys, suggestions and the philosophy these programs followed are now compiled in this manual, or "How-to" guide, funded by the National Resource Center on Domestic Violence, for other state Coalitions, programs and individual advocates interested in this approach. This publication includes the history of this program, examples of common challenges and successes, and logistics of implementation.

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CHAPTER 1.

Project History: But you have to have rules, don't you?

HISTORY SYNOPSIS

In 2007 the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) began a statewide project to examine and address an issue debated within the domestic violence movement—the assumption that rules must exist in order to operate a shelter for domestic violence victims and their children. What began as a grassroots effort of women helping women has become institutionalized during the past 30 years and has evolved, for some programs, into a rules-driven environment. This project became a living laboratory to answer the question—"What would happen if there weren't rules?"

The goal was to find a better way to welcome women and other domestic violence victims—many of whom had every aspect of life controlled by their partners—into shelter where they could experience autonomy despite the constraints of a communal living environment.

The process was not always easy or comfortable, especially at first, with lots of hearty discussions and thoughtful disagreements. Domestic violence program advocates, committed to social change, had to overcome their own human resistance to change in order to grapple with the transformations that evolved throughout the project. Consequently, the mutual support of directors, participants and Coalition staff were instrumental and essential to the success of this process.

This support was essential as directors were met with resentment, excitement, trepidation, relief, insurrection and varying degrees of staff upheaval throughout the process. The support of their project peers and Coalition staff was needed to break through that wall of resistance. Being able to talk through the challenges, brainstorm solutions and ask more questions of fellow participants made the process possible.

The concept and conflict of having rules in shelter has been repeatedly recycled and re-silenced throughout the movement's history. During the 1990s, the Missouri Coalition learned from the writings and teachings of others, such as Lydia Walker, who trained about shelter rules throughout the U.S. during the 1980s and 1990s, and the Coalition did trainings about the topic, "Whose House Is It Anyway?"

Meanwhile, advocates in residential and transitional-housing programs continued discussing these challenges. As the Missouri Coalition staff met with advocates they continued to hear the same concerns repeatedly—the purpose of rules, how they often originated from one-time situations and questions about their fairness if they weren't applied consistently. The conversations were familiar and frustrating because they ended without solutions.

MCADSV made a plan to seek those solutions and began organizing a pilot group of programs to test the

idea through the Shelter Rules Project. Participants agreed to plan and implement a reduced-rule or voluntary services approach within their respective programs.

In 2009 the National Resource Center on Domestic Violence noted the significance of the project and funded the creation of this "How-to" guide for other Coalitions, programs and individual advocates interested in this minimal-rule approach. This publication includes the history of this project, how it was implemented and examples of challenges and successes along the way.

Throughout this guide, the gender pronouns chosen reflect that overwhelmingly more women than men seek shelter from domestic violence programs. This is not intended to minimize the experiences of men in seeking shelter, but is intended instead to create a manual that will be as personal and accessible as possible when referring to the vast majority of residents.

PROMPTING CHANGE

Advocates inform the work of Coalitions every day. This project was no different. During a meeting of advocates and Coalition staff, the topic of rules in shelter came up again, as it had many times throughout the state for many years. As the group discussed the merits of certain rules and compared their practices and rules with one another, one advocate remained silent. She listened to the dialogue that was focused again on reviewing rules about curfews, chores, cell phones and other usual topics until she had had enough. She told the group she had been doing this work for almost 10 years and heard this conversation countless times. She said that until they decided to do something different to try to fix it, she would not have the conversation again.

Coalition staff returning from the meeting asked the following questions:

- What would it take to change things?
- *Can* things change?
- How do we as Coalition staff support this change with those doing this work each day? With those who might find it easier to stick with the status quo?
- How do we support and encourage advocates who have said they are tired of "being the rules police?"
- Which organizations have already started this dialogue and/or work to create change?
- How do women feel when they enter a shelter and are given a handbook full of things you should not do while residing in shelter? How does this feel to women who are already all too familiar with living under rules that restrict their behaviors, their actions, and their freedom?
- Could residents' handbooks be short and informative?
- What if residents received a document that tells them what they can expect from the organization they just walked into? What if they were informed of their rights and how they will be treated by the organization's staff?
- Instead of "contracts" with the residents regarding their behaviors, what if advocates made assurances of what residents will receive upon arrival in shelter?
- What if, as a community of advocates, we try to write a manual for advocates on how to manage or supervise a communal living environment instead of distributing a multi-page residents' handbook to every person entering shelter?

What if, instead of just talking about and envisioning a more ideal shelter, we tried to create it?

Energy around the idea grew as the questions continued. To answer those questions, MCADSV staff started investigating possible alternative approaches. Among the resources used during planning meetings was the work of some programs in Washington State. Some of the influential tools and resources for MCADSV's project are included at the end of this chapter such as the Shelter Power and Control Wheel, created by Emi Koyama and Lauren Martin, and links to the articles from the Washington State Coalition Against Domestic Violence. Also included are links to MCADSV's publications *The Missouri Model*, the approach MCADSV has replicated with various projects to allow and encourage programs to tailor service approaches to their communities and those they serve, and *Thoughtful Documentation: Model Forms for Domestic Violence Programs,* which has practical examples of what to include in service documentation.

MCADSV works with member programs through a supportive learning approach that is now internationally recognized as "The Missouri Model." This model brings together advocates from programs in regions and communities of the state that differ significantly to address issues they all have in common. The outcome is a menu of approaches, tested by advocates and tailored to

Missouri has 114 counties and the city of St. Louis, but only 56 shelters. Based on data submitted by most of Missouri's more than 100 domestic and sexual violence programs, they provided nearly 330,000 bednights of emergency shelter to adults, youth and children in 2010. Although about 10,700 adults, youth and children received safe shelter that year, nearly 20,000 were turned away because the shelters were full.

the needs of different types of community-based service programs, which can be replicated by others.

MCADSV used the Missouri Model approach when designing this project to examine how residential programs can use varied approaches to enhance communal living within shelters. This approach is particularly helpful in this project because it allows MCADSV to be a conduit of information and support. The Coalition could offer information that each program could apply in whatever way was most appropriate and effective. The Coalition also was able to assess and gather information about the success of the project through anonymous surveys and ongoing technical assistance to the participating programs and then disseminate lessons learned to other programs in the state.

A GLIMPSE OF MISSOURI

The state of Missouri, which has a population of about 6 million, is in the middle of the U.S. and is primarily rural, much of which is farm land. There are two urban areas, Kansas City and St. Louis. The size and makeup of domestic and sexual violence programs, including shelters, vary throughout the state. They range from a program with eight shelter beds in one small town to programs with about 100 beds in cities or towns that serve multiple counties.

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THE PROCESS

As the Coalition contacted programs to participate, leadership of those programs were excited to finally do something about the age-old discussions they had had among themselves and with their sister programs. The process of this project involved asking and re-asking challenging questions with advocates who were willing to seek new answers.

Participation in this project was voluntary and, although there are references to "no-rules" throughout this manual, eliminating all shelter rules was never a requirement. What was required of participants was to

have an open mind and a willingness to change after evaluating their own practices. The intent of the project and its approach was to allow each participating program to assess its own philosophy and, if necessary, decrease the number of rules to better align with its philosophy. Critical thinking was a requirement.

On January 24, 2007, the first Shelter Rules Project meeting was held. Leadership from each of the participating organizations talked with one another and MCADSV staff about changes they were already trying to make in their programs prior to the project, and the challenges associated with change. Everyone agreed change could be hard, but they were willing to try. Each program talked about rules, why they were in place and how it was often easier to rely on a rule than to have a difficult conversation with someone.

Participants all agreed it also was too easy to create a rule because of a situation that happened once. After listing and discussing the most common rules for each program and the consequences if a resident broke a rule, each program's representatives came up with a plan to take back to their respective programs.

- Two programs agreed to try no written rules.
- Four programs agreed to start reducing the number of written rules.
- One program decided to not have written rules for residents but instead better policies and procedures for staff working with women residing in the shelter.

Several months into the program, MCADSV surveyed advocates from participating programs to receive information regarding implementation from not only program leadership, but also front-line advocates. A survey template is included in the Appendix, and comments from the survey can be found throughout this manual.

In 2008, six of the participating programs actively continued in the project. At one of the project meetings, programs discussed the challenges of getting staff to buy-in to the project and philosophy. They talked about how some staff members wanted to make a new rule or revert to an old one when an incident occurred. When these situations happened, the staff considered whether a rule would have changed the situation. They generally found the answer was "no."

Also in 2008, participants agreed to have MCADSV invite others to be a part of the project and to expand this effort. During MCADSV regional meetings, Coalition staff extended invitations to all programs to participate. In July 2008, seven programs were added.

In January 2009, MCADSV conducted a follow-up survey for the initial participants and an initial survey for the advocates from the newly added participating programs. Anonymous feedback was gathered through a web-based survey tool.

A STUDY OF SHELTER EXPERIENCES

In 2008, a year after this project started, results from a multi-state study of domestic violence shelters confirmed the need to address common problems associated with rules in shelter. The study, *Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences*, gave voice to shelter residents' views and perceptions of living in shelter and their feelings on some of the limitations and restrictions of rules.

More than half the residents surveyed reported difficulties during their stay, such as conflicts with others or problems with rules. The study, by Eleanor Lyon and Shannon Lane at the University of Connecticut School of Social Work and Anne Menard at the National Resource Center on Domestic Violence, collected responses from a large, diverse sample of shelter programs and survivors in eight states.

The study's findings align with the purpose and results of this project. The history of rules in shelter programs during the past 30 years, as supported by advocates' experiences and literature, reflects what advocates described and experienced in the Missouri project. Although rules have developed for safety and smooth operation, they have also been created in response to single incidents.

The most common problem identified in the study, which 32 percent of residents reported, was conflict with other residents. Theft, drug use and parenting were among the causes for conflict, which some residents attributed to the varying degrees of following the rules. Other areas commonly noted as problems also could be classified as relating to rules. For example, some respondents noted that transportation was prohibitive because they were "not allowed to leave the premises." A question that might have detected a lack of access to transportation, instead revealed the constraints imposed by rules.

Problems with rules included issues with time limits (16 percent), curfew (14 percent), child disciplining and monitoring (13 percent) and chores (13 percent).

Time limits for shelter stays were too short, inflexible or not clearly and appropriately explained, according to respondents. Some felt the time limits caused them anxiety while they were in shelter and were the cause for returning to abusive partners after reaching the time limit. Many respondents noted that the time limits did not take into consideration the difficulty of finding other living arrangements, such as income limitations or affordable housing availability.

Curfew was noted to conflict with work and church schedules. Some respondents said curfew was too early or unequally enforced and that it should be flexible. Leaving church because of curfew was described as "embarrassing." Curfew was inappropriately early for adults, some noted. Others said that curfew was annoying but understandable for safety.

Child discipline issues were also noted and included the lack of other residents monitoring their own children. Some respondents felt they couldn't do their chores and at the same time monitor their children. Restrictive rules on discipline, particularly corporal punishment, were another common comment.

Respondents reported that chores, much like curfew, felt unevenly enforced or distributed. Some said that exceptions, such as health conditions or pregnancy, were not considered.

Other issues, such as cultural competency, were addressed in the study as indirectly relating to rules. Respondents mentioned problems with language and communication, feeling that customs were not respected, which included what foods were available. These pertain to rules within the structural and physical design and policies of a shelter program. Examining these concerns help program staff become more aware of and committed to cultural competency, diversity and services for persons with disabilities.

The study's results affirmed the steps programs were taking in the Missouri Shelter Rules Project and reinforced the need and benefit of continuing the project.

Lyon, E., Lane, S. & Menard, A. (October 2008). *Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences.* University of Connecticut School of Social Work and Anne Menard, National Resource Center on Domestic Violence.

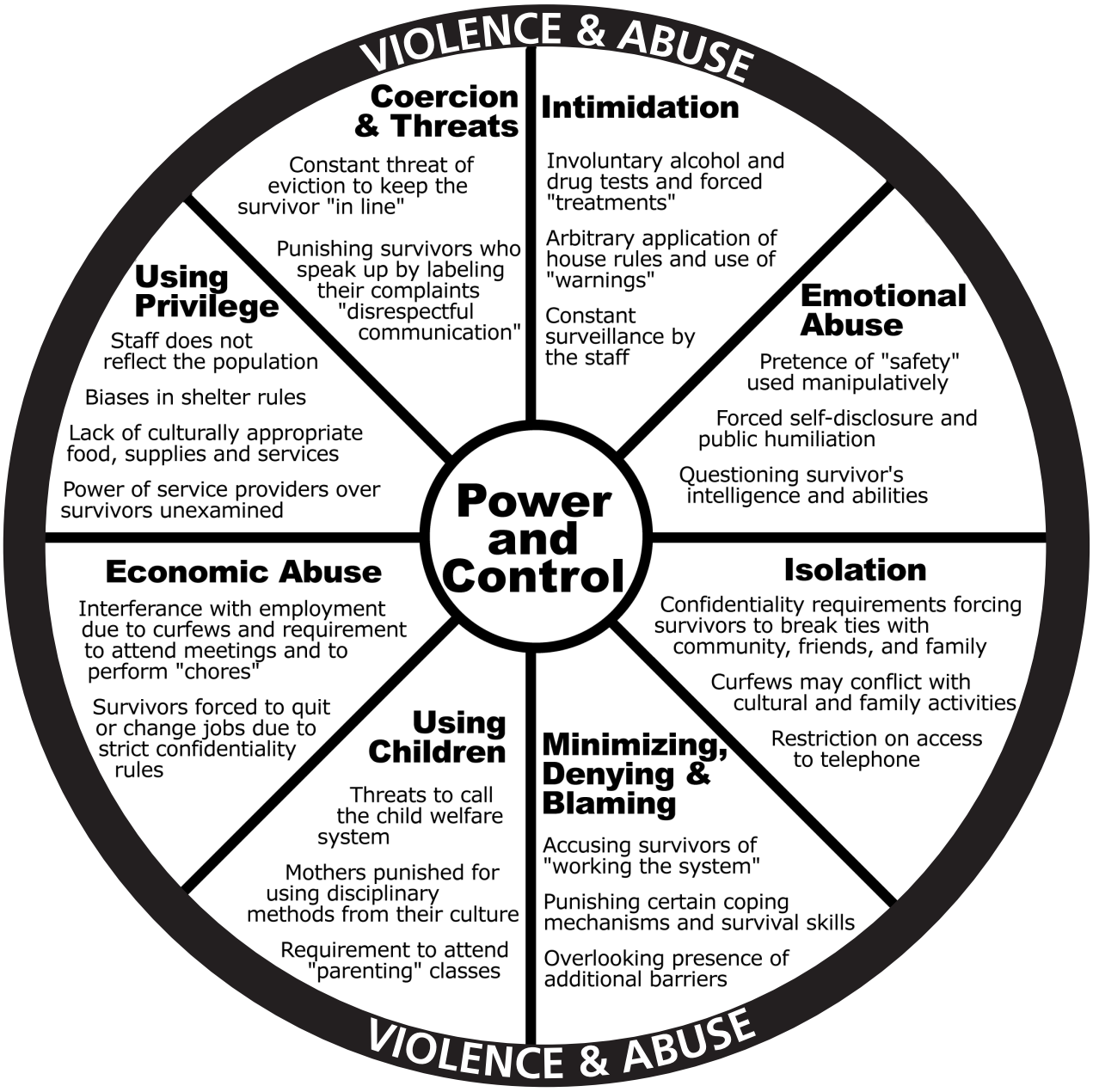
Please visit the Washington State Coalition website, www.wscadv.org, and click on the Resources tab to find the following articles:

- "How We Gave Up Curfew (and a lot of other rules, too)"
- "Model Policy on Shelter Rules: General Recommendations Regarding Shelter Policies"
- "Moving from Rules to Rights and Responsibilities"
- "Rethinking Punitive Approaches to Shelter"
- "Rules: The Good, the Bad, and the Ugly"

Please visit MCADSV's website, www.mocadsv.org, and click on the What We Do tab, then Publications, to find:

- *Thoughtful Documentation: Model Forms for Domestic Violence Programs*
- *The Missouri Model*

Abusive Power and Control within the Domestic Violence Shelter



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 **Survivor Project** at (503) 288-3191 or info@survivorproject.org if you are interested in distributing this wheel.

CHAPTER 2.

Philosophy: Revisiting our values

DEFINING THE TERMS AND PURPOSE

What do the terms "reducing rules" and "voluntary participation in services" mean?

Throughout this manual the terms "reducing rules," "minimal rules" and "voluntary participation in services" are used interchangeably. These terms refer to intentional efforts to reduce the number of rules in residential programs to allow for more effective advocacy and offer services that better align with agencies' stated philosophies.

The phrase "voluntary participation in support or group services" means that residents may, for example, voluntarily participate in the programs of the shelter, from doing chores to attending therapy, instead of being required to do so. This takes into account each woman's unique circumstances and respects her personal power of decision-making. It also avoids the ultimate consequence of terminating services for breaking a rule of mandatory attendance or participation at a time when a woman most needs the safety of shelter.

The project's purpose

This project has been a chance for each program to assess, alter or eliminate any of its existing rules to enable better, more effective advocacy. Initially, many staff members of shelters worried about having no rules and feared a lack of structure or order in communal living. But the thoughtful, strategic and individually designed approach, with on-going assessment and the freedom to adjust throughout the process, countered those concerns.

Those in the project found that getting rid of unnecessary rules improved advocacy. Programs did not have to eliminate all rules or forgo structure. Advocates decided some rules needed to be retained and had to be addressed only in rare instances, or that an explanation for an essential rule's existence was better relayed in a conversation instead of a sign on the wall or in a section of a resident's handbook.

Programs that kept certain rules changed their approaches to allow for more discussions and fewer blanket restrictions. Some transitioned from a handbook of rules to a four-page welcome letter for residents to feel at home and understand the intention behind suggested procedures. The shift promoted an advocacy style that encouraged advocates to get to know the residents with whom they work and to build rapport in an environment where residents feel comfortable sharing their stories, asking for help and being part of the community in the shelter.

WHERE DO RULES COME FROM?

Rules are typically created to control behavior. Often, they are made as an attempt to prevent bad or harmful situations or events from happening. But having rules does not mean they will be followed or that they will succeed in preventing harm.

In the discussions that led to this project, advocates repeatedly said that rules were often created because of single instances. One time something happened and shelter staff or management made a rule to try to prevent the reoccurrence of that one-time event. But maintaining and enforcing that rule might harm more than help. For example, if a resident's work schedule conflicted with curfew, she would not be able to maintain employment essential for her to achieve independence for herself and her children. Instead of creating a rule to apply to everyone in all circumstances, the most helpful approach is individualized, one-on-one advocacy that is specific to the survivor in that setting at that time. For example, if a resident needed to go to the dentist but could not take her children to the appointment, the best solution might be having another resident or advocate watch her children, an arrangement prohibited by some shelters' rules.

THE PROBLEM WITH RULES

For rules to be effective, they must have consequences if not followed. Often, shelter providers' only real consequence is to deny or terminate services. This means kicking women out of a safe place to live because they broke a rule. Maybe they didn't wash dishes, or broke curfew or took a shower while their children played alone. The consequence contradicts the very purpose of the shelter: safety. For example, some shelters have a rule that mothers must always be with their children. But no mother can be with her children at all times and still comply with all other rules and program requirements. The consequence for failing to meet this impossible requirement is to terminate services, to render the mother and children homeless.

Guiding questions for advocates:

- Is homelessness a justifiable consequence for violating a shelter's rules?
- Can I defend my decision to the community?

Terminating services can have life and death consequences. A survivor is at risk for injury or death if she no longer has safe shelter. What would it take to defend that decision as reasonable?

Some advocates have suggested that if a woman had become violent in shelter, then they could more likely defend such a decision to terminate services than if she were discharged for not doing chores. Others have wrestled with additional scenarios, such as if a woman came into shelter drunk but wasn't aggressive or violent. Ultimately, if given an outcome that harmed a woman or her children, how well could you defend discharging someone? Questions like these prompt another look at the intent and consequences of rules and possible alternatives.

REASONABLE EXPECTATIONS

Striving for reasonable expectations is another premise of rule reduction in residential living. Adjusting expectations to make them more reasonable affirms the underlying philosophy of advocacy, the belief that everyone deserves safety and the right to be respected. When safety is viewed as a basic human right, it is not something that must be earned by good behavior, a grateful attitude or any other attribute or action that might be deemed necessary to receive services.

The following questions, created by an advocate participating in this project, might be helpful for shelter staff to consider as a team and as individuals:

- Is it reasonable to expect people with alcohol or drug dependence to abstain simply because they have walked through our doors?
- Is it reasonable to expect a mother never to let her children out of her sight? What about going to the bathroom or taking a shower?
- Is it reasonable to expect that a group of strangers living together with diverse backgrounds and values will always get along?
- Is it reasonable to expect a woman whose life has been turned upside down to keep track of all the rules in shelter when the staff sometimes can't even keep track?

JUSTIFICATIONS FOR RULES: ISSUES FOR ADVOCATES TO DISCUSS

Rules are often developed from one-time scenarios that are unlikely to happen again, or at least not frequently. Because of this, shelter staff might create rules that unnecessarily limit the majority of residents' freedoms and have unintended consequences for residents and staff. In an effort to prevent harm, rules are established to control all behaviors, not just restrict harmful ones. Soon, so many rules have evolved that staff members feel the majority of their time is devoted to documenting violations, and incoming residents are greeted with a thick handbook of Dos and Don'ts.

Controlling chaos

Rules exist to control chaos, many advocates say. They explain that the world functions through the creation of laws and necessary structures. However, contrary to initial critiques, this project and the work done by advocates involved in the project are not about eliminating structure. Instead it is about *creating new and improved structures*.

Programs can maintain structure and still decrease the number of rules. Many aspects of communal life can be addressed without rules, and some potential conflicts can be avoided altogether by planning and altering the physical aspects of the shelter. For more about these changes, see the Washington State Coalition Against Domestic Violence article, "Physical Fixes," in Chapter 3. Having rules also does not mean they will be followed, and the intention behind the rule might be lost in the process of enforcing it. For example, requiring a mother's constant supervision of her children for their safety does not allow for personal time, such as showering, or for openly discussing planning about childcare for those moments.

> Shelters and advocates have an incredible opportunity to create an environment that is better than the "real world."

Safety and liability

Safety and liability are frequent justifications for rules. Because safety is a basic tenet of domestic violence advocacy, it is a common yet sometimes incomplete or inaccurate answer for why a rule exists.

Even if the creation of a rule was intended to foster safety, the rule might create additional, perhaps unnecessary, concerns for residents and staff. Getting back in time for curfew might end up putting a resident in dangerous situations or penalize her for unforeseen circumstances such as work schedule changes. The time an advocate spends documenting a rule violation could be better spent in conversation with the resident to gain a fuller understanding of the resident's needs and how best to meet them. This option is also more likely to encourage future opportunities for honest communication.

Some rules proposed by shelters already exist as laws. There is no need to state them. For example, illegal drugs and assault are already against the law and programs do not need rules to reiterate that. More importantly, the role of advocates is not to serve as law enforcement officers. An advocate's primary role is to provide safety, support, resources and options for residents, not to look for opportunities to enforce the law. It is also important for advocates to be aware that shelter programs are exempt by federal law from the requirement to report undocumented residents. These are opportunities for an advocate to work one-on-one with a resident, to ensure confidentiality and, quite simply, to help her as her *advocate*.

In many cases, the more control a program has over residents and information about them, the greater the liability. When a program sets specific directions for residents to follow, if harm comes to a resident while following that direction, the program could be held liable. For example, if a shelter requires residents to hand over all of their medications to shelter staff for storage, but then a staff member was unavailable when a resident urgently needed her inhaler or anxiety medication, the program could be held liable for the consequences.

Funders

One concern when decreasing rules is maintaining the service numbers required in grants from funders. When programs in this project switched to voluntary services, some program staff members worried that the number of women attending therapy would dramatically drop and they couldn't maintain funding for their program. But that was not the case. Staff continued to document services provided and discovered that

they were not significantly different than before they switched to voluntary services.

Additionally, federal funders are recognizing voluntary services and minimal rules as best practice. Local funders might require more explanation of the benefits of this approach. One program in this project took this transition as an opportunity to meet with local funders to explain the approach and experienced no resistance from funders. Program staff explained to funders that the reduced-rule approach involves staff and advocates having more one-on-one meetings, which result in more personalized advocacy. Instead of being required to attend support groups or therapy, each resident now meets with an advocate to create a plan that is best for her at that time.

Some programs have rules directing staff to obtain detailed documentation of residents' personal information and whereabouts, thinking that it is required for funding. But this is not accurate. More and more, minimal documentation is recognized as best practice for programs and is required in many state confidentiality laws and the federal Violence Against Women Act. At the federal level, minimal rules and voluntary services are a requirement for receiving Office on Violence Against Women transitional housing grants. The Family Violence Prevention and Services Act of 2010 clarifies that these services for survivors are to be voluntary. This means a victim's stay in shelter is not dependent upon participating in services. Often the less information recorded about a resident, the more she is protected.

Advocates can learn the minimal required information, such as the resident's reason for seeking shelter, through conversation with the resident and by explaining why that information is helpful. For examples of the minimal information needed, see MCADSV's publication *Thoughtful Documentation: Model Forms for Domestic Violence Programs,* which can be found on MCADSV's website, www.mocadsv.org. For more about confidentiality, see Chapter 4.

THE ROLE OF AN ADVOCATE

While advocacy work can be immensely rewarding, it also can be draining for even the best advocate. Vicarious trauma has become a frequent topic of trainings and discussions in the advocacy community. This section is in no way intended to disparage advocates, but instead focuses on the realities of advocacy work in Missouri, and likely throughout the country.

Advocates might feel that they are helping residents by enforcing the rules consistently as opposed to batterers' behavior of making rules and continually changing them. Or advocates might justify rules by saying that "the world has rules" and it is the advocate's role to prepare the resident for the "real world." Advocates need not feel responsible for this adjustment, as the women with whom they work are well acquainted with the "real world" and already know all about rules. Shelters and advocates have an incredible opportunity to create an environment that is better than the "real world."

Although these justifications might appear to be in the resident's best interest, they actually could be an attempt to control residents. Truly considering what is in a resident's best interest is an essential element of this project. This requires re-evaluating the advocate's role and the shelter's mission to see if rules align with that. The process can be difficult at times.

Several tenets of advocacy offer guidance in moments of uncertainty. Seeking to do no harm, to be compassionate, and to err on the side of generosity toward every survivor are helpful goals to remember. Eliminating rules, and the time and means required to enforce them, also enables more opportunity for connection between advocates and residents. It can free up the mental classification of the rule-abiding or "good" resident from the "rule-breaking" resident. The power and privilege dynamics within a shelter are shifted when the focus broadens beyond rules. Equality can more easily exist when no one is creating and enforcing rules for another.

Understanding that staying in shelter is often someone's last choice in a range of difficult options might help frame an advocate's thoughts and interactions with residents. Women who are in shelter are often there without resources and because they have no resources. They often have had experiences that taught them to approach service providers with fear. For example, at the time of intake a resident might deny she has a problem with alcohol or substance abuse because she is afraid that she would not be allowed to stay if she disclosed that information. Advocates must change this dynamic to be able to have honest conversations so they can best help each woman.

Residents also might not express gratitude because the shelter is available or because it is free. It is important that advocates not expect residents to be grateful considering the circumstances that led them to seek services.

Advocates can help alleviate some of residents' uncertainties about what to expect in shelter by being hospi-

table hosts. They can help residents know not just the shelter or agency's mission but also what is available and what to expect while staying there. By allaying residents' concerns, advocates can enable freer conversation and better opportunities for connection.

Guiding questions for advocates:

- Would I want to stay in this shelter?
- Would I want myself as an advocate?

Being an advocate in a shelter program is unlike any other work environment, and, therefore, attitudes and practices used in more traditional work settings might not be effective in a shelter. Because advocates work where residents live and residents live where advocates work, the blend of home and work life is challenging. Recognizing that such a unique co-existing realm exists can offer advocates a perspective on their roles that reliance on rules can never provide.

The more an advocate can resist the urge to make a resident fit a certain mold, the better she can assess what the resident wants for herself. And this is the outcome sought by the project's process of deconstructing shelter rules to construct a more open focus on connections between advocates and women living in shelters.

Because advocates work where residents live and residents live where advocates work, the blend of home and work life is challenging.

ALTERNATIVES TO RULES—A VARIETY OF PHILOSOPHIES

Multiple philosophies describe and define methods of advocacy. Some advocates follow the philosophy of treating others as you want to be treated. To emphasize all that residents and staff have in common, one director of a participating shelter noted that, "The only difference is we have the keys to the front door."

Other advocates revise the philosophy to be, "Treat others as they want to be treated." Both versions can be combined, as one participating advocate explained, "I think that most advocates want autonomy over the decisions that they make for themselves and their children, and shelter residents should not be offered less than we want for ourselves."

Advocates who participated in this project re-emphasized the apparently simple but powerful role of an advocate—to be kind, welcoming, respectful and to "do the right thing." An advocate's role is to be knowledgeable, non-judgmental and to offer resources and options for the survivor.

Some philosophies use different terminology for similar approaches. For example, the terms "woman-defined advocacy," "survivor-focused advocacy" and "the empowerment model" give different names to similar philosophies of advocacy that all seek to empower the woman, or survivor, as the expert in her own life. For more information about the core values of advocacy for domestic violence advocates, see *Core Values and Philosophies*, in the Appendix, which can be used as a discussion tool for participating programs and their staffs.

Trauma-informed services

One of the philosophies of advocacy that has particular application for those working in residential programs is that of trauma-informed services. Women arriving in shelter have likely experienced traumatic stress, often repeatedly. While everyone experiences daily stress, traumatic stress involves someone experiencing overwhelming circumstances that have threatened their physical or mental well-being and left them feeling vulnerable, helpless, afraid and out of control. This also can negatively affect their relationships and beliefs. When advocates working in shelter are informed about trauma, its causes and effects, they are better equipped to understand and offer appropriate options and resources for residents.

Relationship between trauma and rule reduction

The trauma of experiencing domestic or sexual violence is compounded when a survivor has to leave her community, security and physical home. Homelessness can be a traumatizing experience during which women are uncertain and anxious about the future and the present—when and where they will next be able to sleep, eat, bathe and use the bathroom with privacy.

Trauma can occur from a single incident or it can be chronic and interpersonal, as abuse often is. This prolonged, persistent trauma, or complex trauma, can change the way a survivor's brain functions to recognize triggers and try to prevent, ward off or escape repeat experiences. Complex trauma can also have other cognitive, physical, emotional and relational effects.

Trauma survivors might have many triggers that are re-traumatizing, or make them feel again that they are in the danger of a past traumatizing event. Some of these triggers cannot be anticipated by shelter staff, such as a specific smell or sound. However, other triggers are more common, such as a lack of control.

When women who have experienced traumatic stress enter shelter, the program's rules, consequences and strict expectations can trigger a survivor's trauma responses. Advocates can unknowingly further contribute to a resident's state of crisis by creating a controlling environment within the shelter. When advocates understand these triggers, they can take steps to avoid further crises.

By reducing or eliminating rules in shelter, advocates can help traumatic-stress survivors by shifting the feeling of power or control back to the survivor. However, transitions and disruptions to schedule or routine are also common triggers for traumatic-stress. Therefore, it is also helpful when advocates offer residents a sense of what to expect as a routine. Some advocates might argue that rules create a routine, but rules can cause more stress than support. Advocates can offer structure without excessive rules, such as by informing residents about the typical schedule, for example when meals and meetings usually happen, without requiring attendance or demanding a certain behavior.

Sometimes survivors' responses to triggers or methods of coping with flashbacks are misunderstood. What might appear as a relapse from sobriety or a "manipulation of the system" could be a survivor's approach to managing her anxiety and meeting her basic needs. Therefore, this situation could be an opportunity for advocates to recognize the trauma and discuss possible healthier coping skills.

The more advocates know about providing trauma-informed services, the better they will be able to understand and accommodate residents' concerns and be proactive to avoid further crisis. For more information about trauma-informed services, visit the Homelessness Resource Center website, where the Homelessness and Traumatic Stress Training Package publication can be found online at www.homeless.samhsa.gov.

Volk, K. Guarino, K., & Konnath, K. (2007). Homelessness and Traumatic Stress Training Package. DHSS Publication. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

CHAPTER 3.

Project Implementation: Making the change

TIPS FOR STATE COALITIONS

The following information is intended solely for staff of state Coalitions, who are in a unique position to effect exponential change. However, Coalitions also face unique challenges even as they are operating on a more macro or systemic level than individual programs or advocates. As MCADSV developed its process of change in working with member programs, the staff took note of some difficulties and successes that might be beneficial for other Coalitions wishing to implement this approach.

Through this project the Missouri Coalition learned the importance of evaluating an organization's capacity for change, getting buy-in from all levels of the organization and providing on-going support of changes through failure and success. This is further addressed later in this chapter. While these elements are important, they do not outweigh the vision and energy advocates bring to this work every day. It is that desire to give the best of themselves and their programs that fuels this initiative and others like it.

Relationships

Having a good relationship with member programs is crucial. If your Coalition has been working intensively with members and advocates who are used to being trained and challenged by Coalition staff, then the transition should be smoother. However, even with good relationships between Coalition staff and members, this challenge to change is likely to bring some hesitation, resistance and skepticism. Strong relationships between member programs will also ease the transition and foster essential peer support. It is possible that some staff from peer programs wishing to participate might have never met prior to this project. Coalitions can play an instrumental role by providing a forum for relationships to be created and maintained through multiple meetings, shared contact information, and a listserv for ongoing conversations among those in the project.

Finding Participants

As initial project participants, MCADSV invited programs that were already conducting similar initiatives or had exhibited a history of openness to change and exploration of new methods in providing services. To ensure a broad range of residential programs, selected project participants represented each region of the state, urban and

rural areas, and small and large programs. The first participants were given one year to conduct their work. After that, MCADSV made a second call for participants and another seven programs were added to the project.

A lesson learned that Coalition staff has since implemented in other Missouri Model projects was to have programs that wished to participate complete an application. Coalition staff would review the applications to ensure the programs were not only an adequate representation of the state but also had the organizational capacity for intensive process work and change. Having information about an organization's current capacity to create internal changes would give Coalition staff an opportunity to better plan for trainings, assistance and facilitation of each project conducted.

Resistance

When implementing this approach in a program, one reasonable expectation is resistance. It is likely that some staff members will resist this approach. Although advocates might be accustomed to pushing others and systems to change, it becomes much more difficult to do so internally. Coalitions can address this from the beginning by being transparent about the intent of the project and giving participating program staff members a chance to ask questions and discuss specific concerns.

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When it might not work

In some instances, the timing of the project might not work for a program that initially agreed to participate. For some programs, initial barriers can be overcome when Coalition staff members give extra one-on-one support to a program's leader who consistently and continually meets with staff resistance at the beginning of the project. Certainly patience can help program leadership accept staff members' varying time lines of changing their approach. However, if an entire staff is determined not to change, despite patient and supportive leadership, there is also a time to recognize that the program is not ready to effectively take on this project. This can be a difficult but important conclusion for program leadership and Coalition staff to make together.

Program staff buy-in

Participants in this Missouri project learned a key lesson: some member program staff will not agree with the goals and philosophy of the project. Those individuals who hold on to rules, resist change and do not accept the connection between excessive shelter rules and control might impede or even sabotage a program's efforts at change.

When MCADSV began this project, only program administrators were involved in the meetings. Although advocates were surveyed, the initial aim was to gain program leadership support. As the project grew, MCADSV staff saw the need to change the model to include not only program administrators, but also advocates, much like the Centers for Disease Control and Prevention (CDC) model has used with states participating in the Domestic Violence Prevention Enhancements and Leadership Through Alliances Preparing and Raising Expectation for Prevention (DELTA PREP) program. With this model, which MCADSV staff has since implemented in other projects, a program leader and an advocate with the program are asked to attend each meeting. This creates a bond through a shared experience and provides a support team for each program as they go back to their organization and begin changing long-standing systems, protocols, procedures and processes.

A successful approach during different phases of the project was to convene meetings of specific individuals who share similar responsibilities within their respective programs. For example, having meetings of only administrators allowed for time to discuss the importance and challenges of gaining staff buy-in to support the project. This often led to discussions among program directors about managing personnel, which was at times the subject for the entire meeting.

Allowing supervisory or administrative staff participants to have conversations regarding hiring, supervision and facilitating change in an organization was a fundamental element of this project. This was at times a more challenging matter to address than the actual reduction of rules within participating shelters.

Advocates and administrators working on the project together are more likely to identify philosophical differences between the mission of their organizations and what is being practiced. For some advocates this can be a painful experience. MCADSV staff learned to allow plenty of time to facilitate conversations about developing better job interview questions and how to create a culture that welcomes change in an organization.

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Implementing significant changes to shelter rules might prompt some advocates to assess their personal values and practice of advocacy. In the Missouri project some advocates then determined that the program was not the best work environment for them and chose to leave. In other programs, supervisors struggled with advocates who actively worked against changes in the shelter operations. Those advocates were eventually managed out of the organization when job counseling and performance review approaches were unsuccessful. Attitudes and actions contrary to the program's mission can undermine the success of a program's project efforts and negatively affect existing and incoming staff as well as the program's reputation within the community.

For the Missouri project, another point of interest was the disparity of attitudes between newer advocates and veteran advocates. Although some veteran advocates would have preferred for things to stay the same, most involved in the project at least tried to implement the changes even if they were hesitant to fully embrace them at the beginning. Many were surprised by the newer advocates' resistance and apprehension. This seemed to result from a new employee's preference to rely on a rule or set policies, which can be far easier than navigating complex matters when working with families with multiple issues. To support the organizational change of implementing this approach, some additional training of all staff is necessary. Knowing this in advance and providing project participants with the tools they need to improve their staff training and orientation can significantly smooth the process.

Lessons learned about language

Coalitions need to carefully consider how to introduce this concept to member programs. Even one word in the project title can make a difference. For example, this project started out as the "Shelter Rules Pilot." The unintended message for some was that eventually every program in the state would have to move to fewer or no rules in their shelters. The need to change the title from "pilot" to "project" and to spend more time explaining or marketing the work being done was one of the first lessons MCADSV staff learned.

Another important clarification in language dealt with the use of the phrase "no rules." While some programs did get rid of all shelter rules, that was not a requirement for participation. The Coalition's message had to be clear: the project's intent was to examine and discard unnecessary rules and controls, not to eliminate all rules as a mandate for local programs.

Participants are the best sales people for this type of project. They speak with a voice of authority about how the project was created and how the changes in their own shelters happened. They have the advantage of speaking to peers about how daily operations can be different and better. Creating venues in which participants can tell other advocates how they did the work of examining their rules and the consequences of the changes they adopted best carries out the Coalition's role.

MCADSV took every opportunity to discuss the Shelter Rules Project on a larger scale within its membership. Project participants conducted a workshop at the Coalition's annual statewide conference. Participants told their stories, what worked well and what they wished they had done differently. They answered questions and reassured others that fundamental changes in shelter daily operations could be good.

One project program's staff recounted the first night the shelter had no curfew—from announcing that curfew would be removed and the stunned silence that followed to how every resident packed up at 10:00 p.m. and left for the night. The next day all the residents returned. The opportunity to experience freedom and choice to visit family and friends was overwhelming for advocates and residents—residents because they were allowed choice, advocates because they feared that without a rule everyone would leave and not return. Program staff explained how this was a difficult process and transition for their shelter staff and that not having rules didn't have to equate to chaos. It meant that advocates had to be, and *got to be*, focused advocates.

Your Coalition's role

The motto for state Coalitions seeking to implement this approach should be: Facilitate, support, facilitate some more and never stop supporting the advocates. In-person meetings for project participants, although they might be inconvenient due to travel to a central location, are vital in the beginning of the project (funding for the Coalition to provide mileage reimbursements can alleviate some of these travel issues). Participants repeatedly identified that leaving their shelters to attend meetings helped them during the project's process. Building relationships among the advocates in the project is essential. Challenging long-held ideas that manifest as invisible shelter rules is best done in forums of mutual trust and respect among all participants—and that includes trusting the Coalition staff members who facilitate this process. It is important for the Coalition staff facilitating the project to be in regular contact with program staff. For the Missouri Coalition, that included the program development staff, who provide training and technical assistance to service providers, and the Chief Operating Officer, who can provide a link between direct service staff and their administrative functions such as policy and procedure.

Throughout the project, Coalition staff provided training, gave reading assignments, prompted conversations, provided food (which makes any conversation better), created tools for assessment, and provided information and materials for members to use "back home" to continue to discuss organizational philosophy and create organizational change. In all of this, honest conversations were the core of the project.

> "We are at last doing what we need to be doing, but we needed the Coalition's help to do so."
>
> *- a participating program director.*

Coalition staff facilitated countless conversations. These ranged from failures and successes, to hard details of organizational change, to difficulties in managing personnel, to helping service recipients understand how the program has changed since they might have last sought services. Having an ongoing dialogue underscores the philosophy of the process and allows all those involved to celebrate positive results. Project participants must have a chance to talk about and work through not only the difficulties but also the innovations and rewards of seeing their coworkers work together to benefit others.

The end result

Alliance is one of the greatest strengths a Coalition can offer its members. In many cases, program participants said they had wanted to make changes in their shelters but did not know how or lacked the support to do so. By connecting willing participants, a Coalition can make possible for many what seems nearly impossible for one. As one participating program director said, "We are at last doing what we need to be doing, but we needed the Coalition's help to do so."

Leadership development is a natural outgrowth of this process. Programs willing to explore different ideas and change their practices are often excited about the changes in their organizations and are eager to share their stories and processes with others. This is the best way to make other programs aware of the project's success and availability. This can lead them to consider how to bring their boards into agreement with the changes that occur and provide intensive training to new workers. This leadership can also result in a continual review of how they can improve their programs and remain connected with others throughout the state.

For some project participants, this was their first chance to work on a statewide project and to be in a position of influence within their own programs and with colleagues across the state. A key responsibility for Coalition staff is to support the program members' self-reflection, program critique, critical thinking and passion for the work. Long-standing leaders in Missouri said they had a renewal of spirit by participating in the project. One participant said, "I knew what work should be done but participating in these projects and being supported by the Coalition through failures and success gave me, as a leader of my program, permission to try. Without the support of the Coalition I don't know that as a staff we would have been brave enough to question and change."

Surveying participants

To gain project participants' feedback during the project, the Missouri Coalition surveyed participants throughout the project. A sample survey tool is included in the Appendix should your Coalition or program wish to do the same. The Missouri Coalition learned some valuable lessons in the process and the following points for consideration summarize many of them.

Tips for program administrators or Coalition staff members conducting the survey:

- Remember that an anonymous survey offers respondents the freedom to say what they would not otherwise say aloud. Therefore, it is best to expect and prepare for a wide variety of responses and feedback. Otherwise any negative responses can easily become the focus and deplete the motivation, energy and momentum of the project and the programs' leaders.
- Evaluating too early in the process can discourage leadership and derail the project indefinitely. Creating any change takes time, and not allowing this project enough time before inviting an open critique could be the end of the project.
- A survey can be a great way to hear from those working directly with residents who are learning to work without the safety net shelter rules can provide. However, if those involved already have a means to receive feedback, then they might not need a survey or might use it to confirm what they have already been discussing with coworkers throughout the process.

Tips for Coalition staff members conducting the survey:

- Change is difficult, and the negative voices are often the loudest. To avoid overshadowing all positive feedback, Coalition staff might consider facilitating discussion of survey responses. When the results of the Missouri survey were directly passed to project administrators, without facilitation or discussions about context, the focus shifted to the negative. Anxiety increased as participants wondered if the comments came from their own staff and if those comments were normal, and participants were concerned with the opinions of the other project administrators.

- Facilitating does not mean censoring. Instead of deleting all negative feedback, Coalition staff can read and process all the survey results to determine when and how to share the feedback with participating programs. Coalition staff can pass along useful information from the surveys without disclosing the exact comments made. Facilitating also gives Coalition staff insight about how best to support participating programs and what additional training is needed. This keeps the focus on the overall goals instead of specific individuals' criticisms and provides a chance to evaluate what further training is needed.
- By discussing survey results with programs, Coalition staff members can help participants address the negative criticisms, problem-solve to find remedies and then return to the positive. Some advocates working on this project will say they love it. Others might make extremely negative comments. But, as Missouri participants discovered, sometimes that was a necessary part of the process of change. For example, one advocate initially said she hated the project but during further discussion about why, she realized she did not like being out of her comfort zone. She was uncomfortable and exhausted by learning to be creative and taking more time to work differently with residents and their children. By the end of the advocate's explanation, she somewhat reluctantly concluded that the project had made her a much better advocate.
- Coalition staff members serving as facilitators can also lead negative conversations to a deeper level. They can facilitate direct dialogues that go beyond initial resistance and discomfort to honest conversation. There they can revisit the general agreement that the old way of using rules was not working well, benefitting residents or aligning with the programs' values. Those conversations can provide context and clarity to identify the source of the discomfort and the goal and purpose of the project, as well as what would be lost if the project just ended.

HOW TO IMPLEMENT THIS APPROACH

For state Coalitions facilitating change with multiple programs, the previous section, *Tips for State Coalitions*, is intended to help them anticipate and prepare for what programs might encounter when implementing this approach. The following information can be used not only by state Coalitions, but also by individual programs. These practical tips and examples can be used in part or whole as a guide for program leadership, staff, volunteers and others wishing to learn more about how to implement this approach.

Change

Although advocates are often pushing systems, communities and individuals to change behaviors and attitudes about violence against women, it is not as easy for advocates to change their own systems. It is even more difficult when that change, such as reducing rules, creates more gray areas for how to do the work of advocacy. A multitude of rules makes it easier to determine and measure how someone is meeting certain expectations. When implementing a survivor-defined model of service delivery, "musts" are often replaced by instances requiring thoughtful analysis of solutions rather than a punitive response to rule violations.

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The reduced-rules and voluntary-services model is a promising practice that will likely continue to expand and gain support, as evidenced by federal grant requirements. Because of this, it is important for advocates and program leadership alike to examine their own core values about how to provide services. If an advocate or supervisor cannot accept the model of reducing rules, it is important for them to re-examine if they are a good fit for the organization.

Advocates' Roles

An advocate's role is primarily to provide safe shelter, support, options and resources. The survivor may choose what she needs from available options, and the role of the advocate is to provide the service requested. Some advocates argue that their role is to ensure adherence to rules because that will prepare residents for success in the "real world" where life is based on rules. Further, others use this argument as an appropriate response to an advocate's desire to help a resident "make a good decision" such as by enforcing an early curfew or bedtime for her children. This approach assumes the advocate knows what is best for the resident. However, it is not an advocate's role to make value judgments about the resident's decisions. Remembering that the survivor creates the outcome, not the advocate, can help some staff members relinquish the need for control and refocus their energy on supporting residents as each woman determines the next steps for change in her own life.

Core values

To secure staff buy-in, interest and investment in this approach, some program leaders in this project addressed rules from a values perspective. Having staff members create their own list of the program's values can help in this process. For example, if the staff members' lists of values include empowerment, safety and inclusiveness, then they can look at the rules in terms of whether they are consistent with those values. This can also be done using an organization's mission statement and determining whether the rules are congruent with the program's mission.

Using these core values as a foundation, a staff process can be used to identify rules that are truly essential for safety and well being, and others that could be eliminated.

It is important to emphasize that the process of reducing shelter rules, and any subsequent changes in staff perspectives, does not eliminate all expectations for behavior in a communal shelter living environment. There remain minimum health and safety standards that protect and benefit all residents. The key is to identify what those are and to go through a process of evaluating the true benefits and/or the negative effects of other shelter rules that are in place.

This type of staff discussion can be a chance to determine what rules are nonessential, are based on a single event or are inconsistently enforced. If a program has many rules, staff can vote on a predetermined limit

of rules. For example, staff members could write all the program's rules on newsprint sheets, and then each staff member can vote for five essential rules. The five rules with the most votes stay and the rest go. This model could also be used to eliminate a set number of rules by staff consensus. (See the sidebar on page 22 for other questions helpful for beginning this discussion.)

Getting feedback from survivors is an important part of this process. Those in the Missouri project experienced two predominant, and opposing, approaches that shelter residents suggested regarding rules. One group sought more restrictions and punitive consequences for those who violated rules. The other group wholeheartedly supported less restrictive conditions in which they felt they could thrive. Further discussion with those who favored stricter rules revealed that they were frustrated and stressed by their communal living experiences with other residents whose behaviors and actions negatively affected them and their children.

Even after starting the new approach, it is important to take time as a staff to re-examine the core values and beliefs that guide how the program provides advocacy services. Too often the daily challenges of responding to community living conflicts and safety issues in a shelter can quickly shift an advocate's focus from empowering support and intervention to fixing problems regarding the living environment. A review and discussion of the shelter's core values and beliefs will help advocates return to the reasons they joined the social change movement in the first place.

This process of identifying "non-essential rules" takes time, which varies with program dynamics and the extent of previous staff discussions. However, once non-essential rules have been identified and agreement is reached that they should be eliminated, shelter staff members need to be equipped with the skills required to handle various community living issues. Training is important in the areas of problem-solving, mediation and conflict-resolution. Verbal de-escalation techniques and basic listening skills are essential.

Another key part of implementing a reduced-rules approach in a shelter is to have supervisors who are available to talk and problem-solve with staff members individually and as a group. Supervisors can help coach staff members, advise those who are having a hard time and discuss how to do the work differently. A supervisor or shelter director would need to ensure that such conversations occur with staff members who work nights and weekend shifts to provide all staff with additional support and on-site coaching. By sitting down together and brainstorming ways to work daily to support this model, supervisors can help the entire staff get through the stages of change.

At this point of the process, both Coalition and program staff should be prepared for energy around this project to spread to other aspects of the program. By undertaking this project, it has in a way granted permission to challenge the status quo. It is important for administrators to clearly outline from the beginning the parameters of what is on the table to challenge and question and what is not. Discussion about rules and an advocate's work with those seeking services can spread to discussions regarding changing documentation processes, intakes and other related internal rules or procedures.

Stages of change

It is helpful to recognize that change is hard for most people. Individual staff members will have their own ideas and opinions about shelter rules and community. Thus they are likely to be in different stages of whether they accept and support steps to make these significant changes and whether they will sustain those changes. Expecting the following stages of change can help program managers plan for the most effective and unified approach to rule reduction and allow necessary time for transitions.

To better understand how people deal with change, it might be helpful to review Prochaska and DiClemente's (1983) Stages of Change Model:

The Stages of Change

1. **Pre-contemplation**—Not yet acknowledging a problem or need for change
2. **Contemplation**—Acknowledging a problem but not being ready for or certain of wanting change
3. **Preparation/Determination**—Getting ready to change
4. **Action/Willpower**—Changing behavior
5. **Maintenance**—Maintaining the behavior change
6. **Relapse**—Returning to older behaviors and abandoning the new changes

Just as relapse is an expected sixth stage, so is a return to other previous stages of change.

Questions to start the dialogue:

1. Why do we have rules?
2. How do new rules get added?
3. What are some of our informal or unwritten rules? What impact do these types of rules have on the atmosphere and culture of the shelter?
4. What rules do you feel uncomfortable enforcing?
5. Which rules do you enforce consistently? Which rules do you enforce inconsistently? Why?
6. If you did not have a rule for _____, what would happen?
7. Describe how this rule has or has not done what it was intended to do.
8. Which rules could you never imagine not having in place?
9. If you had the power, which rules would you eliminate today?
10. What do the shelter residents think about the rules and the enforcement of the rules? Have we asked them? How does this affect your ability to build meaningful relationships with residents or advocate on their behalf?
11. How would your relationship with the shelter residents be different if you did not have the responsibility for monitoring and enforcing the rules?

Including staff from the beginning

The best way to get project buy-in is to include frontline staff from the beginning. Including frontline staff, those who will be working directly with survivors, throughout the decision-making process might be a shift in an organization's culture, but it is essential for successfully carrying out these changes. It is usually helpful for program leadership to begin by talking with all staff about current shelter rules. Staff members who are in the pre-contemplative and contemplative stages of change might need more information and the opportunity to think through best—and worst—case scenarios.

These conversations could elicit a wide range of opinions and feelings from direct service staff and supervisors alike. The following are some key considerations for initiating these conversations and subject areas for staff discussions.

- Deciding, prior to the conversation, what stage of the implementation process staff members are in as the process begins can help set a framework for the discussion. Is the conversation about exploring possible positive and negative impacts of reducing rules? Is the organization ready to go ahead and reduce the number of rules? Staff members' answers to these questions will help guide the discussion process.
- Preface any discussion about shelter rules by explaining the intent of the project is not necessarily to eliminate all rules. The goal could be to reduce or eliminate unnecessary rules, such as those that are already law or those that are inconsistent with the agency's mission. These conversations can reinforce that an advocate's primary role is to provide safety, resources and options for residents, not to look for opportunities to enforce rules or laws. Ensure that advocates are aware that shelter programs are exempt from the requirement to report undocumented residents.
- Programs should set their own pace in eliminating shelter rules and community living guidelines. If the shelter staff and/or administration are concerned about the consequences of eliminating rules, start with one or two rules. Set a time frame for testing out the elimination of these one or two rules and after a period meet with staff to assess the consequences.
- Explain why a supervisor will participate in the conversations. Detail how this type of change will require buy-in throughout the entire organization, for both program leadership and staff alike.

Ensure the staff has an environment in which to talk openly and honestly about the rules. Staff might be hesitant to talk openly in front of program supervisors and are apprehensive that their disclosures will be used against them. Because monitoring and enforcing rules is often a primary duty in a shelter advocate's job description, the discussion will likely be about what advocates think about their jobs and how they do their jobs. This also might include their personal values and beliefs that shape their advocacy work and even situations in which they inconsistently comply with the program's policy. An advocate takes a big risk in sharing this information with a supervisor. It can help for supervisors to acknowledge that it is challenging to talk about jobs and job descriptions. But rather than changing advocates' job descriptions, which are rarely referenced during workdays, regular coaching with staff is a much more efficient way of implementing organizational change.

- Options for ensuring comfortable and confidential discussions include setting ground rules at the start of the meeting. The discussion could start with a shelter rule that staff considers low risk to eliminate and continue to review rules based on staff identification of progressively "higher risk" rules to review or change.
- One program found it helpful to bring in an outside facilitator to help guide these discussions and to prepare a confidential summary report on the outcomes.
- It might be difficult to start these conversations with staff. Using open-ended questions, such as those listed on page 22, can help elicit feedback about shelter rules.

New expectations

Before making changes, establish new expectations for advocacy. Eliminating shelter rules eliminates some functions of the role the advocate has learned and practiced. This is a chance to replace those functions with advocacy practices that will support reducing rules. If the standard practice for addressing a community living problem has been to issue a written warning or ask a resident to leave shelter, then the staff, as a group, should determine what steps to take instead. The following strategies have been effective for other advocates when reducing rules and implementing voluntary services.

Effective advocacy strategies for implementation:

- Many shelter rules have been established to "keep the peace" among shelter residents, so focus attention on prevention by engaging residents in healthy and positive activities. Instead of using rules to control behavior, offer activities that promote community building, fun and relaxation among shelter residents. For suggested strategies, see "Strategies for engaging shelter residents in services and promoting a positive community living environment," which are at the end of this section.
- Keep residents informed of the services available to them throughout their stay in shelter. It is staff's responsibility to seek out residents, to tell them about services available and offer an ongoing invitation to participate.
- Help residents prioritize what services will be most beneficial. Many shelter residents have multiple demands that could conflict with the shelter's schedule of services offered. It is difficult to remember all of the demands and choose which ones take priority. If the program has a wide range of services offered by multiple staff, consider some type of priority needs assessment to determine which staff person a new resident would like to meet with first to meet those needs.
- If a shelter resident is not participating in services, seek her out and ask if her needs are being met. This approach again focuses on relationship building and avoids the judgmental label of a resident being "noncompliant" with shelter rules. In a private conversation with a resident, staff can start the conversation by asking questions:
  - Is there a different type of help and support we can offer you?
  - Do you have questions about the services we offer?
  - Are the services accessible to you? (time, location, language, physical accessibility, etc.)

Through these conversations, staff could discover many reasons that a shelter resident might not participate in services, such as:

- The survivor has the knowledge, skills and abilities to get done what she needs done. For example, her goal might be to get a new apartment. She does not necessarily need to meet with an advocate to form a written action plan if she already knows what steps to take.
- She might be too hesitant, proud, fearful or ashamed to disclose her personal experiences to a staff person. It is the responsibility of the staff to help build a trusting and respectful relationship with the resident so that if the resident needs help, she feels comfortable and confident seeking it from staff.
- There might be a scheduling conflict with services. Sometimes shelter and community services are offered concurrently. Added demands from work, school, children and family might leave little time for shelter services.

Once staff members have more information about reasons why services are not being used, together the resident and staff can decide if, when, how often and what services will be used. Even though services are voluntary, advocates can tell shelter residents what they would like to offer them during their stay. This is an opportunity to simply state that they would like to help the resident plan for her safety, provide information about domestic violence and tell her about community resources that can help her while in shelter and when she leaves.

- Helping staff develop their own skills in conflict resolution will benefit all involved when implementing this approach. Few people like conflict, mediating conflict or confronting another person about a problem. This is also true for shelter residents and shelter staff. Program leadership or supervisors can help that process by providing experiential training on conflict resolution to all shelter staff, role modeling conflict resolution and setting guidelines for mediating conflict between shelter residents.
- Addressing problems in a timely manner, such as when first reported, will help diffuse tension and conflict instead of giving it a chance to build. If no one talks to a resident about a problem and how to resolve the problem, it will continue to exist or escalate, and other residents' and staff frustrations could grow.
- Program leadership should allow staff the opportunity to discuss how the change in their roles is going. This helps avoid the pitfall of starting a new project and leaving advocates to figure out the details on their own. There are bound to be unintended consequences of any change. Everyone will benefit when the full shelter staff re-convene to discuss the benefits and drawbacks, to identify possible solutions and decide on next steps.

Sustaining the change

Any shelter taking steps to reduce rules and/or make services voluntary will probably go through relapses in their stages of change. At some point advocates and administrators will likely revert back to the old way of handling shelter conflicts, safety issues and other community living problems. Although rules are not formally re-adopted, staff might informally create and enforce unwritten rules. To help prevent this, there needs to be ongoing observation and assessment of how the change is going, continually setting and stating clear expectations, and involving all staff as part of problem solving.

Strategies for sustaining the change:

- Formally set expectations for supporting the values and philosophies of reducing rules and making services voluntary in advocate and administrator job descriptions, performance evaluations and training materials. Providing frequent opportunities to discuss ways to improve is vital for successful change.
- Identify one or two respected and experienced advocates to "champion" the expectations of advocates. These advocates can help redirect their colleagues who are struggling with changes as well as to be role models of effective advocacy and interactions with shelter residents.
- If an advocate is undermining the program's efforts to change, a supervisor or program leader should speak with the advocate in private in as timely a manner as possible. Be direct in stating how

the advocate's actions and comments are negatively affecting services. Try to explore the advocate's concerns and resolve those concerns. Reiterate performance expectations and discuss how the advocate's actions fail to fulfill expectations. If the advocate shows no improvement, handle the situation as a performance issue, following your program's guidelines.

- Hire to your core values and beliefs. Inform all candidates of the program's mission, vision, beliefs and values. In addition to interview questions designed to determine if a candidate has the required skills and knowledge, ask questions to elicit if the candidate shares the program's beliefs and values. Use descriptions of real life situations to find out how a candidate is likely to handle a situation. Someone who is extremely rule-bound and believes there is not room for individualized responses will likely not be successful at a program that has adopted voluntary services and reduced rules. It will be difficult to change a candidate's core values and beliefs. Candidates should have enough information about voluntary services, limited rules and advocacy expectations before deciding whether to accept a position.
- Use positive affirmation. Recognize advocates who are doing a good job. Then, advocates are more likely to repeat the expected advocacy skills and behaviors, as are others who witness the recognized action.
- Provide staff with customer satisfaction results. It is expected that the shelter residents will have favorable comments about their shelter experience when there are fewer controls on their behavior, as is consistent with results of the 2008 multi-state study of domestic violence shelters. See Chapter 1 for more about the study results.
- Educate the community, board members and funders on the newly adopted model. Overwhelmingly, they understand the concept when it is explained that the program does not want to assume the power and control role once held by the abuser. Keep a close eye on numbers served and outcomes to ensure there are not negative unintended consequences.

Program visits

Once the project is underway, one of the best ways for Coalition staff to see specific successes and challenges is by visiting the participating programs. This gives program advocates a chance to address specific problems and helps Coalition staff members know how best to help. Program visits can be a useful tool for both Coalitions and programs.

Benefits of program visits:

- Programs get to show and tell about the excellent work they have done.
- Training on identified problems can be offered and/or conducted.
- Coalition staff can learn from those directly involved in the project. Meeting them in their own environments can offer a sense of security to speak frankly about their frustrations and concerns in overcoming those frustrations.
- Coalition staff members gain information that improves its training curriculum and technical assistance (intensive problem-solving efforts).

How agencies view a visit from the Coalition varies by state, territory and program. If the Coalition has been involved and supporting this effort throughout the project, then relationships likely have been created and a visit from Coalition staff is welcomed or received with only minimal resistance or anxiety. A visit can help program staff identify training needs around anxieties they might have or couldn't clearly recognize until the program visit. Sometimes sharing information about the project while meeting on-site at the program and with the staff generates new questions that would not have otherwise emerged.

ONE PROJECT, MANY PATHS

Case #1: At one program, productivity and outcome levels stayed the same after implementing the reduced rules approach. However, the number of women and children served dropped significantly. The average length of stay increased from 27 days to 34 days. This could appear negative. However, a longer stay is actually one of the program's quality assurance indicators. When the program shared this information with funders, they got positive feedback for efforts to improve services rather than criticism for decreased numbers served.

Case #2: One program experienced an immediate reduction in those using counseling and support group services after the project started and attendance was no longer required. Rather than reinstating the requirement, the program staff asked residents what would make them want to attend, examined what topics for group were being offered and how those services were being "marketed." By changing their method for offering and operating, their numbers of attendees increased. For more about support groups and house meetings, see Chapter 4.

Case #3: Before all rules were eventually eliminated, one program decreased them incrementally. At the beginning of the project, the director explained it at the weekly staff meeting, and detailed how the program would participate and how the philosophy of this approach was consistent with empowering women. She then handed out their list of 54 rules and asked the staff to identify which ones they hadn't used in the last three months. As staff members went around and shared their selections, they began to agree with one another that the rules were unnecessary, and they left the meeting with a list of 24 rules. The next week they whittled the list down even further and within three months had gone from 12 to 6 to no rules for the program.

The change to no rules has been an obvious success for this program. Before starting the project, three or four women a year would decide not to stay at the shelter after hearing all of the rules upon intake. Some left within a couple of hours but didn't say why. Others explained that their lives at home were easier than living with all the shelter's rules. The program staff reasoned that a survivor shouldn't have to return to her batterer because of a shelter's rules. That was something the program could change. Since taking the no-rules approach, no resident has left at intake.

Case #4: One shelter's leadership made the decision to change the approach to shelter rules and then informed staff at a staff meeting. Staff was told the change would occur gradually, in phases, although everyone's input and feedback was important for the change to be successful. Leadership focused on why this change needed to occur.

Initially staff members asked how they would be able to do their jobs without rules, how the shelter would function without rules, how staff would know who was in the shelter without a sign-in and -out sheet, etc. The general consensus was one of fear that fewer rules would create chaos in the shelter and fear that staff would be unable to do their jobs without rules. The greatest resistance to rule reduction centered on curfew, childcare, child supervision and disclosing the shelter's location.

The program's director tried to get staff buy-in by providing extra training on the shelter rules philosophy, encouraging staff feedback (both positive and negative), having one-on-one conversations with staff about the changes, and reassuring staff that the changes would be gradual, would happen in phases and would be constantly reassessed.

Although staff members initially were fearful and resistant, the full-time staff became receptive after phase one proved successful. Staff witnessed that "utter chaos" did not occur after rules were eliminated. Staff also experienced how having conversations with women was more successful than enforcing rules or threatening consequences and that they could still provide structure in shelter with few rules.

This program transitioned from a 21-page handbook of rules and policies to a four-page handbook that welcomes women to the shelter, describes the program and services provided, introduces the staff, and explains emergency procedures, resident rights and the grievance procedure. It also contains one page of rules based on safety, such as the shelter being a violence-free place where physical punishment is not permitted, and details a list of items not allowed in rooms.

The program's leadership agreed that the single most important factor for successful change is explaining the philosophy for the Shelter Rules Project, why change is needed and how women can benefit from this change. This program also recommended providing additional staff training about woman-defined advocacy, empowerment, communal living and the history of the domestic violence movement. Educating staff about how the domestic violence movement has evolved during the decades is also a chance to show the need for additional reflection, analysis and change.

HIRING THE RIGHT INDIVIDUAL

Sample interview questions

The hiring process is the best time to ensure future staff members share the program's approach and values regarding rules. Interview questions can be an ideal way to discuss those principles. The following are some potential interview questions, which were suggested by project participants. (Questions are numbered only for convenient reference, not in order of importance.)

Questions for candidates who have done advocacy work:

1. Tell me about a recent success you had with an especially challenging individual.
2. Tell me about a time when you were working with a person who was not using your available services.
3. What steps did you take to establish rapport and engage them? What was the outcome?
4. Tell me about a time when you had to respond to a very angry person. How did you handle the situation and what was the outcome?
5. Describe a past experience in which you felt you did not handle a conflict with a person effectively. What did you learn from the situation and what would you do differently if you encountered a similar situation?
6. Describe a situation where you discovered a person, who was successfully working toward achieving her goals, was also breaking one of the program's guidelines. How did you handle the situation? What was the outcome?

Questions for candidates who have not done advocacy work:

1. Are you familiar with this organization's mission? (If not, tell the interviewee.) What does that mission statement mean to you personally?
2. How could your work here as _____ support this mission?
3. We serve many low-income families through the shelter. Why do you think people are poor?
4. Our community is becoming more diverse. What opportunities and challenges do you think this diversity brings to our community?
5. Tell me your thoughts about people with addictions. Tell me your thoughts about people with a mental illness.
6. The advocate position will likely provide exposure to any of the following issues: drug use, abortion, homosexuality, transgender individuals, addiction to drugs/alcohol, cultural conflicts, and diverse religious beliefs. It is likely that some residents' experiences and beliefs differ from an employee's personal values. Tell me about a specific time when the actions or values of someone you worked with conflicted with your personal values or beliefs. How did you handle the situation? What was the outcome?
7. Tell me about a situation in which you had to adjust to changes over which you had no control. How did you handle it?
8. Have you ever worked in a situation where the rules and guidelines were not clear? Tell me about it. How did you feel about it? How did you react?
9. Some people consider themselves to be "big picture people" and others are "detail oriented." Which are you? Give an example of a time when you displayed this perspective.
10. Some people consider rules and guidelines to be essential to keep people motivated and focused on their goals and responsibilities. Others are more comfortable working without rules and guidelines and handle things on a case-by-case basis. Which are you?
11. Have you worked in an environment that generally handled things differently than you? How did you adapt?
12. Do you have an example of when you were working with a person who did something that went against your personal values or your organization's values? How did that affect your relationship with the person?

ENGAGING SHELTER RESIDENTS

Strategies for engaging shelter residents in services and promoting a positive community living environment

1. Have the advocate who talked to the new shelter resident on the hotline seek out the resident, introduce herself, welcome the resident and ask how she is doing and if she needs anything.
2. Have the advocate who completes the shelter intake follow up with the new resident the next day to find out how her first night went, how she slept, if she is finding her way around the building and if she needs anything.
3. At the beginning of her stay, introduce the new resident to the staff person who can help her with the needs she prioritizes.
4. Hold movie nights, similar to a book club, with a discussion group following the viewing of the movie.
5. Host spontaneous Fun Nights, such as with BINGO, card games, board games, art activities, etc.
6. Hold Conversation Tables with residents who are learning different languages. This provides an opportunity to practice language skills.
7. Ask residents what topics they would like to learn about and offer a Life Skills type of class about those topics.
8. Use positive reinforcement, such as giving additional vouchers for clothing to residents who voluntarily do cleaning chores.
9. Recognize the shelter residents' achievements: Certificates of Accomplishment, Rites of Passage ceremonies, message boards for positive affirmations and residents' recognition of one another's achievements.
10. Designate and promote the use of a quiet space, to get away from community and be alone, by showing residents the room on a tour of the shelter, rather than only telling them about it. Help get them started by providing them with a journal, meditation CD, book of affirmations, or other religious or spiritual books.
11. Survey residents on a regular basis to find out what types of activities they would like. This could be done during the Community Building meeting.
12. Seek out community volunteers to offer self-care activities, such as Yoga, Pilates, aerobics, cooking classes, manicures or meditation.

Physical fixes

When implementing this approach in different programs, it can be helpful to consider physical changes to the shelter that can eliminate some of the common conflicts associated with communal living. The following is an explanation and list of practical suggestions from the Washington State Coalition Against Domestic Violence. Although funding is one of the greatest barriers to physically changing a shelter, advocates have said it is worth the investment to save the ongoing time and energy spent enforcing rules. Some programs also have said gaining community support and donations for this effort was easier than expected. For more information, see the following Washington State Coalition article "Physical 'fixes' that help programs minimize rules."

Physical "Fixes" that help programs minimize rules

Thinking creatively about physical space can help us eliminate rules and conflict by eliminating the source of problems. It is always preferable to control physical space versus trying to control women's behavior. Below is a list of ideas from programs around the state that have helped eliminate the need for rules.

Food/ Meds/ Valuables:

- Food lockers
- Locking safes in women's rooms for medications and valuables
- The Walla Walla wall'o'fridges solution: individual refrigerators in locking cabinets
- Rooms with locks on the doors

Communal living:

- Individual apartments instead of communal living
- One family per room instead of multiple
- Private bathrooms
- At least one room with private bath to accommodate older boys
- TV's in each women's room rather than one communal tv in the living room
- Multiple places to watch tv
- Plenty of any hotly sought after toy
- Multiple couches and comfortable chairs
- Multiple phones and TTY machines, as needed by the population

Security and entry after staff leaves:

- Hotel style keys for entry to the shelter
- Real estate lock box for entry to the shelter
- Fingerprint technology for shelter entry
- Night security guard

Cooking/Cleaning/Chores

- Hiring a cook who makes dinner or cleans up
- Hiring cleaners to do deep cleaning once a month or once a week
- Half or full time housekeeper to clean and organize
- Adequate storage, shelving, and closet organizers to make keeping room clean and orderly easier

Supervising Children

- Safe children's outside play area with no street access
- Ensuring physical spaces support safety: for example ensuring good sight lines between the kitchen and living/play areas where children are likely to be when mothers are cooking
- A safe way for women to smoke and supervise their children at the same time

Making Physical "Fixes" Work

"What do we do when we can't afford to make changes?"

Shelter programs around the state range in size and resources. Still, programs of all sizes and resources have reported that they have been focusing on what they can do now and then putting their dreams for more costly solutions into longer term plans. Programs have said that putting energy into physical fixes takes time and money upfront, but much less time and stress in the long run. An example would be that putting effort into asking for a donation of TV's for each room will then save much more time trying to enforce rules about the TV every day.

"What can I do if these ideas don't work for our space?"

Some of these ideas will not apply to all spaces. What ideas *do* apply? What programs in Washington State are similar in size and structure to the one I work in? Can I call them and ask them how they do house meetings or meals?

Also, many programs have worked out space and program structure while planning a move, new building or remodel of their current shelters. Programs report that thoughtful planning of space while considering how to minimize rules makes a space that is more comfortable for everyone.

"How can I get the people I work with to go for this? We are all so busy!"

Shelter work is complex and can be stressful. Sometimes it feels like we are operating in "survival mode." A challenge of working in circumstances where there is high need and limited resources make it seem easier to simplify in ways that may become punitive to survivors. Ask yourself, how much time do you take resolving conflict around rules or chores? Some programs have found that minimizing rules has freed up more time, and greatly reduced staff burnout. Change takes time and financial commitment up front, but may save time and money in the long run.

I want to do make some changes around rules, but I have more questions. What now?

Check out the WSCADV Shelter Support Project for shelter specific training, technical assistance, model protocols, articles and listserv information.

www.wscadv.org

"The changes we need to make require lots and lots of money, and that is really frustrating."

-Shelter Advocate

"When I wanted to implement some physical fixes and we didn't have the money, I went to the community and asked for it. I can't believe how much you can get when you ask for it!"

-Shelter Advocate

"We tell women that they have power over their lives, and then we feel like we can't make changes because we feel powerless to find the funding or time."

-Program Director

PROJECT MEETING PREPARATION AND AGENDAS

Getting Started

To select the first group of project participants, MCADSV staff made phone calls to programs that they knew were ready for change, had already been working on changes or were just open to new endeavors. By the second round of the project, programs let the Coalition know that they were interested in participating. Programs were selected to ensure there was representation from rural, urban, large and small programs.

The recruitment process can be aided by a simple and clear description that the project will provide a forum for advocates to concentrate on conversations about shelter rules that they already have been having. To reduce any anxieties, it is important to emphasize that there will be no mandates for how a participating program will implement any approach created through this project.

Costs

Prior to starting the project, the Missouri Coalition worked to allocate a small amount of grant funding to pay for food and transportation costs for the project (which is an allowable use of federal grants to state Coalitions). Although every Coalition might not be able to provide this, it made the difference for some programs that otherwise would not have been able to participate. The length of project meetings held at the Coalition office was usually 4-5 hours. This allowed most participants to attend the meetings without requiring a hotel stay, but this might not be the case in states with even larger geographical distances to travel to central meeting locations.

The following suggested discussion topics are based on the experiences of the Missouri Shelter Rules Project participants.

SAMPLE MEETING AGENDAS

First Meeting

The first project meeting should focus on team-building and helping participants get to know one another, which will help them have open discussions about difficult topics as the project proceeds. Participants can be asked to share the following:

- Name
- How long they have been doing domestic or sexual violence advocacy work
- Name of their program, its location and a brief description of their community and service area
- Their position and job duties
- How long their program has been in operation
- What services their program offers
- What their program is proud of or does really well
- Why their program wanted to participate in this project

Project participants should be asked prior to the meeting to bring a copy of their program's shelter rules document or the resident handbook that they currently use.

> Good ideas that will help the project can come from non-participating programs that have begun thinking about the role of rules in their own shelters.

It can be difficult during the first meeting to keep the discussions focused on what the participants identify as areas in which their program does well. While it is understandable that advocates participating in a process of change would want to immediately talk about what should be changed in their programs, it is important to underscore at the first meeting that each program has areas of excellence and innovation in their services. Encourage them to stay focused on what they do well for two reasons:

1. The project will provide them with months of time to discuss what they want to improve and change in their programs.
2. Relationships of trust among all group members can more easily be built from a starting point of recognizing the strengths of each participating program and of each other.

After the participants talk about their program strengths, Coalition staff members can talk about why they are excited to be involved in the project, what support the Coalition will provide and how that will be accomplished with each program and individual partici-

pant (i.e. meetings, phone calls, materials, trainings and listserv communications among the full group).

Coalition staff can then emphasize that the process by which participants choose to create and implement change in their own programs will be theirs to decide. The discussion can reinforce that each program is expected to tailor the project's process of change to its own culture, the dynamics within the individual program's staff, and their own successes and obstacles encountered as they proceed in the project.

Discussions among the group can then proceed to why each person agreed to join the project. After that, ask participants if they entered the project with any initial ideas about how their organizations will go about creating changes in their shelter programs.

Lessons Learned for the First Project Meeting

The project will be more successful if initially a great deal of time is spent discussing how to create organizational change. Discussions and examples of leadership styles, management techniques and organizational culture are essential. Not adequately discussing the preparation for a process of significant change or providing training about it can create unrealistic expectations and negative experiences for those in the project. Coalition staff should be prepared for project participants' eagerness to make changes, even hasty ones, in their programs. During this discussion, Coalition staff can report on a lesson learned in the Missouri project: excited leaders who returned to their programs after a first Shelter Rules Project meeting and immediately began making fundamental changes experienced staff rebellion and ongoing resistance to the project.

The first meeting can be a useful time to agree as a group that expecting rapid change will be counter-productive to achieving their goal of better aligning their shelters' daily operations with their values and organizational missions. See page 22 for more information about getting staff buy-in for the project. This is an important focus for this meeting and will ease the rest of the process.

As the project meetings get underway, Coalition staff also should prepare for questions and concerns about the project from member programs that are not involved in the project. These members might not have chosen to join the project but are curious about what is happening. Other program members might be concerned that they will have to implement whatever model results from the project and are worried that their programs' autonomy will be lessened.

Coalition staff can ease some of these concerns by clarifying common misconceptions through other meetings or trainings among members (a status update that the project will not become a mandate and that it is expected that other programs will have a later opportunity to participate). Newsletters and listserv updates also can address both the negative perceptions and the positive hopes of other member programs that would like to join a later and similar project. Good ideas that will help the project can come from non-participating programs that have begun thinking about the role of rules in their own shelters.

Second Meeting

The second meeting can focus on reviewing the shelter rules and resident handbooks that currently are used by each participating program. Coalition staff should have copies of each programs' materials ready for the meeting. Each project member can then share what rules and processes in their organizations they would like to change. Discussions are likely to cover specific rules, their origins (if they are known) and which rules seem at the outset likely to be easier or harder to discuss eliminating within their organizations. These discussions can be expected to comprise the full agenda for the second meeting.

Third Meeting Forward

The third meeting and each subsequent meeting's agendas can be based on the needs of the participants, the results of the first two meetings, and urgent issues that have arisen within participants' respective programs. The meeting agenda topics can follow the subject matter that is detailed earlier in this chapter.

Meeting topics can include:

- Initial staff discussions and processes about project (core values, stages of change, new expectations, implementation strategies);
- Managing change;
- Explaining the change to current and returning residents;
- Sustaining change;
- Personnel issues:
    - Addressing staff resistance to change;
    - Conducting good interviews with good interview questions;

  - Finding the right person for the job;
  - Conducting a thorough orientation; and
  - Maintaining or ensuring ongoing supervisory support to build and improve staff skill sets regarding relationship building, creative problem-solving, conflict resolution, etc.
- Board and community conversations;
- Discussing results of the surveys conducted with advocates in participating programs; and
- Other ongoing discussions and topics identified by participants.

Conference Calls and Listservs

Coalitions implementing a Shelter Rules Project should consider hosting a listserv for the leadership of participating organizations. This will enable them to share ideas, work on drafting new procedure language, discuss problems or resistance they are facing and get ideas from one another.

These same topics could be the focus of discussions during conference calls with Coalition staff and project participants. Depending upon travel budgets and participants' wishes, conference calls can be included as part of the regular meeting schedule, be scheduled for quarterly check-ins or convened as needed upon request by participants.

Lessons Learned About Supporting Leaders of Programs in the Project

Having a listserv specifically for program leaders in the project is an intentional layer of support for those who will have many roles and likely face many challenges during the project. The leaders of programs face a difficult task while going through a significant process of changing the core daily operations of a shelter. They are trying to change the practices of not only an entire organization but also those of each staff member within that organization. For example, one program found that the advocates working with residents every day had an easier time making changes than those in other positions such as legal staff, accounting, fund development and other administrative positions. Addressing the complaints of those not directly involved in the project but who are invested in the organization can be a challenge, especially when a program's leader is trying to work actively with frontline advocates on significant changes in the shelter.

An unexpected discovery during the first meetings of the Missouri project was the sadness the program leadership expressed. This discouragement seemed different from the daily management frustrations that are common in many workplaces.

These program leaders were realizing that some of their current staff could not remain when this project model was fully implemented. They discovered how resistant, rules-bound, and even punitive some advocates had become. In some cases, they even identified their dissatisfaction with what their own work had become. Many program leaders came from frontline advocacy work and were promoted into positions that took them away from the work that initially drew them into the movement to end violence against women.

One leader talked about how upset she was when she recognized that she no longer provided adequate training to new and ongoing staff on the philosophies of the movement or the organization. Her personal story led to a rich discussion among all of the project participants about the importance of maintaining that movement foundation. Without this primary foundation, they concluded, not only would the project's process of change fail, but the essential passion of advocates to create a world of freedom for women would fail.

As a result of these conversations, another director made a commitment to herself and her organization regarding mentoring. She would spend time mentoring—not necessarily orientating new staff, but mentoring them. It was how she learned the work, she said, and it was what she had neglected to continue to do for other advocates in her program. She decided that if it meant setting aside writing a grant for 20 minutes to work with an advocate struggling with a situation, she would focus on that staff person. Her goal was to continuously tell her employees about the philosophies behind the organization's practices and policies and the movement as a whole.

CHAPTER 4.

Challenges and Resolutions: Realities of shelter life

From chores to curfew to drug and alcohol use, certain challenges consistently emerge in shelter settings, regardless of rules. Residents who participated in the 2008 multi-state study of domestic violence shelters (Lyons, Lane & Menard, 2008) noted many of the same challenges as programs participating in the Missouri rule-minimization project. These results confirm the need to change or eliminate such rules and to do so in a way that improves advocacy for a more positive experience for shelter residents.

Although many challenges will continue to exist due to the nature of shelter life, Missouri's project participants found that eliminating or decreasing rules did not make matters worse and often improved the daily operations and common situations.

Participating programs found that the best approach to addressing these challenges was an individualized one. Some of these common problems, from handling medications to cooking dinner, can be addressed with physical fixes, as included in Chapter 3. The most effective and sustainable results came from programs determining what worked best for their staff, residents, community and physical environment.

The following sections address common challenges programs in the Missouri project faced and some of the ways they resolved them. These sections also can be used as topic-specific readings for discussions among staff members of programs seeking to reduce or eliminate rules.

CHILDREN

For parents in a communal living environment, being "responsible" for their children can be extremely challenging, especially in times of crisis when both children and adults might be dealing with trauma. Daily matters that were already difficult to determine, such as childcare, discipline and bedtime, are even harder to address in a shelter environment.

Advocates of programs participating in the Missouri project realized that signs and rules stating, "Residents are responsible for their children," are unnecessary because residents understand they are responsible for their children. But each resident and advocate might have a different perspective about what that responsibility entails.

Considering the complexity of parenting in a shelter setting helped advocates in the Missouri project come up with alternative ways to practice advocacy, without the restrictions or frustrations that come with repeating and enforcing rules. They found that having one-on-one conversations gave residents a time to voice their concerns and challenges. This provided advocates a chance to hear residents' needs and offer resources and options.

Many women come to shelter from relationships in which their partners undermined their parenting. The shelter setting provides an opportunity for advocates to allow women to parent, and to support them by providing options and resources. Advocates in the Missouri project tried to be cautious and make sure they did not in any way mimic the undermining that had been occurring in residents' lives. (For more information about parenting when a partner is a batterer, read *The Batterer as Parent* by Lundy Bancroft and Jay G. Silverman.)

These advocates found that existing rules were sometimes contradictory and set residents up for failure to comply. As they re-evaluated some of their rules, they found some of them impossible to uphold. For example, they realized that a rule that residents were to be with their children 24 hours a day was not only impractical, it also conflicted with other requirements. If residents were supposed to cook their own meals, but they couldn't see their children from the kitchen, or if children younger than a certain age are not allowed in the kitchen, it was impossible for them to abide by this requirement.

Advocates also realized that the rules meant a resident couldn't openly arrange for someone else to watch her children while she showered if she was supposed to be watching them at all times. 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.

CHORES

It is understandable, for residents and advocates alike, that being in a communal living space when someone does not clean up after herself can be frustrating. It is also understandable that everyone, at times, does not want to do chores. When this was particularly bothersome for some advocates in the Missouri project, they looked for different approaches. Sometimes that meant going ahead and cleaning up an area instead of repeatedly walking by and getting increasingly frustrated. Later, if the advocate knew who made "the mess," the advocate went to the resident and talked with her about communal living and cleaning up after herself. The advocate also took that chance to find out more about how the resident was doing and what the advocate could do to help or provide options and resources for her. In the midst of all the resident was managing, washing up the dirty dishes simply might not have been a priority or an achievable task.

Advocates understood that not all residents could or would choose to help with chores even if it was required. When some advocates expressed frustration that their roles were not to clean the shelter, they found that some residents also felt that way.

Some advocates in the Missouri project said that chores remain a challenge, regardless of rules. Others have explored options such as hiring someone to thoroughly clean the premises weekly or monthly. Advocates understood that not all residents could or would choose to help with chores even if it was required. When some advocates expressed frustration that their roles were not to clean the shelter, they found that some residents also felt that way. While the shelter is the residents' temporary home, it is ultimately the organization's responsibility to maintain it. Some advocates found it helpful to view one part of their roles as providing and maintaining the shelter. Because an advocate plays many roles, they concluded one of roles might be to wipe up the milk on the counter. In some instances, this was the fastest, easiest remedy.

ONE PROJECT, MANY PATHS

Case #1: One program that has completely eliminated rules has a sign-up sheet for chores. Residents volunteer to do the chores. Because the list is out for everyone to see, residents can talk with one another if those chores aren't completed.

Case #2: In one program, chores continue to be an issue and have not improved since implementing the reduced-rules approach. In this instance, it is notable that the situation didn't worsen, but advocacy and relationships between staff members and residents improved as they tried to address the challenges of shelter chores.

Case #3: In another program, residents are in their own cottages, pictured left. Advocates in that program ask residents to maintain cleanliness as they would in their own homes. Advocates let residents know that it is the job of one advocate to walk through all of the cottages once a week to ensure maintenance needs are met and to ensure cleanliness and upkeep. If that advocate thinks there is a cleanliness issue, she brings that concern to the resident or to the advocate who has been working the most with her. That advocate then has a conversation with the resident and offers to help resolve the issue.

CONFIDENTIALITY

Confidentiality is a core value of advocacy and takes many forms in shelter settings. Some shelters require that residents not tell anyone, including other service providers, that they are staying in shelter.

Although safety is usually the explanation for why residents are not supposed to disclose the location of the shelter, program staff and directors in the Missouri project benefitted from re-examining the unintended consequences of this rule.

For example, if a survivor is staying in shelter and has a public assistance or child protection caseworker, she might be told by shelter staff that she cannot tell the caseworker she is at the shelter due to confidentiality. However, the location of the shelter is already known by many: previous residents; staff; law enforcement; emergency first responders; and quite possibly, many other service providers or vendors. A rule requiring that a resident not disclose that she is staying in the shelter, much less the shelter's location, to family, friends, employers and other agencies can be, at a minimum, difficult for residents. It could also disrupt or eliminate a resident's job prospects and relational support. Therefore, what was meant as a rule regarding safety might not help residents and could become more of a hindrance to their efforts to gain self-sufficiency.

Having residents walk several blocks to meet a ride or wait for public transportation in inconvenient or even dangerous situations could pose threats to their safety by leaving them exposed to anyone in a passing vehicle, including an abusive partner or that partner's family members. Some shelters across the country have already begun this internal examination regarding disclosing locations. Many have decided to switch to a public location and have experienced no negative effects beyond those of an undisclosed location. This further highlights the importance of having the shelter in a secure location where staff are vigilant about safety and security rather than relying on the false sense of security of a "secret" location for a shelter.

CONFLICT RESOLUTION

Most domestic violence shelters have a core value that violence and abuse of any kind—including verbal, emotional, physical, or threats—is inappropriate and prohibited. However, having a rule about this value and

forcing residents to leave shelter for any violation of it is not the only or necessarily the best approach to conflict resolution, as participants in the Missouri project found.

An alternative approach to addressing a situation when a resident does act in an abusive manner is to ask her to speak with an advocate about the reasoning behind these actions and brainstorm alternatives to self-expression, anger and frustration in a nonviolent, non-abusive way. This approach gives residents and advocates a chance to address and resolve the conflict. Because it is common for these situations to arise, advocates in the Missouri project learned that they should expect them and not be hesitant to discuss conflict resolution with residents.

Those advocates found that having fewer rules has meant less conflict between them and residents. Instead of enforcing rules and threatening eviction/termination from the program if rules are not followed, advocates are able to have conversations with residents to find out what is going on and how they can help. Advocates and residents have found they can better address issues of conflict on an individual basis.

Advocates in the project did report that this personal approach with residents regarding conflict resolution was very effective in most instances. Some also identified that incidents of physical violence posed safety concerns for all residents that could not always be resolved through these conversations. In those moments, advocates took necessary measures to ensure the safety of other residents and children, even if it meant asking the resident to leave or contacting law enforcement.

CURFEW

In most programs that eliminated curfew, residents had the flexibility to not stay at the shelter for one or two nights before an advocate had a conversation with the resident about her need for a safe place and whether she had that elsewhere.

DRUG AND ALCOHOL USE

Shelter programs often serve women with addictions. If they don't, or discharge women who use, then they are not serving a significant portion of the women needing shelter services. Missouri project participants concluded that it was unreasonable to expect individuals with chemical dependency problems to simply discontinue using because they come into shelter. They recognized that creating a rule that requires sobriety will not make residents stop using. Addiction is a complex disease that is not easily treated in many individuals. As programs reflected on their missions and philosophy that all individuals have a right to safety, they recognized that "all individuals" included those with substance abuse or dependence problems.

The focus for project participants became managing safety issues, for the individual substance abuser and for the larger shelter community. A common approach has been for an advocate to address a resident's behavior, as in the following scenarios.

If a resident is in possession of alcohol or an illegal substance on site, an advocate could ask her to dispose of it or relinquish it to the advocate for disposal. If a

ONE PROJECT, MANY PATHS

Case #4: One program chose not to have a curfew. They decided that it was a resident's choice to stay out all night and they no longer required her to tell shelter staff where she was going and when she would return. However, advocates had safety planning conversations with residents when they shared that they were going out to meet friends or family in a restaurant, bar or other public location. Advocates stressed safety issues in these conversations. Because this particular shelter program is in a small town, advocates talked about the realities that the resident's abusive partner or someone who knows her abuser could see her, and that might increase risks for her. The advocates agreed that in these situations their roles are to encourage the resident to consider the possible consequences of her actions, to express any concerns they have about her safety, and not to pass judgment on her final decisions.

Case #5: When one program decided to get rid of curfew, the leadership assured staff that if it was a huge failure, they could reinstitute it. More than two years later, they have not needed to do so.

resident is under the influence of alcohol or an illegal substance, an advocate would ensure the resident's safety and provide access to medical care if necessary.

If a resident is under the influence of alcohol or an illegal substance but is not aggressive or disruptive, an advocate could ask the resident to stay in her room or space and "sleep it off." As soon as possible, once the resident is no longer under the influence, the advocate could have a confidential, non-judgmental conversation about substance abuse issues and how the resident's use of substances affects the safety of everyone in the shelter. For example, many survivors said the smell of alcohol reminds them of their abuser and the abuse they suffered—they said they don't feel safe when they smell alcohol. Advocates could explain to residents that they want everyone to feel as safe as possible while they are staying at the shelter. Therefore, they ask that residents do not use while in shelter. However, many women have said that they use alcohol or drugs to try and cope with what has happened to them. The advocate could ask if the resident thinks she needs help with substance abuse issues, and if so, offer to help with that. The advocate could then provide referrals or discuss treatment options available in the community. (It should be noted that advocates in the Missouri project found that obtaining these resources for residents remains a challenge in many communities given the chronic difficulties in obtaining bedspace in residential treatment facilities, especially those that allow children to accompany their mothers, as well as lengthy waiting lists for non-residential and Medicaid-supported substance treatment services).

If a resident is intoxicated or under the influence of illegal substances and her behavior is unsafe for the rest of the shelter community, then the advocate could address that behavior through voluntary admission to detox, which is preferred, or law enforcement intervention, as a last resort. Emergency medical intervention would be used when needed.

For additional information regarding substance abuse and dependence and accommodations that shelters can make, see the Accessing Safety Initiative website: www.accessingsafety.org/

KITCHENS AND FOOD

Kitchens, cooking and food matters are a common concern in communal living environments. Missouri project participants found that some of those concerns could be addressed or even eliminated by altering the facility's design or daily operations. For example, to allow women to watch their children while preparing food, programs rearranged the kitchen and living space. Sometimes this was as simple as moving furniture, hanging decorative mirrors or adding a child's table in the kitchen. Having a diverse offering of food also improved the environment and was a sign of welcome and respect for residents.

Some participating programs hired someone to come in and cook dinner or clean the kitchen thoroughly each week. When programs asked residents if they were interested in being involved in food or kitchen matters, most residents said yes, and created menus and grocery lists. Others helped in other ways.

> There is a fine line between advocates being responsible by documenting and dispensing medications and advocates being perceived as practicing pharmacy.

As with all chores, sometimes cleaning up spills or washing dishes was not the top priority when viewed in the context of a resident's life circumstances. Sometimes the simplest, immediate solution—for an advocate to clean up the mess in the moment—was best. Later the advocate could have a conversation with the resident involved to discuss communal living and talk about what was going on in her life.

MEDICATION

Shelter programs often have rules about medications for fear of residents overdosing. But after evaluating the reasons behind these rules and some of the logistics surrounding medication and accessibility, programs in the Missouri project determined that most of the rules could and should be eliminated.

Often, the rules were unnecessary. For example, even if every resident had recorded her medications and retrieved them from the program's office, there would still be the possibility of overdosing and no way to guarantee what and how much was taken. When evaluating the most extreme possibilities in these situations, it was

helpful for participating advocates to acknowledge that emergency medical personnel are skilled in responding when they have no idea what someone who has overdosed has taken.

Rules could also complicate liability. There is a fine line between advocates being responsible by documenting and dispensing medications and advocates being perceived as practicing pharmacy, which is illegal in some states if the advocate is not a medical professional. In some cases, the more specific and controlled the medication documentation and storage is, the more liable a program could be. Some programs in the Missouri project have provided individual lockers for women to store their medications so they can retrieve them when needed.

According to the Americans with Disabilities Act, someone's medical condition cannot be a condition of service. Therefore, inquiring about someone's medications or medical condition is not only unnecessary but also illegal.

MENTAL ILLNESS

Women with mental illnesses are one of the most vulnerable populations shelter programs serve. Through the Missouri project, some programs assessed how their rules and policies "screen out" women with mental illnesses, which placed those women in very real danger. This practice also could be legally interpreted as a violation of the Americans with Disabilities Act. Programs nationwide have recognized the importance of educating staff members regarding mental illness to dispel common myths. For example, many people believe that the presence of a major mental illness predisposes them to violence. According to a 1999 Surgeon General's report on mental health, persons with psychiatrically diagnosed conditions are no more dangerous than those in the general public, but are more likely to be victims of crimes.

Another issue participating programs addressed is the stigma that remains around the topic of mental illness. Gaining an understanding of how the brain can become sick through the same process as that of any other organ of the body helped program staff feel more comfortable and confident to have open conversations with residents regarding their mental health needs. Programs recognized the importance of shelter staff developing a working relationship with their local community mental health centers so they were knowledgeable about the process for gaining access to treatment or emergency services for individuals who do pose harm to themselves or others.

For additional information regarding mental illness and accommodations that shelters can make, see the Accessing Safety Initiative website: www.accessingsafety.org/

SUPPORT GROUPS AND HOUSE MEETINGS

Many advocates in the Missouri project worried that if services were voluntary, residents would not attend support groups or house meetings. This concern caused program participants to consider why residents might not want to attend and what could be changed to encourage attendance. By asking residents, some advocates found that groups were not meeting needs, were misrepresented by their names, or were not worth the extra work and schedule shuffling required to be there. Genuinely inquiring about why a resident chose not to attend was a chance to also ask what *would* make a resident want to attend.

Missouri project participants also found that simply changing the name of the group, for example from "Parenting Group" to "Time for Me," sometimes helped residents reconsider what the group was about. Groups that seemed unappealing, unnecessary, or even insulting by insinuating a lack of certain skills were more readily received when titled by another name. Some programs have offered incentives for attendance, such as points or vouchers for shopping in the program's thrift store. Advocates also have asked residents who did not want to attend what could be changed so they would want to attend. Most importantly, meaningful content and worthwhile connection were the greatest assets for a voluntary meeting.

Not all programs in the Missouri project were able to or wanted to make support groups voluntary. However, regardless of mandatory or voluntary attendance, programs could still consider the content and promotion of those groups to accurately reflect or alter what was available.

In 2012, Family Violence Prevention and Services (FVPSA) funded programs will no longer be allowed to require or make service recipients participate in supportive services as a condition of receiving other services. For example, a program can't require someone to go to support group as a condition of receiving shelter services.

ONE PROJECT, MANY PATHS

Case #6: For one program, support group was mandatory prior to the project. The group facilitator often complained of rude and disruptive behaviors by some group members. The program also received complaints from group members who felt disrespected by other members and consequently didn't feel comfortable sharing their personal stories. Since moving to voluntary services, the program has not experienced these problems. Support group has good attendance, and it is a positive experience for the members and the facilitator. In some of the life skills groups, the program has used incentives, such as a drawing for a donated prize at the end of group, which has encouraged some individuals to attend.

Case #7: In another program, residents are now responsible for managing the shelter's unrestricted donations. They determine the budget, for example, for cab vouchers and groceries. This process offers not only financial management skills but also empowerment and investment in the shelter's daily operations.

Case #8: One program decided that no meeting would be mandatory. Advocates let residents know the time, location and subject matter of the meetings and encouraged them to attend, although it was not required. Advocates also recognized that some people are intimidated by the group setting. For those who wish to not attend groups, advocates offer to provide handouts from meetings and discuss the subject matter one-on-one.

Case #9: In one program the move to voluntary attendance was so successful that even more change has occurred. Residents requested they be allowed to hold their own meetings and then report any decisions staff should know. For example, residents decided they wanted a Mexican food night, determined the grocery list and told program staff so they could plan accordingly. The program's house meetings are entirely facilitated by residents, who can choose to inform staff if they would prefer to have an advocate facilitate instead. Otherwise, advocates do not even attend those meetings.

SIGN-IN/OUT SHEETS

Some programs in the Missouri project stopped using sign-in and sign-out sheets. They saw it as another opportunity for advocates to assess why certain information was gathered and if it was necessary. Often, the intention of these sheets was safety and liability. For example, in case of a fire, the sheet would be a record of who was in the building. However, it was unrealistic to expect that everyone who entered and exited would always remember to sign in and out every time. Therefore, the list was not truly reliable and could even have been misleading in an emergency. Also, if there were a fire, the fire department would check the entire building for people, regardless of the sign-in/sign-out sheet information.

In terms of advocacy, participating programs found that what was far more helpful than a sign-in sheet was daily contact between an advocate and resident. This helped an advocate know her schedule, what was going on with her, and helped a resident know what support, resources and options were available. This also enabled more opportunities for conversation and a more personal interaction, which were missed when there was only written documentation.

Lyon, E., Lane, S., & Menard, A. (October 2008). *Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences*. University of Connecticut School of Social Work and Anne Menard, National Resource Center on Domestic Violence.

CHAPTER 5.
Closing

This project is not for every organization, but it can be for many. Some who participated in the project would not have initially considered themselves revolutionary or cutting-edge programs. They entered the project because they wanted to do what they felt was right and better for those they have committed to helping.

Every movement witnesses its own evolution and has its own pioneering leaders. This project has been possible only because of the work of the leaders in the movement to end violence against women, those who laid the foundation of community and connection on which all advocates continue to build. But this project's success is also due to the commitment, diligence and creativity of new pioneers, those who have forged new approaches within their programs and communities, who have met resistance, faced challenges and sought resolutions with advocates and residents in their own shelter programs. They are visionaries and leaders in their own organizations, communities and state Coalitions. On behalf of the Missouri Coalition, these leaders' sister programs and those they serve every day, we extend our thanks and appreciation for their bravery and willingness to place their organizations on a path toward a better place for those who cross their shelters' thresholds.

For additional information or questions, please contact MCADSV at (573) 634-4161 or mocadsv@mocadsv.org or visit us at www.mocadsv.org; or contact the NRCDV Technical Assistance Team at nrcdvta@nrcdv.org

APPENDIX

Discussion tools, handouts and resources

I. SAMPLE RESIDENT HANDBOOK

WELCOME TO HOPE CRISIS CENTER

Hope Crisis Center is made up of members from throughout Hope County who share the conviction that violence, in particular, domestic violence, can be prevented. It is the mission of Hope Crisis Center to provide physical, mental, legal, spiritual and financial support for individuals who are or who have been in an abusive situation.

Hope Crisis Center was incorporated in 1990 with the sole purpose of providing a safe place for victims of domestic and sexual violence to find support. We believe that all individuals have the right to live a life free of abuse, and our doors remain open 24-hours a day to help those individuals fleeing from violence.

At Hope Crisis Center, we work to assist in meeting the special needs of domestic and sexual violence victims. We seek to provide safe shelter and to educate those affected by this violence. We are glad that you have made the decision to come and stay with us. Be proud that, by coming into shelter, you have taken an important first step.

Currently, we provide emergency, protective shelter for victims of domestic and sexual violence. We provide support, advocacy, education and referrals. We advocate for systemic and societal change.

We hope your time spent with Hope Crisis Center will be safe and productive. We will provide you with food, personal hygiene items, and access to clothing and shelter free of charge. Advocates are available to you on a daily basis to assist you with your daily needs including transportation to various appointments. We are here to help you move from being a victim to being a survivor. We recognize that this is not an easy process, but, please remember we are here to help support you and your decisions.

We share a commonality here. All of the residents staying with us have been abused by someone who said they loved them and cared for them. This is a safe place for all abused people regardless of gender, race, religion, age, sexual orientation or disability. We respect the uniqueness of all individuals staying with us and seek to ensure the safety and well being of everyone who walks through our doors.

Please let us know if you have any special needs or require any special medical care. We will make every effort necessary to accommodate those needs.

Communal Living Information

Please read the following information carefully. This information is intended to remind us of our rights and responsibility to respect the rights of others living on-site. Our goal is to promote a pleasant, cooperative living environment and provide each resident the opportunity to work on what she/he needs to build independence for herself/himself. All residents have a responsibility to take care of the shelter. Hope Crisis Center exists for the safety of those who are here now and those who will reside with us in the future. If you have any questions, please do not hesitate to ask your primary advocate.

The main tool of our safety here is confidentiality. We ask that all information that you might learn about other residents be treated with the utmost confidentiality. Discussing this information with others outside Hope Crisis Center not only jeopardizes current residents but future residents as well. We also ask that you not reveal the location of where you are staying to anyone outside the center.

In addition to this, we will not confirm or deny your presence with us. If you wish for us to communicate with anyone on your behalf, we will ask you to sign a disclosure form giving us permission to do so. Following this, you may receive phone messages at (444) 555-666. You may receive mail at:
P.O. Box 321
Townville, MO 65432.

Time spent in shelter is a time for safety and for healing. We will make ourselves available to help in any way. Our goal is to assist you in your journey of healing.

Everyone who is residing here is escaping violence and has come here to be safe. As a result, we will not make any derogatory remarks about race, religion, ethnicity, social class, age, medical condition, disability, gender or sexual preference. We hope that by using this type of non-threatening/non-discriminatory language it will encourage you to do the same in your interactions with other residents of Hope Crisis Center.

Abuse has many faces and verbal and emotional abuse can be just as devastating as physical abuse. Every resident and non-resident of Hope Crisis Center has a right to their own opinions, but we ask that you present your opinions as respectfully as possible.

For your safety, please let us know if you have any special medical needs or specific prescription medications. We will do our best to ensure your continuity of medical care.

We ask that each resident of Hope Crisis Center meet with us at least every 24 hours while in shelter so that we can assess what individual needs are and assist in goal planning and safety planning. In regards to safety planning, if you see your abuser outside of the shelter and are concerned, please notify us if you want us to contact the police.

Please be aware that, at times, in a community setting personal belongings might turn up missing. Although we do regret that this might happen, we are not responsible for lost or stolen items.

We provide food and cleaning supplies for all residents of Hope Crisis Center. You are free to prepare meals for yourself and your children at your leisure. And, as in your own home, cleaning up after yourself is necessary. Although it is not required, we do appreciate if, upon exiting, you remove the bedding and bring that along with any used towels you might have to the office. There are also trash receptacles located outside each cottage area. We ask that you maintain the cleanliness of the yard surrounding your cottage. This includes cleaning up all trash and/or cigarette butts. Room checks will be conducted each Monday, Wednesday and Friday to ensure the maintenance needs of your cottage are met. Hope Crisis Center is a smoke-free facility although there are designated smoking areas.

For your convenience, we have laundry facilities available. We ask that all residents sign up to do their laundry. The sign-up sheet is hanging on the door of the laundry room. A time slot will be held for 15 minutes. After that, anyone else may use that laundry time.

Vacuums are also made available to all residents. Again, we ask that vacuums be signed in and out. The sign-in sheet is located on the supply room door in the office.

We offer telephone usage to all residents and non-residents. You may call whomever you wish at any time. However, if several people need to use the telephone, please limit your call to 15 minutes. We also have a computer available so you may access the Internet or type resumes, letters, etc.

We provide various educational opportunities and support groups during the week. Our primary support group meets on Tuesday nights at 7:00 p.m. We also hold daily support groups at 10:00 a.m. each day. Also, you may schedule an informal "peer counseling" session with your primary advocate as often as you wish. We encourage each resident to take advantage of these opportunities as needed.

We ask that you be considerate and respectful of other residents at Hope Crisis Center, as well as all staff members. You and everyone else staying here have escaped an abusive situation and have come here to be safe. It is important to respect others by honoring confidentiality, by taking care of yourself and your children, by taking care of your own goals and issues and by trusting that others are taking care of theirs.

We maintain 24-hour office coverage Monday through Sunday with the office closing at 10:30 p.m. After the office locks, an advocate is available in the building for emergencies Monday through Sunday. Day hours during the weekend are 8:00 a.m. to 8:00 p.m. Please respect the fact that we conduct business out of the office. By respecting each other and working together, we ensure that we maintain a healthy, therapeutic environment at all times.

If you have children, we will work as diligently as possible to ensure that your child may stay in the same school she/he has been attending. We have information regarding the public school bus system. If you are new to the area, we will work with you to help enroll your child in school.

If you have to be away from your children for any reason, you may work with another resident to be responsible for your children. It will be necessary for you and the other resident to sign a "Babysitting Agreement" designating who will be responsible for your child in your absence, how long you will be away and a contact telephone number for you, in case of emergency.

Before you exit Hope Crisis Center, please meet with your primary advocate to discuss goals and plans after leaving. If you are moving to a new living arrangement, your advocate can assist you in getting the living environment setup including furniture, household items and appliances. If you are returning to your relationship, your advocate can help you formulate a safety plan and options if the abuse begins again.

Please fill out your satisfaction survey. This is a confidential form for you to fill out which assists us in ensuring that the quality of service we seek to provide is maintained. It is helpful if you leave a forwarding address with us if you wish to receive mail that might still be coming to us. Hope Crisis Center will hold or forward mail for 30 days following your departure. We will also hold any personal belongings left behind for up to 60 days. Following that, personal belongings will be recycled into donations. Please make sure that you return your room key to your primary advocate.

We at Hope Crisis Center applaud your efforts as you seek to make your life and the lives of your children safe. Together, we can break the chains of domestic violence within our community.

I have read and understand this handbook.

Resident's Signature: _____Date:_____

II. SAMPLE RESIDENT MANUAL

HARMONY CRISIS CENTER
RESIDENTIAL INFORMATION

Welcome to Harmony Crisis Center.
Your safety is the highest priority at Harmony Crisis Center.

Services
- Emergency Shelter
- Domestic Violence & Sexual Assault Prevention and Education
- Peer Support Groups
- Advocacy Services (police/sheriff, court/legal, community resources)
- Crisis Intervention
- Transportation
- Information and Referrals
- 24-hour Crisis Hotline
- Various parenting, budgeting and children's groups will be offered to Center clients.

Mailing Address
P.O. Box 123
Cityville, MO 65432

Fees for Services
All services are provided free of charge and are confidential.

Housekeeping & Repairs
Please participate in the upkeep of your rooms and assist with the upkeep of the areas shared by everyone. Your assistance helps us create a welcome environment for other women and children. Please report any necessary repairs to Center staff.

Laundry
The Center has a washer and dryer, which are to be shared by all who are living here.

Length of Stay
The length of stay here will depend on a variety of things, such as the availability of resources and your own plans. You will be kept fully informed regarding any criteria regarding the length of your stay here and what you may expect during your stay with us. Of course, you are free to leave the Center at any time you choose.

Cooking
We welcome you to enjoy the food provided by the Center. When bringing your own food items into the Center, please mark each item individually to insure no one else uses it. Unmarked food is considered Center food and available for anyone's use.

Phone
We provide free telephone service. The resident phone is located in the living room area. You can receive phone calls at 1-800-555-5555 (toll free) or 555-555-5555.

Television
There is a sign-up sheet for TV. If there is a specific program you wish to watch, please make sure you have completed the sign-up sheet.

Security
Please allow staff members and approved volunteers to open doors for security reasons.

Smoking
The smoking area is on the rear deck.

Alcohol and Other Drugs
Harmony Crisis Center maintains a drug-free environment. Alcohol and illegal drugs are not allowed on site.

Theft
Harmony Crisis Center is not responsible for articles left unattended, or for loss or theft of personal belongings. Please keep your doors locked.

Weapons
You and your children may not bring weapons on site.

All Harmony Crisis Center residents have the following rights:

- The right to be treated with consideration, respect, and full recognition of your human dignity and individuality;
- Receive care, and services that are adequate, appropriate, and in compliance with relevant state, local, and federal laws and regulations;
- To participate in developing individual goals and action plans;
- To receive an explanation of services in accordance with the goals and action plans;
- To object to, or terminate, any goals or actions;
- The right to be referred to another provider if Harmony Crisis Center cannot provide the level of service required;
- To be treated in a manner that is ethical and free from abuse, mistreatment, exploitation, and/or physical restraint;
- Be free from discrimination; including discrimination based on race, creed, color, age, gender, sexual orientation, national origin, marital status, disabilities, and any other classification prohibited under state or federal law including the Americans with Disabilities Act, 28 CFR 35, and the Fair Housing Act, 42 U.S.C. – 3604;
- Confidentiality and privacy in all aspects of service and access to one's record as outlined in the center's procedure;
- The right to know what Center guidelines apply to you as a resident;

- Upon request, to obtain an explanation as to the relationship, if any, of the Center to any other facility or educational institution insofar as said relationship relates to your care;
- Access to information on financial assistance;
- To have all reasonable requests responded to promptly and adequately within the capacity of the center;
- Access to the Center's grievance procedure.

As a resident of Harmony Crisis Center you have a right to a copy of this document.

Harmony Crisis Center Resident Grievance Procedure

A resident who wants to file a grievance concerning the operations of this Center, including but not limited to their goals, discharge and/or change in status, will be able to file a grievance as outlined below without being subjected to any retaliation:

A resident who has a grievance must first meet to discuss the grievance with their advocate. If no resolution is achieved to the resident's satisfaction, then the resident is to make an appointment with the Executive Director.

If, when meeting, the Executive Director and resident achieve resolution, no further action is necessary by either party. If no resolution is reached, the resident will be required to submit a letter with a detailed description of the grievance and actions taken subsequent to it, and request an appointment with the President of the Board of Directors or their Designee. The Board Designee will meet with the resident (and their advocate if one has been requested) and the Executive Director at the request of the Board Designee. If no resolution is reached during this meeting the resident may request a meeting with the full board. Actions taken by the full board are final and binding.

If changes are made in this process while you are a resident, you will be notified of those changes by this Center.

III. CORE VALUES AND PHILOSOPHIES

The following values and philosophies are included for participating advocates and program leaders who wish to read and discuss them. These can be helpful discussion tools before implementing a reduced-rules approach as well as throughout the process of change.

Guiding questions:
- Identify and describe your agency's mission, vision, values and philosophies.
- Discuss how current practices and rules support or conflict with those core values and philosophies.

SAFETY

Safety must be the fundamental guiding principle in all efforts to assist those escaping the violence and control of their intimate partners. All contact and interventions with a survivor must account for the risks she faces when she seeks help. For women victimized by domestic violence the risk of danger can be greater when they leave their abusive relationships. If interventions are not based on safety and her assessment of her situation, there can be unintended consequences (MCADSV, *The Nature and Dynamics of Domestic Violence*).

EMPOWERMENT AND THE RIGHT TO SELF-DETERMINATION

In the empowerment model, a survivor of domestic violence is the expert in her life. This philosophy also might be referred to as woman-defined or survivor-defined advocacy. Anyone seeking to help her must encourage and respect the choices she makes. Advocates should consciously reinforce the expectation that a woman who has been battered can—and will—take charge of her own life. Empowerment through advocacy is achieved by respecting confidentiality, believing and affirming a survivor's experience, acknowledging injustice, respecting her autonomy, helping her plan for safety and promoting access to community services (MCADSV, *The Nature and Dynamics of Domestic Violence*).

Empowerment is when survivors take back or regain the power to make their own decisions and to determine the direction of their own lives. This empowerment approach should be guided by advocates questioning whether they are respecting a resident's right to make her own decisions her own way, or whether the advocate is trying to get the resident to do something that she might not want. This model contrasts with the control abusers impose over victims' lives by telling them what to do and how and when to do it.

An advocate's personal values should not be projected onto a survivor. An advocate's role is to help her critically assess her chosen course of action, understand the likely consequences of each action and provide options and resources so she can advocate for herself, thereby taking control of her life and making it safer for herself and her children. In considering shelter rules, it is important to determine what rules take away or create barriers to a woman's right to self-determination.

STRENGTHS PERSPECTIVE

This philosophy provides the framework to immediately recognize the strengths and abilities of each person. It builds on that foundation through advocacy efforts that let women identify what they want, helps reduce the obstacles to those goals, and provides the information and skill-building support that helps women expand their strengths into mastery over ever-larger aspects of their lives.

RESPITE AND TRANSITION

Respite and transition service approaches assert that the process of breaking away or healing from abusive relationships occurs in stages and that people seek shelter for different reasons, not solely to leave their relationships. Often, survivors seek shelter for sanctuary from abuse and control. The physical, emotional and spiritual toll of violence requires a period of respite to rest, recuperate, recover and rejuvenate. Once the survivor has

had a period of respite, she can begin to make decisions about her future. For the remainder of her stay in shelter, services and interventions must be tailored to support these choices.

TEAM WORK

A team approach is used in providing all levels of support to the domestic violence survivors the team serves. The team relies on the strengths of each member and constantly seeks new ways to improve services. Through cooperation between multiple levels of support, residents are assisted in achieving their self-identified needs. This involves cooperation between residents, advocates, specialists, case managers, therapists, support persons and other special roles necessary to sustain the agency, such as development, administrative and facility. In addition, team members provide each other with social and emotional support.

CUSTOMER SERVICE MODEL

This approach assumes that the main purpose for an organization or shelter is to provide the services, resources and connections to other services sought by its residents. Although the staff might not be able to give residents exactly what they want, they can respect survivors' wishes and do all they can to help. In this way, the advocates' goal is to provide excellent "customer service" to those who seek their services.

TRAUMA-INFORMED SERVICES

The following content about trauma-informed services can also be found in Chapter 2. It is included here for use as a handout to guide staff discussions.

Women arriving in shelter have likely experienced traumatic stress, often repeatedly. While everyone experiences daily stress, traumatic stress involves someone experiencing overwhelming circumstances that have threatened their physical or mental well-being and left them feeling vulnerable, helpless, afraid and out of control. This also can negatively affect their relationships and beliefs. When advocates working in shelter are informed about trauma, its causes and effects, they are better equipped to understand and offer appropriate options and resources for residents.

Relationship between trauma and rule reduction

The trauma of experiencing domestic or sexual violence is compounded when a survivor has to leave her community, security and physical home. Homelessness can be a traumatizing experience during which women are uncertain and anxious about the future and the present—when and where they will next be able to sleep, eat, bathe and use the bathroom with privacy.

Trauma can occur from a single instance or it can be chronic and interpersonal, as abuse often is. This prolonged, persistent trauma, or complex trauma, can change the way a survivor's brain functions to recognize triggers and try to prevent, ward off or escape repeat experiences. Complex trauma can also have other cognitive, physical, emotional and relational effects.

Trauma survivors might have many triggers that are re-traumatizing, or make them feel again that they are in the danger of a past traumatizing event. Some of these triggers cannot be anticipated by shelter staff, such as a specific smell or sound. However, other triggers are more common, such as a lack of control.

When women who have experienced traumatic stress enter shelter, the program's rules, consequences and strict expectations can trigger a survivor's trauma responses. Advocates can unknowingly further contribute to a resident's state of crisis by creating a controlling environment within the shelter. When advocates understand these triggers, they can take steps to avoid further crises.

By reducing or eliminating rules in shelter, advocates can help traumatic-stress survivors by shifting the feeling of power or control back to the survivor. However, transitions and disruptions to schedule or routine are also common triggers for traumatic-stress. Therefore, it is also helpful when advocates offer residents a sense of what to expect as a routine. Some advocates might argue that rules create a routine, but rules can cause more stress than support. Advocates can offer structure without excessive rules, such as by informing residents about

the typical schedule, for example when meals and meetings usually happen, without requiring attendance or demanding a certain behavior.

Sometimes survivors' responses to triggers or methods of coping with flashbacks are misunderstood. What might appear as a relapse from sobriety or a "manipulation of the system" could be a survivor's approach to managing her anxiety and meeting her basic needs. Therefore, this situation could be an opportunity for advocates to recognize the trauma and discuss possible healthier coping skills.

The more advocates know about providing trauma-informed services, the better they will be able to understand and accommodate residents' concerns and be proactive to avoid further crisis. For more information about trauma-informed services, visit the Homelessness Resource Center website, where the Homelessness and Traumatic Stress Training Package publication can be found online at www.homeless.samhsa.gov

Volk, K. Guarino, K., & Konnath, K. (2007). Homelessness and Traumatic Stress Training Package. DHSS Publication. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

COMMITMENT TO DIVERSITY AND CULTURAL COMPETENCY

Domestic and sexual violence affects all segments of society that are defined by gender, race, ethnicity, religion, age, sexual orientation, geographic location, socioeconomic status, and physical or mental ability. Because society is diverse, it is important to understand that domestic and sexual violence and cultural issues can intersect in complex ways for different individuals. This is particularly so in communal living environments, such as residential shelter programs.

To effectively provide survivor-defined advocacy, advocates must recognize that each individual understands domestic and sexual violence in a different way and might experience different barriers and challenges when seeking shelter. For example, if a woman who is Deaf is seeking shelter, she might find that a program does not have staff members who can sign or have access to an interpreter or assistive devices. Becoming familiar with the diverse populations in their communities can help advocates make efforts to ensure that all victims of domestic and sexual violence are able to gain access to shelter and address their respective needs.

To carry out a commitment to diversity and cultural competency, an agency can strive to create an environment where diversity is woven through the fabric of its culture, where each individual's uniqueness is valued and true diversity is evident at all levels and in all functions in the agency. All involved are committed to an environment where every individual may grow personally, where everyone and their contributions are acknowledged, respected, and appreciated, and where differences are celebrated.

Value and respect for diversity are characterized by:

- committing to social justice and equality;
- emphasizing empowerment of all people in the organization;
- educating staff on the strength and value of multi-cultural perspectives;
- supporting, retaining and attracting staff and volunteers who reflect the diversity of the community; and
- providing support and services to the community in a culturally respectful manner.

Advocates working within shelters have an opportunity to move toward cultural competency in tangible ways. From creating brochures and signs in multiple languages to selecting diverse artwork for shelter décor, advocates can take practical, daily steps to help residents feel more comfortable in shelter. Creating a more welcoming, respectful and familiar environment can benefit residents and staff alike. Offering diverse foods and considering dates and times for various eating specifications is another way advocates can reflect diversity in their programs. For more information about providing diverse and culturally relevant services for all survivors, visit the Women of Color Network website at www.womenofcolornetwork.org.

People with disabilities

The term "people with disabilities" is often used to describe a diverse group of individuals, including people with cognitive, physical or sensory disabilities, or people with mental illness. When working with people

with disabilities, it is important to remember that each individual has different skills and needs. Advocates should not make assumptions about a person's abilities based on appearance and, when in doubt, should not be afraid to ask the individual what support she needs. Advocates should be open, respectful and flexible—as they are when working with all survivors.

Part of the philosophy of reducing rules involves making services more accessible. Certain rules, such as requiring completion of chores or attending support group, might be impossible for some residents to keep. By reducing or eliminating those rules, all residents have access to services without the risk of having to leave based on breaking a rule they were not able to follow.

Advocates also might consider collaborating with other local programs that provide services for people with disabilities to share resources and receive education and support. More information is available at the Accessing Safety website at www.accessingsafety.org. This site, funded by the federal Office on Violence Against Women, is designed to help organizations that offer domestic or sexual violence services to women with disabilities and Deaf women.

Immigrant and refugee women
When working with immigrant and refugee women, program staff might need to be flexible with certain rules, such as limits to length of stay, and understand that their time in shelter might need to be longer. Immigrant and refugee women face a variety of barriers, one of which might be difficulty seeking and staying in shelter due to cultural isolation and language barriers. Creating a plan to ensure language accessibility for all survivors can help programs provide quality services to immigrant and refugee women. Considerations about what foods are available and on what days, as well as program décor, can also make a shelter more welcoming for immigrant and refugee women. For more information about providing culturally and linguistically appropriate services for immigrant and refugee survivors, visit the Immigrant Family Violence Institute's website at www.iistl.org.

Lesbian, gay, bisexual and transgender survivors
Lesbian, gay, bisexual and transgender (LGBT) survivors often experience unique issues regarding seeking and staying in shelter. They might fear negative responses to their sexual orientation or gender identity from residents and program staff. As with all survivors, advocates can support LGBT survivors by being sensitive to the additional barriers that might arise. Using inclusive language while providing services also can help LGBT survivors feel more comfortable in shelter. For more information about providing services for LGBT survivors, visit the National Coalition of Anti-Violence Programs' website at http://www.avp.org/ncavp.htm.

A continuum of woman-defined to service-defined advocacy, also in this Appendix, is another helpful discussion tool for programs and their staffs. For additional information about values and philosophies of advocacy, see MCADSV's publication, *The Nature and Dynamics of Domestic Violence*.

IV. SHELTER RULES SURVEY QUESTIONS TEMPLATE

Answers:
1-Least successful, 2-Somewhat unsuccessful, 3-Neutral, 4-Somewhat successful, 5-Most successful

1. Prior to this project, on a scale of 1-5 (1 being the least and 5 being the most), how successful do you feel your program has been in balancing woman-defined advocacy and residential guidelines?

   1 2 3 4 5

2. On a scale of 1-5 (1 being the least and 5 being the most), how successful do you feel your program has been in reviewing its rules?

   1 2 3 4 5

3. On a scale of 1-5 (1 being the least and 5 being the most), how successful do you feel your program has been in reducing unnecessary rules?

   1 2 3 4 5

The following questions allowed survey participants to write in their answers.

4. Since implementing this project, have you spent more time working one-on-one with residents?

5. Since implementing this project, have the topics of house meetings changed?

6. Do you find that you work with women the same way as you did before this project?

7. From your perspective, what skills, information or training do advocates wishing to implement this project need?

8. Please list the benefits of a program having fewer rules.

9. Please list the challenges of a program having fewer rules.

V. WOMAN-DEFINED VS. SERVICE-DEFINED ADVOCACY

The following continuum allows programs to identify how much their philosophy of advocacy is woman-defined or service-defined and may be a used as a discussion tool for program staff and leadership.

In woman-defined advocacy, the women are the experts and decision makers in their own lives. They have the power. Advocates are their partners.

In service-defined advocacy, women's decisions must fit within a program's rules and policies. Advocates are presumed to know what is best.

Organizational set-up

Accessibility of staff

Signs

Staff-only space

Service delivery

Services offered

When and how intake is conducted?

What is documented?

Variety of services offered

Is attendance in support group or classes mandatory?

Time limits

Policies

Medication

WDA ⟵|⟶ SDA

Use of violence

WDA ⟵|⟶ SDA

Substance abuse

WDA ⟵|⟶ SDA

Confidentiality of program location

WDA ⟵|⟶ SDA

Rules

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WDA ⟵|⟶ SDA

____

WDA ⟵|⟶ SDA

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WDA ⟵|⟶ SDA

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WDA ⟵|⟶ SDA

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Chores

WDA ⟵|⟶ SDA

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