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.

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.

Guiding questions for advocates:

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

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 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.

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

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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.

**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.