Voluntary Services
Training Module Three
The key to implementing the voluntary services model at your agency is to keep an open mind, while taking a step back to assess the way things are done, to see if there are better, more empowering, alternatives for the clients you serve.

The primary area to examine is program rules, although rule assessment is just part of this process.

Rules are typically created to prevent harmful situations from occurring such as locking up all medications to prevent them from getting into children’s hands.
Sometimes the rules created to help clients live in harmony, instead remind them of the controlling environment they were trying to escape.

Seeking to do no harm, to be compassionate, and to err on the side of generosity toward clients, are helpful goals to remember.

Eliminating or reducing rules, as well as the time it takes to enforce them, creates more time for connection between advocate and client.
Most clients seeking domestic violence services have experienced trauma, often for a prolonged period of time.

Trauma is compounded when clients must leave their home and, in some cases, their community.

When advocates have a good understanding of trauma and its impact, they are in a better position to know the appropriate resources and necessary accommodations for clients.
Trauma-informed services

- Traumatic stress can occur in a single incident, but often is made chronic or is prolonged with abuse.
- Prolonged trauma can change the way a survivor’s brain functions in an effort to escape experiences perceived as similar to the trauma.
- Clients with traumatic stress may feel triggered when entering shelter by the very rules and expectations developed to protect them.
Events and situations that remind or symbolize a past trauma in some way are referred to as triggers.

Triggers often cause the body to respond in “fight, flight or freeze” reactions that are common during traumatic situations.

Common triggers include: colors, smells, movements, objects, anniversaries, events or situations that are similar to the trauma.

Despite good intentions, some agencies and advocates unwittingly create a controlling environment that can trigger survivors.
Examples of how programs/advocates can retraumatize or trigger clients include:

- Locking all food except during meal and snack times
- Creating strict schedules for clients daily activities
- Conducting room checks to ensure cleanliness

While these rules or practices may have been designed to keep clients safe, they often mimic some of the same controlling tactics used by batterers.
Certainly, every survivor has unique triggers and agencies cannot eliminate every potential trigger.

However, reducing the number of rules, and creating the opportunity for individualized services, can significantly decrease those triggered by feeling a loss of control.

Reducing rules can also help shift power and control back to the survivor.
Traumatic stress - triggers

- Since changes in routine can also cause triggers, creating structure, without excessive rules, and then letting clients know what to expect is ideal.
- This can be done by letting clients know what time meetings/meals usually happen, but not requiring attendance.
- Flexibility is critical because every survivor is unique.
Advocate/ client relationships

• Changing or shifting the client/ advocate relationship is another important aspect of voluntary, trauma-informed services.

• Most domestic violence programs emphasize non-violence in parenting and between residents.

• However, to fully embrace a non-violent environment, all relationships- including advocate/ client- should be based on equality rather than power and control.
Trauma-informed services

- When viewing advocate/client relationships through a trauma lens, the relationships shifts to be as equal as possible.
- This means a team member/team member relationships
- Shared learning
- Mutual accountability and respect
- Minimizing power differentials- it’s impossible to eliminate power differentials between staff and clients, because we have the decision over who can stay in shelter. However, making every effort to minimize that power is critical.
Please use the following links to access additional information on Voluntary Services:

- "Understanding Traumatic Triggers"
- Emotional Safety
- “Changing the Script: Thinking About Our Relationships With Shelter Residents”
Written Exercise

• Please take time now to answer the following questions to help you think about voluntary services in your organization by first thinking about your own life experiences. It is also helpful to get together as a group to discuss your answers.

• What are the ways you respond, or what do you think, when a survivor exercises her autonomy and self-determination (two of our core values) but you feel she’s compromising her safety (another part central to our work)?

• What support do you need, either personally or in your work life, to wholeheartedly support survivor’s choices?

• What, if any, personal experiences (as an adult) have you had with being told what to do, or even ordered by, other adults to attend or complete an activity? Was it a good or bad experience?
Written Exercise

- What ways have you or your agency (unwittingly) triggered a survivor by using common practices, such as requiring attendance in groups or locking up essentials such as food or medicine? What was the practice?
- What are some ways to make services more appealing without mandating them?
- What are some ways you can reduce triggers for domestic violence survivors served by your agency?
- What are some ways that you can support clients in making their own decisions?
THANK YOU!!!!