SECTION: SHELTER
TOPIC TITLE: Shelter Policies

Importance of Topic:

Although much has changed in the domestic violence field as programs have shifted from shelter rules to a more empowering environment, programs will still have a need to have Shelter Policies. The safety and security of clients, residents, and staff can guide the creation of necessary policies. Being thoughtful about the process of developing guidelines and building in options for re-evaluation of policies can create a more supportive environment for clients. (See also: Voluntary Services/Rights and Responsibilities.) Please note that if your program has licensed staff, you may need to consider adding Shelter Policies that pertain to their licensure requirements, for instance, in regards to mandatory reporting.

Statutes/Professional Standards:

- Code of Virginia Reference: None

- **Professional Standards Reference**: Standard #8 - SDVAs support voluntary services model and respect survivors' right to self-determination. Written protocols and practices that support survivors' right to self-determination. Written protocol that informs all clients of their rights.

- Federal Code: Any grantee receiving funds through VAWA or FVPSA must demonstrate the use of the voluntary services model. Family Violence Prevention and Services Act (FVPSA), 42 U.S.C. 10404(a)(4), as most recently amended by the Child Abuse Prevention and Treatment (CAPTA) Reauthorization Act of 2010 (Pub. L. 111–320). (Voluntary Services referenced in the last paragraph of pg. 1 of Final Rule.)

- Federal Code: Violence Against Women Act, Reauthorization of 2005, participation in services are voluntary and refusal to receive services shall not be grounds for termination from the program or eviction from the victim's housing, VIOLENCE
Terms Used or Needed to Understand this Topic:

Self-Determination: “Those seeking services from an agency retain the right and responsibility to make decisions in their own best interest and in the best interest of any dependent family members without the interference or undue influence of advocates, except in cases where there is an immediate risk of harm to self or others” (Professional Standards Manual Glossary).

Voluntary Services: The provision of emergency shelter and other domestic violence services must be voluntary and without conditions or requirements. For example, criminal background checks or sobriety requirements are not allowed as a shelter screening tool nor is it ok to require survivors to attend life skills classes, support groups, or counseling, do chores, or participate in other activities in order to receive shelter or any specific service they need. This takes into account each individual's unique circumstances and honors their personal power and decision-making. (Adapted from the FVPSA Final Rule and Missouri Coalition - How the Earth Didn't Fly Into the Sun.)

Grievance Procedure: A document that outlines the steps available for someone to bring forward a complaint or concern. Typically, in a shelter environment, this would give the survivor the chance to raise concerns about how they are being treated. The steps might include talking with their advocate or the advocate's supervisor for resolution. Additional staff (director or executive director) may be options if not resolved at earlier steps.

Did You Know?

It may be possible to have as few as 4 policies in a shelter. Those would include: confidentiality, prohibition of weapons in shelter, prohibition of violence in shelter, and substance use on shelter property.

Racial/Social Justice Focus:

Shelter policies need careful examination for race neutrality. Input should be sought from advocates of color and advocates of marginalized communities to make sure policies are free from bias. Policies can feel controlling to survivors, especially those from marginalized
communities who often already live under a different set of rules than the predominant culture.

Scenario 1: Meredith entered the shelter after friends in her Alcoholics Anonymous program told her they were afraid for her safety and convinced her to leave her abusive partner. She was informed of the shelter policies when she entered and knew that alcohol was not allowed on the premises. One night, she agreed to meet her partner outside of the shelter and decided to drink with her. Meredith returned to the shelter, and staff noticed that she was having trouble walking and smelled of alcohol. The shelter manager on duty advised her to go to her room to limit her impact on others in the shelter. The next day, Meredith’s case manager asked to meet with her to discuss additional harm reduction approaches.

- How should the shelter respond to this situation?
- Does the situation merit exit from the shelter?
- What other options could be considered?

Scenario 2: Cynda has returned to the shelter a third time after leaving her abusive relationship of 15 years. Every time that she has returned to the shelter, Cynda has entered a cycle where she has struggled with the policies, missing her partner, and typically returning to the relationship. The notes from Cynda’s past shelter stays describe her as being loud, using profanity, and not filtering what she says in front of other survivors, staff or children. On her second day at the shelter, staff observe Cynda cursing in front of children when she drops a plate of food. Now, Cynda finds herself walking on eggshells as she knows from the shelter policies that multiple incidents could result in being asked to leave the shelter.

- What might be some ways for staff to support Cynda in her stay at the shelter?
- How might Cynda be supported in responding to the particular situation where she cursed in front of children?
- How might the past descriptions of Cynda set her up for being treated with bias, even if there has been staff turnover since she last stayed at the shelter?
- Does Cynda’s race make a difference in how she might be treated? Will she be treated differently if she’s white? Black? Gay? Disabled?
**Trauma-informed Focus:**

Develop shelter policies with safety and security as the goals along with supporting a client-driven process. Encourage client choice in participation in activities rather than making them requirements of staying in shelter. Recognize that policies may feel like restrictive rules to clients and may model restrictions that they had placed on them in their abusive homes. Build systems for staff to evaluate what policies are necessary and what policies can be changed or eliminated.

**Promising Practices:**

*Overview of General Characteristics:*

- Shelter policies reflect your agency's mission and values.
- Policies make a distinction between behaviors and expectations that help with communal living and behaviors that threaten safety.
- As much as possible, create a physical environment that supports following shelter policies. For instance, if parents are required to keep their children in sight, is there a play area in view of the kitchen where they might be cooking?
- Programs avoid creating policies based on a single incident, especially if an isolated occurrence.
- Shelter policies are clearly communicated to clients at the beginning of the intake process, including the grievance procedure, and staff are responsive to situations where a resident might have difficulty meeting a policy.
- Best practices separate out information and expectations about communal living from the kinds of things that threaten safety.
- Programs have systems in place where staff can regularly review policies in a collaborative process that relies on all staff and feedback from clients.

*Examples:*

- **Choices, the Council on Domestic Violence for Page County**, spent a great deal of time and effort going through policies and procedures to limit the number of rules. At the time when they were considering reducing rules, the majority of their staff had been there many years. The thought of not having rules felt challenging.
Choices wanted to involve all staff in the process. They took their lengthy rule book and addressed each rule with these questions:

- Why is this rule in place? (What is the origin of this rule?)
- Does it promote safety of those we serve?
- Does it provide a level of control to those we serve?
- What are the consequences of not following the rule?
- What would happen if this rule didn't exist?
- Is it trauma responsive?

One of the biggest reasons for supporting these changes was that staff were spending a lot of time and energy enforcing rules. This was time that could be spent providing support and encouragement to families impacted by DV and SV. As a result of their thoughtful process, a 50-page guidelines book became a front-and-back Rights and Responsibilities. Choices holds a shelter orientation session for new residents. In recognition of the trauma a survivor is experiencing upon the initial arrival at a shelter, this is held on day 3 of being at the shelter.

Two areas that were perceived to be mandatory were case management and support group. For case management, there are no longer punitive consequences for missed appointments. The resident and Services Coordinator set time to meet and talk one-on-one. The Services Coordinator has daily contact with every resident to do a check in. This ‘check in’ is done in the resident’s space instead of an appointment in an office that the resident has to try to remember to keep. The goal of case management changed to ‘contact’ and ‘check in’ instead of formal meetings. Prior to their evaluation of rules and services, Choices provided a paid therapist for Support Group and felt like this service was important enough to make it a service that was strongly encouraged. Now support group is ‘advertised’ within the shelter with many reminders about the time and the benefits of attending. In addition, those who attend house meetings and support group are given a brief survey to share their thoughts. When they turn in their survey, they get a ticket to go into a drawing. The winner of the drawing gets a $5.00 Wal-Mart gift card. Choices uses
reward points from the company credit card to purchase the gift cards and has also asked donors to consider gift cards.

This promising practice ensures that residents get one-on-one time for additional support. It allows for choice in whether to accept case management, house meetings, and support group services.

*Program Focus:*

- What is your agency’s procedure for making sure clients are aware of the shelter policies? Given that clients may be stressed and traumatized when they first enter the shelter, is there a procedure to go over policies again after the client has had a couple of nights sleep?

- Is the grievance procedure talked about on a regular basis so that clients are always aware of that option?

- Are shelter policies written from a positive perspective, if possible?

- Are the day-to-day procedures and expectations different from the shelter policies, as in “unwritten rules?”

- Is there a regular procedure in place where staff can review policies as needed to make revisions?

- Are staff given the opportunity and safety to discuss with co-workers when they have concerns that policies may not be applied with consistency and equity?

*Client voice:*

**Documenting Our Work Evidence**

- “The rules and regs could be on a professional bill-board on the front door or the front office. The staff cannot be so quickly to write people up.”

- “If all counsolors were as strict or lenient with rules. Occasionally, strict counsolors giving a repremand can be upsetting.”

- “I do think that explanations of chores and rules for each side need to be gone over soon after arrival and should be told in person, because some
people don't read their packets or assign someone to shown them the ropes in layman's terms”

- “Trust people to follow the rules rather than follow them around the house as a child would be treated.”
- “All staff enforce all the same rules”

**COVID-19 Focus:**

The current pandemic or other emergency situations may require the need for additional policies to ensure the best safety practices. Consider carefully how these can be implemented in the most trauma-informed way. When whatever prompting situation decreases or ends, in this case COVID-19, revisit any policies created to be sure if they are still needed. Please note that voluntary services are still required as part of FVPSA and that this applies to possible COVID requirements also.

*During COVID-19:*

- Do you need additional policies to respond to this current pandemic?
- If additional policies are needed, how are they communicated to residents? Are residents given information about why these policies are necessary?
- Are there local or state mandates that you need to encourage clients to follow in terms of wearing masks or meeting required curfews?
- Are there lessons to be learned from responding to this pandemic that might be used with a future medical or other unexpected situation?
- Is there a way to review any new policies to revise or eliminate them after the pandemic has eased?

**Additional Resources + Links:**

*Videos:*
• **Shelter Series: Creating a Trauma Informed Environment**: Shelter Series: Creating a Trauma-Informed Environment (40:05), Tennessee Coalition to End Domestic and Sexual Violence.

• Comparison Between Survivor/Abuser and Survivor/Shelter relationships:
  
  o Teresa and Joe: [teresa and joe](#)

  o Teresa and Shelter: [teresa and shelter](#)

• **Racism in the Anti-Violence Movement: Impacts on Survivors, Advocates, and Communities**: Futures Without Violence - Advocates share about what racism and oppression look like in shelter and how to think about the impact on survivors and staff.

*Publications:*

• **Policies**: client rights example.

• **Running a Shelter with Minimal Rules**: Running a Shelter with Minimal Rules, Washington State Coalition Against Domestic Violence. The Dig Deeper section on this website contains multiple reflective articles.


• **Grievance Procedures: Model Form & Best Practice**: Washington State Coalition Against Domestic Violence, information about a grievance procedure.

• **How the Earth Didn't Fly Into the Sun**: Missouri Coalition Against Domestic and Sexual Violence Project to Reduce Rules in Domestic Violence Shelters, pages 46-47 for a sample grievance policy.

• **ODVN_Supportive-Ideas-with-Wearing-a-Mask-for-Survivors.pdf**: This publication was designed to give tips on managing stress and internal upset caused by mask
wearing for survivors of domestic violence and sexual assault. It includes exercises for breathing and grounding which are useful at any time, not just during a pandemic. These activities are useful for survivors and staff who may be experiencing their own trauma.