

# Virginia Department of Social Services OFFICE OF FAMILY VIOLENCE

## Voluntary Services Learning Module 4



# Review



- The last learning module covered rule-reduction and trauma, as well as client/ advocate relationships.
- Most clients seeking domestic violence services have experienced trauma, often for a prolonged period of time.
- 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.

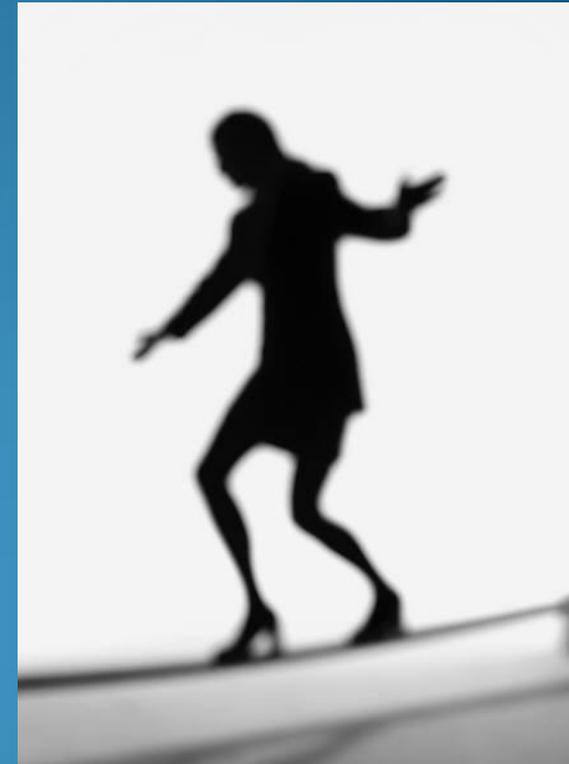
# Review



- Reducing rules, as well as the time it takes to enforce them, reduces the chance for clients to become triggered and creates more time for connection between advocate and client.
- 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 and mutual accountability.
- 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.*

# Special Challenges

- In this module, we will cover some specific challenges that often come up when making the shift to voluntary services.



# Conflict



- Whether a domestic violence program has 50 rules or none at all, there will often be conflict between residents, between advocates and clients, and there may be clients who behave in a disruptive and/or disrespectful way.
- Examples can include:
  - A client who talks loudly on her cell phone after 10PM, disturbing other residents.
  - A client who never wants to participate in chores and takes advantage of another client who has trouble saying no.
  - Two residents argue over an item that went missing, scaring some of the other residents.

# Handling Conflict

- Many programs have developed warning systems and exit strategies to deal with such clients, in an effort to create a peaceful and respectful environment.
- An advocate and the client could brainstorm alternative solutions.
- Rather than issuing a warning, or exiting a client, an alternative approach would be for an advocate to side down with the client and ask about the reason behind the behavior.
- *Simply being heard and understood can de-escalate a situation quickly.*
- Conflict can often be an opportunity to learn more about the client's needs and for the client to practice new skills in a safe environment.

# Handling conflict

- For those clients who continue to disrupt, and act in ways that threaten others safety, exiting should certainly be discussed.
- Some general guidelines to keep in mind:
  - Two, preferably three, people should make decision about exiting client.
  - *Always err on side of making things work rather than exiting.*
  - Clients' and children's safety should always be considered when exiting. (Conduct the exit during daytime hours and help plan for another safe place.)
  - Exit and warning processes should move slowly to allow time for careful thought & discussion and allow residents to respond & appeal.

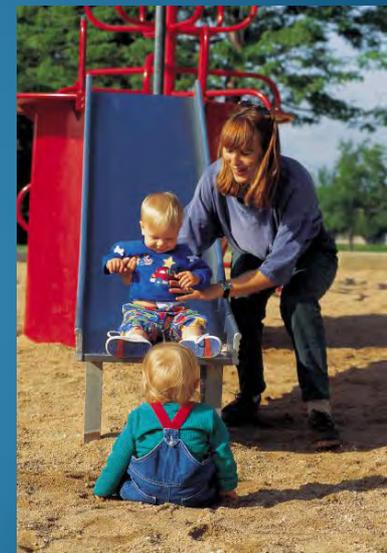
# Children

- Being a parent is challenging under the best of circumstances.
- Victims of domestic violence have often had their authority as a parent undermined by the abuser.
- Parents, and children, entering shelter are adjusting to the environment, while recovering from the trauma of abuse.
- Yet, they are often asked to parent in a different way, at a time when it's quite normal for their child/ children to misbehave.



# Children

- Instead of requiring a specific bedtime for all children, or restricting television hours or playtime, an alternative is to have an individualized approach.
- Programs could still have general guidelines about childcare, but also have a discussion with parents and come up with a “parenting in communal living” plan that is tailored to their needs and empowers them by putting them in charge of parenting.



# Children- neglect and abuse

- Every now and then, some parents will show signs of neglecting or even abusing their children.
- Such signs should always be taken very seriously.
- However, many programs have warnings written into client handbooks, distributed upon entry, stating it is mandated by law for all staff to report such abuse.
- *Only certain staff, such as social workers (LCSW, MSW) are mandated by law to report abuse. Simply working at a domestic violence program does not mean staff are mandated reporters.*

# Children- neglect and abuse

- There are times, and ways, when reporting can do more harm than good.
- For instance, calling the child abuse hotline about a parent who is perceived as neglecting their child's school or nutritional needs- without telling her- could result in alienating her. It could also result in her returning to the abuser.
- *Many situations are resolved by having a conversation with the parent.*
- The perceived neglect may be a cultural difference or simply an opportunity to talk about the impact of trauma or additional support needed.

# Child abuse & neglect

- *In the cases where a call is warranted, it is ideally done with the parent in as supportive manner as possible.*
- Let them know that you have a responsibility to ensure that everyone in your program is safe, adults and children. Reaching out to CPS can result in additional support and services for the family.
- Encourage the parent to make the call to request services herself, or to sit with the advocate while the call is made.
- Ask the client for her written consent if she is not the person making the call.

# Challenges- facility issues

- Many domestic violence program facilities have been donated or are in buildings that are less than ideal, due to cost.
- Many of these buildings lack the structure that allows for adequate privacy and simple “elbow-room” for the people who live there.
- Many challenges faced by staff are at least partially due to the facility itself and the challenges specific to community living.
- *Even if you cannot move your program into a new facility, as most cannot, there are a number of things you can do.*

# Challenges- facility issues

- In terms of voluntary services it's helpful to think of doing as much as you can to control the environment, rather than the client.



# Facility solutions



- If there are frequent arguments over the TV, consider televisions in each bedroom or having televisions in multiple rooms.
- Providing lockers for each client or family to keep valuable belongings and medications can provide a sense of safety and control. Separate food lockers are helpful as well.
- If messy bedrooms are a persistent problem, a shortage of closet/ storage space may be a contributing factor. If possible, rearrange or purchase items to better organize the space.
- Hire a part-time person to do light cleaning in the main living areas. If that is not affordable, it may be a task that a volunteer would prefer doing rather than direct service.

# Facility solutions



- Many programs want parents to watch their children at all times but the facility is not conducive for that. Try to make play area that is visible from areas where the parent may be, such as kitchen or living room.
- At least, allow parents to arrange for other clients to watch their children, or give them breaks by utilizing staff or volunteers to watch them.
- Ensure there is adequate play space, indoors and outdoors, for children. Many programs have difficulty coming up with funds to build safe and secure outdoor play space. However, communities will often come together to help with these types of projects and there are small grants available as well.

# Challenges- alcohol & substance abuse



- Many clients who have experienced abuse, also experience addiction to drugs and alcohol.
- *Not serving these clients would mean not serving a substantial number of victims of abuse.*
- That said, serving clients with addiction issues can be one of the largest challenges an advocate faces.
- Some programs have implemented drug/ alcohol testing, rules that state clients cannot consumed drugs or alcohol on or off-site and mandate clients to attend AA or NA meetings.

# Challenges- alcohol & substance abuse

- Expecting clients with addiction issues to immediately quit using drugs/ alcohol upon entry into a shelter often does not work, and can lead clients to feeling alienated and advocates frustrated.
- It also penalizes clients who do not have drug or alcohol issues. *It can be fun and healthy for them to have a glass of wine or a beer with friends and family.*



# Alcohol & substance abuse options

- Some alternatives approaches include:
  - If a client comes in intoxicated or high, but is not disruptive or in danger, find a quiet place for them to sleep it off.
  - As soon as they are sober, have a discussion with them, letting them know how it impacts other people.
  - Ask them why they started using/ abusing drugs or alcohol- which could lead to a conversation about how they have coped with the trauma and to explore healthier ways to self-soothe.
  - Additionally, ask if they want to seek treatment and how to support them in their recovery.
  - At the very least, a client should agree to not use drugs or alcohol or be intoxicated on-site.

# Alcohol & substance abuse options

- If an intoxicated person is unsafe to stay at the program, some other options are voluntary admission to a treatment program or hospital. Calling law enforcement should be a last resort.
- *It is important to remember, you cannot make a person seek treatment. It is very difficult to witness someone who will not seek treatment; however, it must be their decision and in their own time.*



# This module and beyond

- This learning module touches on a few of the special challenges that come up with voluntary services.
- In the next module, we will begin the planning stage for making this shift.
- We will continue to address these special challenges, many of them more in-depth, at the conference and through technical assistance.



# Resources

- There is no reading assignment with this module; however, there are some additional resources related to the material that may be useful.
  - The National Center on Domestic Violence, Trauma & Mental Health will hold (dates to be announced) a webinar series on domestic violence, trauma and substance abuse: [www.nationalcenterdvtraumamh.org](http://www.nationalcenterdvtraumamh.org)
  - VAWNET developed a toolkit on conflict resolution that includes various scenarios for training shelter staff <http://snow.vawnet.org>
  - Building Dignity is a website that provides design strategies to help domestic violence programs create a welcoming and accessible environment <http://buildingdignity.wscadv.org/>

# Written Exercise

- Please take time now to answer the questions through to help you think about voluntary services in your organization.
- *After answering the following questions individually, please consider having a staff meeting to discuss some of the questions as a group.*

# Written Exercise

- Describe a challenge that you've experienced regarding a significant conflict with or between clients. How was it resolved?
- How did the solution make you feel? How do you think the client felt?
- Describe a situation where, as a result of your advocacy and support, a client choose to do something very positive, but very difficult.
- Are there additional challenges that your program faces in terms of working with victims and children?

# Written Exercise

- Our inclination to provide trauma informed services is impacted by our core values. What are three of your own personal core values?
- What are three core values of your program?
- Advocates are not immune from the effects of personal trauma. Are there any work/client situations that are triggers for you or that present special challenges for you personally?
- What role does your program play in encouraging self-care for the staff and volunteers?



**Thank you!!!!**