

---

# Transitional Housing for Survivors of Domestic and Sexual Violence: A 2014-15 Snapshot

## Chapter 2: Survivor Access and Participant Selection

Fred Berman, Principal Author

### Submitted to:

Sharon Elliott, Program Manager  
Office on Violence Against Women  
United States Department of Justice

This project was supported by Grant No. 2012-TA-AX-K003 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

# **Chapter 2: Survivor Access and Participant Selection**

## **Table of Contents**

Chapter 2: Survivor Access and Participant Selection .....	2
Acknowledgements .....	3
Note about the Use of Gendered Pronouns and Other Sensitive Terms .....	4
1. Executive Summary .....	5
2. The Context for Survivor Access and Participant Selection Decisions.....	9
(a) Victim/Survivor Options After Leaving an Abusive Situation .....	9
(i) Informal Options.....	9
(ii) Programmatic Options .....	9
(iii) Do Mainstream Shelters, TH Programs, and RRH Programs Serve Survivors? .....	16
(iv) Concerns about Confidentiality of Data in the Mainstream Homeless System .....	17
(b) Estimating the Ratio of Need to Vacancies in Specialized TH Programs.....	18
3. The Role of DV Shelter versus Specialized Transitional Housing.....	21
(a) Overview.....	21
(b) Provider Comments on the Role of Shelter versus Transitional Housing (TH) .....	23
4. Non-Discrimination and Fair Housing Requirements .....	34
(a) Overview.....	34
(b) Sample Guidance on Fair Housing Requirements vis-à-vis Admission Criteria.....	37
5. Where Participants Come From When They Enter the TH Program .....	40
(a) Overview of Referral Sources .....	40
(b) Provider Comments about Where TH Participants Come From .....	42
6. How do providers decide whom to select from a pool of candidates? .....	53
(a) Overview.....	53
(b) The Basic Criteria: Program Eligibility, Participant Income, and Household Size .....	43
(c) Additional Criteria Used by Providers to Select Participants (Some Good, Some Problematic) .....	56
(i) Considerations of Need / Risk / Vulnerability.....	57
(ii) Approaches that Favor Survivors who Seem "Compatible" with Program Objectives and Service Model .....	58
(iii) Approaches that Favor Survivors Committed to Ending the Relationship with their Abusive Partner .....	60
(iv) Approaches that Require Survivors to Seek Treatment .....	61
(v) Approaches that Avoid Subjective Considerations and Comparisons of Need and Vulnerability.....	63
(vi) Brief Note about How the Program Housing Model Might Impact Participant Selection Decisions .....	63
(d) Provider Comments on How They Choose the Person to Enroll from a Pool of Candidates.....	64
7. Appendix A: Project Description and Methodology .....	85
(a) Project Description: Summary .....	85
(b) Project Description: Overall Approach .....	87
(c) Project Methodology: Collection and Analysis of Data from Provider Interviews .....	88
(i) Development and Implementation of the Interview Protocol .....	88
(ii) Processing of Interview Data .....	90
8. References.....	91

## Acknowledgements

This project would not have been possible without the valuable contributions of the dedicated provider staff who shared their experience and insights, and whose comments inform these chapters, nor would it have been possible without all of the research, advocacy, and creative energy of all of the practitioners whose publications and online resources we learned from and cited.

Special thanks also go to the following people and organizations for their help:

- The Office on Violence Against Women for their funding support, and our project officer, Sharon Elliott, in particular, for her ongoing encouragement and support as this project evolved, and for her dedicated commitment to the life-changing work that the OVW's transitional housing grants make possible;
- Ronit Barkai (Transition House), Dr. Lisa Goodman (Boston College), and Leslie Payne (Care Lodge) for their contributions as members of the Project Advisory Team, including feedback that informed the development of the interview protocols, and insightful observations shared over the course of the dozen-plus team meetings during which we reviewed and analyzed topical compilations of provider comments;
- Dr. Cris Sullivan (Michigan State University) and Anna Melbin (Full Frame Initiative) for their extremely helpful reviews and comments on initial drafts of the report chapters;
- Barbara Broman (AIR) for her ongoing supervisory support;
- Charis Yousefian (AIR) for her extensive help with the coding, excerpting, and analysis of interview data; the preparation of summaries from the many meetings with our Project Advisory Team; and her attention to detail in reviewing citations and in compiling and periodically updating the reference lists;
- Kathleen Guarino (AIR / National Center on Family Homelessness) for her initial draft of the chapter on trauma-specific and trauma-informed care, her generously shared expertise, and her help with periodic problem-solving;
- My former colleagues at the National Center on Family Homelessness, in the early days of our affiliation with AIR -- Dr. Carmela DeCandia, Rose Clervil, Corey Beach, and Maureen Hayes -- for their help conceptualizing the interview protocol, and scheduling and conducting some of the early interviews with transitional housing providers; and
- Melissa Scardaville (AIR) for contributing her time to review of the penultimate drafts of the chapters.

Any and all errors and omissions are the fault of the author, Fred Berman.

For more information about this report and related work, please address questions or comments to:

Fred Berman  
Senior Associate  
American Institutes for Research  
The National Center on Family Homelessness  
201 Jones Rd. -- Suite #1  
Waltham, MA 02451  
Telephone: 781-373-7065  
Email: fberman@air.org

Barbara Broman  
Managing Director  
American Institutes for Research  
1000 Thomas Jefferson St., NW  
Washington, DC 20007  
Telephone: 202-403-5118  
E-mail: bbroman@air.org

## Note about the Use of Gendered Pronouns and Other Sensitive Terms

For the sake of readability, this report follows the example of numerous publications -- for example, by the National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH)<sup>1</sup> and the Missouri Coalition of Domestic and Sexual Violence<sup>2</sup> -- and uses feminine pronouns to refer to adult victims/survivors of domestic and sexual violence, and masculine pronouns to refer to the perpetrators of that violence. This report also uses feminine pronouns to refer to the provider staff of transitional housing programs that serve survivors. The use of those pronouns in no way suggests that the only victims are women, that the only perpetrators are men, or that the provider workforce is entirely female. Indeed, the victims and perpetrators of domestic and sexual violence can be male or female or transgender, as can the staff that support their recovery, and the shortcut herein taken is merely used to keep an already long document from becoming less readable.

Although the terms "victim" and "survivor" may both refer to a person who has experienced domestic or sexual violence, the term "survivor" is used more often in this document, to reflect the human potential for resilience. Once a victim/survivor is enrolled in a program, she is described as a "program participant" or just "participant." Participants may also be referred to as "survivors," as the context requires. Notwithstanding the importance of the duration of violence and the age of the victim, we use the terms "domestic violence" and "intimate partner violence" interchangeably, and consider "dating violence" to be subsumed under each.

Although provider comments sometimes refer to the perpetrator of domestic violence as the "abuser" or the "perpetrator," this report refers to that person as the "abusive (ex-)partner," in acknowledgement of their larger role in the survivor's life, as described by Jill Davies in her often-cited [Advocacy Beyond Leaving](#) (2009).

Finally, although the Office on Violence Against Women funds transitional housing programs to address the needs of not only domestic violence survivors, but also survivors of sexual assault, stalking, and/or dating violence, the preponderance of program services are geared to DV survivors, the large majority of TH program clients are survivors of domestic violence, and much of the literature and most of the provider quotes are framed as pertaining to domestic violence. Consequently, much of the narrative is framed in terms of addressing "domestic violence" or "domestic and sexual violence," rather than naming all the constituencies.

---

<sup>1</sup> As stated on page 2 of the NCDVTMH's [A Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors](#) by Warshaw, Sullivan, and Rivera (2013):

*"Although many couples engage in mutual or low-level violence that does not alter the power dynamics within their relationship, the larger social problem of "battering" is a form of gender-based violence characterized by a pattern of behavior, generally committed by men against women, that the perpetrator uses to gain an advantage of power and control over the victim (Bancroft, 2003; M. P. Johnson, 1995; Stark, 2007). Such behavior includes physical violence and the continued threat of such violence but also includes psychological torment designed to instill fear and/or confusion in the victim. The pattern of abuse also often includes sexual and economic abuse, social isolation, and threats against loved ones. For that reason, survivors are referred to as "women" and "she/her" throughout this review, and abusers are referred to as "men" and "he/him." This is meant to reflect that the majority of perpetrators of this form of abuse are men and their victims are women. Further, the bulk of the research on trauma and IPV, including the studies that met the criteria for this review, focus on female victims of abuse. It is not meant to disregard or minimize the experience of women abused by female partners nor men abused by male or female partners."*

<sup>2</sup> As stated on page 2, of the Missouri Coalition's [Understanding the Nature and Dynamics of Domestic Violence](#) (2012)

*"The greatest single common denominator about victims of domestic violence is the fact that the overwhelming majority are women. According to the most comprehensive national study by the U.S. Department of Justice on family violence, the majority of domestic violence victims are women. Females are 84 percent of spouse abuse victims and 86 percent of victims at the hands of a boyfriend or girlfriend. The study also found that men are responsible for the vast majority of these attacks—about 75 percent. (Durose et al., 2005) And, women experience more chronic and injurious physical assaults by intimate partners than do men. (Tjaden & Thoennes, 2000) That's why feminine pronouns are used in this publication when referring to adult victims and masculine pronouns are used when referring to perpetrators of domestic violence. This should not detract from the understanding that, in some instances, the perpetrator might be female while the victim is male or of the same gender."*

## 1. Executive Summary

In its [2015 edition of Domestic Violence Counts](#), a one-day census of shelters, transitional housing programs and non-residential programs serving victims/survivors of domestic violence, the National Network to End Domestic Violence (NNEDV) observes,

*"For many survivors, the common length of stay in an emergency shelter is 30 to 60 days; however, it can take 6 to 10 months or more for a family to secure stable, permanent housing due to the shortage of affordable housing options. Transitional housing or other housing services provide an opportunity for survivors to secure longer-term housing. While in transitional or other housing, many survivors benefit from additional services as they work to rebuild their lives. Without available transitional or other housing, many victims face the untenable choice between homelessness and returning to further violence." (p.4)*

In the absence of enough specialized transitional housing (TH)<sup>3</sup> to meet the needs of all survivors who seek a supportive next place to heal and prepare for the future, the policies and practices that shape survivor access to these specialized TH programs play a critically important role in determining who gets help, and who does not -- with all the attendant consequences. Chapter 2 explores the range of providers' approaches to survivor access and participant selection, the context in which these approaches have been developed, and the implications for survivors.

Section 2 of this chapter begins with a brief review of the program options for victims/survivors fleeing domestic and sexual violence -- mainstream shelter, TH, and rapid rehousing (RRH) programs; domestic violence (DV) shelters; and specialized TH and RRH programs. The narrative then attempts to estimate the unmet need for specialized TH.

Although research indicates that survivors are routinely part of the clientele of mainstream shelter and HUD-funded TH and RRH programs, such programs are typically not prepared to address survivors' domestic and sexual violence-related needs, and participants don't necessarily disclose their history of victimization.

Although DV shelters are funded to provide victim/survivor-centered, holistic, trauma-informed sanctuary and services, they are typically able to offer only short-term assistance for survivors of domestic and family violence, and their FVPSA grant funding is not intended to pay for services for survivors of sexual assault by a perpetrator other than an intimate partner or family member.<sup>4</sup>

On the basis of these and other considerations discussed in Section 2, for survivors of domestic and sexual violence who need more time to heal and prepare for next steps than a DV shelter can provide, ***specialized TH is the best program option for supporting recovery and community reintegration, and is typically the only option that offers interim housing and trauma-informed support services tailored to the needs of survivors.***<sup>5</sup>

---

<sup>3</sup> In this chapter, the term 'specialized transitional housing' refers to both ***Office on Violence Against Women*** (OVW)- and ***U.S. Department of Housing and Urban Development*** (HUD)-funded transitional housing (TH) and transition-in-place / rapid rehousing (RRH) programs for survivors of domestic violence, sexual assault, stalking, and dating violence.

A specialized TH program may be largely funded by a grant from the OVW, by grants from both the OVW and HUD, primarily by a HUD grant, and/or by a mix of public and private funding sources, including a state's Temporary Assistance to Needy Families (TANF) block grant, foundation funding, and/or donations from other sources. As described more fully in [Chapter 3](#) ("Program Housing Models"), such TH programs may utilize congregate, clustered, or scattered-site housing, or some mix of those housing types. Typically, transition-in-place / RRH programs utilize scattered-site housing.

<sup>4</sup> The majority of federal funding for DV shelters comes through ***Family Violence Prevention Services Act*** (FVPSA) grants, which are administered by the Family and Youth Services Bureau of the U.S. Department of Health and Human Services. As discussed in Section 2, FVPSA grants fund those shelters to serve ***survivors of family or domestic violence***, but not survivors of sexual assault by friends, acquaintances, strangers, or other perpetrators who are neither family members nor current or former intimate partners.

<sup>5</sup> [Chapter 8](#) ("OVW Constituencies") explores challenges and approaches to serving survivors of non-IPV sexual assault, and briefly discusses challenges and approaches to serving survivors of human sexual trafficking.

Unfortunately, specialized TH programs are available to only a fraction of the survivors who need a next-step supportive residential program. The NNEDV's [2015 Domestic Violence Counts](#) census identified 1,418 survivors seeking, but unable to access, specialized TH. Those 1,418 survivors represented approximately **11% of the 12,568 survivors that the NNEDV counted in DV shelters**. (Since shelter beds turn over faster than TH beds, other survivors who may have hoped to access TH had presumably already been discharged from their DV shelter -- perhaps moving to a mainstream shelter or to the home of a friend or family member, or returning to the abusive situation they fled -- and so, may not have been counted.)

According to the four most recent semi-annual reports filed by OVW TH grantees, between December 2013 and June 2015, the average number of survivors who could not be served for lack of available housing was 1,095 -- but those statistics didn't count survivors seeking access to programs that used OVW funding to pay for services-but-not-housing (because those programs are not asked to report the numbers of survivors who could not be served for lack of housing); nor do those statistics include meaningful data about unmet need from the programs that have decided (for reasons discussed later in this chapter) not to broadly solicit applicants or to maintain waiting lists.<sup>6</sup>

Given available but imperfect information about the numbers of units and lengths of stay, ***we conservatively estimate that there is only one opening in specialized TH for every nine survivors who need it***. In other words, ***every decision to select an applicant for transitional housing has potentially adverse consequences for, on average, eight other survivors who need next-step housing and assistance but are not selected***.

While the decision to permanently leave or return to an abusive relationship may involve difficult tradeoffs ([Thomas, Goodman, & Putnins, 2015](#)), and while many survivors who weigh those tradeoffs decide to reunite with their abusive partner ([Davies, 2008](#)), the hard truth is that for some survivors -- especially those who have used up their time in a DV shelter, exhausted their informal supports, and lack the means to become financially self-sufficient -- the shortage of specialized TH leaves them without a viable alternative and "fac[ing] a multitude of consequences: remaining unsafe from the abuser; becoming homeless or moving in with family or friends, which can be unsafe and certainly unstable; or leaving town, which could mean giving up a job, children's schools, family, friends, and other support systems." ([NNEDV, 2015, p.10](#))

Section 3 of this chapter looks at the overlapping roles of DV shelter and specialized TH for survivors, their similarities and differences, and how different providers have different perspectives, based on their own experiences and local conditions, about the purposes and respective strengths of shelter versus specialized TH. Understanding these different perspectives is important, because they inform providers' decisions about the kinds of clients that each type of program should target and serve.

Before getting into the discussion in Sections 5 and 6 on program-specific approaches governing survivor access and participant selection, Section 4 reviews the federal Fair Housing and non-discrimination laws (e.g., Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act), and offers some examples of published guidance on designing participant selection processes that comply with those laws.

Because of the diversity of the survivor population, and, in particular, the significant numbers of survivors who have physical or mental disabling conditions (including violence and/or trauma-related conditions), it is especially important that providers understand their obligations under these anti-discrimination laws, as well as their obligations as OVW grantees to heed the OVW's caution (on pp. 8-9 of its [annual TH grant solicitation](#))

---

<sup>6</sup> As discussed in Section 2, instead of broadly soliciting referrals when an opening occurs, some TH programs seek a small number of "appropriate" referrals from their agency's shelter or outreach programs, or from other reliable sources. ***Other survivors who might desperately need transitional housing are never counted as "unserved," because there is no waiting list to be added to, and no broad-based announcement of a program opening that they can respond to***. In addition, in accordance with the [instructions to question #21 in the semi-annual report](#), inability to serve participants for lack of available housing is only reported by programs that use their OVW funding to pay for units. ***For the programs that use HUD funds to pay for units and OVW funds to pay for services, there is no place in the semi-annual report to track survivors who are unable to be served "due solely to a lack of available housing."***

against "procedures and policies that exclude victims ... based on their actual or perceived age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or gender of their children."

Several providers' comments about the way survivors are selected for their programs suggest a need to **update training on strategies for complying with these requirements.**

Section 5 looks at where program participants may come from and the implications of different providers' referral arrangements. For example, as previously noted, to the extent that participants come exclusively from DV shelters, they are not likely to include survivors of sexual assault by an acquaintance or a stranger, because the FVPSA grants that most shelters depend on only fund services for survivors of domestic and family violence. In addition, if TH programs only enroll survivors who have stayed in DV shelters, they will exclude survivors who believe that (typically) congregate shelters are "not for people like them" (e.g., older survivors, male survivors, LGBTQ survivors, survivors from immigrant populations that don't typically access shelter), as well as survivors who may have "timed out" of a DV shelter and relocated to one or a series of other interim living arrangements while they waited for next-step help. Section 5 concludes with provider comments describing and explaining their open or closed referral processes.

Section 6 looks at the criteria that specialized TH providers use to select a participant from among several candidates, and at the factors that may lead a provider to pass over a prospective participant. The provider comments in this section, and in some of the other chapters of this guide,<sup>7</sup> provide a sense of the challenges that providers face given available resources, obstacles posed by local housing and job markets, funder expectations and constraints, and participants' needs and circumstances:

- There are more survivors with more needs than providers have housing and service resources to address.
- Approximately 42% of the providers we interviewed receive HUD grants; many of those providers feel pressure from the CoC, state, county, or jurisdiction that oversees their HUD grants to demonstrate positive housing and income-related outcomes, with shorter durations of program involvement.
- Housing and job markets are increasingly competitive: just about every provider we interviewed told us that the salaries their participants could earn were inadequate to sustain local housing costs. In a nation where even middle class residents struggle to pay for their housing, and where people with limited educations and skills struggle to find jobs that will enable them to make ends meet, survivors living at the crossroads of chronic poverty and victimization face especially daunting odds.
- While some programs are fortunate to be part of well-funded full-service agencies, many are not. Small programs in agencies with fewer resources often lack the kind of staff diversity and supplemental capacity -- counseling, clinical supervision, children's advocacy/services, employment counseling, legal support -- that better-funded, full-service providers can contribute to serving survivors whose needs and situations pose significant barriers. Similarly, providers in locales with very limited mainstream health and social services cannot leverage the kind of community resources that providers in service-rich areas rely on to fill gaps in in-house capacity.

The participant selection decisions made by providers reflect their different responses to those challenges. While many providers indicated that they maintain an inclusive, open-referral or self-referral process and select participants based on the chronological order of their applications or using objective criteria to prioritize survivors with the greatest or most urgent needs, other providers' comments suggested the use of a more limited effort to solicit referrals (in some cases only accepting internal referrals from staff employed at their agency's shelter or outreach program) and/or the use of more narrow selection criteria, formally or informally applied, that might preference survivors that the program staff felt most capable of effectively

---

<sup>7</sup> See, for example, [Chapter 6](#) ("Length of Stay"), the section on survivors with disabilities in [Chapter 7](#) ("Subpopulations and Cultural/Linguistic Competence"), [Chapter 10](#) ("Challenges and Approaches to Obtaining Housing and Financial Stability"), and [Chapter 12](#) ("Funding and Collaboration: Opportunities and Challenges").

serving, and might pass over survivors: (a) who appeared to need more help than staff believed their program can offer or leverage; (b) who seemed likely to need more time than the program was encouraged or allowed to devote; (c) who weren't ready to commit to ending the relationship with their abusive partner; (d) who weren't interested in seeking treatment for mental health or substance dependence conditions; (e) whose individual priorities didn't appear to align with the focus of program services and/or the funder's priorities (e.g., obtaining independent housing and employment); or (e) who didn't seem "ready" or "motivated" to do the work that they would need to do to achieve targeted outcomes within the preferred timeframe.

Their comments suggest that at least some of these selection processes could be at odds with OVW guidance (in its [annual solicitation of TH grant proposals](#)) against the imposition of "restrictive conditions" for receiving assistance, and against "procedures and policies that exclude victims ... based on their actual or perceived age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or gender of their children."

And if the provider's process for choosing program participants disproportionately disadvantaged survivors with a physical, cognitive, or psychological disabling condition that pre-dated, or was caused or exacerbated by the abuse and the trauma surrounding their experience of domestic or sexual violence (including alcohol or drug dependencies, as long as illegal drug use is not current), that selection process might be in violation of federal nondiscrimination or fair housing requirements -- even if its disparate impact was unintended.

The existence of potentially non-compliant participant selection practices argues in favor of periodic ***refresher trainings on fair housing/nondiscrimination requirements and on OVW grant-related expectations vis-a-vis restrictive conditions and non-exclusion of survivors from "harder-to-serve" populations.***

As noted in Section 6, some of these same barriers to accessing assistance were identified over a decade ago in [Correia & Melbin's \(2005\)](#) groundbreaking survey of twelve TH programs, conducted before the OVW TH grant program became what it is today, before HUD developed its Rapid Rehousing grant program, before VAWA was amended to incorporate the voluntary services requirement, etc. -- and their persistence likely reflects the larger society's increasing emphasis on demonstrable outcomes and "measurable results." The OVW TH program model, with its emphasis on survivor-defined advocacy and voluntary services, represents a unique departure from that more prevalent "bottom line" focus; it appears that at least some programs being asked to swim against that mainstream tide need ***additional support -- training, and perhaps, some "officially" recommended practices -- in order to better align with the OVW program model.***

At the same time, some of the aforementioned challenges -- the difficult housing and job markets that leave very low income survivors with few promising options, the lack of access to supplemental health and human services in some parts of the country, and pressure on HUD-funded providers to demonstrate specific housing outcomes within a shorter timeframe -- are clearly larger than the OVW TH program, and suggest the need for ***a collaborative effort between the OVW and its federal partners for systems-level changes:***

- To help providers better distinguish between survivors their programs cannot safely serve versus survivors who can and should be served, even if there are doubts about their ability to make a targeted level of progress within the allotted time; and to reform funding practices that make it risky for providers to serve survivors with serious barriers or competing priorities;
- To help specialized TH providers develop better strategies for supporting survivors with barriers that might ordinarily limit their ability to "succeed" in difficult housing and employment environments; and
- To expand the options and resources available to specialized TH providers' for effectively partnering with mainstream providers that can offer trauma-informed gap-filling services.

## 2. The Context for Survivor Access and Participant Selection Decisions

### (a) Victim/Survivor Options After Leaving an Abusive Situation

#### (i) Informal Options

Generally speaking, survivors who seek shelter and then TH don't have the income or assets that might enable them to quickly find alternate, safe, sustainable housing ([Baker, Niolon, & Oliphant 2009](#)).<sup>8</sup> Instead, they turn to one or a series of family members and/or friends who can offer a place to stay for a few days or weeks. When those options are exhausted, or if staying with friends or family members puts the survivor and her hosts in too much danger, the survivor has a choice: she can go back to the abusive situation, she can use up her money and credit on hotel or motel rooms, or she can seek shelter. As one provider we interviewed put it, "Let's face it, if you have any resources, you do whatever you can to stay out of any kind of a shelter. That's been our experience for years and years." Or, as [Lyon, Lane & Menard \(2008\)](#) noted in their study of 3,410 residents at 215 DV shelters in eight states, "Survivors do not go to shelters as their first resort." (p. 10).<sup>9</sup>

#### (ii) Programmatic Options

Apart from the informal arrangements that survivors may rely upon, there are, in general, six programmatic options for residential placement and services: domestic violence (DV) shelters, mainstream shelters for individuals, mainstream shelters for families, "specialized TH" for survivors,<sup>10</sup> mainstream TH for homeless individuals or families, and mainstream rapid rehousing (RRH) programs for homeless individuals or families.

Of course, these options are not available in every community, and where there are programs, the amount of their funding limits the number of individuals or families that can be served. And even if there is a program opening, there may be other individuals or families higher on the waiting list. The following are brief descriptions of each option, and a few thoughts about their suitability for survivors. The maximum lengths of stay for each option vary widely, based on source and amount of funding. Data on average/median lengths of stay are included, for perspective on the relative amount of "breathing room" that each option offers.

#### (A) Shelter Options

- **Domestic Violence Shelters:** As described by [Lyon, Lane, & Menard \(2008\)](#), DV shelters are specifically set up to offer victims/survivors safe refuge from family or domestic violence, and the services they need to support healing and next steps, wherever those might lead. Federal FVPSA (Family Violence Prevention Services Act) grants, which fund the majority of DV shelters -- 1,600 DV shelter facilities, contracted hotel/motel units, and contracted safe homes in every state and territory, and some 200 tribal areas<sup>11</sup> -- require that services be offered on a voluntary basis, that is, shelter is not contingent on participation in services. Depending on what they need and want, survivors can receive help with safety planning; help leaving an abusive relationship; help understanding domestic violence and its impacts on them and their children; counseling and emotional support in dealing with stress and difficult feelings tied to their experience of violence; an opportunity to connect with and receive support from other survivors; and, depending on program funding levels, help with instrumental needs: housing, benefits,

---

<sup>8</sup> [Baker, Niolon, & Oliphant \(2009\)](#) observe that "most women leaving abusive relationships are not immediately able to pay all of their own rent." The challenges paying for housing was a theme in all our interviews with providers.

<sup>9</sup> Another option for some women is to use their limited cash or credit resources to buy time: staying in a motel, traveling someplace else, and/or renting an apartment they can't afford to keep -- in hopes that something else will work out. If things don't "work out," shelter may be the only remaining safe alternative to returning to the abusive situation.

<sup>10</sup> As noted in the Executive Summary, this chapter uses the term "specialized TH" inclusively to reference both "traditional" TH programs and transition-in-place programs, including programs funded with HUD Rapid Rehousing (RRH) grants, that are targeted and resourced to address the needs of survivors of domestic and sexual violence.

<sup>11</sup> See footnote #93 on p.32 of [Fernandes-Alcantra, 2015](#), and see p.8 of the [FYPSA report to Congress 2009-2010](#).

immigration status, addressing children's needs; education and/or employment; access to health care and/or treatment services; money management; etc.

Although DV shelters may also serve victims/survivors of sexual or other violence perpetrated by a family member, the majority of persons served are victims/survivors of domestic violence (i.e., sexual or other violence perpetrated by a current or former spouse or partner).<sup>12</sup>

**Length of Stay Information:** According to the [2014 FVPSA Data Sheet](#), the average stay in shelter in 2014 was 33 nights.<sup>13</sup> The median stay limit in the 215 shelters participating in the study by [Lyon, Lane, & Menard \(2008\)](#) was 60 days. However, stay limits and the resources to support survivors vary widely, depending on the sources and amounts of funding.

- **Mainstream Shelters for Individuals:** With their typically very limited hours of operation, barebones staffing, and primary focus on providing an alternative to sleeping rough, mainstream shelters for individuals -- many of which receive little or no government funding, and rely on charitable resources -- are probably the least appropriate source of emergency housing for homeless survivors of domestic or sexual violence -- typically offering guests only "a cot and two hots" (supper, breakfast, and a place to sleep and toilet); closing down and requiring guests to leave after breakfast; and offering little, if any, case management or other services.

Some mainstream shelters provide a bed to anyone who comes to the door indicating need. Other shelters accept only sober guests. Some shelters serve only men, others only women; larger shelters may have gender-segregated spaces, and may even serve a mix of individuals and families. Many such shelters offer space on a night-by-night basis, with no guarantees for the next night; others allow guests to reserve a bed for a week or two, but may then require guests to stay away for a comparable period of time before their next stay; still others allow more extended stays. Despite their limited staffing and hours, and even though they don't target and aren't resourced to serve survivors, research suggests that significant numbers of homeless and chronically homeless women served in these shelters do have histories of domestic or sexual violence, including non-IPV-related sexual assaults while homeless.<sup>14</sup>

**Length of Stay Information:** HUD's [2014 Annual Homeless Assessment Report \(AHAR\)](#) counted 123,173 beds for homeless individuals, with a median utilization of 22 nights and average utilization of 52 nights during the 12-month reporting period.<sup>15</sup> Whereas utilization of other types of emergency housing is described in terms of the length of a continuous stay, utilization in these shelters is measured in terms of total nights during the 12-month period, since stays are typically much shorter or night-to-night. Because mainstream shelters for individuals are typically not staffed by case managers who can address survivors' needs, many shelter-users never identify themselves as survivors, and so, the data seriously understate the numbers of survivors in such facilities. Also, pursuant to VAWA data-sharing restrictions, these statistics do not include persons in DV shelters. See subsection (iii) which follows.)

- **Mainstream Shelters for Families:** Mainstream shelters for families are typically funded by states for poor families who are eligible for TANF and the emergency assistance that TANF block grants fund. (The State of Michigan also uses its TANF block grant to help fund DV-focused TH.) Although domestic

---

<sup>12</sup> FVPSA does not fund shelter/services for survivors of sexual assault perpetrated by other than a current or former spouse/partner or family member. As per [FYSB \(2012\)](#) (*Introduction* section, p.1) "The emphasis of the FVPSA program is on family violence, domestic violence, and dating violence as they occur in the context of intimate partner relationships."

<sup>13</sup> To the extent that this statistic is calculated by dividing the number of bed nights in the calendar year, say 2014, by the number of shelter guests, it underestimates average length of stay, because it ignores stays begun in 2013 continuing into 2014, and stays begun in 2014 that will continue into 2015. Interestingly, 33 days was also the average length of stay by participants surveyed by [Lyon, Lane, & Menard \(2008\)](#), who tracked participants' entire stays. (p. 70)

<sup>14</sup> See discussion in subsection (iii), which follows.

<sup>15</sup> In Volume 2, see Chapter 2 ("Homeless Individuals"), p. 15 on "Length of Stay and Other Bed-Use Patterns."

violence is a leading contributor to family homelessness (see, for example, [Bassuk et al. \(1996\)](#); [Aratani \(2009\)](#); and [National Coalition for the Homeless \(2009\)](#)), most mainstream family shelters are not resourced to address trauma, safety planning, or other survivor needs specific to their experience of abuse. However, they typically offer more support -- longer-term stays, some case management, access to some childcare, etc. -- than shelters for homeless individuals, and they are typically staffed 24/7, so guests don't have to vacate the premises between breakfast and dinner, as they do in mainstream individual shelters.

With TANF funding typically comes pressure to find housing and employment as quickly as possible, and in the meantime, to comply with federal/state requirements that recipients devote certain numbers of hours per week to housing search and job search or community service ([Office of Family Assistance, 2013](#)). Although DV survivors may be able to obtain temporary relief from these requirements, TANF-funded shelters tend to be compliance-oriented, rather than the survivor-centered, trauma-informed, healing-focused places that DV shelters are meant to be.

**Length of Stay Information:** HUD's [2014 AHAR](#), counted 123,252 shelter beds for homeless families (beds for 38,185 families, based on an average of 3.22 persons per family in shelter or TH), with a median length of stay (LOS) of 37 (typically consecutive) nights and average LOS of 81 nights.<sup>16</sup> (Again, pursuant to VAWA data sharing restrictions, these statistics do not include persons in DV shelters. As was the case with shelters for individuals, because mainstream shelters for families are typically not staffed to address the needs of survivors, many sheltered families are never identified as survivors, and so, the data significantly under-represents their presence. See footnote at end of this subsection.)

#### **(B) "Mainstream" Transitional Housing (TH) and Rapid Rehousing (RRH) Options (Not Targeted to Victims)**

Access to mainstream (HUD-funded) TH and RRH programs is subject to more rigorous eligibility/priority considerations than shelter, and so, before discussing the *suitability* of those options, it is necessary to clarify the framework for determining **eligibility and priority for TH or RRH assistance**. Note that the rules are somewhat different for the two HUD funding streams: Continuum of Care (CoC) versus Emergency Solutions Grants (ESG).

The first cut in determining eligibility for TH or RRH assistance is based on [HUD's four-part definition of homelessness](#). As described in a [HUD chart explaining eligibility based on category of homelessness](#),<sup>17</sup> not everyone who meets one of HUD's definitions of "homeless" is eligible for every HUD-funded service:

**HUD considers a person/family homeless if they meet one of the following criteria:**

**"Category 1" ("Literally Homeless")** - persons living in shelter, transitional housing for homeless persons, or a motel unit paid for by charitable/public entity; in a place not meant for human habitation (e.g., the street, vehicle, abandoned building, etc.); and persons who were literally homeless, until they entered institutional care (e.g., jail, treatment facility, etc.), where they have resided for the past 90 days or less.

**HUD Eligibility:** ESG Shelter, ESG RRH, CoC TH, CoC RRH

**"Category 2" ("Imminent Risk of Homelessness")** - persons whose primary nighttime residence will be lost within 14 days, who have no identified subsequent residence, and who lack the resources or support networks needed to obtain other permanent housing

<sup>16</sup> In the [Part 2 of the 2014 AHAR "Estimates of Homelessness in the U.S."](#), see Chapter 3 ("Homeless Families"), p.7 on "One-Year Estimates" and p.15 on "Length of Stay and Other Bed-Use Patterns."

<sup>17</sup> This chart pre-dates the promulgation of the CoC Interim Rule in 2011, and so, lists the "Supportive Housing Program" (SHP) and the "Shelter Plus Care" (SPC) program, which were folded into the new "Continuum of Care" (CoC) program. Not listed in the chart is the CoC program's "Rapid Rehousing" (RRH) component, added by §578.37(a)(1)(ii) of the [CoC Interim Rule](#), which serves categories 1 and 4 homeless persons, whether or not they have a disabling condition.

**HUD Eligibility:** ESG Shelter, CoC TH

**"Category 3" ("Homeless Under Other Statutes")** - unaccompanied youth/young adults (under age 25) or families with children/youth who: (a) are defined as homeless under other federal statutes, but who do not qualify as "homeless" under categories 1, 3, or 4 of the HUD definition; (b) meet specified criteria for housing instability, and (c) face one or more of the enumerated barriers to housing and income stability.

**NOTE: Continuums of Care need special permission from HUD to serve "Category 3" homeless persons.**

**"Category 4" ("Fleeing/Attempting to Flee Domestic/Sexual Violence")** - persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; who have no other residence; and who lack the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing."

**HUD Eligibility:** ESG Shelter, CoC TH, CoC RRH, ESG RRH (*only if survivor meets category 1 criteria*)

In addition to eligibility guidelines based on the four-part HUD Homeless Definition, eligibility and priority for TH and RRH assistance is also determined by local or regional **written standards** -- sharpening eligibility guidelines and defining the basis for prioritizing applicants for assistance, and limiting the amount, duration, and scope of assistance -- which HUD requires states, counties, and jurisdictions administering ESG grants and Continuums of Care administering CoC grants to develop and implement.<sup>18</sup>

---

<sup>18</sup> **ESG-Related Written Standards:** Per §576.400(e)(3) of the [ESG Interim Rule](#), "At a minimum, these written standards [that states, counties, and jurisdictions administering ESG grants must develop] must include:

- (vi) Policies and procedures for determining and prioritizing which eligible families and individuals will receive ... rapid re-housing assistance;
- (vii) Standards for determining what percentage or amount of rent and utilities costs each program participant must pay while receiving ... rapid re-housing assistance;
- (viii) Standards for determining how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time; and
- (ix) Standards for determining the type, amount, and duration of housing stabilization and/or relocation services to provide to a program participant, including the limits, if any, on the ... rapid re-housing assistance that each program participant may receive, such as the maximum amount of assistance, maximum number of months the program participant receive assistance; or the maximum number of times the program participant may receive assistance."

**CoC-Related Written Standards:** Per §578.7(a)(9) of the [CoC Interim Rule](#), "At a minimum, the written standards [that CoC's must develop] must include:

- (i) Policies and procedures for evaluating individuals' and families' eligibility for assistance [from CoC-funded projects];
- (ii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- (iii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance; [and]
- (iv) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance."

In addition, per §578.37(a)(1)(ii)(B) of the [CoC Interim Rule](#), RRH projects "may set a maximum amount or percentage of rental assistance that a program participant may receive, a maximum number of months that a program participant may receive rental assistance, and/or a maximum number of times that a program participant may receive rental assistance." Although the [CoC Interim Rule](#) allows these parameters to be defined as project-specific written standards, a CoC could establish such a standard for all RRH projects funded using CoC administered grant funds.

In addition to being accountable for compliance with these eligibility standards, mainstream (HUD-funded) TH and RRH program are also accountable for meeting HUD-specified performance expectations -- defined in terms of participant housing and income/employment outcomes -- in addition to any other performance standards established by the CoC or state/county/jurisdiction administering their HUD grant. As discussed in [Chapter 1](#) ("Definition of Success and Performance Measurement"), and further explored in Sections 5 and 6 of this chapter, those performance expectations sometimes influence providers' participant selection decisions in ways that may adversely affect survivors who need more extensive or longer-term assistance, or who have other more immediate priorities than housing and income/employment.

Having established the participant eligibility and program performance frameworks within which HUD-funded TH and RRH programs operate, we continue with more detailed looks at the two program models:

- **Mainstream (HUD-funded) TH for Individuals and Families:** For survivors who don't need specialized services to support healing and recovery from the physical, sexual, and psychological violence they experienced, who aren't in danger from an abusive (ex-)partner, and who are prepared to develop -- typically within a 6-12 month period -- the income needed to cover anticipated rental/living costs, mainstream TH might be an appropriate resource. Mainstream TH, with participants living in provider-owned or provider-leased congregate or clustered housing,<sup>19</sup> typically offers more extended and extensive supports than mainstream family shelter (and definitely more than mainstream individual shelter). However, participation in services is not typically voluntary,<sup>20</sup> as VAWA requires, the approach is not typically trauma-informed, and the staff are not typically prepared to address the kinds of special needs that survivors' of domestic and sexual violence may have.

**Length of Stay Information:** HUD's [2014 AHAR](#), counted 77,606 TH beds for homeless individuals, with a median length of stay of 104 nights and average length of stay of 139 nights, and 94,149 TH beds for families (beds for 29,168 families, based on the aforementioned average of 3.22 persons per family), with a median length of stay of 150 nights and average length of stay of 175 nights.<sup>21</sup> (Again, pursuant to data sharing restrictions, these statistics do not include persons in VAWA-covered programs. On the one hand, because lengths of stay in mainstream TH programs are longer than in shelters, and because the focus of case management is broader, a higher percentage of participants are likely to discuss their prior experience of domestic or sexual violence. On the other hand, given that healing is not the focus, a significant portion of survivors will not self-identify as victims of domestic or sexual violence, so survivors are undercounted in the data.)

- **Mainstream Rapid Rehousing (RRH):** Mainstream RRH typically includes time-limited rental assistance (and, perhaps, assistance with utility-related costs and/or the up-front costs of leasing an apartment) and a relatively lean service package<sup>22</sup>, as compared with mainstream TH. As described in the [HUD Brief on Rapid Rehousing](#), the emphasis on short-term limited services -- "**typically six months or less**" (p.3) and "primarily oriented towards helping families resolve their immediate crises, find and secure housing, and connect to services if/when appropriate" (p.5) -- reflects assumptions (e.g., "the primary

---

<sup>19</sup> Most, if not all, mainstream TH programs which administered rental assistance to support participants living in scattered-site apartments were converted to the RRH model, in the years since the CoC Interim Rule was promulgated.

<sup>20</sup> The decision by a mainstream HUD-funded TH programs whether or not to employ a voluntary services approach is a provider choice. HUD regulation require that services be **made available** to the participant (§578.53(b)(1) and (2) of the [CoC Interim Rule](#)) and **allow** the provider to require participation in non-disability-related services (§578.75(h)). In fact, the [2015 competition for CoC grant funding](#) awarded extra points for projects that utilize a voluntary services approach.

<sup>21</sup> In Volume 2, see Chapter 2 ("Homeless Individuals"), p. 15 on "Length of Stay and Other Bed-Use Patterns" and Chapter 3 ("Homeless Families") p.7 on "One-Year Estimates" and p.15 on "Length of Stay and Other Bed-Use Patterns."

<sup>22</sup> Although technically, CoC-funded TH and RRH can provide the same mix of services, TH grants have historically tended to be heavier on services, and RRH grants have tended to be leaner. As described in Exhibit 5 of [Rapid Rehousing: ESG vs. CoC \(2013\)](#) (pp. 10-12), ESG-funded RRH offers a much more limited mix of supportive services than CoC-funded RRH.

barrier to permanent housing ... is their limited finances." p.3) that ***do not necessarily match the needs and circumstances of survivors who require more / longer term assistance than DV shelters can offer:***

Based on its assumption about the adequacy of providing "just enough assistance to [enable an individual or family] to successfully exit homelessness and avoid [a return] to the streets, other places not meant for human habitation, and emergency shelters," (p.1) HUD concludes that

*"The majority of households experiencing homelessness are good candidates for rapid re-housing. The only exceptions are households that can exit homelessness with little or no assistance, those who experience chronic homelessness and who need permanent supportive housing, and households who are seeking a therapeutic residential environment, including those recovering from addiction." (p.2)*

Arguably, survivors who have endured chronic abuse, domestic or sexual violence, and poverty, and who are wrestling with the resulting trauma and its concomitants, constitute another exception to this triaging formula; although they may not need permanent supportive housing or a therapeutic residential environment, they may well need more than the short-term housing assistance and "crisis-related, light touch (typically six months or less) approach" (p.5) to services than is prescribed in HUD's Rapid Rehousing Brief. It's not that the RRH model is a poor fit; it's just that some survivors may need a more extended, more holistic version.

Forty-two percent (42%) of the providers we interviewed receive HUD grant funding. Given HUD's decreasing support for TH projects and increasing support for RRH projects, it is fair to assume that most of that HUD funding comes as RRH grants that either fund separate transition-in-place programs or that are combined with OVW TH grant funding to support larger transition-in-place programs.

As described in HUD's [Rapid Rehousing: ESG vs. CoC \(2013\)](#), although the ESG and CoC program rules are generally similar, there are also some differences in how the funds can be used, which have a bearing on whether survivors can be served by the program:

- Although both ESG and CoC RRH grants can pay security deposits, startup utility deposits, last month's rent, rental application fees, and moving costs, only ESG RRH grants can be used to pay for (up to six months of) rent arrearages and/or utility arrearages. Survivors without access to funds for repaying their arrearages might not be able to be served by a CoC RRH-funded program.
- Both ESG and CoC RRH rental assistance require that apartments be leased in the participants' names. The CoC RRH grant requires that leases cover a 12-month period, and be renewable, except for cause; except in the rare case of tenancies in project-based units, the ESG RRH grant does not require a minimum lease term. Survivors whose credit or housing history or criminal history raise serious concerns for landlords might be unable to find a landlord willing to offer them a 12-month lease, which would prevent them from participating in a CoC RRH-funded program.
- Both the CoC and ESG RRH program rules require a re-assessment of eligibility based on continuing need for assistance at or before the one year anniversary of program participation. The ESG RRH program requires that that re-assessment of eligibility include a determination of income. Survivors whose income exceeds 30% of the Area Median Income at the one year assessment lose their eligibility for ESG RRH housing assistance and services.

Although HUD typically requires participants in mainstream RRH programs to meet with a case manager at least once a month, that requirement is waived for VAWA-covered projects, which are required to implement a voluntary services approach. (See §576.401(e)(2) of the [ESG Interim Rule](#) and §578.37(a)(1)(ii)(F) of the [CoC Interim Rule](#) for the provisions exempting VAWA-covered programs.)

**Length of Stay Information:** Because HUD does not consider persons in RRH placements to still be homeless, they are not counted in the AHAR<sup>23</sup>, and there does not appear to be any published data on the number of RRH placements and the average or median duration of assistance.

**(C) "Specialized" Transitional Housing (TH) and Rapid Rehousing (RRH) Options (Targeting DV/SA Victims)**

- Almost universally operated by victim services providers,<sup>24</sup> these programs are specifically designed to provide safe interim housing and the supportive services victims/survivors need to support their healing and preparation for next steps, whether those steps lead to independent housing or a return to the relationship with the abusive partner. Depending on what they need and want, survivors should be able to receive help with safety planning; help understanding domestic violence and its impacts on them and their children; counseling and emotional support in dealing with stress and difficult feelings tied to their experience of violence; help finding housing; help pursuing education, employment, or mainstream benefits; help with budgeting and money management; help with parenting; help addressing their advocacy-related needs; help (re-)integrating into the community; etc.

The OVW Transitional Housing Grant Assistance program exists and is funded as a result of the **Violence Against Women Act** (VAWA) and its periodic reauthorizations. Pursuant to the provisions of Section (a) of [42 USC §13975](#), the federal statute authorizing the TH Grant Assistance Program, funded TH grantees must serve individuals and family households: "(1) who are homeless, or in need of transitional housing or other housing assistance, as a result of a situation of domestic violence, dating violence, sexual assault, or stalking; and (2) for whom emergency shelter services or other crisis intervention services are unavailable or insufficient." Section 602 (2)(B) of the [VAWA Reauthorization Act of 2013](#) removed the word "fleeing" from the original language of clause (1), so that the statute no longer requires that a survivor's homelessness result from "fleeing" a situation of domestic violence, etc.<sup>25</sup>

Pursuant to the Section (b)(3)(C) of [42 USC §13975](#) -- which authorizes the OVW's TH Assistance grant program, "**Participation in the support services shall be voluntary**. Receipt of the benefits of the housing assistance ... shall not be conditioned upon the participation of the youth, adults, or their dependents in any or all of the support services offered them." Voluntary services -- which is integral to a trauma-informed approach -- helps programs avoid recreating the kind of re-traumatizing coercive environment that victims/survivors fled.

As previously noted, 42% of the OVW-funded providers we interviewed receive either HUD Continuum of Care (CoC) Transitional Housing (TH) grants and/or HUD Rapid Rehousing (RRH) grants (awarded either through their participation in a CoC, or as a subrecipient of a state/county/jurisdiction that receives HUD Emergency Solutions Grant (ESG) funding). These HUD grants -- which may be pooled with OVW grant funds to support a single program, or used to fund a distinct TH or RRH program for survivors -- often provide higher amounts of annual funding than the OVW grants, which are capped at about \$100,000 or \$117,000/year, depending on the award year.

HUD regulations governing its CoC and ESG programs include provisions exempting projects operated by victim services providers from HUD requirements which might contradict the VAWA voluntary

---

<sup>23</sup> Homeless persons who have moved into housing with the help of time-limited RRH rental assistance are counted as "housed" and no longer "homeless," so they do not appear in the AHAR or other HUD homeless counts. Since services often end when rental assistance ends (although services can be extended for an optional period of up to six months), programs don't necessarily collect data about the stability of such placements beyond the ending date of assistance.

<sup>24</sup> The primary exceptions are programs operated by YWCAs and chapters of the Salvation Army.

<sup>25</sup> See the second amendment listed in the "Notes" tab of the [online entry for 42 USC §13975](#) (published by the Legal Information Institute, a not-for-profit entity housed at the Cornell Law School).

services and data confidentiality provisions.<sup>26</sup> However, as elaborated upon elsewhere in this and other chapters of the Resource Guide, some of the performance and length-of-stay expectations and regulatory requirements attached to the receipt of HUD grant funding put pressure on providers to operate their programs in ways that seem inconsistent with the spirit of OVW TH Grant program.

**Length of Stay Information:** OVW-funded TH programs are required to provide a minimum of six months of housing and services, with a usual upper limit of two years that can be extended by up to six months with a waiver. The semi-annual summary reports available on the [VAWA MEI website](#) do not disaggregate program exits and terminations by participants' length of stay in the program prior to leaving, and so, do not permit the calculation of average or median lengths of stay for these programs.

### ***(iii) Do Mainstream Shelters, TH Programs, and RRH Programs Serve Survivors?***

As previously noted, despite their limited staffing and hours, and even though they don't target and aren't resourced to serve victims of violence, research suggests that significant numbers of the homeless and chronically homeless women served by mainstream individual shelters have histories that include domestic or sexual violence, including non-IPV-related sexual assaults while homeless.<sup>27</sup> And as also previously noted, domestic violence is a leading contributor to family homelessness.<sup>28</sup>

Although as per the prior two footnotes, numerous studies have linked domestic and/or sexual violence to homelessness among individual women and mothers, program participants don't necessarily disclose their victimization to staff in mainstream shelters or TH programs, especially if they perceive that staff cannot provide or leverage relevant services, and the information is just being collected for statistical purposes.

Thus, although HUD-funded CoCs identified 56,016 individual and family beds reserved for DV survivors in the 2014 Point in Time count, only 51,908 homeless persons were identified as survivors ([2014 AHAR](#) Vol. 2 pp. xvi-xvii) -- fewer than would have been in targeted beds, not even counting mainstream shelter and TH beds.

---

<sup>26</sup> As discussed in greater detail in [Chapter 4](#) ("Taking a Survivor-Centered/Empowerment Approach: Rules Reduction, Voluntary Services, and Participant Engagement"),

- HUD CoC-funded RRH programs operated by victim services providers are exempted in subparagraph (a)(1)(ii)(F) of §578.37 of the [CoC Interim Rule](#), and HUD ESG-funded RRH programs operated by victim services providers are afforded a comparable exemption in subparagraph (e)(2) of §576.401 of the [ESG Interim Rule](#).
- HUD regulations (§578.75(h) of the [CoC Interim Rule](#)) governing CoC-funded TH programs **allow, but do not require** grant recipients or subrecipients to mandate participation in supportive services.

<sup>27</sup> See, for example, [Goodman, Fels, & Glenn \(2006\)](#), [Jasinski et al. \(2005\)](#) and [D'Ercole & Struening \(1990\)](#).

<sup>28</sup> See, for example, [Bassuk et al. \(1996\)](#), [Aratani \(2009\)](#), and [National Coalition for the Homeless \(2009\)](#).

- [Gubits et al. \(2015\)](#) stated that 49% of adult respondents in the HUD-funded Family Options Study reported adulthood experience of intimate partner violence (IPV), although that violence may not have precipitated the episode of shelter homelessness analyzed in the study. The authors explained that the 49% statistic understated the importance of IPV as a contributing factor to family homelessness for two reasons: (1) "Some emergency shelter programs would not accept families fleeing domestic violence, because of concerns about their ability to ensure the safety of the families." (p.6) (2) Four emergency shelters that were entirely or partly dedicated to domestic violence were excluded from the study, "because most victim-service providers did not believe that random assignment to nonspecialized homeless assistance programs was appropriate for such clients." (p.41)
- In [Burt's \(2010\)](#) comprehensive review of mainstream (HUD-funded) TH programs, although only 17% of the family TH programs in her study sample specifically targeted DV survivors, 36% of all homeless mothers in the study population cited domestic violence as "leading to the family's most recent homeless episode" (p. xix), providing strong evidence that DV survivors are routinely served by mainstream programs, even if those programs are not resourced to specifically address survivors' trauma-related needs.

**(iv) Concerns about Confidentiality of Data in the Mainstream Homeless System**

Apart from the inability of most shelter, TH, and RRH programs operated by mainstream homeless providers to adequately address survivors' domestic and sexual violence-related needs, there are longstanding concerns that routine data collection and sharing by these mainstream providers compromises survivor confidentiality, and puts them at greater risk of further violence by the abusive (ex-)partner they fled and his allies.

Specifically, with the exception of victim services providers and programs funded by VAWA-authorized grants (e.g., FVPSA grants to DV shelters and OVW TH Assistance grants), shelters, TH programs, and RRH programs receiving HUD funding are required to collect and enter client-level data into the "Homeless Management Information System" (HMIS) maintained by the HUD-funded CoC that addresses homelessness in their geographic region.<sup>29</sup>

Although non-HUD funded mainstream shelter and TH programs (e.g., TANF-funded family shelters and charitably-funded shelters for individuals) are not required to enter data into the HMIS, they are strongly encouraged to do so, in the interest of creating a more statistically complete picture of homelessness.

Victim service providers -- and other providers receiving VAWA-authorized grants -- that receive HUD funding are prohibited by VAWA (and HUD) from entering their client-level data into the HMIS or otherwise sharing that client-level data with the CoC. Instead, they are required by HUD to enter their client-level data into a segregated "comparable" database and to provide the aggregate data to the CoC. Because VAWA protections and the HUD exemption **do not apply** to mainstream shelter or TH providers that happen to serve survivors of domestic or sexual violence as part of their routine clientele, survivors who enter **any** mainstream shelter or TH program -- whether it receives HUD funding or not -- and who provide client-level data to that shelter or TH program are compromising their confidentiality, and potentially jeopardizing their safety.

[Recently issued HUD guidance](#)<sup>30</sup> has affirmed the right of these survivors (and other participants in HUD CoC- or Emergency Solutions Grant (ESG)-funded programs) to refuse to disclose information, to refuse to allow a provider to enter into the HMIS any information the participant has disclosed, and/or to refuse to allow such information to be shared with other providers, via HMIS or otherwise, without prejudicing their application or receipt of assistance. Since it is unclear whether HUD-funded providers proactively alert program applicants and participants about their rights to refuse to provide and refuse to allow entry or sharing of such data, the NNEDV advises DV advocates to ensure that survivors seeking mainstream services understand their rights.<sup>31</sup>

---

<sup>29</sup> As described in the NNEDV's excellent FAQ document, [Confidentiality: VAWA & FVPSA](#), HUD-funded programs operating under VAWA constraints are exempted from HUD data sharing requirements; instead, they must collect required client-level data in a comparable, segregated database, and may share only aggregate data with their CoC.

As described in HUD's [FAQs on Coordinated Entry and Victim Services Providers](#), and as codified in §578.23(c)(9) of the [CoC Interim Rule](#), these programs are also exempt from requirements to participate in the CoC's coordinated entry system, provided they participate in a comparable system with other victim service providers. §576.400(d) of the [ESG Interim Rule](#) exempts ESG-funded VAWA-covered programs, without requiring participation in a comparable system.

<sup>30</sup> See HUD's answer to Question #3 in its [FAQ on Coordinated Entry and Victim Services Providers](#):

*"All households, regardless of their DV status, have the right to refuse to disclose their information in HMIS and may refuse to allow the CoC to share their information among providers within the CoC. In fact, all service providers are prohibited from denying assistance to program applicants and program participants if they refuse to permit the provider to enter their information in to HMIS or refuse to allow their information to be shared with other providers. However, some information may be required by the project, or by public or private funders to determine eligibility for housing or services, or to assess needed services. In those instances, the information must still be collected by the recipient to determine whether the individual or family is eligible, but it must not be entered into HMIS if the program participant objects to having information entered into the HMIS."*

<sup>31</sup> See the National Network to End Domestic Violence's [Confidentiality: VAWA & FVPSA webpage](#) for a useful summary of VAWA and FVPSA (Family Violence Prevention Services Act) HMIS-related confidentiality protections.

## **(b) Estimating the Ratio of Need to Vacancies in Specialized TH Programs**

Given that DV shelters and specialized TH are a survivor's best options for emergency and transitional housing, and given that mainstream homeless programs are substantially less well-suited to supporting survivors in their healing and preparation for next steps, the ability to access these specialized resources when they are needed is a matter of critical importance. The following discussion explores what we know about the adequacy of the "supply" of DV shelter beds and slots in specialized TH as compared to the need, and, in particular, attempts to estimate the unmet need for specialized transitional housing.

There appears to be somewhat better data about the numbers of survivors who are unable to access DV shelter than about survivors in DV shelter who are unable to access next-step TH. There is little, if any, data about what survivors do and where they go when they are unable to access these resources, and how their situation evolves over the ensuing weeks and months.

The [2009-2010 FVPSA Report to Congress](#) indicated that in each of 2009 and 2010, an average of over 170,000 victims and their children were turned away by FVPSA-funded shelters receiving grants through their state (i.e., not counting shelters funded by FVPSA grants to territories and tribes) "because shelters were full or programs lacked resources." (p.3) The NNEDV's [2014 Domestic Violence Counts](#) report indicates that "despite serving more than 23,500 people in emergency shelter on the Census Day (9/14/2014), programs were unable to meet 4,357 requests for emergency shelter." (p.6) <sup>32</sup>

While [Lyon, Lane, & Menard \(2008\)](#) concluded that "Most needs are met for most residents [of DV shelters], and most problems are resolved," their study did not address DV shelter residents' housing outcomes. To the extent that survivors in shelter face some of the same kinds of obstacles to gaining (independent) housing as participants in the TH programs we interviewed (e.g., PTSD, lack of income or earning potential, rent or utility arrearages, bad credit, eviction history and/or lack of positive housing references, immigration-related issues, substance use and/or mental health issues, criminal record, etc.), it seems reasonable to assume that some number of these survivors would not have been able to resolve those obstacles and gain suitable housing within the 60 days or less that 87% of the shelter guests surveyed by Lyon et al. completed their stays.

Indeed, the statement in the [NNEDV's Domestic Violence Counts: 2014](#) contrasting the typical 30-60 day stay in DV shelter with the "6 to 10 months or more [it takes] for a family to secure stable, permanent housing," and the observation that "without available transitional housing, many victims face the untenable choice between homelessness and returning to further violence" (p.4) are grim confirmations that exiting shelter does not mean that survivors' housing needs have all been met. The NNEDV report goes on to quote a California advocate, who reflected that "oftentimes, survivors who are trying to escape very violent situations decide to return to their abuser because they have no other options." Our conversations with TH providers about the struggles their program participants face in obtaining housing<sup>33</sup> suggest that many of the survivors who aren't able to get into a TH program must reluctantly face that same impossible choice.

Of course, not every DV shelter residents *wants* to transition from shelter to a TH program. Some survivors aren't ready or don't want to end their relationship with their abusive partner.<sup>34</sup> And some survivors may not be comfortable with the limitations attached to a particular TH program ([Fisher, Mayberry, & Khadduri, 2014](#)):

---

<sup>32</sup> NNEDV notes that their survey reached 89% of domestic violence programs; presumably, the shelters included in the other 11% of FVPSA-funded programs also had to turn away DV survivors, so the total unserved numbers are higher.

<sup>33</sup> See provider comments in [Chapter 10](#) ("Challenges and Approaches to Obtaining Housing and Financial Stability").

<sup>34</sup> See for example, the "50 Obstacles to Leaving" cited by [Buel \(1999\)](#); the comprehensive survey of the literature on the process, predictors, and impediments related to leaving an abusive relationship by [Anderson & Saunders \(2003\)](#); the discussion by [Thomas, Goodman, & Putnins \(2015\)](#) about the complex tradeoffs attendant to decisions about leaving versus staying with or returning to an abusive (ex-)partner; and [Davies' \(2008\)](#) discussion about the role of advocates when survivors choose not to leave the relationship.

- In the case of TH programs that use congregate or clustered housing, or otherwise restrict the areas where participants can live while they are in the program, survivors may be unwilling to live in a location that feels too far from their support network of family and friends, too far from their child's school or friends, too far from transit or too long a commute to work, or just not where they want to be living.
- Even if location is not a problem, a survivor might not want to live in housing that relatives or members of their extended family or pets are not allowed to share (and in some programs, aren't allowed to visit), or where they have to share space with other survivors and their children. Or they might not want to be rapidly rehoused in an apartment they don't think they'll be able to afford when their assistance end.<sup>35</sup>

In the same way that the [Lyon, Lane, & Menard \(2008\)](#) study doesn't tell us about the housing outcomes of survivors in DV shelters, the [VAWA MEI TH summary data reports](#) don't provide consistent information about the numbers of survivors who need specialized TH, but can't be served, for lack of available housing -- because (a) they **only count survivors turned away from programs that use their OVW funds to pay for units**, and not from programs that use their OVW grant to pay for services to participants living in otherwise funded units of housing (e.g., housing paid for with a HUD grant); and (b) as providers' interview comments indicated, **a substantial number of TH programs do not advertise their openings or maintain waiting lists**, and instead, selectively notify agency shelter and outreach staff when they anticipate a program opening.<sup>36</sup>

To get a sense of the volume of unmet need for periodic openings in OVW-funded TH programs, we use data from the [NNEDV Domestic Violence Count: 2015](#) and use length-of-stay data to compare estimates of the turnover in shelter to estimates of the turnover in TH programs.

- The [NNEDV's Domestic Violence Count: 2015](#) indicated that DV shelters that responded to their survey served 12,568 adult survivors and their 13,167 children on the date of their Census; that responding specialized TH programs served 5,976 adults and their 8,591 children on that date; and that there were 1,418 survivors who had requested, but could not access specialized TH as of that date. That is, there was

---

<sup>35</sup> [Burt's \(2006\)](#) study of family TH programs (not limited to DV survivors) reported that "The reality of these transition-in-place programs, according to many program representatives we interviewed, is that most families end up moving anyway, because they do not have enough income to take over paying the rent once they are no longer subsidized by the TH program." (p.46)

<sup>36</sup> Rather than "raising the hopes" and then having to say "no" to a prospective participant that they won't be enrolling, quite a few providers told us that they **do not maintain waiting lists, do not widely announce program openings, and only solicit "appropriate referrals" from staff at their agency-run shelter and/or outreach program and/or key contacts from other agencies**. To estimate the impact of this practice on the data about unmet need, we analyzed a subset of 56 semi-annual reports from the second half of 2013 made available to us by the OVW; of these, 8 grantees used their OVW funding only for services and not for housing, and so, did not report on survivors turned away for lack of housing.

Of the other 48 grantees, 28 (58%) indicated in Question #21 that no victims/survivors were turned away due to lack of housing, and 19 grantees reported turning away more than 310 adult survivors (an average of 16.3 per program) for lack of housing, and one other provider reported that demand exceeded supply, but did not quantify unmet need.

In the [published cumulative report for the second half of 2013](#), 197 of 220 reporting grantees indicated that they used their OVW grant to support housing. Those 197 grantees tallied 1,068 survivors who were not served or partially served, due to lack of available housing; that is, our review of a 25.5% sample of grantees (56 of 220) accounted for 29% of the unserved victims/survivors (=310/1068) suggesting it was a more or less representative sample of the full cohort of grantees. (The sample would have looked even more comparable if the 20<sup>th</sup> grantee had quantified their unmet need.)

**If the 16.3 survivors "turned away" (on average) by each of the 19 programs that tracked the statistic are representative of unmet need** (and if we assume that the reason other grantees reported zero unmet need is that they didn't maintain waiting lists), **then the actual unmet need for the 197 grantees that use their OVW grant for housing would have exceeded 3,200 survivors, as opposed to the 1,068 cited in the second half 2013 cumulative semi-annual report (and assuming proportionality, the overall unmet need for all 220 grantees -- including the grantees that depended on other sources of funding for housing units -- would have exceeded 3,500 survivors)**. Unfortunately, we have no way of knowing how much of the difference between the reported 1,068 instances of unmet need and our higher estimates is due to programs' not maintaining waiting lists, and only very selectively accepting referrals.

***one survivor household seeking specialized TH for every 8.9 survivor households in DV shelters (11%).***

(Since shelter beds turn over faster than TH beds, presumably, other survivors who had hoped to access TH had already been discharged from their DV shelter -- perhaps to a mainstream shelter, perhaps to the home or a friend of family member, or perhaps back to the abusive living situation they fled -- where they may not have been counted as still seeking specialized TH.)

- Using the data from [NNEDV's Domestic Violence Count: 2015](#), if we assume comparable survey response rates by DV shelters and specialized TH programs; and assume that utilization rates for shelter and TH slots are comparable<sup>37</sup>; and assume that the relevant measure of program capacity is number of households, notwithstanding the difference in average household size (1.05 children for every adult in DV shelter, 1.44 children for every adult in specialized TH), then ***for every unit of TH, there are about 2.1 units of DV shelter*** (obtained by dividing 12,568/5,976).
- The [2014 FVPSA Data Sheet](#) reported that the ***average stay in shelter in 2014 was 33 nights***, the same duration as the average stay reported in the aforementioned [Lyon, Lane, & Menard's \(2008\)](#) study.
- Data from a sample of 56 semi-annual TH reports for the second half of 2013 (out of a total 220 OVW grantees who filed reports), yielded an ***average length of stay of 9.2 months*** for 626 participants who exited or were terminated from the 48 of 56 TH programs that paid for housing with the OVW grant.<sup>38</sup>
- Putting these estimates (of the number of units and lengths of stay) together, in the 9.2 months that it takes one unit of TH to turn over, each unit of DV shelter has turned over, on average,  $9.2/1.1 = 8.4$  times. If the NNEDV One Night Count is representative, and there are 2.1 units of shelter for every unit of TH, then shelters serve  $8.4 \times 2.1 \sim 17.6$  households for every TH opening. That is, under these assumptions, ***only 1 of every 17.6 (~6%) households in DV shelters can access specialized TH.***

On the one hand, this overestimates demand for specialized TH because not every survivor in a DV shelter is interested in next-step TH. On the other hand, this under-estimates demand for specialized TH, because it fails to count victims still in abusive situations, temporarily staying with friends of family, or in mainstream shelters and TH programs -- including survivors of sexual abuse by an acquaintance or stranger, who would not have been eligible for a stay in a FVPSA-funded DV shelter -- who would seize the opportunity to enroll in specialized TH, if there were openings.

- ***If stays in DV shelter are actually 50% longer<sup>39</sup> than the FYSB Data Sheet's 33-day estimate*** (i.e. 49.5 days = 1.65 months, instead of 33 days = 1.1 months), and ***if stays in specialized TH are actually 25% shorter than our review of semi-annual report data suggested*** (i.e., 6.9 months, instead of 9.2 months) due to pressure on programs that also receive HUD grant funding to reduce lengths of stay, then the

---

<sup>37</sup> Shelter beds probably have a higher occupancy rate than TH beds, since the process of enrolling a survivor in a TH program takes longer. That is, this assumption under-estimates the number of TH beds.

<sup>38</sup> The semi-annual reports only collect length-of-stay data for survivors who stayed in housing that was supported by OVW grant funds (e.g., to pay for rental assistance for participant-leased units, to pay rent on provider-leased units, to cover utilities and other operating costs of provider-owned units). The cumulative semi-annual reports available on the [VAWA MEI website](#) do not provide data on the lengths of stays of survivors who exited or were terminated from their programs; the 56 individual reports were the only source of data we had access to from the OVW, but they appear to be a reasonably representative sample. (The 56 programs constituted 25.5% of the 220 grantee programs submitting second half 2013 semi-annual reports; the 373 units of housing that those 56 programs provided constituted 27% of the units provided by the 220 programs in the [cumulative report](#). Forty-eight (85.7%) of the 56 programs in our sample and 170/220 (77.3%) of the programs in the full set of second half 2013 respondents used their OVW TH grant for housing.)

<sup>39</sup> Charts on page 13 of the [FYPSA report to Congress 2009-2010](#) describe trends in the number of adult victims served and the number of shelter nights provided that appear to indicate average lengths of stay during the Recession years rose from the low 30s in 2008 to the high 40s in 2009 to almost 60 days in 2010. As rental costs continue to rise and the gulf between wages and the cost of housing widens ([NLIHC, 2016](#)), it is not unreasonable to anticipate longer stays again.

ratio would change to **1-of-every-8.8 households in DV shelters can access OVW-funded TH** (matching the 1-of-every-8.9 households (~11%) in DV shelters calculated using the NNEDV One Day Count data).

In the absence of hard data, these are rough, back-of-the-envelope estimates, based on assumptions which cannot be tested. Hopefully, some future analysis based on fuller access to actual data will be able to develop a more statistically accurate picture of supply and need for specialized TH. In the meantime, for simplicity's sake, **it is probably not unreasonable to conservatively assume a 9-to-1 need-to-vacancy ratio.**

Given that survivor access to specialized TH could mean the difference between having a path to safe, stable housing versus having to choose between homelessness and an unwanted return to an abusive relationship, **our estimate that, on average across the country, for every TH program vacancy, there are nine survivors seeking such TH, suggests that every participant selection decision closes a door for eight other survivors.**

The rest of this chapter looks at how (and why) those participant selection decisions are made.

### 3. The Role of DV Shelter versus Specialized Transitional Housing

#### (a) Overview

As described in the prior section, DV shelters and "specialized TH" programs are the emergency housing of choice for survivors looking for support for healing from domestic and sexual violence-related trauma, and for rebuilding their lives after having fled that violence. The provider comments at the end of this section offer insights into how TH providers see the role of TH programs as compared to the role of DV shelters; why some of those providers believe that DV shelters should always be a survivor's first recourse when they flee an abusive living situation, and why other providers disagree; how some providers determine whether a survivor is "ready" for TH; and why other providers believe that the notion of "readiness" for TH is largely obsolete.

**Because these ideas about the purposes and strengths of shelter versus transitional housing inform providers' decisions about the kinds of clients that each type of program should target and serve, the discussion and provider comments that follow are important to understanding survivor access and participant selection.**

As described in [Lyon, Lane, & Menard \(2008\)](#), the configuration, level of staffing, and length of stay limits of DV shelters vary widely. In some communities, there is no physical shelter building, and "shelter" consists of a few days or a few weeks in a motel, paid for by the local DV provider agency. Lengths of stay typically range between 30 and 90 days, but may extend to a year or more. Shelters run the gamut from small and thinly staffed to large and generously staffed, with counselors, children's staffing, employment specialists, and more. In some communities, DV shelter may consist of a small number of units in a "safe house" supported by part time staff, while in other -- typically larger, better resourced -- communities, the shelter facility may serve dozens of individual and/or family survivors, may be part of a secure campus that includes other residential and non-residential programming, may provide 24/7 staffing, and may offer access to the diversity of resources available from the full-service sponsoring agency.

As described in [Chapter 3](#) ("Program Housing Models"), [Chapter 5](#) ("Program Staffing"), and [Chapter 6](#) ("Length of Stay"), of this resource guide, specialized TH programs are equally diverse. It is not surprising, therefore, that provider comments express a range of sometimes contradictory opinions about the respective roles of shelter and TH programs, and about the kinds of survivor households that are best served by each modality.

Those comments suggest that **there is no always-true distinction between DV shelters and specialized TH programs.** Depending on their respective mixes of funding, levels of staffing, levels of security, allowed lengths of stay, and underlying philosophies, a DV shelter in one community could operate like a specialized

TH program in another community.<sup>40</sup> Archetypically, shelter is the first place someone fleeing domestic or dating violence or stalking would go to access safety, support, time away from the abuse, and assistance in addressing their urgent needs. Archetypically, TH programs are where survivors would go for more extensive support and more time to obtain housing, build financial stability, or address gaps and "blemishes" in their credentials that would enable them to access housing and employment. However, data from our provider interviews suggest that those archetypes present an incomplete picture of shelter and TH programs in 2016:

- In one community, shelter may be the resource of choice for persons in crisis, and the TH program is seen as a better option for survivors who are past the point of crisis, and looking forward to their next steps. In another community, people fleeing domestic violence may be accepted directly into the TH program. There is no hard and fast rule that says that survivors must wait until they have resolved, for example, their most urgent issues before they can move from shelter to transitional housing. Indeed, one provider observed that the path out of an abusive relationship is not a straight line; survivors can go in and out of crisis as threats and issues arise, no matter what type of program they are in.
- The nature of shelter varies from location to location. In many communities, shelters are congregate; in other locations, "shelter" consists of an agency-funded stay in a motel or hotel. Some shelters are sited at undisclosed addresses; others are located in public places. Some TH programs use shared or clustered housing; others use scattered-site housing -- in the case of rural programs, very widely scattered housing. Some TH programs offer confidential housing; in other programs, survivors' names are on the lease.<sup>41</sup>
- Shelters and TH programs both serve survivors who may or may not wish to permanently leave the abusive relationship. Even if a survivor wishes to leave that relationship, custody arrangements and/or the reality of overlapping social circles may mean that the paths of the program participant and the abusive (ex-)partner periodically cross. Although some TH programs might have previously restricted enrollment to survivors who seemed committed to leaving and breaking off contact with their former partner, with a more survivor-centered focus, that is a much less common condition of enrollment (and the kind of "restrictive condition" that [OVW's annual solicitation](#) might label as "compromis[ing] victim safety and recovery").
- Often, DV shelters have higher levels of staffing and provide greater access to onsite services, like counseling, employment assistance, and children's services than TH programs. Although quite a few TH programs rely heavily on a single case manager/advocate, there are examples of well-resourced TH programs and more limited shelters. And in some cases, the two programs are fully or partially co-located, and share resources, and sometimes even staffing -- which can promote continuity of care for shelter guests who transition to TH.
- Allowed lengths of stay in shelter vary widely, from programs that limit stays to a week or two, to full service agencies that operate shelters where a survivor can stay for six months or longer, if needed -- longer than some TH programs where stays are limited to the statutory six-month minimum for OVW grant-funded programs. Over time, lengths of stay in shelters have increased, as advocates recognized that policies forcing survivors to find new placements every few months were re-traumatizing the people they were intended to help. Conversely, stays in many TH programs, especially HUD-funded programs (operated with or without OVW funding) -- which used to routinely last 18-24 months -- are shrinking, in

---

<sup>40</sup> One across-the-board difference between FVPSA-funded shelters and specialized TH programs is that FVPSA funding is strictly intended to serve survivors of family and domestic violence, but not sexual assault perpetrated by persons other than intimate partners and family members. OVW and HUD specifically authorize their TH grantees to serve homeless survivors of domestic violence and/or sexual assault by persons other than family members or current/former partners.

<sup>41</sup> There is increasing recognition that with the advent of the Internet, widespread use of GPS devices, social media, and other technologies, programs have a harder time maintaining a confidential location. An increasing number of site-based programs are turning to stronger building security, including sophisticated alarm systems and surveillance cameras, to protect participants who may be at risk from the perpetrator of the violence they fled.

response to funder pressure to serve more clients by limiting assistance to between 6 and 12 months, with an emphasis on stays of shorter duration.

In other words, although providers' comments may accurately describe the differences between the shelter(s) and TH program(s) that serve their geography, their observations and the distinctions they draw are not necessarily generalizable to all such programs.

### **(b) Provider Comments on the Role of Shelter versus Transitional Housing (TH)**

***Inclusion of a comment does not imply endorsement by the authors or OVW of a provider's approach.***

(#01) The participants in the shelter are in a crisis part of their lives. They're just freshly leaving the relationship and may not have goals that go beyond day-to-day. Transitional housing is more long term. These are the people who are really ready to leave the relationship, whereas in the shelter they may just want some respite from the abuse. In the TH, they need to be at a place where they at least think they are ready to leave the relationship, and the goal building is a different focus.

Whether someone is served in the transitional program is based on their meeting eligibility requirements for the program and providing all information required. But they do come out of our shelter. Everyone goes through the shelter. It's a long process to [find and secure] transitional housing. There's a lot of application process, a lot of documents that need to be obtained, that a lot of times they don't have, so case managers in the shelter have to help. Many survivors leave home without birth certificates, social security card. No proof of income, or lack of income. Gathering all that information in order to show eligibility for housing takes time and then getting approved and finding an appropriate unit.

---

(#02) The way we've structured shelter is as an emergency program: there's people who need an immediate safe place -- people who are experiencing sexual assault, trafficking or any other kind of violence and trauma. Those people enter our emergency program. Our transitional program is more tailored for people who need a space to transition to their own permanent housing, to their own independent living situation. There are families that would prefer to go into their own independent homes right away and are able to do so, and we support them through our aftercare program for graduates from our emergency program. Our transitional program is for a subgroup of the survivors that come to our program through our hotline or crisis program or our community center, and who would like to really dedicate a time for transition.

---

(#03) Shelter is meant to be a step away from violence to achieve safety, not a long term solution. Shelters used to make people leave after 90 days, people ended up moving from shelter to shelter, because they couldn't find permanent housing; so we got more realistic about that and there is no 90-day limit anymore. But the average stay is still 60-90 days, depending on the availability of housing. But shelter does some important things, in terms of stabilizing a family. Shelter is a 'holding pattern' in a sense. Some undocumented individuals have stayed much longer than 90 days because they were unable to find housing. It is not the best environment for children over a long term. It is meant for people to move on. The two year period in transitional housing is very important because it gives them a chance to stabilize the family, find employment, and gain economic stability, so they can maintain their housing.

The shelter provides immediate safety and help in struggling with the issues that result from DV like PTSD, children living in fear, etc. The shelter begins the process of helping families put their lives back together. The transitional housing is a step up/step toward independence. Our program is an example of why transitional housing is important. HUD is moving toward housing first which doesn't work for victims of DV who need more case management than is available in a permanent housing program. Transitional housing offers more intensive case management, so someone still has their hand on the back of the survivor as they make the

transition to permanent housing. Shelter to transitional housing is a progression that works. We put an emphasis on services participants need to become independent. This progression helps families attain financial and emotional stability, so children can live violence and chaos free.

---

---

(#04) Our transitional housing program is two years, which a shelter is not. We walk with the women, take them looking for apartments, go to court hearings, attend medical appointments with them, provide transportation and accompany them. A shelter will provide resources but not accompany them to appointments. That's a big difference from a shelter. A shelter can only do so much. It's walking with the women that makes us different from a shelter, and we provide financial support, which shelters don't.

---

---

(#05) The shelter is crisis, emergency-focused and being able to get someone stabilized. Transitional housing is more long term stabilization, being able to give someone the opportunity to prepare themselves for living independently, being able to acquire skills they need, knowing where their resources are, looking for help if they need it, coming up with a long term plan for their life. In shelter you're having to come up with short term and immediate solutions. At the beginning when a lot of participants leave their abuser there's a lot of legal questions and aspects to their case, maybe custody things to figure out. There's a bigger emphasis on safety planning, or in a different way because we still plan for that extensively in transitional housing but it's not the same risk as when they're in a shelter. Their level of risk is a lot different.

---

---

(#06) Shelter and transitional housing go hand-in-hand naturally. Some only need shelter for 4-5 days and have a plan; they're leaving or the issues are resolved or they have someplace to move to. But some clients need shelter for more than six weeks, have no job, have left the home for their safety or their children's safety. They might have a job here or an order of protection or parenting plan where they're not allowed to leave the county. What are they going to do? They can return to the perpetrator or become a fugitive and leave the state. Transitional housing is critical. The same services are offered to participants in both programs. A significant difference is that we poke our heads in more because the residents of the unstaffed shelter are in more of a crisis situation. Transitional housing participants are usually over the major crisis. We don't babysit our TH participants, when they first move in, we might see them once every week or two and then start making phone calls; they are treated as though they have their own place. Services are offered but we can't force them to participate, and more often than not, they choose not to participate, come to support group, or talk to us. We try to get to the shelter every day.

---

---

(#07) The mentality of participants is very different. Many transitional housing participants have come directly from shelter, so the first month or two out on their own is very different, you can watch the physical change ... all of a sudden they start taking care of themselves ... they go out and get their hair cut ... they settle in ... and stop living in crisis mode ... and start thinking long-term, instead of what am I going to do tomorrow. Their plans and goals look different.

---

---

(#08) We do assessments of people entering shelter or transitional housing. When someone calls and they're in crisis mode, you try to do a thorough assessment, but you're trying to do a brief assessment - brief and thorough. If you decide to admit someone, you may still have some questions and maybe a little doubt about some of the things they told you, so you may not necessarily move them right into transitional housing. We've had people come to our shelter who are looking for a family member or a friend coming in disguise. We've had people come into the shelter that have committed crimes. If we suspect something like that, we put them in emergency shelter, until we can further assess them. If there some questions or doubts, we would probably not immediately place them in transitional housing.

---

---

(#09) We run our shelter and transitional programs together; our staff are actually intertwined. I would say the biggest difference is just the crisis nature of shelter would be the focus on immediate needs, and on safety; just that real crisis of having just lost everything. Having to flee. The trauma, the very recent trauma. Women tend to be much more stable when they're out in transition... In shelter, you have six to eight families in one house, so that feels really different from being in your own apartment. Even if they've been in our shelter for a very long time, it still feels like shelter versus when you have your own apartment.

---

---

(#10) The main differences would be shelter is communal living, and transitional housing is not. Shelter is an eight week program, and transitional housing is 12-18 months.

---

---

(#11) Shelter or transitional really depends on whether the person is ready to be more on their own, ready to go out into the community. Shelter is a safe place you can stay; in transitional, you have to go out, get your groceries, do laundry; you're living your independent life.

We usually try to have a trial period where they stay in shelter for two weeks so we can work directly with them and see where they're at and how they feel. That's usually how we measure when they're ready to go to transitional housing. Not everyone goes through the shelter; I've also gotten referrals from our own counselors. Sometimes, it's preferred if we know the person - either through the shelter or through her contact with a counselor - but I've had outside applicants as well.

---

---

(#12) The transitional program is less supervised. We try to let the client know that it's their home. They have program rules and guidelines that they have to follow, but it is their home. And it's a very different situation than at our safe home. Our safe home is a communal living situation. In the transitional, if the client is amenable, we'll meet with them once or twice a week, or once every two weeks. It depends on what they want. Whereas in the shelter or safe home, there's someone there every day.

---

---

(#13) We have a 30-day crisis shelter, and an 18-month transitional. And the typical protocol is that they go into the crisis shelter when they're in crisis, when they're in danger and they're fleeing. And then they graduate to a transitional program when their lives have stabilized. They are not just thrown back into the community without having an opportunity to transition and build skills and build their life again.

We have a relationship with a lot of different agencies, and we all kind of support each other. And most of the clients in the transitional program are coming from other crisis shelters and some of the crisis shelter clients will transition into our transitional if there's space available.

---

---

(#14) The shelter is working with the immediate crisis, whereas here in the transitional, we're working more with the longer term. How to finalize divorces, how to get child support for the children, how to set up a foundation for their life that was taken away from them in the home that was violent. I see one as more crisis intervention and the other one as more stability and working toward balance in life. So we look at the circumstances. If a victim is calling and saying they are in search of immediate shelter or they have no place to go, then the shelter is the first option. We tell them about transitional housing, but there is a wait list, because people can stay here for three years, so there isn't a quick turnaround.

---

---

(#15) Everyone comes to shelter. Everybody that needs shelter typically starts at the point of shelter before entering the transitional living program. The only time that we would accept someone directly into the program is if shelter was insufficient. So whether it's our shelter or another shelter in the state, if they're in need of emergency housing and they are homeless because of domestic violence, that's step A. if we had a

family bed or a family space in the house we own, and a family had requested or had income and met the criteria, then it could make sense for them to go straight into transitional living versus having to go to shelter. But if either the house is full or the individual doesn't have income, then our best route is to go to a shelter.

---

---

(#16) It depends on the situation. If the client is ready – has all her documentation and adequate income -- then the housing program is best. But if they are not ready, then it's better to stay at the emergency shelter for up to three, four, even six months, while they get better prepared to have a lease under their name. As long as they are ready and want individual housing, they can come to the transitional program even though they didn't go through the emergency shelter.

---

---

(#17) We're not of the philosophy that shelter is a requirement in someone's exit from homelessness. If we can help someone completely bypass shelter or a residential stay and go directly into housing; that is our ultimate goal. But given the availability of affordable housing and the sheer number of people we serve, that's just not possible for everybody.

---

---

(#18) The shelter is typically the first step for the families and then it becomes a continuum after that. In my experience, the clients that go to the DV shelter first get services quicker in terms of food stamps, cash assistance... because everything becomes more of an emergency when they're in that shelter as opposed to if they were just out in the community. It seems to me that the clients that are out in the community trying to get help have more hoops to jump through. When they are in the DV shelter, the system just treats them with more of a sense of urgency than if they are in transitional housing and call from the community. A perfect example – a lady called me about a month ago and she needed housing. She was homeless but not HUD homeless because she was staying with her mom. So the housing authority will say that she has somewhere to stay, so it's not considered urgent. Had she gone into the DV shelter, and then we contacted the housing authority, it would have been different. And it's the same with the jobs program and family services. If they're at the shelter, they're considered homeless. If they're on mom's couch, then homeless has been redefined so they're not homeless.<sup>42</sup>

---

---

(#19) It's rare for us to move someone directly into transitional housing. Most often they've been through our emergency shelter; we have done that with a mother and child with special needs because we didn't think the shelter environment was appropriate for them.

---

---

(#20) For us it's not a requirement that they stay in a shelter to be part of our program. They can go directly from their abuser's home to their own apartment. I've known clients who've stayed in a shelter and hated it. Coming from a domestic violence relationship, where the individuals most likely didn't have a lot of freedom to do what they wanted -- requiring that they stay in a shelter is just putting them in a situation where they will have more restrictions. I don't know how it is in other communities, but here domestic violence shelters are always full. Sometimes a shelter isn't an option even if the individual wants to stay in one.

---

---

(#21) Pretty much everybody enters the emergency shelter first. We take our transitional housing applications from current emergency shelter participants. We've tried to take an approach of not deciding ahead of time who's going to be successful and who's not. If we turn someone down, it tends to be because we feel that

---

<sup>42</sup> As noted in the narrative which preceded these comments, although the OVV and HUD definitions of homelessness both include survivors who are staying with a friend or family member in the aftermath of fleeing domestic or sexual violence, ESG-funded Rapid Rehousing projects may only serve survivors who meet the requirements of "Category 1 (Literally Homeless)" of HUD's definition, that is, living in shelter or "places not meant for human habitation."

they are close to getting their own housing and not needing a lot of extra case management support. If somebody has applied, but doesn't need the extra funding support or the extra case management support, we'll talk with them about how there are other people who need more intensive case management.

---

---

(#21) Most of them come to us when they're in a crisis. The great majority begin in shelter. That's where we generally will first become acquainted with a survivor because they've had to flee their residence. The case manager in shelter and other shelter staff work with the survivor, and depending on their needs, will refer them to the transitional housing program.

---

---

(#22) Our safe house is for people that are truly in imminent danger when they first enter. Our safe house is behind a gate, with high security, staff are there 24/7. We want to eyeball them and see what's going on with them and provide supportive services before we place them in transitional housing, because the supervision in transitional is much less. When we assess them and determine that their danger level has gone down, we start to consider them for transitional. We want to make sure that they're going to be able to self-support, be able to take care of themselves in a transitional program, because there's very little supervision.

---

---

(#23) I think some people are better served in shelter, especially those who are not sure what they want or where they want to go. Some people might want to leave the area, short-term stay and shelter would be more preferable for them. What we have found is that it works better to serve them in shelter and then move them into transitional housing than to take them straight from crisis and put them in transitional housing.

---

---

(#24) I think absolutely people can go directly into transitional housing. We get referrals from all of our community based programs. Our counselors and our support groups and our legal advocates all have the ability to make referrals to the transitional housing program. I think sometimes for people with barriers, shelter is a good starting point, just to get grounded again. Some people aren't ready for a quick transition -- it's really very individual. But we see it happen both ways, and it's an option for people to go either way.

---

---

(#25) Shelter is a place where a person can get stabilized, can get through the night terrors, or get past some of the after-effects of trauma, can begin to rebuild their self-confidence, get restraining orders in place, decide on a safe meeting place for visitation, develop a safety plan, and build their natural supports. These are the kinds of things that, if they haven't been addressed, can be barriers to stability and wellbeing if a person is pushed right into housing. If someone is applying to our transitional program and saying, OK, I'm ready for the transition into my own apartment, they're not in crisis anymore. So, just to be clear, it's not like a farm system, it's not like someone comes into shelter and then they go into transitional living. People in our community can apply for our transitional housing, people that have met our advocates at the courthouse; we get all kinds of referrals. It's just that someone just out of crisis, depending on their situation, might benefit from a little time in a place where they can get the support to get stabilized and out of crisis, so they can make decisions that are safe and right for their families.

---

---

(#26) (Not a current OVW grantee) What a DV shelter is supposed to do is address the more immediate safety issues; so after you've done some basic crisis intervention, safety planning, you assess where someone is safe to live. So once some triage has been done and they're ready to start transitioning back into a more mainstream environment that doesn't require 24/7 staffing, that's when someone is ready for a transitional living program.

---

---

(#27) Historically the transitional housing is full. We don't carry an active waitlist unless we know there's something coming open. At that point it's a matter of looking at the location of the unit and the size of the family it can house. And of course, whether they want to participate in the program or start looking for their own housing. Most of our referrals come from our emergency shelter. So they're informed by the shelter staff's experience of how that person did while in shelter. What were we able to observe that may have been challenging or triggering or confusing for someone? What worked well? What did they find supportive? What services were most helpful to them? Who did they connect with? What kinds of conversations did they have with staff to build their trust in the plan, and how has that been working so far? We take all that information from while they were in shelter, and try to use it as a starting point for planning for their transitional housing.

I feel like anybody who wants transitional housing is probably appropriate for it as long as they understand what it's about; so we try to make our intake process about orientation and gaining informed consent. Our shelter has very few rules. You're not allowed to be violent with other people and you can't have drugs in the shelter. So anybody who's been able to manage shelter, which I think of as a much more intensive, difficult, challenging crisis-based place to stay, tends to do just fine in transitional housing if they're able to be served.

---

---

(#28) Sometimes the safety concerns for survivors are so great that they just enter the shelter program; there is a wait list for transitional housing, so it's typically not an immediate option, so if safety is an issue, the survivor will go to the emergency shelter first. But we don't pick the "most appropriate" people for transitional housing. Literally, anyone who applies would be placed on the list if they met the criteria of fleeing domestic violence, stalking, dating violence, or sexual assault. It's just if they have those qualifying criteria, which pretty much everyone in the shelter program does, they would be applicable for that program. People just apply, if they're appropriate they go on the list but we don't pick and choose.

---

---

(#29) (Not a current OVW grantee) Emergency shelter is exactly that. There was a recent incident and somebody's physical safety is being compromised, and they need to be out of the situation -- whether in a hotel room, or a safe relative to stay with. Our idea of emergency is exactly that, it's a life and death situation, and many of our victims who are put in those situations may not even be safe at their parent's house. They have to be someplace and we only have the hotel. But, there's a lot of people there, so there's some safety in numbers, plus there's security and surveillance. We've collaborated with that tribal hotel for years. We have code names and everything set up so our clients can go there. Security is well aware that we have somebody in shelter there; they're watched out for. The front desk knows what to look out for. That's probably the securest place that we could put anybody. We couldn't keep people 100% safe in our transitional house, because it's not monitored 24 hours a day. There's not somebody there. How do I know that at 5 o'clock after I leave work that our victims are safe?

---

---

(#30) If someone has an emergency and they have to get out of their house, they would go into whatever shelter was there in their community. And they would stay there for a short time. If it seemed like they would be appropriate for one of the units in our 3BR cottage, then one of our case workers would go and meet with them and talk about it and see if it would be a good fit. We have to do some pretty good screening because it's such a close quarters, and you've got three women together. And we have to make sure people who live there are able to take care of themselves because we don't provide care. It's not a staffed house. So there's nobody there overnight or anything like that. So we just make sure that they're appropriate to come. So there may be a week or two before they actually move into the house.

---

---

(#31) (Not a current OVW grantee) The way we look at it, emergency shelter is a temporary space for clients actively seeking to flee a very dangerous situation. So, their safety issues are heightened. They're in danger

and don't have any other resources to leave on their own; they're definitely in crisis. And so, that's when we bring them into the emergency shelter. There's no structure around how long somebody can be in the program, but we're trying to make it around 90 days. In 90 days, somebody should be able to make a safety plan, reduce their crisis, make a plan, and then get into either a transitional housing program or their own housing if the perp is gone. They're still working from a very crisis oriented mindset when they're in emergency shelter. And then after they've been in the program for a little bit and their crisis mindset calms down, after they're worked with an advocate one-on-one for several weeks or maybe a couple of months to make a plan, then they're ready for rapid rehousing or transitional housing. Sometimes they need help finding employment or applying for SSI or other mainstream benefits. So giving them that space to figure that stuff out in the emergency shelter and then once they've made a plan, that plan might be to go to transitional housing to pay off some debts and to continue to work towards more self-sufficiency.

---

---

(#32) Shelter is a place where we have much more intensive staffing, it's a place for women to feel supported, to get help with safety planning, getting protection orders and other court-related matters, applying for benefits, accessing health care, ensuring that their children are connected to the schools, addressing trauma - all the things that need to be taken care of before they can begin to focus on employment, education, next-step housing, etc. Once those basics are in place, or nearly in place, and when they are able to start planning forward, that's when we can start thinking about transitional housing.

---

---

(#33) Usually people will call our crisis line. We have a statewide coalition and every agency has different catchment areas. The protocol is: wherever the person is physically located, that determines the program they call. If we didn't have space in our shelter, we would call around and find space. If they were in an immediate need, we have taken in single people and they have slept on the couch. We've also put them in hotel rooms but a particular area may not be safe for them so they may want to stay a different area.

As it relates to transitional housing, we would do an assessment with them and safety plan with them. One of the great things about this grant is that it covers a large county. Maybe they're not safe in the town where our office is located, but there are many surrounding towns that they may feel safer in. We would work with our sister agencies to find the safest place for them.

Because it is a scattered-site program, the OVW transitional program can serve survivors that may not be appropriate for shelter: someone whose mental health issues – PTSD, bipolar disorder – make it difficult to live in a congregate situation, someone who has a pet that is a significant part of their life that they cannot part with; someone with a dependent who wouldn't fit well in a that environment, perhaps a 19-year-old son. (Our shelter does take families with male children under 18. We do not take men but would make arrangements to find somewhere safe for them.) So, we don't necessarily see shelter as a first-step option and transitional housing as a next-stage.

---

---

(#34) (Not a current OVW grantee) There's an assessment period when you need to get a handle on where a family is at, what their needs are, safety issues. They have an opportunity to be in an emergency shelter, with 24/7 staff and a lot of support, and those people are really able to assess where that family is at in terms of their safety and also in terms of their ability to be independent. In our transitional program, they're seen every week, but they need to be able to be independent to succeed in this program because a lot of the responsibility is placed on them; we need to be able to say here's your strength-based service plan. We want to work with you on achieving your goals, but you need to do it. It makes sense for our program to be able to have those emergency shelters assess where the families are at, and refer families that really are ready to fully participate in the program.

---

---

(#35) (Not a current OVW grantee) Our shelter will take anyone who satisfies a screening which looks at whether they're fleeing and in danger from domestic violence. If we get someone who's fleeing and maybe she's been employed as a waitress and now has to leave a neighboring county to get away from the situation; she might be someone who pretty quickly -- if we can scrape together the money to get her into an apartment and she can find herself a job -- will be self-sufficient and on her way.

We might get someone who's from Somalia with four young children, her abusive husband's been arrested but we know he's going to be out on the street in a couple of days and he's lethally dangerous. She doesn't know English and has no employable skills and is in the middle of the U-Visa process; she would be a good candidate for transitional housing and she's going to require a lot more time and more services to be in a position to live independently and support her family.

Sometimes we get people who were born in this country but have been so isolated and controlled that they just find it very hard to manage any children they have. They find it hard to make decisions. They haven't had any access to money, don't know about managing money, have no employment history or experience or education beyond high school, and need time to develop those skills and to develop a work history. They, too, would be suitable for transitional housing.

Our Continuum of Care is putting huge pressure on the shelter to keep people for less than 30 days and if at all possible to propel them into permanent housing. They've made a lot of money available for move-in costs, so probably within 48 hours of people coming in the shelter door, if they have any chance of self-sufficiency at all, we'll say to them, "There's no chance of you getting into transitional, you're far too functional. Here's what we recommend." We would encourage them to find a job fairly quickly. The shelter staff are pretty good at working with people to identify places they might look for work, and then as soon as they get employment we link them up with landlords and housing resources. We source the money to get them out -- and though it's not possible to do in 30 days -- we place them in housing maybe within 40 or 45 days. The people left in the shelter -- maybe they've spent a couple of weeks with us -- are people we can see need the benefit of transitional housing, and once we're exempted from the county's coordinated entry system, we will refer to an appropriate DV transitional housing program.

---

---

(#36) When people call our hotline and are in a domestic violence situation, they can leave that dangerous situation and come into our emergency DV shelter and can stay for up to 90 days. After that, they can transition into the transitional program, where they get more one-on-one attention; more intense case management, where we're helping them develop and build on their skills to be a good tenant, to be financially responsible, to get employment, anything that will help them be successful. It's more focused on their long-term needs as opposed to the shelter, which is more focused on their short-term emergency needs.

---

---

(#37) We use emergency shelter for somebody who is in danger and needs to get out immediately. It's temporary, it's got a short length of stay and it basically focuses on crisis intervention. By the time they get to the point where they can go into transitional housing, the crisis is a little bit averted and they're looking for some kind of more consistent, longer term housing that will lead them into permanent housing. Their stay in our shelter does give us a good sense of their personality and how they're going to handle living alone. Some people who've been isolated with an abuser are better in a community living situation than in an apartment by themselves. Also, the shelter is a good place for getting to know their kids, and their kid's behaviors, whether they're going to be a good fit for certain apartments.

---

---

(#38) Most of our shelter residents are in the process of fleeing a dangerous situation. It's a very service-rich environment, focusing on safety planning, supporting residents in de-traumatizing themselves, and planning next steps. Our policies say that clients can be in our shelter for up to 60 days, although we routinely extend that. Particularly for clients who have been successful at getting on a housing list, and are just waiting. We

have to make difficult decisions every week about next steps. And of course we work with our residents on a weekly basis about options, because 60 days or 90 days or 120 days comes and goes very quickly.

Obviously because our transitional housing complex is very small and most of our residents stay up to 24 months, we cannot serve all those who want our TH services. We have talked a lot about how to “qualify” families for transitional housing. And during the course of their stay at the shelter, their assigned advocate talks with them and advocates for them toward the end of their stay as to whether or not they might be appropriate for the TH setting. Things we consider include how they’ve gotten along at the shelter, how they get along living in confined spaces, if they have goals for the future, if their need is a true transition between the shelter and something more secure and stable and long term. Just lots of conversations with staff and also within the client-staff relationships help us to determine who might be a good fit.

---

---

(#39) In the shelters it’s primarily safety. So many of the clients we see are seeking safety and refuge; often there’s somebody pursuing them, they’re going through the legal system to obtain an order of protection, and they don’t want to leave the shelter until they have that protective order. The shelter is not at an advertised address and our facilities are very secure: there are cameras around, it’s gated, and there’s a sense of safety and security. We provide wraparound services and childcare while our clients are in the shelter. So it gives them their opportunity to exhale and make a decision about what their next step will be. As DV victims, they’ve experienced trauma, so they need some recovery time and decision-making time. They may not know where they want to live. They’re not sure how they’re going to address their childcare needs when they exit shelter, because we don’t provide childcare for clients in transitional or scattered-site housing.

Once survivors move into their scattered-site unit, and start a new routine, and the adrenaline rush of getting everything taken care of in shelter is over -- the protective order, the mainstream benefits, their child's situation, etc. -- they're more isolated and the trauma catches up with them, and that's when they really need more of the counseling and support groups. It's not something they can just deal with and OK, they're good; they need those supportive services and the time -- to settle into their apartment, take care of their kids, work part-time for a couple of months and recover emotionally -- and that's what we want them to be allowed to have. Probably the non-survivor population also has things going on that they have to deal with; but with survivors, it's a lot more complex: there are still safety and legal issues to resolve; financial issues to resolve. For example, it may appear on paper that they have assets, but they can't access them, but those assets prevent them from being eligible for some of the mainstream resources. And they don't have the custody and child support resolved because they haven't been to court for their divorce yet. Survivors going into rapid rehousing or transitional are still dealing with all of that, sometimes for the whole first year they're housed.

---

---

(#40) (Not a current OVW grantee) We have three different types of transitional housing: a program that's co-located in our shelter with a two-year limit, a scattered-site program with a three-year limit, and a building-based program that's technically permanent supportive housing with no time limit. We use a housing barriers worksheet and, while that's not the gospel, it helps us think through what might be the best placement for someone, so we don't set them up for failure.

When people come into emergency shelter, there are no requirements on them for the first three weeks of their stay. If they want to continue on, and be in our shelter-based transitional program, we ask that they at least start talking with us. We know that, for many people, they experience all of this and withdraw, and don't want to deal with life and go to bed. Everybody's at a different place but we've found that setting a goal and meeting it is really big, even if that goal is really small -- getting up before noon, putting their kids on the school bus, helping the kitchen manager cook dinner. For many of these ladies, therapy can be more triggering than they can handle right now. So "doing something" doesn't have to mean going to a treatment program. We give them the freedom to not deal with what they're not ready to deal with, but we encourage them to find something they are ready to deal with, even if it's yoga or joining the group doing line dancing.

Our state-funded scattered-site program is for ladies who don't have a lot of secondary issues. We help them find the apartment, and we provide the support they feel is needed. For people with substance abuse or mental health issues, sometimes just transitioning into housing can be a triggering event; so this program is really for ladies who need a little support but don't have a whole lot of secondary issues. It's more about economics, maybe lack of job skills, maybe no child care – those kinds of things. We can help them work through the system to get all the pieces in place, so they can be economically self-sufficient at some point.

The transitional units co-located in the shelter are for people with secondary issues that really need the supportive, and somewhat controlled environment. They really thrive in that. Many have been homeless for years, and have a hard time with boundaries, for example, not letting their friends move in with them and turn their apartment into a little crack house. We work through that to help them learn about boundaries and do goal setting, because we found that if we don't have goals and targets, it's sometimes hard to get them to the point that they're able to move out. We routinely look at what's going on in six month-increments and if they're ready, might transition someone in our shelter-based program into the scattered-site program, and follow them with support out into the community as they start bridging back into mainstream life.

Our permanent supportive housing (PSH) is geared to helping those folks with severe alcoholism, severe drug addiction, mental health issues that may have never been diagnosed -- or maybe they just don't want to be on their meds. Helping them be stable and have a quality of life. The ladies in those units have been abused at rates that are astronomical. But, we've found that having their own apartment has given them a source of power to control their environment and who they let into their world, and they do great with those supports.

---

---

(#41) When women come to us, they are in a crisis situation; they very quickly had to up and leave their home, they're scared, there are so many unknowns in their lives; I'm not sure how much different their situation would be from women in shelter. And as to transitional housing being for women who are thinking about the future, well, women who have children with men who've battered them, it's not that they're not thinking about the future; sometimes they don't have the ability to get out of it -- and it's not true for every woman -- when you have children with a man who's battered you, there's always something awful happening. I would say the forward part is, once some of the custody issues have been set or the money issues have been resolved -- money's a big one, what access they get to it, who keeps a car, if there is one. We talk to so many women in the middle of what we would call post-separation violence: while they're separated, there's still a lot of violence happening -- it might look different -- but those things often bring up a whole other level of crises for women, like having to give their children every week or weekend to a man who's beat them.

---

---

(#42) If our shelter is full, that's one reason why someone might go directly into transitional housing. If somebody had teenage boys, or had an especially large family, that could be another reason. It's case-by-case, if for some reason we think that the dynamic of the shelter is not going to work out. We don't want to set them up to fail in transitional housing. The reason we would like them to be in shelter is that most of them are coming to us at a time of crisis, and shelter offers, more or less, a 24-hour kind of care to respond to that crisis and stabilize that family. The shelter is more confidential and there are other people around. There's a night manager. But depending on where they are in their crisis could determine whether they get placed in shelter versus transitional housing.

At some point, the client and the therapist agree that they're ready to move from shelter to transitional housing. What they're looking at is if they're ready to be independent, live on their own, attend life skills classes, and take on certain responsibilities as far as being able to pay the 30% of their income towards the rent. If there's still some serious safety issues, they may not be ready.

---

---

(#43) Placement in our program-rented unit versus the scattered-site units typically depends on their income, and how much time the client will need to become financially independent. For example, we had a client in

our program-rented unit who had fled from another state. She had a number of medical issues, was applying for disability, and it didn't look like working was in her future, so she really needed some time to figure out her course of action. And she wasn't going to be able to pay her rent for the foreseeable future. We put her in our program-rented unit to give her time to sort all that out and work with our staff. By comparison, in one of our scattered-site units, we have a client who worked, had a good income, but needed to get childcare in place and purchase a new vehicle, and with those challenges addressed, she could be very successful on her own. Our time-limited support gave her the flexibility and a little window of time to get those factors in place.

---

---

(#44) If there's an immediate danger or safety concern, secure shelter might be more appropriate than a transitional residence. Of course, it's always the person's decision as to whether the safety plan is going to be adequate to keep the people within their household safe. Safety planning and safe home exit and all those strategies are put in place along with notification of police if the client chooses. As well as restraining orders, getting prior information, or out-of-county information, so the police know that if there is a call, there is a high-risk of domestic violence. We can do all that, but if the person doesn't feel that's adequate and, as a team, we feel that it's a high risk or threat, then secure shelter might be more appropriate at that time.

We've had situations where abusers have broken through windows and taken children out of the house; a lock on the door is just not going to stop this person. We encourage clients to work with the legal system to get support around staying in their own home or looking at the alternative of secure shelter where there is a double door. We've had people taken from shelter as well, so making a safety plan is always the first thing. We work with the survivor to assess the level of violence and level of threat and how the abuser might respond if they flee, and how likely the abuser will seek them out. What are their prior patterns of behavior? What sort of behaviors have they escalated upon getting information? How could they access that information? Then letting the survivor decide where they fall on the level of imminent danger.

---

---

(#45) In order to access our DV shelter, you have to be considered in imminent danger as a result of intimate partner violence. If someone decides that they're ready to leave an abusive relationship and they have nowhere to go, they might not want to go to our shelter, which is located in an urban area 60 to 100 miles from where many of our rural survivors live. They may not want to change jobs or want their kids to have to change schools; they may want to stay in one of the apartments we lease through our transitional housing program. So, the majority of survivors entering our transitional program are fleeing a DV situation, and not coming from our shelter. In fact, our region is very limited on emergency housing options. The only other shelter in our Continuum of Care recently made some changes and they are only serving single men. So it's very scary; we have a lot of gaps in our Continuum of Care. We do have some churches with programs for women or families with children but they're not offered on an emergency basis, so there are screening processes for those other agencies.

We haven't made the switch to the rapid rehousing; we still have HUD Continuum of Care funding for our transitional housing program. But we've heard other agencies mention that they were no longer able to assist people directly from the community, that participants had to come through their shelter or be street homeless; and we've heard other programs say that they were only able to serve families with children, not single survivors; and so those are things we will look into before we decide to make a change. Currently our program is not limited to families with children or females versus males; transitional housing is for anyone that is in need of transitional housing, so long as they are a homeless survivor of intimate partner domestic violence.

### **Questions to Consider**

1. Basing your answers on the DV shelter(s) and the specialized (DV/SA-focused) transitional housing program(s) that you are most familiar with, what would you say are the most important differences between the shelters and the TH programs, in terms of determining which program would be a better fit for a given survivor -- and why?

- Housing configuration: congregate, clustered, scattered-site (leased by provider), scattered-site (leased by the survivor)
- Size of individual units of housing
- Location of housing
- Level of security
- Level of staffing / Extent of services
- Program duration
- Portion of housing costs borne by the survivor
- Expectations of the programs' respective funders

2. Consider the following question from the provider's viewpoint, the funder's viewpoint, and the participant's viewpoint: How important to the "success" of a stay in transitional housing is doing the following work while the participant is in shelter, that is, prior to entering the TH program?

- Relationship and trust-building between agency staff and the participant
- Getting on waiting lists for subsidized housing and housing subsidies
- Initiating the process of obtaining a protective order, addressing child custody, etc.
- Initiating services intended to support healing from the trauma of abuse
- Initiating efforts to address housing barriers (credit issues, housing references, etc.)
- Observing parent/child interactions and child interactions with other children
- Initiating children's services

Are these steps important enough to require that persons seeking to enroll in a TH program spend time in shelter addressing some or all of these issues and/or demonstrate comparable progress?

To what extent does their importance stem from the TH program length of stay limit imposed by the funder?

To what extent does their importance stem from the funder's TH program evaluation criteria?

To what extent does their importance stem from the fact that the TH program has less staff coverage, and so, depends upon the shelter staff to "get the ball rolling" on various matters?

## **4. Non-Discrimination and Fair Housing Requirements**

### **(a) Overview**

The OVW does not prescribe the type of outreach that funded TH programs should do to solicit referrals or self-referrals of potential candidates for those programs, nor does it prescribe the type of or participant selection process that grantees should use to choose from among the candidates that have come forward.

However, the inclusion of an FAQ on the [VAWA Non Discrimination Grant Condition](#), the inclusion of the Civil Rights Compliance section in the [Solicitation Companion Guide](#), and the warning on pp. 8-9 of the [OVW's annual solicitation for grant proposals](#) against "activities that compromise victim safety and recovery," including "policies or procedures that exclude victims from receiving safe shelter, advocacy services, counseling, and other assistance based on their actual or perceived age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or gender of their children" make it abundantly clear that the OVW intends

for survivor access and participant selection to be non-discriminatory, with respect to the traditional protected classes, as well as other less-well protected categories of people.

The following discussion addresses some of the federal non-discrimination requirements that apply to protected classes -- race, religion, disability, etc. -- and some of the affirmative obligations (e.g., reasonable accommodation) that providers may have in serving persons with disabilities. This discussion is by no means exhaustive, but is intended to illustrate the importance of understanding the legal and regulatory landscape in which programs must operate.

TH programs are subject to federal, state, and sometimes local anti-discrimination laws and regulations; providers that own or lease housing that they make available to program participants are subject to federal and state fair housing laws and regulations. Providers are accountable for policies and procedures which explicitly violate those requirements, as well as any policies and procedures which have a "disparate impact"<sup>43</sup> on persons from a protected class, even if that disparate impact was not intended. Lack of awareness is not a legally acceptable reasons for violating those laws and regulations.

The [OVW's annual solicitation for TH grant proposals](#) specifically mentions the 2013 Violence Against Women Reauthorization Act Non-Discrimination Grant Provision:

*"The Violence Against Women Reauthorization Act of 2013 added a new civil rights provision that applies to all FY 2015 OVW grants. This provision prohibits OVW grantees from excluding, denying benefits to, or discriminating against any person on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation, or disability in any program or activity funded in whole or in part by OVW. For more information on this prohibition, see [U.S. Department of Justice, Office of Justice Programs, Office for Civil Rights \(2014\)](#). Additional information on the civil rights obligations of OVW funding recipients can be found in the [Solicitation Companion Guide](#) under 'Civil Rights Compliance.'*"

The OVW's April 9, 2014 [FAQs on Nondiscrimination Grant Condition in the VAWA Reauthorization Act of 2013](#) (cited in the grant solicitation) clarifies the definitions of some protected categories that grantees may not have seen mentioned in prior non-discrimination protections -- "gender identity" and "sexual orientation" -- and clarifies the requirements for offering "sex-segregated" or "sex-specific" programming, describing how programs operating "sex-segregated" or "sex-specific" programs can avoid discriminating on the basis of actual or perceived gender identity. As described at the beginning of the FAQ document,

*"If sex segregation or sex-specific programming is necessary to the essential operation of a program, nothing in this paragraph shall prevent any such program or activity from consideration of an individual's sex. In such circumstances, grantees may meet the requirements of this paragraph by providing comparable services to individuals who cannot be provided with the sex-segregated or sex-specific programming." (p.1)*

The FAQ document goes on to explain that "services need not be identical to be comparable, but they must be of the same or similar quality and duration." (p.8)

---

<sup>43</sup> As described in a [June 29, 2015 post by the National Low Income Housing Coalition \(NLIHC\)](#), the Supreme Court's [June 25, 2015 decision](#) in "*Texas Department of Housing and Community Affairs v. The Inclusive Communities Project*" upheld the **Disparate Impact** principle. The Court found that "the Fair Housing Act of 1968 bars both intentional discrimination and policies and practices that have a disparate impact, i.e., that do not have a stated intent to discriminate but that have the effect of discriminating against the Fair Housing Act's protected classes of race, color, national origin, religion, sex, familial status, or disability." The Court cited the Fair Housing Act's "results-oriented language," stating that, "Antidiscrimination laws must be construed to encompass disparate impact claims when their text refers to the consequences of actions and not just to the mindset of actors, and where that interpretation is consistent with statutory purpose." The NLIHC post explains that "under the disparate impact standard, courts assess discriminatory effect and whether an action perpetuates segregation, whether the discrimination is justified, and whether less discriminatory alternatives exist for the challenged practice."

The Civil Rights Compliance section of the [Solicitation Companion Guide](#) (to which OVW grantees are referred in the aforementioned Non-Discrimination Provision) identifies other requirements that grantees must meet, including obligations under **[Section 504 of the Rehabilitation Act of 1973](#), requiring that federally funded housing and services be both physically and programmatically accessible by persons with disabilities.**

As described in the Washington State [Guide to Fair Housing for Nonprofit Housing and Shelter Providers](#),

*"Disability protection includes, but is not limited to, mental and emotional disabilities, developmental disabilities, cognitive disabilities (stroke, brain injury, etc.), sensory disabilities (blindness, deafness, etc.), long-term systemic conditions (cerebral palsy, diabetes, heart disease, multiple sclerosis, spinal cord injury, arthritis, HIV/AIDS, cancer, etc.), alcoholism, and drug addiction (provided there is no current use of illegal drugs)." (p.26)*

[HUD's webpage on the key provisions of Section 504](#) provides a good summary of [Section 504 requirements](#) with respect to its housing and services grantees, including the requirements to provide [emphasis added]:

***"reasonable accommodations which may be necessary for a person with a disability to use or participate in the program, service or activity; unless the [grant] recipient can demonstrate that the accommodation will result in an undue financial and administrative burden or a fundamental alteration in the nature of the program, service or activity. A reasonable accommodation is an adaptation or modification to a policy, program, service, or workplace which will allow a qualified person with a disability to participate fully in a program, take advantage of a service, or perform a job. Reasonable accommodations may include, but are not limited to, adjustments or modifications to buildings, facilities, dwellings, and may also include provision of auxiliary aids, such as readers, interpreters, and materials in accessible formats."***<sup>44</sup>

Both Section 504 and the **Americans with Disabilities Act (A.D.A.)**, which addresses the affirmative obligations of entities providing public accommodations (including housing) and providing services using government funds (e.g., transitional housing), treat alcohol- and drug-addicted persons as persons with disabilities, who must be afforded reasonable accommodations. (Although persons with a history of drug addiction are protected, persons actively using illegal drugs are excluded from A.D.A. protections.)

The authors of [Fair Housing for People with Disabilities - A guidance manual for emergency shelter and transitional housing providers](#) recommend that,

*"It is best to inform all applicants of the availability of reasonable accommodations to people with disabilities as part of your obligation to abide by fair housing laws. Most federal and state funding sources require programs receiving their funding to comply with all fair housing and civil rights laws and take steps to affirmatively further fair housing. Informing participants of their rights is a form of furthering fair housing. It is a good practice to include a written statement about the right to reasonable accommodation on the application itself, and to verbally inform all applicants of this right as well." (p.22)*

The Civil Rights Compliance section of the [Solicitation Companion Guide](#) also references "Title VI of the Civil Rights Act of 1964, which prohibits recipients from discriminating on the basis of national origin in the delivery of services or benefits." It recommends that funded programs [emphasis added]:

***"[take] reasonable steps to ensure that persons with limited English proficiency (LEP) have meaningful access to funded programs or activities. . . . To assist recipients in meeting their obligation to serve persons with limited English proficiency, the DOJ has published a guidance document, which is available on the [LEP Website](#). OVW encourages applicants and recipients to include within their program budgets the costs for providing interpretation and translation services to eligible LEP service populations."***

---

<sup>44</sup> The requirement for reasonable accommodations is discussed in this section, because making such accommodations, including reasonable modifications to policies and procedures, determines both whether a participant can fully partake in program services, and **whether that person has the opportunity to enroll the program in the first place.**

## **(b) Sample Guidance on Fair Housing Requirements vis-à-vis Admission Criteria**

Although the grant solicitation and companion guide from the Department of Justice do not specifically focus on them, *OVW TH program grantees should also be familiar and comply with federal and state Fair Housing laws*. "Providing housing" means that the provider owns the housing or leases the housing, and then makes it available to program participants. Three excellent resources are:

- [A Guide to Fair Housing for Nonprofit Housing and Shelter Providers \(Washington State Edition\)](#) (2013)
- [Fair Housing for People with Disabilities - A guidance manual for emergency shelter and transitional housing providers](#) (February 2007)
- [Between the Lines - A Question and Answer Guide on Legal Issues in Supportive Housing - \(2010 National Edition\)](#)

Among the many topics covered in these guides are: fair housing, non-discrimination, and A.D.A.-related requirements that apply to participant selection and/or prioritization, program and/or building rules, reasonable accommodation, addressing substance abuse, terminating a residency, and reserving units for specific subpopulations. These manuals were not written specifically for providers of TH for survivors of domestic and sexual violence, and some of the language and framing may be inconsistent with the language and framing used by victim services providers and their allies. However, much of the guidance is relevant.

The following are examples from [A Guide to Fair Housing for Nonprofit Housing and Shelter Providers \(Washington State Edition\)](#) (p. 10-13):

- "**Discriminatory Effects:** Under fair housing laws, a policy or practice can be discriminatory even if the provider did not intend it to be. A policy that appears to be neutral and does not single out residents of a protected class could be considered discriminatory if it has a harsher impact on people who are in a protected class [known as 'disparate impact']. For example, requiring participants to work or to look for work would have a disproportionate impact on people with disabilities. It is very important that housing and shelter providers review all of their policies, rules, procedures, eligibility criteria, etc. to determine if there are policies and practices, however unintentional, which could result in members of a protected class being treated differently."
- "**Establishing and Applying Admission Criteria:** It is strongly recommended that transitional housing and shelter programs establish clear, objective and consistent written admissions criteria for new applicants. These criteria must be based on facts and not assumptions made about applicants. Examples of fact-based criteria include:
  - Rental history: Including stays in shelters, hospitals and other alternative housing arrangements.
  - Amount of income: Providers cannot discriminate against applicants based on their source of income, such as SSDI or child support, so long as the income is not derived from illegal activity.
  - Observable behavior: An applicant can be rejected for acting in a violent manner towards a staff person handling the screening/intake.
  - Recommendations by identified referral agencies programs: Such as social services, mental health, law enforcement, etc., so long as these programs do not have discriminatory practices and the recommendations are based on objective criteria."
- "Put standardized screening/intake criteria in writing and use them to evaluate all applicants. Use standardized forms. Train staff in how to conduct a screening interview."
- "In general, all applicants should be screened, evaluated and selected in chronological order."
- "It is generally not acceptable for providers to require their residents be able to 'live independently.' While the housing provider is not expected to provide services they do not routinely offer (housekeeping, showering assistance, meals, transportation, assistance with pushing a wheelchair, etc.), they cannot

reject a resident solely for having such needs. Some disabled individuals use care attendants or other outside services. The provider cannot make housing contingent on the applicant verifying that they have such help; however, they can notify all applicants that they do not provide these services."

- "Requiring residents to have been in recovery or clean and sober for a specified period of time is problematic. Fair housing laws do not protect people who are current users of illegal drugs. The courts have not set hard and fast rules about clean and sober criteria, but it is generally accepted that participation in a formal drug rehabilitation program and abstinence from drug use means that an individual is no longer a 'current user,' even if the last incidence of use was only weeks in the past. Providers using specified time frames for clean and sober status should be prepared to be flexible and take individual circumstances into account."
- "Housing and shelter providers should never rate applicants using subjective assumptions such as ... an 'intuitive sense' of an applicant's willingness to commit to a program, get along with others, etc. Such an assessment must be based on objective facts.... An applicant cannot be rejected based on a 'gut feeling' that the individual might become violent if the person has not exhibited any behavior to suggest this. People from different cultures or with various disabilities may have behaviors that uninformed staff could interpret incorrectly. All providers should consider awareness training in these areas."

The following is an example of relevant information from [Fair Housing For People With Disabilities - A Guidance Manual for Emergency Shelter and Transitional Housing Providers](#) (p.15, unless otherwise noted):

- **"Can we ask a prospective resident if he has a disability or what kind of disability he has?** Fair housing laws prohibit landlords from requesting information about the presence of a disability or details regarding a disability unless the applicant is applying for housing restricted by the funding source to individuals with disabilities or to individuals with a specific kind of disability (housing funded by the Housing Opportunities for People With AIDS, or HOPWA, is one example of such housing). Furthermore, a landlord cannot ask questions that might be aimed at revealing the existence of a disability or details regarding a disability. Examples of such prohibited questions include the following: (a) Can you live independently? (b) Have you ever been in a mental hospital? (c) Do you attend any self-help groups? (d) Are you currently taking medication? (e) Have you ever been under the care of a psychiatrist?"
- **"Can we ask an applicant if she has a history of either alcohol abuse or illegal drug use?** Unless this information is necessary to determine if someone is eligible for a specific housing program, such a question violates fair housing laws and must not be asked. Both past alcohol addiction and past illegal drug addiction are considered disabilities and therefore asking about them is prohibited [unless the applicant is applying for housing restricted by the funding source to individuals with disabilities or to individuals with a substance abuse disability]. If information about past alcohol abuse or illegal drug use comes to light as the result of an applicant explaining a past incident of criminal history or poor tenant history, the applicant should be given an opportunity to explain why such an incident is unlikely to recur (such as she is no longer using drugs or alcohol.)"
- **"If an applicant reveals that he has a history of drug or alcohol abuse, may we inquire if he is in treatment or require him to prove he is no longer using?** No. Asking an applicant with a history of past drug or alcohol abuse to prove that he is not still using is illegal. Fair housing laws prohibit questions about treatment or requests for verification that a person is no longer using. Past drug or alcohol abuse is a disability, and disabilities may not be inquired into...."
- **"Can we ask an applicant if she is currently using drugs or alcohol?** Current illegal drug use is a permissible topic about which a housing provider may question an applicant, but only if the same question is posed to each applicant. This is because current illegal drug use is not a protected disability under fair housing laws. However, a landlord cannot single out certain individuals for questions about current illegal drug use. On the other hand, a landlord may not inquire into current alcohol use unless the

program has a clean and sober requirement. Programs with a sober living requirement may ask about current alcohol and drug use."

- **"If a tenant is an active alcoholic or drug abuser, do we still have to let him in?** The law treats active alcoholism and drug abuse very differently. Alcoholism is considered a protected disability, and it is not a basis to exclude a person from housing. That said, a program with a clean and sober requirement may demand that its residents not drink (i.e., alcoholics must be in recovery). Current illegal drug abuse, however, is not considered a disability. Therefore, it is legal to deny someone housing on the basis of his current illicit drug use, even if he is an addict. However, fair housing laws do protect former drug addicts, so housing should never be denied to a person on account of his status as a former drug addict."
- **"What exactly constitutes 'current' use?** 'Current illegal use of drugs' means illegal use of drugs that occurred recently enough to justify a reasonable belief that a person's drug use is current or that continuous use is a real or ongoing problem. It is determined on a case-by-case basis."
- **"Can we direct someone to another program that we think would be better for him because of his specific disability?** Recommending certain other programs to an individual because he has a disability is called steering, and it is just as illegal as telling people of a certain race that they might be more comfortable in another part of town." (p.53)

The following is an example of relevant information from [Between the Lines - A Question and Answer Guide on Legal Issues in Supportive Housing - \(2010 National Edition\)](#)

- **"What questions may be asked to identify an applicant as a member of a targeted group?** If the housing provider is restricting the housing to a particular population and this restriction does not violate fair housing laws, providers generally can ask an applicant questions pertaining to whether he/she qualifies to be admitted to the housing. The Fair Housing Act provides a list of permissible questions.... Requests for information that do not bear on the applicant's ability to pay rent, maintain the premises rented, or comply with the terms of the lease may be unlawful. The Fair Housing Act Regulations at [24 CFR Section 100.202](#) set forth the questions housing providers may ask applicants for housing. These questions are limited to the following:
  - Inquiries into an applicant's ability to meet the requirements of ownership or tenancy, including inquiries into such things as income if the housing is income restricted and age if the housing is limited to seniors or transition age youth.
  - Inquiries to determine whether an applicant is qualified for a dwelling available only to disabled persons or to persons with a particular type of disability, if the housing is appropriately limited to these populations....
  - Inquiries to determine whether an applicant qualifies for a preference available to disabled persons or to persons with a particular type of disability.
  - Inquiries to determine whether an applicant is a current illegal abuser or addict of a controlled substance.
  - Inquiries to determine whether an applicant has been convicted of the illegal manufacture or distribution of a controlled substance.

If the provider asks these questions of any applicant, then the provider should ask the same questions of each applicant...." (pp. 53-54)

- **"Does providing services with housing permit a provider to ask additional eligibility questions as long as the provider uniformly asks the questions of all potential tenants?"** No. The fact that the housing includes a service component does not allow the housing provider to ask additional questions not otherwise permissible. The questions asked must relate to lawful conditions of renting (i.e., ability to pay rent, eviction history). (p.54)

- For guidance on whether a provider receiving federal funding can reserve housing for persons with disabilities, or for persons with a specific disabling condition, see [CSH \(2010, pp. 19-23\)](#).

## 5. Where Participants Come From When They Enter the TH Program

### (a) Overview of Referral Sources

In most communities where there is both a DV shelter and a specialized TH program for survivors, the shelter came first, and in many cases, the shelter and the TH program are operated by the same provider agency, which may also operate an outreach/non-residential services program. Many of the TH providers interviewed for this project are part of agencies that operate a DV shelter, and many of these providers indicated their preference for recruiting TH participants from the pool of survivors being served by their agency's shelter (mostly) or other, non-residential/outreach programs (less often). ***In the large majority of those cases, staff from the shelters, and to a lesser extent, from the non-residential/outreach programs, are the primary -- if not the exclusive -- source of referrals into the TH program.*** In many such cases, there is no public notice of a TH program opening, and sometimes, no general notice to participants in the shelter or non-residential or outreach programs about the opportunity to apply for transitional housing;<sup>45</sup> instead staff from those programs recommend for consideration participants in those programs that they have been working with and that they believe would be a "good fit" for the TH program.

As described in Section 4, approaches to participant referral/selection based on subjective considerations could be problematic vis-à-vis non-discrimination and Fair Housing requirements, if they intentionally disadvantage or have a disparate impact -- intended or not -- on certain protected categories of survivors (e.g., race, disability, religion, etc.). They would also be problematic if they have the effect of "exclude[ing] victims from receiving safe shelter, advocacy services, counseling, and other assistance based on their actual or perceived age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or gender of their children," as strongly discouraged in the [OVW's annual solicitation of TH grant proposals](#) (pp. 8-9).

Citing the high priority that the OVW places on a victim/survivor-centered approach, the NNEDV's [Best Practices for Setting Eligibility Criteria in Transitional Housing Programs \(2013\)](#) reaches a similar conclusion about the inappropriateness of basing enrollment decisions on a survivor's being a "good fit" for the program, or having demonstrated in shelter the motivation and potential to achieve provider- or funder-defined goals:

*"Many programs set eligibility based upon the program's own definition of success in fear of failing or not meeting funder expectations, and as a result only screen in survivors who are believed to be the most 'motivated' or those who have already proven themselves 'successful'.*

*One example is setting eligibility criteria based on previous stays in an emergency shelter and/or based on the survivor's behavior in shelter. Both of these criteria assume that survivors who are accepted into shelter and subsequently follow the rules and 'work towards their goals' are more appropriate for transitional housing. These assumptions are based on the program's perceptions about which survivors are least difficult to serve; or which have the fewest barriers and obstacles; or who are most likely meet the program's ultimate definition of 'success' (for example, permanent housing). ...Acceptance decisions should not be made based on assumptions, but instead based on some basic pre-set eligibility criteria. . . .*

*The goal is to help survivors. The role of the program is not to determine in advance who deserves help or*

---

<sup>45</sup> See the footnote discussion in Section 2 part (b) about how this very targeted approach to identifying candidates for program openings, and a policy of not maintaining a waiting list, allows programs to "avoid unnecessarily raising the hopes" and then having to say "no" to too many survivors seeking transitional housing, and is reflected in their answer to Question #21 of the OVW semi-annual report, that no victims/survivors were turned away due to lack of housing.

*who will be most successful, based on our own definition of success."*

One perhaps unintended consequence of the heavy reliance on DV shelters for referrals into specialized TH programs is the potentially more limited access by survivors of sexual violence perpetrated by non-intimate partners, because as previously noted, the majority of DV shelters have FVPSA grant funding, which must be used to serve survivors of domestic violence or family violence, but which may *not* be used to serve survivors of sexual violence perpetrated by a teacher, supervisor, co-worker, stranger or other unrelated person.

Another unintended consequence of the heavy reliance on DV shelters for referrals is the potentially reduced access to transitional housing by survivors who never sought shelter when they fled the violence, because they weren't comfortable with the idea of staying in a typically congregate program with people who weren't like them, that is, because they come from a different demographic -- LGBTQ, older adult, immigrant, male, etc. -- than the "typical" shelter guest, or the how they envisioned the typical shelter guest -- in other words, because they felt that "the DV shelter is not for 'people like me.' "

The four [program-wide TH semi-annual reports](#) covering the period 7/1/2012 - 6/30/2014 show DV survivors as the substantial majority (83-85%) of persons served by OVW-funded TH programs<sup>46</sup>, with only 7-9% of TH participants being survivors of violence perpetrated by someone other than an intimate partner -- even though the perpetrator of rape and other sexual violence is more often than not a person other than an intimate partner, according to the 2011 National Intimate Partner and Sexual Violence Survey.<sup>47</sup>

As discussed in [Chapter 8](#) ("OVW Constituencies"), the question of how to best serve homeless survivors of sexual violence perpetrated by an acquaintance or stranger (i.e., a perpetrator other than an intimate partner or family member) is complicated; that is, whether they would be better served in a new type of TH program that focused on the needs of survivors of non-IPV sexual assault, or whether existing specialized TH programs -- whose combined capacity is inadequate to serve just the DV survivors that need such support -- should be encouraged to expand their enrollment criteria -- and programming -- to better serve these other survivors?

In the meantime, however, the [OVW's annual solicitation for TH grant proposals](#) asks applicants to provide, "if applicable, a clear description of how [their program] will address the unique needs of sexual assault survivors by demonstrating through partnership and other alliances the services readily available to those survivors."

While referrals from other shelter and outreach programs operated by the same agency may be the primary source of candidates to fill specialized TH program vacancies, they are not the only source.

Several providers indicated that they receive referrals from other DV providers. A few providers indicated that they accept self-referred survivors or survivors who have reached out to the local or regional hotline -- which is ordinarily the sources of referral into shelter. These survivors may still be in an abusive situation, or they

---

<sup>46</sup> The percentages listed in question #24 of the semi-annual reports are based on the total number of known relationships between survivors and perpetrators. If survivors were victimized by multiple perpetrators, then more than one relationship is defined. If instead of basing the percentage on the number of relationships, the percentage was based on the number of survivors served, the statistic would show that 85-88% of survivors served over the two program years experienced intimate partner violence (DV, dating violence, stalking).

<sup>47</sup> According to the data in Table 3 (p.7) of [Breiding et al. \(2014\)](#), 45.4% (10.6 million) of the women who reported having been raped in their lifetime were raped by an intimate partner; 46.7% (10.9 million) were raped by an acquaintance; 12.1% (2.8 million) were raped by a family member; and 12.9% (3.0 million) were raped by a stranger. The data about the perpetrator of "other sexual violence" is more skewed: intimate partner: 36.0% (19.1 million); acquaintance: 43.4% (23.0 million); family member: 16.7% (8.8 million); person of authority: 7.6% (4.0 million); stranger: 43.0% (22.8 million). Percentages add up to more than 100% because so many women have been victimized by multiple perpetrators.

One likely reason that specialized TH programs serve many more survivors of intimate partner violence (IPV) than non-IPV sexual violence is that fleeing IPV causes homelessness, while non-IPV sexual assault doesn't necessarily precipitate homelessness. On the other hand, significant numbers of homeless women have experienced sexual assault, including while homeless ([Jasinski et al., 2005](#)). Unless these women were also recent survivors of domestic violence, they would not be served in DV shelters, and would not, therefore, be referred by those shelters to specialized TH programs.

may have fled to a shelter or to a family or friend's house. If they already spent time in a shelter, and were unable to transition to permanent housing before timing out of that shelter, they may have resorted to couch-surfing in the homes of friends or family, or may have temporarily returned to their former partner's apartment, "doing what they needed to do" (as one provider described) until a TH program slot opened up.

Some portion of the 7-9% of TH program participants who survived non-IPV sexual violence were likely referred by a rape crisis program, a nurse examiner, the police, or other early responder to the sexual assault.

A small number of providers whose programs have HUD funding<sup>48</sup> described receiving referrals through their Continuum of Care's (CoC's) coordinated entry process. In some cases, the providers felt the referrals were "appropriate;" in other cases, they were not (e.g., the homeless person or family's experience of domestic violence occurred long ago, and they were not looking for support for healing or coping with trauma, and simply wanted the kind of help finding housing and meeting other basic needs that mainstream TH programs can provide. The issues around participation in a CoC's coordinated entry/assessment system, and the option for victim services providers to form their own coordinated system and opt out of the CoC's system is discussed in greater depth in [Chapter 12](#) ("Funding and Collaboration: Opportunities and Challenges.")<sup>49</sup>

### **(b) Provider Comments about Where TH Participants Come From**

**Important Note:** Inclusion of a comment does not imply endorsement by the authors or OVW of a provider's approach, nor a questioning of the provider's intention to deliver effective services.

Our hour-long interviews with providers touched on many topics, rather than focusing on any one topic in exhaustive detail, and did not seek to substantiate provider comments by reviewing written agency protocols. Although, as discussed in the preceding narrative, some of the following comments appear to describe policies or practices which may be at odds with funder requirements and/or non-discrimination or fair housing laws, caution is urged in drawing conclusions. Instead, the inclusion of such comments is intended to suggest the need for -- and encourage -- dialogue about program- and systems-level strategies that might allow programs to better meet survivors' needs.

---

<sup>48</sup> HUD-funded programs use a [definition of homelessness](#) that includes all of the same constituencies as the OVW grant program is intended to serve -- survivors of domestic violence, sexual assault (by any perpetrator), dating violence, and stalking. Note that the **VAWA Reauthorization Act of 2013 eliminated the word "fleeing" from the statutory language** (subparagraph (a)(1) of 42 U.S.C.A. § 13975), **establishing eligibility for OVW-funded TH assistance** for survivors "who are homeless, or in need of transitional housing or other housing assistance, as a result of fleeing a situation of domestic violence, dating violence, sexual assault, or stalking...." By contrast, "Category 4" of the [HUD Homeless Definition](#) (pertaining to survivors of domestic or sexual violence) still specifies eligibility for **individuals or families "fleeing" or "attempting to flee" such violence.**

A few providers interviewed for this project reported instances of being told by their CoC that they could not use HUD funds to serve a survivor who was still living with their abusive partner, or who had left shelter and transitioned to a friend's or family member's home, because these survivors were not "fleeing" or attempting to flee."

<sup>49</sup> "Centralized Intake," "Coordinated Access," "Coordinated Assessment," and "Coordinated Entry" are all labels used somewhat interchangeably to refer to the system that CoCs are required by HUD to implement, incorporating a standardized assessment and triaging process to determine the kind of assistance and housing program that a homeless person or family needs. Depending on the relative urgency/priority ascribed to that individual's or family's situation, as compared to the urgency/priority of other previously assessed households that need the same type of housing assistance, that person or family would be immediately referred or placed at the front, middle, or end of a waiting list. [HUD's CoC Interim Rule](#) (see 24 CFR 578.23(c)(9)) allows victim services providers to set up and utilize their own coordinated system, rather than having to use the Continuum's system, which might compromise survivor safety. For more information, visit the HUD webpage on [Coordinated Entry and Victim Service Providers](#), where there are links to HUD's [Coordinated Entry Policy Brief](#), [FAQs on Coordinated Entry and HMIS](#), and a [FAQs on Coordinated Entry and Victim Services Providers](#) describing how such providers may opt out of a CoC's Coordinated Entry system.

To reiterate an observation made elsewhere in this chapter, all the providers we interviewed are well-intentioned -- they want to help survivors succeed -- but many face more need than they feel they are resourced to address; face strong pressures from the CoCs, states, and jurisdictions that oversee their HUD grants to demonstrate positive housing outcomes with shorter lengths of stay, despite the daunting obstacles -- including increasingly difficult housing and employment markets -- that their participants face; often lack the kind of supplemental capacity -- clinical supervision, counseling, children's advocacy and services, employment counseling, legal support -- and staff diversity that better-funded, full-service providers might bring to bear; and operate in parts of the country where they cannot leverage the kinds of community-based resources that providers in service-rich areas rely upon to fill gaps in in-house capacity.

(#01) They can apply on their own. There's a screening process, an informal interview -- not to weed people out, but because the transitional housing grant requires us to confirm that they are fleeing domestic violence. Sometimes case managers at a homeless shelter will say to a guest, Oh, you were a victim of domestic violence 25 years ago; fill out this application, because they want to find that person housing.

---

(#02) We are part of a continuum of a care. And because we are, there is a referral point, there's an agency that refers clients to the partners within the Continuum. Homeless referrals who are not fleeing domestic violence go to different providers, based on eligibility and other considerations. There's an assessment done on our end, but the fact that they're unable to pay rent at the time they come into the program, that's not an important criteria for us. The fact that they're desirous to be a part of the program, that they desire to move from point A to point B, and that their goal is for self-sufficiency -- those are key points in consideration.

---

(#03) The way our clients are brought into the program -- they are either in the emergency shelter or the outreach program, at a point of crisis. Being able to transition them into long term safe housing is what this program offers. They have to come through our domestic violence services -- on their own or by referral. Any organization can make the referral. We don't have agreements with specific organizations. Applicants have to go through an initial intake process, first by phone, and then an appointment with a case manager. Then they're referred to our housing counselor. Oftentimes they start engaging in our counseling services.

---

(#04) People don't come into our office, and they're not able to just walk into a transitional house. We need to have been providing them services for ... not for any specified period of time, but we're not going to put a stranger into TH. We need to have worked with them, we can't judge them, but we need to know that they want to be moving forward in their lives, that they want to make changes: that they want to be safe, that they want to make better decisions for their children, so they have to have been working with us for a while. It's a human-to-human process of figuring it out together.

---

(#05) Most are clients of the agency and are referred within the agency. If a survivor is working with an advocate, the advocate would come to me and we'd go from there. Not a formal referral process, but an advocate would discuss with me to see if it's appropriate. Several survivors that have gone to the city welfare office have been referred to us that way. We focus on underserved clients -- refugees, immigrants, people that other agencies wouldn't house. Only a few housing programs besides public housing, which has a seven-year waitlist. Most don't house women over 40, people with children under 12, or those who speak a different language.

---

(#06) They can apply on their own or through referrals, by their case manager, through the emergency shelter or we through our legal advocate. We take referrals, walk-ins on a case-by-case basis. The decision not to

require referrals was something we thought long and hard about. I attended the voluntary services training for OVW and couple other trainings, and some things they said made a lot of sense. When this program first started, it was our intent to have emergency shelter clients be referred by their case manager, and that was going to be the primary route, because it would give us an opportunity to know that individual better before we put them in transitional housing. After attending the training, having a more open approach made a lot of sense and it certainly has worked for us.

---

---

(#07) I would say probably 80 to 90% of our clients that have gone into our transitional housing have come straight from the shelter. Clients who are in shelter who are moving forward with the things that they want to accomplish, after about 30 days, can apply for transition housing. If someone has been at the shelter for 30 days and they've not really accomplished anything, they've just sat back and relaxed and acted like everything's free and they don't really have to do anything, they can do that for an amount of time. But within about 30 to 45 or 60 days, if they're not accomplishing anything, then we've not really helped them do anything except remain in the same place. Most of our transition clients come from the shelter, and we look for clients who are motivated, who are taking advantage of all our other programs, and trying to move forward and take steps to provide a better place for their children.

---

---

(#08) Not everyone needs to go through shelter to get into our transitional housing; we will take people into transitional housing that we know out in the community. If they're becoming homeless, and it's because of domestic violence, they can apply straight for transition and not have to come in through shelter. We tend to know most of our women through shelter, but we have three community advocates that work in our agency, so they may know some women that they refer straight to transition. We really start with where the woman is; what's going on with her; and then where she accesses our program.

---

---

(#09) We didn't really think a referral process was necessary. If they say they are victims of domestic violence and need housing, we take them at their word. Also the nature of our program is that there aren't openings that often...and it's not always safe to call a victim of domestic violence three months after they contacted you, when you don't know if they're back in their relationship

---

---

(#10) We get referrals from the national crisis hotlines and so forth, so we're part of the National Coalition Against Domestic Violence, too. Of course, a great deal of what we do is our coordinated community response work, trying to reach out and make sure that all of the service providers, courts, law enforcement councilors, human services programs in general, know about our services, have our numbers, have our cards, have information and can appropriately refer. People can self-refer, but the primary thing is that they are working with one of the advocates.

Not everyone goes into shelter. We deal on a very individual basis, based on need. They do need to be working with us. There's no definite timeline on it, because we want to be flexible, again based on people's needs, but they do need to be working with an advocate --we just want to be sure that this is not just something that's enabling them to sit on some sense of assistance for longer, and not move forward in their lives, because the goal is to help them find that health for themselves.

---

---

(#11) If we have a unit that's open, we notify the other domestic violence agencies, as I said there's only six of us, and our director of residential services will meet with her colleagues and let them know that we have a unit available. If they had a potential candidate, they would fill out the application and come and meet us. Because we don't know them, we've found that it's easier for us to have the client come and stay at our

shelter for a week or two just so that we can prepare them for transitional. But since we only have six units, they primarily come from our safe home.

---

---

(#12) All the applicants are referred to me by either our family advocates located in our shelters or our community counselors who come in contact with women who have had some type of assessment of their DV-related situation. There is increasing homelessness in our area -- a lot of people looking for housing who may not be homeless as a result of DV, but may have experienced domestic violence in the past.

---

---

(#13) In this county, if you're a victim of domestic violence, you do not have to go through centralized intake -- you can directly call shelters. You can directly call the programs that specifically deal with housing of domestic violence victims and families. But if you want more access to other housing programs that might be available -- like rapid rehousing, other transitional housing -- then you do have to go thru the centralized intake, the coordinated access point for housing in the county.

They can access us directly and then we ask for a referral. If they're working with an advocate in our support groups, that person can make the referral. If they're working with the state agency, they can choose who fills out that referral. But they have also to access some kind of DV services, such as they've called and done a safety plan or they've done something within the DV services. But they can self-refer. Most of our clients come from our shelter and we have some that have been referred from other shelter programs or other agencies, like the state agency administering TANF.

---

---

(#14) People who are coming into our transitional program as a result of intimate partner violence typically are coming from our shelter program. People who are coming in as a result of a sexual assault that isn't IPV may be coming via our support group or our nurse examiner program, and then move into the shelter for a week. Through those avenues they get connected with the shelter and they're assigned an advocate based on that. So the advocacy and services that they get are specific to their particular need. And the transitional program advocate is trained to deal with individuals who are both DV and sexual assault.

---

---

(#15) For the purposes of our program, we give priority to our shelter clients. So to answer your question, they are staying in our shelter. We get the referrals and the transitional housing program case manager starts the process with the applicants.

---

---

(#16) If I could change something, it would be that our non-residential clients who are trying to escape domestic violence wouldn't have to have a shelter stay before going into transitional housing. Many people will do whatever they can to avoid going to a DV shelter-- or any kind of shelter -- including trying to survive their conditions at home. We have lots of people who come in for counseling who are working people, professionals, yet they don't control their own pay checks. And they sneak out to us for counseling. And they say, I want to leave, can you assist me? I can pay the rent, but I can't pay the upfront fees. And we are unable to help those folks. We know who could be successful, but we cannot help them because they have to be homeless first.<sup>50</sup> So that's a bump that I don't know how you fix that, because this is obviously a program designed to help the homeless transition into permanent housing, but we run into that pretty often.

---

<sup>50</sup> As noted in Section 2, CoC-funded RRH programs can serve "category 4 homeless" survivors who are not also "literally homeless," but ESG -funded RRH programs can only serve "category 4 homeless" survivors who are "literally homeless," that is, who also meet the requirements of "category 1" homelessness. So a CoC-funded program could enroll a survivor temporarily staying with family or friends after having fled the abuse, or could serve someone who was still living with the abusive partner, but ready to flee and transition directly to new rental housing, with the help of RRH assistance.

---

---

(#17) The majority of our participants come from our shelter. We have had participants in the past come from other domestic violence shelters in the area. And we've gone out to interview them and have them complete a transitional housing application.

---

---

(#18) To get into the shelter, you have to call the city's Domestic Violence Hotline, and there's an intake person who takes the call and does an assessment; based on need and if we have the availability, they place you in the shelter. People moving into the transitional housing come directly from our shelters. There are no other DV shelters in the city. We've got the only two. It is possible that the city agency could make a direct referral to our transitional program, if they found someone in the general shelter population who needed specialized DV support. But that almost never happens, because our shelters are always full, so we always have someone waiting in the queue to go into transitional.

---

---

(#19) We have two concurrent transitional housing projects serving sexual assault survivors. One of them is specifically for Latina survivors and the other is for survivors with disabilities. The way our program works is that someone -- while they're sleeping outside or in a short term shelter, wherever they're staying -- they'll start working with an access or housing case manager who will help them address whatever barriers are keeping them from getting approved in an apartment and then will help them find the apartment. Then the survivor will transition into our housing retention program.

---

---

(#20) We have a 60-bed HUD Continuum of Care-funded transitional housing program for families; those 60 beds are actually part of our emergency shelter. A stay in the shelter is up to 30 days. Anything after 30 days is considered transitional. They stay in the same unit; it's just a different source of funding. We're able to offer every client the right to apply for an extension beyond the initial 30 days, which would put them in our transitional program. We look at is how far the family has gotten in accomplishing their short-term goals, and have they been working the program? Have they been utilizing the support group? Have they been working with their advocate? Have they been accessing resources? Are they addressing the barriers identified in case management? So if there's a client who's gotten a job and she needs another month before she can save up for an apartment, we're going to go ahead and give her the extension. Most people stay a year.

Our OVW transitional program consists of 11 scattered-sites. We fully subsidize rental costs; however, we ask the client, if it's possible, that she save 30% of her adjusted gross income, so that at the end of the year or the two years, she's able to be self-sufficient and maintain that apartment or move somewhere else permanently. Participants have to be documented as homeless, so they have to be referred by our emergency shelter or another emergency shelter, as long as they're documented homeless and they're victims of domestic violence or sexual assault. We help them find the place where they will live while they're in the program. We've identified some apartment complexes and we have built collaborations and relationships with those apartment complexes. Some of the apartment complexes will not even look at credit history. Some will waive the administration fee, so we have a pretty good reputation in the community. If the client isn't interested in those apartment complexes, then they're free to find one on their own.

---

---

(#21) First options usually go to the families that are coming from the emergency shelter because they have nowhere to go. Every now and then we'll get calls from someone in the community. I have been here a year and I've gotten one call from someone that was in the community. Not that we don't get calls from the community, but I've gotten one call in that year. The families that are here have transitioned here from the DV shelter. It's just always been that families have come from the DV shelter.

---

---

(#22) I can't recall any transitional participants that have actually come through other programs by referral. We've got our own outreach staff in four different locations besides the emergency shelter that bring survivors into shelter; and so we do internal referrals.

---

---

(#23) We get quite a few referrals directly from the shelter, but we also get several from our outpatient office and other agencies, from the hospital, sometimes from the police department. We do a telephone screening. We've had quite a few success stories come out of referrals that do not come directly from the shelter. It is helpful when they do come directly from the shelter because we've watched them grow and learn in that particular program before they come over here. But those that come from our outpatient services ... the counselor that's been seeing them there knows how they are too, and knows their capabilities. Likewise, we may have someone who's a client of our legal department; one of the attorneys representing them might make a referral, but we still do that full interview over there.

---

---

(#24) We take folks at any point. Some of them are exiting emergency housing, some people need immediate housing and are coming straight from an abusive situation. We've found, that there isn't a tremendous difference, because people can only stay in an emergency shelter, in our community, for 90 days. There is not a huge difference between the families coming from crisis and the families exiting emergency shelter. They're still in crisis. And within the program's two year span, we found that people cycle back into crisis; it's just the process.

We have a non-residential program; not always but oftentimes, the way survivors find their way into our residential program is that they've initially engaged with us through that non-residential program because they're looking for housing advocacy. They might be timing out of an emergency shelter, and so they're looking for options, or they need help advocating for housing protection. Whatever those issues are, if through our advocacy it's determined that the survivor really needs safe housing through one of our programs, then we'll make a referral that way. That's one way that they might get into the program.

Or while they're in one of our residential programs, they might engage with a housing advocate at our resource center for support finding permanent housing. It's not uncommon for somebody in our single site program who's been there for a year to feel like they're ready to sign a lease and go into the community, or find housing in the community, or in a community that is more comfortable for them or that's closer to work, or whatever. We'll refer them into our scattered-site project, and provide a rental subsidy for up to two years.

---

---

(#25) Our program is jointly funded by OVW and HUD. About 85% of our participants are coming from shelters and maybe the other 15% are fleeing violence that, because of the HEARTH Act changes, we're able to document as homelessness, for HUD purposes. In order to participate in our program, they need to be a single parent, a state resident, and they need to be able and willing to work. Because of some of the funding changes, we ask that they have an income of some sort -- TANF, child support, employment, unemployment -- and be willing to work the program. We take women with reentry issues; we take women who don't really have a work history, which we see especially with the transition-age youth. When we do our assessment, we determine their willingness to come in and work the program, because it is a stringent program.

---

---

(#26) (Not a current OVW grantee) Some of our clients come straight from our shelter to the transitional program. We have an interview process, which is very intensive to try and weed out those who are not appropriate. If they've been in shelter and we've known them for quite some time it helps. Sometimes it's not to their advantage that they've been in shelter because we see things. Almost everyone who is in the TLP has come through a shelter of some sort.

---

---

(#27) Some of the women looking to enter transitional housing are still in the house with the abuser, and they can transition directly out of their abusive situation into one of our transitional programs. Others are staying at our safe house or in other community shelters. Most frequently, we assist women living doubled up with a friend or family member, who can only stay in that situation for a limited number of days or weeks.

---

---

(#28) Most people in our transitional housing have come through our emergency shelter, although a few have contacted an advocate in one of our community locations, who referred them into the program.

Women escaping abuse by entering shelter are usually concerned about safety, having experienced one or more recent instances of domestic violence. Once they're stabilized in shelter and feeling safe and able to make some choices, that's when they are encouraged to move on. Our emergency shelter does not have a strict time limit. Stays are on a case by case basis. But, generally, if someone's in emergency shelter for 90 days, we're going to start suggesting they look at options. There are some participants who are charging forward -- "I've found a job, I'm ready to go and build my own life, and I'll show him," and there are others who seem almost reluctant to be out of the emergency shelter and on their own, because they so need our support, especially if their lifestyle with the abuser was surrounded with drugs and alcohol, and now they're trying to stay clean and sober, but don't have any clean and sober support other than our program.

So, I think remaining flexible to what the participants need is crucial, because some participants would really crash and burn if they went into housing first without that support. We also have had women that have never actually come into shelter, women who worked with our advocates, and directly transitioned into our transitional housing; some are doing well, and some are struggling a bit.

---

---

(#29) The main point of access is the crisis line. Sometimes we get referrals or someone drops in, so we have a conversation to find out what kinds of challenges they are facing in terms of getting housing. If it seems as though they might only need, say, first month's rent, security deposit, and up to three months' rent to become self-sufficient, then if we have County dollars left, we would use that to pay their initial costs for housing, and help them avoid having to go to a homeless shelter. But if they have a lot of barriers and it sounds like the transitional program would be a good fit, and if we had space, then we would invite them to apply. Anyone can apply, though. That's where it's nice to be a part of a bigger organization. There might be other referrals we can make, and they might not need all the help we provide in transitional housing.

I think the majority of the women that we've accepted were actively fleeing. For instance, one of my clients needed to know she was leaving for good, and that she'd have the support she needed; so she was just coping with the domestic violence until she was able to enter our program. The majority of the people have been people who haven't even fled yet. Because our program isn't funded with ESG money, we don't have the requirement that the women be certified homeless or in a shelter in order to come into our program.<sup>51</sup>

---

---

(#30) We accept clients from either our shelter or our counseling program. When there's an opening in the transitional program because somebody has graduated or left the program, we let staff know in both our shelter and our counseling program. If they have someone they feel would be appropriate for the program, they refer that person or family. We do not take referrals outside the agency. We always have someone to refer who is already a client of ours. Our counseling program receives funding from state and county sources, and works with some families involved with CPS; sometimes one of the DV liaisons from CPS has a child abuse

---

<sup>51</sup> As per an earlier note, ESG-funded RRH programs can only serve HUD "Category 4" "homeless" persons (i.e., fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, etc.) who also meet the criteria for HUD "Category 1" homelessness (living in a shelter, temporary hotel placement, or place not meant for human habitation)

case which involves a caregiver who experienced domestic violence, and they might refer that family to our counseling program, which in turn, could refer the family for an opening in transitional housing.

There's a referral form that we ask staff to complete. First they talk to the survivor about transitional housing to see if the person would be interested. And then we meet with the client and explain the program, and ask about what the client's goals would be while they are in the TH program, what they hope to get out of it, what are they trying to achieve, and then we take them in. It's very rare that people are referred but not accepted.

---

---

(#31) A lot of our TH program participants have come historically from one of our two shelters. We do have some participants who heard about our program through the community and applied and got in the program that way. No referral is required. Participants can literally can come from anywhere across the country as long as they're interested in residing in our county.

---

---

(#32) All the while we're bringing DV victims along and getting them to the point where they're ready to leave their abusive situation and make that move into transitional housing. And it can take months – sometimes you may be talking to somebody, they may call on the hotline and get in touch with one of our elder advocates, and then we might not hear from them for five months. And then they call again after having given it some thought. We just we keep track of all that.

---

---

(#33) Survivors in our area still access DV shelters directly, rather than going through the County's Coordinated Access 2-1-1 system for the whole continuum of care. If they come into our shelter program, we get them set up with the coordinated entry and try to advocate for them to be placed in an appropriate program. The 2-1-1 coordinated entry piece changes every year, and it leaves a lot of survivors out on the margins, as far as accessing housing services. Luckily, the city has been real creative in terms of giving DV shelters and transitional housing programs a backline to one another; so we hear about each other's openings and can make a back channel, advocate-to-advocate referral, versus having to go through 2-1-1 coordinated access system, which has long waiting times. Even with that back channel, there's still a long wait for survivors trying to get into a transitional program or housing in our county. There might be a program opening 165 miles away, but that means we're asking a mother with two kids in the school system to travel and leave the school system just for temporary housing. The priority is for chronically mentally ill homeless persons, not domestic violence. I support transitional housing because it gives a person an opportunity to transition. But, we don't have enough; there's way more people than housing.

---

---

(#34) (Not a current OVW grantee) Participants in our transitional housing come from either our emergency shelter or are survivors that have been working with our outreach advocates in the more rural counties; we try to keep people that are already in rural settings in rural settings. But, we do occasionally have somebody from the shelter that wants to either move back to their county of origin, move out of the city -- maybe that's part of their safety plan. Some people have family they want to be closer to. But safety's always our number one priority. If a client in a rural county is actively fleeing, and is at active risk of harm, we want to get them to an undisclosed location.

Our agency works with other DV programs in the state or other states, if they have a client that needs to relocate. Clients typically don't come from other programs like that directly to our transitional housing. But they'll come through our emergency shelter. And if they end up staying with us for a while, then eventually, they could come to our transitional housing program.

---

---

(#35) We go by the guidelines set forth by the grant: they have to be homeless, either in a shelter, or an emergency motel if there isn't a shelter, or doubled up or couch-surfing with family members or friends. We

had a couple where they were in their own apartment, and maybe their abuser had been arrested, and they wanted to stay in their apartment, but they couldn't afford it. But because they weren't homeless, which to me is a little contradictory, we couldn't help them with those rental assistance funds. If a survivor of sexual trafficking is fleeing, our shelter will take them in. If they're staying in a shelter or are couch surfing or staying with friends, we can treat them as homeless. The challenge is, they don't necessarily see themselves as victims of trafficking, or victims in general, or as homeless. A lot of times, unless there was physical or sexual abuse -- if it was more coercion and control -- it's harder for them to see themselves as victims of violence. Even with domestic violence situations, it's tough for people to identify themselves as victims, if there wasn't the physical abuse. If they weren't physically abused or sexually abused - or even if they were - sometimes they still don't identify that they're a victim.

---

---

(#36) We only have 10 transitional units; our waiting list is around six months now. A woman can stay in our DV shelter for up to 60 days and then can go into our emergency housing for another 50 days, but she's not going to come up on our transitional housing list in that time, so people couch surf or do what they need to do until they're called in for an interview. Some people get housed.

---

---

(#37) (Not a current OVW grantee) Primarily, referrals to our transitional program come directly from our DV shelter, but we also get referrals from the state agency administering TANF. The various Legal Services programs also refer women, as does the state agency funding our services. Because we're not an emergency shelter and we have a waitlist, we work closely with the referring agency to make sure there's been active safety planning, and that when we do have an opening, we can get that woman in safely to be assessed and readied for entering the program.

---

---

(#38) (Not a current OVW grantee) Most participants in our transitional housing don't come from our shelter; they come from other places. We have ten units, and we have a rule that at any time only two of these units can be occupied by people from our shelter because we want to give other agencies and homeless organizations a fair shot.

For a long time, we had a system of coordinated entry where we had to take our referrals from a centralized list maintained by the county. It was pretty disastrous: a homeless family couldn't call the shelters themselves; they had to call a central line and would be given an appointment to be assessed in maybe two weeks; then they would be assessed using a standardized assessment tool, and then placed on a waiting list. Then every time we have a space we would notify the county, which would refer somebody from the list, who was theoretically in need of DV transitional housing services. Then, either the family wouldn't get in contact with us, or they wouldn't show up, or they'd show up and be open with us about the fact that "the domestic violence happened years ago, the perpetrator is incarcerated, and we just need housing."

If we rejected the family and said, "This is a waste of our resources," we might have to wait another month for a referral, and in the meantime, had lower occupancy rates. Not just us but pretty much every program. Not because the county was inefficient, but because there is such an overwhelming demand from homeless people. The list they were managing got ridiculously long and totally out of control. So a homeless family might call, but might not get an appointment for an assessment for three weeks, and after they were placed on the list, they might not be contacted again for another nine months. In which case they would usually be pretty hard to contact, and if they did re-contact them, their circumstances would have changed completely in the interim, and now they might even be technically ineligible for housing assistance. They might have gotten a job or might have lost a kid to child protective services or might have shackled up with someone.

Recently, all the DV agencies got together and sought a waiver from that system. The law says victim service agencies can get an exemption from the HUD requirement to participate in the coordinated system if they set up an alternate coordinated system. We just got that waiver but haven't yet set up the alternate system.

---

---

(#39) The majority of transitional housing participants come from our shelter, and of course, to enter our shelter they have to be victims of domestic violence, sexual assault, or stalking. We do have some people that enter our transitional and rapid rehousing programs from our outreach program -- that come for counseling, but are not in shelter. But the majority come from our shelter. We don't take women straight from the call that they're being abused (or sexually assaulted or stalked). There is a screening process. We have an application they have to fill out and then it's a clinical staff decision. We get together the clinical director, the case managers, the counselors, the shelter managers, and even the children's counselor and we look over the application, and decide whether they would be a good fit, and for which program. They have to have an income: it could be disability, or child support, or work, or it could be the stipends and financial assistance a woman gets when she goes back to school. We look at their budget, what they owe, what they can afford, and make sure that at the end of the program they'll have an income that allows them to transition-in-place.

---

---

(#40) (Not a current OVW grantee) The county has a ten-year plan to end homelessness and they're trying to get a coordinated intake process. Everybody goes through that one door and anyone who goes into shelter, they try to rapidly rehouse at the shelter level. We take our families from the shelters. So if the shelters were not able to rapidly rehouse them, they're sending them to us, so the families we get have a greater amount of problems or needs.

---

---

(#41) We operate two shelters, and our transitional clients come to us through our shelters. We can take clients through other referrals, but almost 99.9% of the time they're coming from our shelters. We worked with our CoC as they set up coordinated access and decided that when a DV survivor contacts the homeless hotline, they will route them to us, and we can get them into one of our two shelters and then try to rapidly rehouse them, if that's what they need or request. A lot of people that we see in our shelters aren't requesting to go into a housing program, because they may plan to go back into the relationship, or they may have plans to move out of state.

---

---

(#42) Our transitional participants are almost exclusively from the shelter. We had one situation where we had an individual who was in the process of getting a VAWA petition and it worked out that we were able to put them into a transition housing unit. 99% of the time, we have gotten to know them through our emergency shelter, which is a 45-day placement. During that period we work with people on their immediate goals, their safety planning, and what they want to accomplish, whether it be a break from what is happening, or future independence and establishing a home.

---

---

(#43) Our transitional housing program provides a community-based, safe, sober living environment to support the physical, mental, and emotional healing of women whose lives have been affected by domestic violence or sexual abuse and substance abuse. The majority of the women have gone to prison and/or treatment programs, and heard about our transitional housing through their probation officers, in prison, or in homeless shelters in the city. All the agencies have our number and give it out a lot. For every woman we take, we turn away 5 to 12 women a week. One of our four houses is geared towards female vets, but the thing that all the women have in common is that they're all battered or sexually abused and have substance abuse issues. They could be trafficking victims, they could be transgender. We don't say, "We're only working with this population or that population." We've tried multiple things and that seems to work the best for us.

---

---

(#44) The women in our emergency shelter are our priority in terms of service, but we also serve other women in our transitional housing. Our family justice center serves about 1,200 survivors a year; they're either coming out of our shelter or from one of the other shelters in the area, or referred from one of our

community partners. The 35 families a year that are served in our transitional housing program are the families most in crisis, most in need, and at the bottom of the pool in terms of educational and employment levels. The remaining [1,100-plus] survivors represent a huge unserved population.

---

---

(#45) The transitional housing we own is filled a little bit on a first-come, first-serve basis, and a little bit based on working with people, trying to determine the context of their situation, the need, and the risk. The units fill up fast. Where we live, there's a huge shortage of affordable housing. We also help women find and lease their own housing and can utilize our OVW grant to pay all or a portion of their rent. There might be four women we're providing rental assistance to at one time and seven at another time. Generally people with bigger safety issues, or who need more readily accessible and ongoing contact, or who've come with nothing and our units are furnished – those are the people who end up living in our units, as opposed to leasing privately owned housing.

Most of them are coming from fleeing an abusive situation and, prior to entering our transitional housing, it's either a friend's couch, or they paid for their own motel room, or stayed in our motel program. (We don't have a shelter; we can give people three days in a hotel/motel.) Agency-wide, more than 60% of our referrals come from law enforcement. A lot of those people come with nothing, no stuff. Maybe their partner was arrested, it's a crisis situation; maybe they're not married and he owns the house so she can't go back. We try to figure out the context: Are they fleeing an abusive situation? Are they homeless? What do we need to do?

The need is always greater than what we have. But we're also connected within our community to other housing programs. There's a homeless shelter that might not be the ideal situation for some people, but it might work for other people. We're connected in our state with a service that allows us to locate shelter beds throughout the state at any time. There's a transportation system to get people where they need to go. We're going to help people. We might not be able to move them into one of our housing units, or even provide them with rental assistance if those funds are gone, but we'll try to work with them to figure out their other options. I feel like it's rare to have somebody come here and leave with absolutely nothing. In the rural areas you might not have as many options, but one of the pluses is that within the system, we all kind of know each other, know who has funds right now for housing or those types of things.

---

---

(#46) The participants in the OVW units come from our shelter or our agency's other programs. If our housing advocates have been at shelter doing housing advocacy, they might have met with somebody a couple times and told them we have a transitional unit coming open that might be a good fit for them, and asked if they're interested. We don't advertise our OVW units, because you can imagine what the wait list would look like if everybody was signing up for our four units that maybe turn once a year. So when we do have an opening, usually we'll be able to figure out who to take from the folks we've been working with, or we'll let staff know that an opening is coming up, and ask that they refer anybody they know who might be interested. Then we can chat with them to see if they're interested.

---

---

(#47) We have historically partnered with a local agency providing shelter and housing and services for homeless families, so they're clients who came in through the "general homeless" door, once that agency's staff identified them as having fled domestic violence. And then sometimes they're members of our community who need to flee a relationship and find new housing.

---

---

(#48) All of my current clients have come from being residents at the shelter, but we also accept clients who have sought help in court, or in our community counseling program where they don't stay in the shelter, but they come here for counseling; we're open to any client of the agency.

### **Questions to Consider**

1. What would serving a survivor who has been in a DV shelter for a week or two differ from serving a survivor who had fled the abusive situation directly into your TH program? How would those situations differ from serving a survivor who, instead of spending time in a DV shelter, had been couch surfing since they fled the abusive situation?
  - a. If your TH program currently receives most of its referrals from the shelter or non-residential programs also operated by your agency, what information about applicants would you lack in determining how to prioritize applicants who come from other situations? How would lack of that information impact your program's decision making?
  - c. How might you arrange to stay in touch with an applicant still living in the abusive situation they hope to flee, so that communication about their evolving circumstances and the status of their application would not jeopardize their safety?
  - d. If survivors could self-refer for transitional housing as described above, would most survivors choose to skip the shelter experience, and directly access a TH program? Does the answer depend on the type of program housing (i.e., congregate, clustered, or scattered site; survivor-leased versus provider-leased versus provider owned)?

## **6. How do providers decide whom to select from a pool of candidates?**

### **(a) Overview**

Given that there are many more victims/survivors who could benefit from transitional housing than can be accommodated, providers with more applicants than program openings need a process for deciding which candidate to select from a pool of survivors that have been referred or expressed interest. Different programs use different approaches and different criteria to select their next participant.

In some agencies, decisions about participant selection and enrollment are made by the program coordinator acting alone; at other agencies these decisions are made by a team of agency staff, some of whom know the applicants, and some of whom don't. HUD-funded programs can either use the assessment instrument adopted by their local Continuum of Care for use in the CoC's coordinated entry system, or can participate in a parallel system for victim services providers.<sup>52</sup> A few non-HUD-funded programs use other assessment

---

<sup>52</sup> In a [July 2014 Notice](#), (which followed earlier messages of encouragement and offers of technical assistance), HUD directed Continuums of Care (CoCs) to implement a common assessment tool that could, at a minimum, produce a needs/vulnerability score for each chronically homeless candidate for HUD-funded permanent supportive housing (PSH), but that could also be used to prioritize candidates for other CoC housing programs, including transitional housing (TH) and rapid rehousing (RRH). The assessment was to be used by a coordinated entry system that would rationalize the allocation of CoC resources, and ensure that housing slots were allocated to the highest priority individuals and families. See [Chapter 12](#) ("Funding and Collaboration: Opportunities and Challenges") for a discussion on the coordinated assessment / coordinated entry requirement, and the reactions of specialized TH providers to the systems put in place by their local CoC, and, in particular, to the VI-SPDAT Pre-Screen tool, one of the most widely used assessment instruments.

For an explanation of coordinated entry and HUD's efforts to accommodate the needs of programs serving survivors of domestic and sexual violence, see [HUD's Brief on Coordinated Entry](#) and [HUD's FAQ on Coordinated Entry and Victim Services Providers](#). Visit the [orgcode.com SPDAT page](#) to download free copies of the [VI-SPDAT Prescreen Triage Tool for Single Adults](#) and the [VI-SPDAT Pre-Screen Triage tool for Families](#) and to learn more about using those tools.

As described in a [February 2015 blogpost by the creator of the SPDAT and the VI-SPDAT](#), the VI-SPDAT Pre-Screen is an issue-spotting triage tool, while the much more comprehensive SPDAT is an assessment and case management tool.

The SPDAT and VI-SPDAT Pre-Screen tools don't intrinsically "know" how to weight each need and vulnerability; that decision requires greater knowledge about the survivor and her situation, as filtered by the experience and judgment of the case manager or other project staff. What HUD was looking for was for CoCs to be able to generate a prioritized list of candidates for PSH and RRH, ranked in order of the scores generated by a consistently applied assessment tool, minus the judgments and subjective biases of program staff. Generally speaking, DV survivors do not score particularly high for either PSH or RRH. (RRH Grants are used to fund many of the transition-in-place TH programs.) From the perspective of DV providers, those lower scores reflect an inadequate assessment process. From another perspective, they merely reflect HUD's different focus -- on ending chronic homelessness, and in particular, the homelessness of individuals with multiple physical and behavioral health issues, who are heavy users of public safety, emergency health and mental health care and substance abuse treatment systems, corrections, and other expensive publicly funded resources.

protocols to measure need and risk, and use the score on that assessment to determine -- or inform -- participant selection.

Regardless of the mechanism used, participant selection choices -- deciding who will be afforded access to a program that can provide temporary housing assistance and supportive services that can, buy time, help them heal, and support them in taking next steps towards greater stability and wellbeing ... and who will be left to figure things out on their own -- can have a profound impact on the lives of the survivors they effect.

The discussion that follows provides an overview of the frameworks programs use to navigate participant selection. The comments at the end of this section illustrate the way participant selection decisions are made, given the realities of program housing, staffing, and funding levels.

### **(b) The Basic Criteria: Program Eligibility, Participant Income, and Household Size**

All providers must screen TH program candidates to ensure that they meet basic funder eligibility criteria, that is, homeless<sup>53</sup> and victims/survivors of domestic violence, dating violence, sexual assault, or stalking.

Some programs prioritize families with children over single survivors; others target single survivors. Others serve a mix of singles and families.<sup>54</sup> Providers that own or lease their housing units (e.g., a consistent mix of studios, 1BR, 2BR, and 3BR units or a house that is used for a congregate program) target individuals and families whose household composition matches the size of available units. Programs that provide rental assistance to participant-leased units can be more flexible as to the size of client households.

Programs which requires participants to contribute a certain amount towards housing costs may also need to screen for "adequate" income or earning potential. The more limited the amount and/or duration of financial assistance with housing costs offered by the program, the more important it is that the participant enters with, or is able to quickly develop, the income needed to sustain the housing and related (e.g., utility) costs.

Although the amount of a survivor's income and her employability or short-term earning potential may be related to her disability status, and although (as discussed in Section 4) providers may not discriminate on the basis of disability status, income and, more specifically, ability to pay the rent and related housing costs are

---

<sup>53</sup> The authorizing statute for the OVW TH program (42 USC §13975) does not define "homeless." As discussed in an earlier section of this chapter, the [HUD definition of homelessness](#) includes three categories that are relevant to specialized TH programs receiving Continuum of Care (CoC) or Emergency Solutions Grant (ESG) funding. As described in the [HUD Brief on Criteria and Recordkeeping Requirements for Definition of Homelessness](#), they are: "Category 1" ("Literally Homeless"); "Category 2" ("Imminent Risk of Homelessness"); and "Category 4" ("Fleeing/Attempting to Flee Domestic/Sexual Violence"). (As also explained earlier, HUD's "Category 3" is not relevant to this discussion.)

HUD CoC-funded TH programs may serve survivors from any of these three categories. As explained in the 2013 [HUD Rapid Rehousing: ESG vs. CoC Guide](#), HUD CoC-funded RRH programs may serve survivors from either Category 1 or 4. HUD ESG-funded RRH programs may only serve survivors who also meet Category 1 criteria.

<sup>54</sup> To the extent that providers own or lease housing and make those units available to survivors, they need to make sure that any preference for serving individuals over families doesn't engender fair housing-related concerns.

accepted as "objective" and non-discriminatory bases for making participant selection decisions, where a certain level of income will be necessary to sustain the housing.<sup>55</sup>

Although some states make it illegal for landlords to discriminate on the basis of source of income (e.g., refuse to lease to a tenant who uses a Housing Choice voucher, or who receives SSI income<sup>56</sup>), there are no such protections in the majority of states or federally.

In the case of programs that utilize HUD RRH grant funding, the program model -- which requires the survivor to be the leaseholder<sup>57</sup> -- may have the effect of screening out survivors with poor employment prospects and "blemishes" in their housing or credit history, because such persons will have great difficulty finding a landlord willing to offer them a lease -- despite the assurance of time-limited rental assistance. Weak "credentials" would pose the greatest problem in a CoC RRH-funded program, in which the participant must be named on a year-long lease, even if the program offers less than 12 months of financial assistance; would pose less of a barrier in an ESG RRH-funded program, in which the lease term can be flexible; would pose even less of a barrier in an OVW-funded "transition-in-place" programs, in which the provider can be the initial leaseholder; and would pose no barrier in a traditional TH program in which the provider owns or leases the program housing (although providers worried about the future ability of participants to qualify for a tenancy might still be discouraged from serving applicants with serious housing barriers).

Although immigration status is sometimes a barrier to securing a tenancy, OVW-funded TH programs are allowed and encouraged to serve homeless survivors regardless of immigration status; in fact, as previously noted, the [OVW annual solicitation for TH grant proposals](#) warns against "procedures or policies that **exclude** victims from receiving safe shelter, advocacy services, counseling, and other assistance based on their actual or perceived age, **immigration status**, race, religion, sexual orientation, gender identity, mental health

---

<sup>55</sup> Both HUD and OVW are silent on the question of minimum income and employability requirements. Clearly, survivors with extremely low or no income and/or poor employment prospects are among the most vulnerable. On the one hand, to the extent that the OVW TH program and HUD TH and RRH programs are intended to target vulnerable persons, establishing eligibility guidelines based on income and employability would seem to run counter to the purposes of the programs. On the other hand, to the extent that these survivors would be among the most costly to serve, such eligibility requirements may reflect an unfortunate pragmatism focused on doing the most good for the most participants.

In terms of the legality of such a requirement, the Corporation for Supportive Housing's [Between the Lines - A Question and Answer Guide on Legal Issues in Supportive Housing - \(2010 National Edition\)](#), (hereinafter CSH (2010)) states:

*"Many landlords in the private market require tenants to have a minimum income (e.g., gross income equal to three times the rent level) to qualify to rent an apartment. Some public funding programs prohibit the use of minimum income standards. However, if a public funding program does not prohibit this practice, then federal law permits minimum income standards. Any minimum income standard must, however, relate to the portion of rent paid by the tenant and take into account the income of all members of the household.*

*The federal Fair Housing Act prohibits discrimination in housing on the basis of race, color, sex, religion, national origin, disability, and familial status. [Although] states may have passed additional antidiscrimination legislation that establishes other protected classes ... no state has extended such protection to economic status, nor have courts endorsed the proposition. For example, the California Supreme Court has held that economic status is not "arbitrary discrimination" forbidden by state law, and, moreover, that landlords have a legitimate business rationale for admitting tenants based upon their economic status or financial condition. . . .*

*Housing providers may impose a 'demonstrated ability to pay the rent' standard as an alternative to a minimum income requirement. A "demonstrated ability" standard is likely to lead to less harsh results for low income applicants. Under this standard, a landlord admits a person who has been paying more than a specified percentage of income on their rent, so long as the tenant can show that he/she has consistently been able to pay rent in a timely manner with unfavorable rent-to-income ratios." (pp.30-31)*

<sup>56</sup> See pp.34-35 and 37 in [CSH \(2010\)](#).

<sup>57</sup> As noted in HUD's [Rapid Rehousing: ESG vs. CoC \(2013\)](#) (p.8), the participant held lease in a tenancy assisted with a CoC RRH grant must be for a one-year duration and must be renewable, except for cause; the ESG program rules do not specify a minimum lease duration, except in project-based tenancies, which are unlikely in DV programs.

condition, physical health condition, criminal record, work in the sex industry, or the age and/or gender of their children," and cautions that applications proposing such activities may be penalized or denied funding.

An [August 5, 2016 letter](#), jointly released by the U.S. Department of Justice, the U.S. Department of Health and Human Services, and HUD provided clarification that HUD-funded emergency shelters, transitional housing programs, and Rapid Rehousing programs -- like FVPSA-funded DV shelters and OVW-funded TH programs -- **can and should provide emergency housing assistance to undocumented immigrants**. An [August 11, 2016 news release on the HUD website](#), summarized the message:

*"Today, the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Justice (DOJ) issued a joint letter reminding recipients of federal funds how the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 applies to their programs.*

*Through PRWORA, Congress restricted immigrant access to certain federal public benefits but also recognized exceptions to protect life or safety. Congress authorized the Attorney General to identify programs, services, and assistance that meet specific criteria for which immigrants remained eligible regardless of immigration status.*

The purpose of this letter is to remind housing and service providers that they **must not turn away immigrants experiencing homelessness or victims of domestic violence or human trafficking, on the basis of their immigration status, from certain housing and services necessary for life or safety** -- such as street outreach, emergency shelter, and short-term housing assistance **including transitional housing and rapid re-housing** funded through the Emergency Solutions Grants (ESG) and Continuum of Care (CoC) Programs.

*The letter from the Attorney General and the Secretaries of HHS and HUD, dated August 5, 2016, is not a new policy. It reiterates existing laws and policies and applies those policies to programs that were not in effect when the original Attorney General Order was signed in 2001."*

### **(c) Additional Criteria Used by Providers to Select Participants (Some Good, Some Problematic)**

[Correia & Melbin's \(2005\)](#) groundbreaking survey of twelve TH programs -- before the OVW TH grant program became what it is today, before HUD developed its Rapid Rehousing grant program, before VAWA was amended to incorporate the voluntary services requirement, and before HUD exempted programs operated by victim services providers from requirements which would undermine that voluntary services approach -- found providers facing some of the same difficult decisions as the providers interviewed for this report: whether to operate under an open referral system or to limit referrals; whether to focus on serving "motivated" survivors or the "hardest to serve [survivors] ... including those with significant substance abuse or mental health issues;" whether to target "women who have the clearest and most easily attainable goals, versus women who are in the most immediate danger or are facing other serious challenges;" whether to devote their energies to serving survivors who can be 'successful' in terms of their "ability to secure employment, permanent housing, or some other indicator[s] of self-sufficiency," or whether to have more of an open door approach, and accept that "there will be some participants who succeed and some that do not, but that it is not the program's role to restrict who gets the opportunity to try." (pp. 19-20)

Given the many changes in the "transitional housing landscape" in the years since the Correia & Melbin study, it is likely that the mix of approaches to participant selection has also changed; however, since neither their study nor ours statistically analyzed providers' approaches to participant selection, we can't say for sure.

What we can say is that all of the providers we interviewed are well-intentioned -- they are committed to helping survivors succeed -- but many of these providers face increasingly difficult challenges, above and beyond the already challenging job of supporting survivors through their difficult choices and transitions.

- Many of the providers that depend on funding from HUD face strong pressures from the CoCs, states, counties, and/or jurisdictions that oversee their HUD grants to demonstrate positive housing outcomes with shorter lengths of stay in their program, despite the daunting obstacles their participants face, including increasingly difficult housing and employment markets;
- Many smaller providers lack the in-house capacity to provide supplemental services and supports -- e.g., therapeutic counseling, employment counseling and job search support, clinical supervision for staff, children's advocacy and services -- and the staff diversity that better-funded, full-service providers can bring to bear;
- Providers serving less-well-resourced parts of the country don't have the "luxury" of being able to leverage the kinds of community-based resources that providers in service-rich areas rely upon to fill in-house gaps in capacity; and
- Many providers simply face more need than they are resourced to address.

The following discussion explores the approaches -- mostly positive, but sometimes problematic -- that providers told us they use to decide whom they can and will serve, and looks at the survivors that a few of those approaches may exclude.

***(i) Considerations of Need / Risk / Vulnerability***

A number of providers interviewed for this project told us they try to prioritize survivors based on need, risk, and vulnerability, so they can enroll ***participants with the greatest or most urgent needs***. Some said they use a standardized assessment instrument, while other programs bring staff together to discuss the candidates, based on what they know about them from their program application and interview, and oftentimes, from their experience as participants in the agency's DV shelter or non-residential/outreach program(s).

On the one hand, as per guidance cited in Section 4, the more specific and the less subjective the assessment instrument and prioritization criteria, the better, as far as protecting against discrimination. On the other hand, programs are discouraged from asking about disabling conditions prior to enrollment, to avoid the possibility or appearance of discrimination, in the event that an applicant with a disability is denied enrollment. Although providers that recruit TH program participants from their own shelter or non-residential program(s) will likely be aware of some of their applicants' disabling conditions, using that information to inform the selections of participants raises the same concerns as soliciting the information in an interview.

Some providers said their programs try to prioritize ***survivors at the greatest risk of further harm*** from their (ex-)partner. Other providers expressed ***concerns about enrolling survivors at ongoing risk of violence***; in particular, some providers that operate shared housing described concerns about the potential risk to other program participants and staff, while some providers whose programs utilize scattered-site housing described concerns about their inability to protect remoted sited participants who are being stalked, and stated that such persons were better served in more secure facilities.

Other providers indicated that their program was based in housing with the necessary security, or that they had the ability to work with landlords to enhance the security of a participant's housing, if needed.

Clearly, the housing model and the nature of the housing and the neighborhoods where participants live -- or the extent of a survivor's potential isolation in rural housing -- have a significant bearing on a program's ability to "ensure" the safety of participants and staff.<sup>58</sup>

As noted in Section 4, in keeping with non-discrimination laws (e.g., Section 504) and Fair Housing laws (which apply if the provider owns or leases the program housing), an applicant's disability status should not be considered in determining their priority for enrollment in a TH program. However, as their comments indicate, some providers are reluctant to enroll survivors with mental health or substance abuse problems

---

<sup>58</sup> Of course, no housing program can ***guarantee*** the safety of participants and staff from a determined assailant.

that could raise issues that staff are unable to handle, or that could compromise the TH program experience of other participants. Other providers indicated that their ability to serve a survivor would not be impacted by the survivor's mental or emotional health status or their substance use issues. More on this below.

***(ii) Approaches that Favor Survivors who Seem "Compatible" with Program Objectives and Service Model***

As discussed in Section 4, reliance on an intra-agency *referral process* based on the subjective assessments and assumptions of shelter staff about which survivor will be more "successful" in transitional housing is problematic, if that referral process effectively denies access to survivors who need and want the assistance, but are "harder to serve" due the mix of barriers they face. The OVW's admonition (in its [annual solicitation for TH grant proposals](#)) against "procedures or policies that exclude victims from receiving safe shelter, advocacy services, counseling, and other assistance based on their actual or perceived age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or gender of their children" (pp. 8-9) unambiguously discourages participant selection processes that have the effect -- intended or not -- of disadvantaging survivors based on membership in any of those categories.

Survivors dealing with *trauma, depression, traumatic brain injury, or the other concomitants of chronic exposure to violence and abuse* may, because of those impacts on their emotional and psychological health, *seem* less motivated, less responsive, or more resistant to engagement than other survivors. ([Hopper, Bassuk, & Olivet \(2010\)](#), [Wisconsin's Violence Against Women with Disabilities and Deaf Women Project \(2011\)](#), [Hibbard, M.R. \(n.d.\)](#)) Survivors wrestling with hopelessness, weighing the *tradeoffs* of their less-than-ideal options, feeling *estranged from the community/support network they left behind or culturally out-of-place in the program environment* they entered, focused on private matters that they are uncomfortable discussing with staff, or motivated by priorities that feel different from the apparent focus of the program -- may *be less interested* in participating in program activities and utilizing resources that have been offered, if they don't seem relevant to their needs and situation. ([Melbin, Jordan, & Smyth \(2014\)](#), [Thomas, Goodman, & Putnins \(2015\)](#)) But they are no less deserving of program assistance and an opportunity to heal.

Nonetheless, as illustrated by their comments, some providers whose staff have gotten to know potential candidates for their agency's TH program while they were in the agency's shelter or non-residential programs, appear to base their participant selection decision, at least in part, on candidates' apparent "*motivation*" and "*interest*" in participating in the kinds of services the TH program is prepared to offer, and in working on the kinds of goals the TH program is set up to help participants achieve.

On the one hand, a participant selection process which favors survivors who embrace the same definition of "success" as the program and its funder(s), and who are ready and able to work towards achieving their goals may increase the likelihood that the program will achieve funder-specified performance objectives (e.g., HUD-defined target rates for permanent housing placement and retention, increased income, and employment -- all within an expedited timeframe).<sup>59</sup>

On the other hand, this kind of approach disadvantages survivors who have different priorities (e.g., focusing on the needs of their children, pursuing a special Visa, focusing on healing); more challenging barriers to

---

<sup>59</sup> As noted in the Methodology Appendix, 42% of providers we interviewed were utilizing HUD grants -- which typically measure performance in terms of housing placement/retention rates, income changes, and rates of employment. Notwithstanding these pressures, NNEDV's brief on [Best Practices for Setting Eligibility Criteria in Transitional Housing Programs](#) (2013) cautions against basing enrollment decisions on the compatibility of survivors' goals with a funder's definition of success, and the greater likelihood that survivors facing fewer challenges will help the program meet the funder's performance objectives. Fundamentally, grant recipients are supposed to help survivors define and make progress towards achieving their own goals. In turn, program success should be a measure of how well the program supports survivors in working towards *their* goals, or as the [NNEDV brief](#) puts it, "what the program accomplished on behalf of the survivor or in partnership with the survivor;" whether the survivor got what she needed, and felt respected and valued; and whether the program did all it could to help the survivor reach her goals.

success (e.g., more limited employability, more knotty credit or housing histories, significant PTSD or complex trauma-related impacts, physical or mental or emotional health issues; substance use problems; immigration status-related obstacles); or more difficult tradeoffs to evaluate (e.g., alienation of family, displacement from cultural community, loss of the child's connection to their other parent, etc.).

If there were multiple and varied TH programs that survivors could choose from to best match their needs, then participant selection on the basis of the "compatibility" of applicants with the program focus would not be problematic. Sadly, that is not the case, given that need greatly outstrips supply.

Of course, regardless of the selection process, ***an under-capacitated system will inevitably leave some survivors who need transitional housing without decent alternatives***, and having to choose between extended homelessness and a return to a violent, potentially dangerous situation with their (ex-)partner.

The problem with a selection process that favors easier-to-work-with survivors with fewer barriers is that it disproportionately impacts segments of the survivor population that already face disproportionate obstacles; it compromises the safety and recovery of victims from subpopulations specifically named and protected in the [OVW's annual TH grant solicitation](#), and it risks violating anti-discrimination and/or fair housing laws, if it has a disparate impact -- intended or not -- on any of the subpopulations protected by those laws. Specifically:

- It relies on the kind of subjective assessments or consideration of disability-related factors that may -- explicitly, or by virtue of disparate impact -- violate non-discrimination and/or fair housing laws;
- It disadvantages survivors with serious emotional, psychological, and trauma-related wounds that may delay or hinder their ability to move forward to address their housing, income, or legal needs;
- It disadvantages classes of survivors who face heightened social and economic barriers because of race, ethnicity, religion, sexual orientation, gender identity, immigration status, or disability; and
- It disadvantages survivors whose culturally-informed goals and ideas about healing, recovery, community, and "success" are different from that of mainstream funders and providers.

**Recommendations:** (1) While many providers embrace an inclusive, trauma-informed approach to participant selection and services, it would probably be helpful to offer additional training and support:

(a) To **broaden understanding** of the impacts and implications of co-occurring trauma/PTSD/complex trauma, traumatic brain injury, and their concomitants; of the additional social and economic barriers faced by survivors from marginalized subpopulations; and of the challenges survivors face in reconciling their and their community's sometimes-conflicting expectations about how they should live their lives;

(b) To help providers **develop better approaches** for working with and supporting these diverse survivors, so that providers can replace any restrictive referral policies and exclusionary participant selection practices with more trauma-informed and inclusive approaches.

(2) Helping providers develop new strategies for addressing the expectations and requirements attendant to the combined use of OVW and HUD grant funds (e.g., survivor-centered programming, voluntary services, an adequate percentage of "successful" housing and income/employment-related participant outcomes, within a shortened timeframe) while serving survivors with complex needs and individualized priorities in difficult housing and job markets will likely take more than training. It will likely require a collaborative effort by OVW, HUD and their federal partners that:

(a) Helps providers better distinguish between survivors their programs cannot safely serve versus survivors who can and should be served, even if there are doubts about their ability to achieve a targeted level of progress within the allotted time;

(b) Explores alternatives to current funding policies that make it financially risky for providers to serve survivors with serious barriers or competing priorities, who might not achieve the targeted outcomes;

- (c) Helps providers develop better strategies for supporting survivors whose barriers might ordinarily limit their ability to "succeed" in difficult housing and employment environments; and
- (d) Expands the options and resources available to these TH providers' for effectively partnering with mainstream providers that can offer trauma-informed gap-filling services.

***(iii) Approaches that Favor Survivors Committed to Ending the Relationship with their Abusive Partner***

Although apparently far less prevalent than in the past, there are still providers whose participant selection process appears to favor survivors who demonstrate commitment to ending the relationship with the abusive (ex-)partner. Although providers may be understandably concerned about the wellbeing of survivors who remain in or return to relationships with intimate partners that have physically, sexually, psychologically, emotionally, and/or financially abused them, conditioning assistance on a survivor's willingness to end that relationship contravenes one of the fundamental principles of trauma-informed care -- "supporting consumer control, choice, and autonomy;"<sup>60</sup> is at odds with the broadly held view that staff and programs should not impose their values and judgments on the survivors they serve;<sup>61</sup> and flouts language in the OVW's [annual TH grant proposal solicitation](#) that labels such "restrictive conditions" as "activities that compromise victim safety and recovery" (p.9), which can result in a grant application being dropped from consideration.

As [Davies \(2009\)](#) explains, "survivor-defined advocacy" (which embodies trauma-informed principles) means supporting and empowering survivors to make their own choices, based on their own assessment of the tradeoffs involved in those choices. Survivor-defined advocacy supports a survivor in safety planning whether she chooses to permanently leave the relationship, remain in contact, or return to the relationship:

*"Most battered women are in contact with current or former partners, sometimes by choice and sometimes by necessity. Their children, even if their parents' relationship is over, are likely to see their father. All victims – not just those who've left a relationship – deserve the resources and protection of domestic violence intervention and advocacy. . . . Advocacy with victims in contact does not change our mission to end family violence and to enhance the safety of victims until we achieve that goal. Advocacy beyond leaving reinforces our commitment to support every victim's right to make decisions about her relationship in the context of her life, culture, and assessment of what is best for her children. It does not say that victims should stay, nor does it abandon the important option of leaving. Similarly, the work to improve children's connections to their fathers does not mean that it is always good or safe for children to have contact with a father who is abusive. Violent behavior remains the responsibility of the person who is violent and not the fault of the victim, even if she remains in contact." (pp. 1-2)*

*"Effective safety planning and advocacy requires a victim-defined approach, whether victims leave, stay in contact, remain in the relationship, or come and go. Victim-defined advocacy begins with an understanding of the needs, resources, perspectives and culture of each victim. As part of that process, a working*

---

<sup>60</sup> See Table 2 (p.8) in [DeCandia, Guarino, & Clervil \(2014\)](#)

<sup>61</sup> As [Missouri Coalition Against Domestic and Sexual Violence \(2012\)](#) advises advocates, "Do not impose your own values. This does not mean you cannot express concern about a woman's choices if you believe she is in danger, but it does mean you must be careful not to reject her even if you disagree with her behavior. . . . Don't convey disappointment if a woman returns to an abusive relationship. She will have enough conflicts about her decision. . . . You can point out your concerns about her safety while still accepting her. Respect her decision and remind her that you are available if she needs you in the future. Always work with her to create a safety plan." (p.30)

"When people working with a woman who has been battered inform her of available resources and let her empower herself through education -- instead of taking control and making decisions for her -- it is more likely that she will be equipped to advocate for herself both immediately and throughout her life." (p.27)

*relationship or partnership is built in which the victim's perspective and the advocate's information, resources, and assistance are combined to enhance the victim's safety strategies. The advocate and victim will then work together to implement those strategies, modifying them as the victim's life and circumstances change. Victim-defined advocacy is not simply listening and doing what a victim wants. Rather, it requires the advocate to participate in an active, dynamic and culturally responsive information and resource sharing process that creates and improves options for each victim." (p.5)*

Advocacy and programs that are exclusively focused on helping survivors leave their abusive relationship -- and that, in some cases, go so far as to sanction or discharge survivors who contact or spend time with their partner -- are likely to exclude or marginalize, and leave unserved and at greater risk, the many survivors who need or choose to remain in contact with their partner. Instead, [Davies \(2009\)](#) suggests a different paradigm:

*"[Suppose] a victim flees to a shelter to deliver a strong message to her partner that she will leave him if he does not improve his behavior. What better place than a shelter to safely assess his reaction to this strategy and to have readily available the support and information advocates can offer? Obviously, this well-conceived and reasonable strategy will not work if a shelter has a policy prohibiting residents from contacting their partners. A flexible policy that encourages a victim to work with an advocate to plan for safe contact with a partner<sup>62</sup> would be more effective." (p.25)*

In summary, participant selection approaches that de-prioritize or exclude survivors who are in contact with their abusive partner, or who are not committed to leaving that relationship are problematic because:

- They fail to recognize the realities and preferences of survivors who have reasons for remaining in relationship with their abusive partner ([Davies, 2008](#));
- They fail to acknowledge the difficult tradeoffs that survivors weigh in deciding between permanently leaving and returning to or staying with that partner ([Thomas, Goodman, & Putnins, 2015](#)); and
- They "require survivors to meet restrictive conditions in order to receive services," which "compromise[s] victim safety and recovery," according to the OVW's [annual TH grant proposal solicitation](#).

#### ***(iv) Approaches that Require Survivors to Seek Treatment***

One of the most often mentioned challenges that TH programs struggle with is working with survivors with mental health and/or substance use problems.<sup>63</sup> One approach that programs have historically taken -- and, as indicated by comments in this section, a strategy that some providers appear to still use -- is making willingness to engage in treatment a condition for program acceptance.

On the one hand, requiring commitment to treatment is problematic on several grounds:

- It contradicts the statutorily defined principle of voluntary services ("*All support services (e.g., budgeting, counseling, substance abuse treatment) made available to and/or offered to participants of the program must be voluntary. [Programs] cannot require participation in services as a condition for participation in and access to transitional housing.*" (p.8 in the [OVW's annual solicitation for TH grant proposals](#));
- It "require[s] survivors to meet restrictive conditions in order to receive services," which "compromise[s] victim safety and recovery," according to the OVW's [annual TH grant proposal solicitation](#); and
- As noted in Section 4 part (b), it risks violating federal fair housing laws, unless the addiction involves current illegal drug use.

---

<sup>62</sup> Certainly, safety planning with survivors who maintain contact with their abusive (ex-)partner must address not only the safety of the survivor in question, but also the safety and wellbeing of staff or other survivors in the program.

<sup>63</sup> For a full discussion on addressing survivor mental health and substance use issues, see the "Disabilities" section of [Chapter 7](#) ("Subpopulations and Cultural/Linguistic Competence").

In their training curriculum to support victim services providers serving survivors with co-occurring substance abuse and trauma, [Bland & Edmund \(2014\)](#) assert that (a) "Negative attitudes and discrimination against women who experience a substance use disorder benefit batterers and sexual offenders, [who] count on a poor system response to survivors;" and (b) "Any failure to provide services to survivors affected by substance use or substance abuse coercion is both a form of system-sanctioned oppression as well as active collusion with batterers, offenders and people who hurt others" (p.15).

Notwithstanding these moral and legal arguments for a more inclusive program, it is understandable that providers operating, for example, scattered-site programs with very limited staffing, serving regions of the country where there is little or no affordable, readily accessible addiction services or mental health care, let alone trauma-informed treatment services -- would be wary of allocating program slots to such survivors, knowing that staff can meet with the survivors only occasionally, and that in the meantime, such survivors could be endangering themselves or others, as a result of their untreated mental health or addiction issues.

The NNEDV brief on [Best Practices for Setting Eligibility Criteria in Transitional Housing Programs](#) suggests that

*"While your organization may not have the capacity to address all of a survivor's potential needs, community partnerships and collaborations will be an important aspect in filling those gaps. It is important to avoid screening out survivors solely based on individual needs that your program does not think it can meet. This is where your Memorandum of Understanding (MOU) partnerships may be a strong resource."*

Indeed, such MOUS may be the most effective strategy for building awareness about domestic and sexual violence -- and the consequences of chronic exposure to such violence and abuse -- within the local mental health and substance abuse treatment provider community, thereby enhancing the ability of those providers to offer program participants trauma-informed treatment services.<sup>64</sup>

That said, in some parts of the country, there just may not be suitable providers with whom a victim services agency can partner.

To be sure, not all instances in which survivors are screened out due to unwillingness to engage in treatment necessarily involve serious risks to the survivor or others. In some cases, providers may be acting to protect relationships with landlords that makes affordable housing available to program participants; or may be trying to boost their score on performance metrics; or may be acting on judgments that program resources would be put to "better use" by allocating program assistance to survivors without such issues, who are more likely to be "successful" in achieving their own goals and/or program-defined goals within the allotted timeframe and with the support that is realistically available.

Additional training and support -- and in some cases, more community-based trauma-informed treatment services -- are needed to enable replacement of these exclusionary practices with more inclusive approaches.

As illustrated by the mix of guidance documents and reference manuals cited in Section 4 of this chapter, figuring out an inclusive approach to supportive housing for persons with behavioral health issues -- related to mental illness, trauma, PTSD, traumatic brain injury, and substance dependence -- is a challenge for more than just OVW and its TH grantees. To the extent that HUD, the Veterans Administration, SAMHSA, and other federal and state agencies also fund supportive housing, the programs they help sustain presumably face many of these same challenges. Perhaps, going forward, these and/or other government partners, maybe acting under the aegis of the U.S. Interagency Council on Homelessness (USICH), can work with the OVW to help shape a trauma- and disability-informed response that helps all providers meet this shared challenge.

---

<sup>64</sup> As reflected in some of the comments in the "Disabilities" section of [Chapter 7](#) ("Subpopulations and Cultural/Linguistic Competence"), several providers were concerned that mainstream approaches to mental health counseling and substance abuse treatment can re-traumatize survivors -- and are therefore ineffective and likely to stifle interest in further treatment -- when the practitioners do not understand the kind of trauma that victims of domestic and sexual violence and related forms of abuse have experienced.

***(v) Approaches that Avoid Subjective Considerations and Comparisons of Need and Vulnerability***

Rather than using the participant selection process to find survivors who will be a "good fit" with the program, to screen out survivors who will pose challenges that the program may have trouble addressing, to identify survivors who will make the "best use" of program resources, or to prioritize survivors with the greatest needs, many providers interviewed for this project simply use a first-come-first-served approach to selecting their next participant -- although a number of providers described exceptions in the case of urgent situations.

One provider described their use of a random selection lottery process to choose applicants from the waitlist, rather than basing enrollment decisions on an attempt to weigh the relative need and risk of competing applicants, on "which applicant has the most dramatic story," or on who got their name on the waitlist first.

***(vi) Brief Note about How the Program Housing Model Might Impact Participant Selection Decisions***

Although technology can bridge some of the communication challenges posed by distance, there are definite differences in the level, frequency, and intensity of staff/participant interactions in programs using congregate versus clustered versus scattered-site housing models. And there are similar differences in the level, frequency, and intensity of staff/participant interactions in programs where scattered-site housing is located in relatively compact area versus programs covering a large geography, in which participants live far apart from each other and at a considerable distance from a central location where staff are based.

Some survivors are more likely to be successful in a congregate program, while others are more likely to thrive in a more independent clustered or scattered-site program. Some participants will have great difficulty taking that first step into a transition-in-place program because of barriers that landlords are unwilling to overlook; they might do fine, however, if they can start off in a provider-leased unit. Some participants will do better in a more heavily staffed, more structured program; other more self-directed participants will do well in a scattered-site program, where they can begin rebuilding their social capital in the community, instead of investing in connections with staff and other participants.<sup>65</sup>

A larger program with several types of housing can work with prospective participants to see which model is the best fit; a smaller program may only be able to offer one type of housing, even if that one model doesn't quite match up with the participant's needs. A survivor served by a well-resourced provider might opt to start off in more supported housing, perhaps located on or near the agency offices or campus, and then, when she is ready for more independent living, might relocate to housing in a part of the community where she hopes to transition-in-place. A less-well-resourced provider might only be able to offer one housing option.

While distance and housing-related constraints are not excuses for de-prioritizing survivors with more substantial challenges, they can certainly become obstacles to providing the additional level of program support that such survivors may need. Indeed, staff from several programs cited the difficulty maintaining supportive connections with participants in remote locations requiring extended driving time (exacerbated by bad weather and winter conditions), or who were too far from their fellow program participants to be able to benefit from peer support, or who were too busy traveling from home to employment to their child's school or daycare provider to be able to meet with program staff, even if staff could come out to their home.

As discussed in [Chapter 3](#) ("Program Housing Models"), TH programs are increasingly shifting to a scattered-site model -- a trend that will only accelerate in the wake of recent (2016) HUD cutbacks in Continuum of Care funding for transitional housing programs. Additional research and planning will be needed to ensure that the changing logistics of housing-based programs don't adversely impact the ability of providers to support survivors with more extensive needs and barriers, and longer paths, to healing and community reintegration.

---

<sup>65</sup> [Melbin, Jordan, & Smyth \(2014\)](#) argue that the victim services field *should* be moving towards "support[ing] survivors in enhancing and capitalizing on their informal social connections and community resources ... so that formal services are relied on only when needed, and are in support of, not replacing, survivors' own assets and efforts." (p.9)

**(d) Provider Comments on How They Choose the Person to Enroll from a Pool of Candidates**

**Important Note:** Inclusion of a comment does not imply endorsement by the authors or OVW of a provider's approach, nor a questioning of the provider's intention to deliver effective services.

Our hour-long interviews with providers touched on many topics, rather than focusing on any one topic in exhaustive detail, and did not seek to substantiate provider comments by reviewing written agency protocols. Although, as discussed in the preceding narrative, some of the following comments appear to describe policies or practices which may be at odds with funder requirements and/or non-discrimination or fair housing laws, caution is urged in drawing any final conclusions.

Instead, the inclusion of such comments is intended solely to suggest the need for -- and encourage -- dialogue about program- and systems-level strategies that might allow programs to better meet survivors' needs.

To reiterate an observation made elsewhere in this chapter, all the providers we interviewed are well-intentioned -- they want to help survivors succeed -- but many face more need than they feel they are resourced to address; face strong pressures from the CoCs, states, and jurisdictions that oversee their HUD grants to demonstrate positive housing outcomes with shorter lengths of stay, despite the daunting obstacles -- including increasingly difficult housing and employment markets -- that their participants face; often lack the kind of supplemental capacity -- clinical supervision, counseling, children's advocacy and services, employment counseling, legal support -- and staff diversity that better-funded, full-service providers might bring to bear; and operate in parts of the country where they cannot leverage the kinds of community-based resources that providers in service-rich areas rely upon to fill gaps in in-house capacity.

(#01) Usually we give priority to shelter residents because it may take them nine months to find housing. We give priority to those using our services or services from another DV agency. But if someone on the waiting list has been actively calling us and asking for help, we will jump the list for them. So we don't go chronologically. Sometimes we don't hear from the people at the top of the list, but someone nearer the bottom has been active in contacting us, maybe trying to leave her husband right now. So, sometimes the squeaky wheel gets the grease. We sit down and decide who's next. We try to base it on not just need but safety.

We accept sober and non-sober clients, using a harm-reduction model. They're not supposed to drink or use drugs in their apartments, but they can use them elsewhere and then come home. We also accept people with serious and non-serious mental health issues, including some who struggle with serious mental health issues on a daily basis. Some participants have child protective services and/or the police involved. A lot of transitional housing programs for domestic violence would ask those people to leave.

---

(#02) The shelter [we contract with] makes the decision for us when they're referring a person into our program, because they are with them day to day and can judge whether they'd be appropriate. Some women say they want to work, but don't do the necessary things to try to obtain employment. It's the willingness to find employment and better themselves, doing the needed activities to transition themselves out of shelter.

We help for six months. First three months at 100%, then 60%, 50%, and 40%. You can only get in if you're referred by the shelter, have children, and are willing and wanting to be employed. We've had several women who've had no employment and are accepted to our program and are looking for employment, but six months are not long enough, so we're supporting them for longer. I was at a conference and was talking with other programs. Their earmark is usually a year before the women can turn their lives around and get a job. Six months is not as long as it needs to be, but we're still providing ongoing assistance after six months, or else we have the problem of them being evicted.

---

---

(#03) If someone was fleeing DV and was in imminent danger we wouldn't accept them into our transitional housing because it would be a risk for them and other families in transitional housing since they're so close together and it's a small town... If they weren't in immediate danger and met our eligibility requirements as being homeless by HUD's definition, they'd be eligible for our program.

---

---

(#04) In rapid rehousing for domestic violence survivors we won't take someone with very serious barriers. Rapid rehousing is for someone with mild to moderate barriers. If someone comes into our shelter with 10 evictions, an active addiction, and other issues, she won't go to rapid rehousing, because she's not ready for it and she won't be successful in it. We'll refer her to our transitional housing program, which is site-based, unlike rapid re-housing, which is scattered, and we're going to provide services accordingly.

---

---

(#05) Applications are prioritized mostly chronologically. We take them a week at a time. Whatever applications come in we review using our Treatment Team Model. We involve the case managers, the housing coordinator who does the primary screening for housing, the counselor, and the executive director. Our executive director reviews the budget and determines financially what we are able to do -- if we have a case that seems to be more critical, we can prioritize that one and refer another case to another program in our CoC, through another rapid rehousing program.

Part of the screening is looking at measures of financial success. We want to know what their plan is for employment, education. The only challenge we have is people with no source of income and no plan to gain a source of income, for example, survivors who have recently applied for disability benefits, which can take years to resolve, and who don't want to work because of that. To be in this program, you have to have a plan for some source of income, so you can be financially autonomous. They probably would not be right for the program. Not to say that we don't assist disabled clients; we certainly do. Just like our immigrants clients -- some of whom do not have work authorization, because you know it's a long process to file, but if they have a plan to work and they're working with legal support to get authorization, we can assist.

---

---

(#6) The program had been based on first come, first serve. But we want to create a system where people are ranked based on need, vulnerability, and to ensure racial equity. Access in our Continuum of Care used to be program-based, where each program would have a shelter, and then would get people into their housing program from their shelter. Now we're having to screen people, assess situations, then decide what service is best for them and make sure we're proactive in making sure underserved communities have equal access.

---

---

(#07) We process applicants chronologically. There have been times someone was moved up because of a unique safety situation or lack of options for the person, but that's rare. We also always have a wait list and our case management provides assistance to them while they are waiting: case management, safety planning, crisis intervention, etc.

---

---

(#08) If there was a safety concern in being housed in a non-confidential area, that would be a reason why they wouldn't be enrolled in the transitional program. We haven't had anyone referred with extensive mental health or substance abuse issues, but we'd have to see if we could meet their needs, because it's independent living. If someone had severe substance abuse issue, we'd need them to be somewhere safe with more staff.

---

---

(#09) We generally request that our participants, when they apply for TH, have been referred by another person or organization -- they've been in group or counseling for a long time, etc. -- to check that transitional housing would be appropriate, partly because there is no longer an immediate safety issue. Because we know

that victims will return back and forth a number of times, and we don't want to put them in transitional housing when they're not in a place where they're really done with their relationship with the abuser.

---

---

(#10) We don't necessarily base our decision on them having employment or income. If they've never worked, you just have to figure out why they've never worked. They might be receiving SSI. So although they may have never worked, they still have income. Or if somebody never worked because they weren't allowed to work, then what we do is tap into their skill set. They may say, "I have no skills. I was never allowed to work." So we ask, "Did you do the cooking at home? Did you sew the kids' clothes?" You'd be amazed at the skills they do have. That's all part of the case management. Assisting them in finding employment to utilize those skills that they weren't aware they had.

Nor does willingness to permanently leave an abusive situation have any bearing on whether or not they go to transitional housing. We have so many repeat clients. Someone could be with you a day or two and decide to go back. And somebody could be with you a year and decide to go back.

And we don't screen out people with medical conditions or behavioral issues. We do not have individuals on our staff to handle those, but we can make outside referrals. And we also have licensed counselors who are volunteers as well as some that do it on the sliding scale. So we can still provide those services. As long as it doesn't pose a safety risk to others.

---

---

(#11) We prioritize applications. Certainly a mother that comes in with an autistic child or older male children, they would get priority. But then again, the 18-year-old that had been a victim of sexual abuse by a family member, we would do everything we could to get her into transitional housing. If we've got five people that apply and two of them had been at the shelter moving forward, and we've established a working relationship with them, and then we've got three others have not done anything to follow through, then certainly we're going to prioritize the families that we have worked with. Our space is limited and we really try to enroll those to whom it will mean the most.

If someone is a victim of domestic violence, and is bipolar but not on their medication and they're going through manic and depressive cycles, then we'd have to look at that: they're okay now, but what happens when they go through their depression? What happens if they become suicidal? Are they going to be able to maintain this apartment? We're not set up to deal with those types of issues.

---

---

(#12) If there is an opening, then it will be first-come, first-served for that spot, if they qualify.

---

---

(#13) If we had more than one applicant at the same time, I think, people with children would take a priority for us, because that would be a much more difficult circumstance than a single person. But we haven't really had to deal with picking one person over another at this point.

---

---

(#14) Our plan is to reach out to all the applicants in the shelter and the community, and to look at all of them based on need, and not necessarily on a first-come, first-served basis. Because the applicants have to be approved for a tenancy in whatever apartment or house they apply to, if they don't have income and they're not able to pay the rent, they're not going to be appropriate for our program, because they're going to be rejected by the landlord or management company. If we had our own housing, that would be different. But the OVW grant does not fund our own units. We can definitely refer them to particular apartments or houses that may be leasing. It's up to them to go through the credit check, the application, all those things to see if they are approved. And if they are approved, we can offer them some financial assistance, say 40% of their

rent, for a limited time so that they can have some time to increase their income or find an additional job that will help them get on their feet.

---

---

(#15) Sometimes they haven't been in shelter and they come into our housing program, and they haven't adequately healed. They think housing is the answer, and that once they have housing, everything else will go away. Usually we meet with the clients before we put them into housing and that's what we're looking at.

---

---

(#16) We do a lottery drawing. Everybody who fits the criteria for an available unit -- i.e., that self-identifies as a survivor of domestic or sexual violence and fits the unit size -- goes into a random drawing, and then we bring in a third party from another department to witness the drawing to assure that it's a fair process. The reason we do it that way is because our human tendencies will create bias. There may be one person that I think is a better fit, where someone else may think another person is more deserving, and instead of trying to make decisions based on our perceptions of who's in the most need we do a lottery process because they're all here for the same reason.

---

---

(#17) We give priority to shelter clients. Then, within that, we establish a chronological list. Basically, first-come-first served.

---

---

(#18) They need to have an income coming in. And many of our shelter clients are unemployed, have given up their jobs because of the domestic violence they fled, or they've never been employed, and they've never been allowed to have a job or job skills. So that is a major challenge, because at the end of the transitional period they have to be able to support themselves and cover their housing costs. That is something we run into pretty frequently.

We are a six month transitional program. We need to make sure that folks coming into our program will be able to take care of themselves when our rental assistance ends, so that we're not setting them up to fail. And because they've been in our shelter sometimes for 90 days, we know them and they're familiar with us. The client trusts us to do right, we trust the client. She knows we're there, we're supporting her. And that she is not going to be accepted into the transitional program unless she can show that her budget will be adequate to maintain that housing after our assistance ends. We do what we can to help people become employable while they're with us, starting at the shelter. We work with people on their resumes. Our case manager will do mock interviews and help participants identify their skills. Our volunteers and the case manager will work with people on filling out employment applications. If somebody wants to go back to school, we'll help them with that, we'll help them get into a short certificate program that they can complete while they're with us. If somebody doesn't have a GED, we'll work with them to get it.

Oftentimes there is somebody who is not going to be able to get out of a shelter situation without assistance, because they don't have the financial resources to make the transition. But they can do it with our assistance, and that's what our program is for. If we had a brick and mortar building we wouldn't have to screen that way. But because we're helping people move into their own homes or apartments, we want to make sure they will be able to maintain that. And we don't want to set anybody up to fail. We could go ahead and pay the first six months of somebody's rent, but six months goes by real fast. And what happens next? If they don't get that job, or for some other reason can't maintain their housing by themselves, they're going to be back in a homeless shelter. And that's what we're trying to prevent.

---

---

(#19) Since we have so few transitional housing units compared to the need that's out there, we can be a little bit selective in selecting people who we really think will benefit most from the services and will participate in

the services. That's a lot of what we do. We do a lot more on the front end. And then we just keep them engaged.

To better meet HUD's goals for increasing participant income, we changed the way we select participants and how we work our program. At one time, our participants didn't have to have employment before entering the transitional housing program. Now, we select participants that are employed or employable, have them complete applications and meet with a financial counselor before they enter the program, and do more of the things on the front end that we used to do on the back end. Once they get into the programs, we set up financial services and start them looking for jobs. But other than that, we try as much as possible not to allow the funding source to impinge on the work we do. HUD funding is for addressing homelessness, and the HUD grants don't always recognize the struggles and barriers that domestic violence survivors in our program may face, which are a little different from other homelessness.

---

---

(#20) Our transitional housing program has a minimum income requirement, and they must have a source of income -- employment or SSI or SSDI -- to meet that requirement. They must have been a client of the family crisis center within the last 12 months. There's a criminal background check as well.

We put shelter clients as a top priority because at the shelter they can only stay so long, and they're there because they didn't have a safe place to stay in the community. We do have members of the community that come in, but shelter residents are at the top of the priority list. Other people outside of the shelter have a stable, safe place to stay, and if they don't then they should come in to the shelter.

---

---

(#21) Generally, the case-management supervisors for the two shelters would talk with each other. And generally, we would select applicants chronologically from the waiting list. They have to have some income. We have to collect a rental contribution from clients.

If we happened to have someone who entered one shelter at the same time that someone entered the other, and they're both qualified for the transitional, then the two case-manager supervisors would work out who seems to have either greater needs, fewer other options, more likely to use the services available through the transitional program, including the behavioral health, the children's services.

---

---

(#22) Sometimes if they do have these underlying barriers, whether it be mental health or drug and alcohol abuse, it gets to the point where we can't serve them in our program. We don't have the resources, the training to assist them, with the drug and alcohol piece or the mental health piece. So we try to get them into other programs that can help them with that.

---

---

(#23) It's first-come, first-served, so whoever's application gets to the desk first, we prioritize. If there is no income then we would not accept them into the program. We have a minimum income for our program, \$400 a month. However, if the person is in need of transitional housing, and say, their income is \$200 a month, or there are circumstances where the individual may not be able to find legitimate work because they're undocumented, we wouldn't discriminate. So we can work around the income piece. If they're not homeless because they're still living with the abuser but they want to leave, or are not homeless because they have a place that they aren't sure they can afford -- there are other programs in the community that may be more appropriate.

---

---

(#24) We usually take the shelter referrals first. The referrals we get from the shelter for transitional housing are done by case managers, and the director, and the shelter management. We've accepted people into our program who didn't have any income at all, contingent on their finding a job, and we usually give them a

certain amount of time to find employment -- if we see that they're a go-getter, motivated, have the drive, and have the goals set up. We've taken people just based on their attitudes and they just seem like they're really a go-getter and they want to take advantage of our services. And we've had people come in who've had good jobs and who've been working, and they've gotten fired. So they've been without a job for a couple months, and we've helped them work through that, and helped them find other employment, or helped them get referrals – given them referrals to other places. We help them redo their resumes, and improve their interviewing skills, and we just help them get back on their feet again. If they're out of work for two to three months, we're basically picking up the cost for the other portion of the rent that they're supposed to be paying -- the 30% of their income -- and it put the program in the hole financially, while we're waiting for them to find another job.

---

---

(#25) We do first-come, first-served, but it depends on the situation. For example, if a client or family is really at risk then we give priority.

---

---

(#26) There are certainly women who have severe and persistent mental health issues that we don't have the level of staffing to serve. We're not a mental health organization; we're not a substance abuse treatment program; so their behavioral health-related needs exceed our capabilities. We have partnerships in the community where we've provided the case management and the housing search for people with severe and persistent mental health issues and then worked with a mental health housing program in our community to help them get into that housing, but still provided that initial support while they're in their search for housing.

---

---

(#27) Typically, there are individuals that we're working with – either domestic violence or sexual assault victims within the community – that know about transitional housing and if there's not a unit available, they'll put their name on a waiting list. Once a unit opens up, we'll contact everyone on the waiting list. There's a pretty brief application that they fill out, and then a screening committee made up of board members and staff selects the next person that will fill that vacant slot. And it's not necessarily first come, first served. What we try to do is put the person in there with the most barriers. If we're working with someone that maybe has a job, or doesn't have a lengthy criminal history – someone that could easily find another place to rent in the community, we'll try and help them with some of our other housing dollars. But if there's someone maybe with no job and job history, or lengthy criminal history – we would prefer to serve them in transitional housing because most landlords won't rent to them. Then, by the end of the program, if they can demonstrate two years of good rental history, that might help them move on.

---

---

(#28) It's first-come, first-served. That means they will fill out the application, we will interview, and we will assess whether they're appropriate for the program. So, it doesn't necessarily mean just because they apply for the program that they will be accepted into the program. If you're not addressing some mental health issues that we observe, and you're not ready to deal with the fact that you may need to seek assistance in that area, that would be a barrier.

---

---

(#29) The family that's been there [in shelter] the longest is the family that we take.

---

---

(#30) It's a first come, first served basis, unless there are really major extenuating circumstances – and I can't really think of what any of those would be, except perhaps if they're having some difficulties with the communal living in our shelter and need to be prioritized for the transitional housing.

---

---

(#31) We have an interview process, and we try to go with applicants who are either working or in some type of educational program. We want women in our program who are moving towards self-sufficiency.

---

---

(#32) We say first come, first served, but when things are really dire, we pay attention to that.

---

---

(#33) They have to have some form of income that they could use to pay their portion of the rent. They either have to be employed or have an income like disability or child support or government cash assistance.

---

---

(#34) If the safety of one of those families is at risk because their abuser has found out where they are, we will take that family. But if safety is not an issue, we will look at length of stay in the shelter; if the County is looking at moving people out as soon as possible, we will prioritize the family that has stayed longer and is closest to maxing out their time in the shelter.

Participants in our program can meet with their case worker once every week, depending on their situation. Somebody who is seriously mentally ill or who is still struggling with substance abuse issues – we couldn't see them every day, to see how they are doing. That's where it becomes more of a challenge for us, so that we may not be able to admit them into the program.

---

---

(#35) Everyone involved in working with them, from their current advocate to supervisors to therapists -- we all talk and prioritize on a case by case basis. It's not just first-come, first-served.

---

---

(#36) We try to look at who has the greatest need. Maybe we'll have an immigrant woman who has no income, a lot of children, whether there are any other resources she can access, and things like that.

---

---

(#37) Because of our limited number of beds, we have to prioritize. But we do our best to get people where they need to go. We would look at helping someone who's emotionally stronger go into different housing than our housing. We would tend to keep the folks here that are still struggling emotionally.

If they were going to traumatize anybody else, that might be a situation where we might keep them in safe house longer. We'd try to stabilize them, but sometimes that doesn't work. Sometimes they're not ready. We just had someone that was in safe house that we were trying to work with and trying to get her in a rehab program, and she wouldn't go. We wouldn't put her in transitional, because she wasn't ready to work. But if they're doing their piece, we're certainly open to having them.

---

---

(#38) We meet with everybody interested in housing and sit down and look at all the programs available at any given time and then try to make the best fit or the best match that we can.

---

---

(#39) We do a random selection, we gather all the participants that are eligible for HUD, eligible for OVW, and of course it's on a rotating basis, but once we have identified the eligible applicants, we randomly select new entrants out of the pool of eligible applicants, like pulling their name out of a hat. We do that to make sure that no one has priority, based on a better, more sensational story. It's just, we've got this much need and this many spots, so we select a couple of applicants randomly.

---

---

(#40) I think it's good and necessary that Continuums of Care make our decisions based on better data, and I like the VI-SPDAT Pre-Assessment and the training we're gotten with it. What I like about it is that it takes away your notions of who will be successful. We pull our transitional clients from our shelter and our

community programs; based on their VI-SPDAT Pre-Assessment score, about a third are eligible for permanent supportive housing, the majority of candidates are eligible for rapid rehousing in our transitional program, and the rest are recommended for figuring out other housing options. It's been so new that I can't say that it's working or not at this point. What I can tell you is that the people that were in the rapid re-housing program who scored high enough to qualify for permanent supportive housing all came back into shelter [because they needed more or longer-term support than was available in the rapid rehousing program].

If you're trying to flee domestic violence, you call the hotline, and talk to the advocate about what's going on; if there's space, you go to the police station, and then you come into the shelter. The decision about whether someone is referred for rapid rehousing is purely an availability-of-funds/housing issue, a resource issue. What I would love to see is people who don't need shelter, who are ready for housing, being able to bypass shelter and come directly into rapid rehousing, if they're appropriate for it. So right now, when I have program openings, I just advertise those openings and what the eligibility criteria are, and then if I get multiple people, I take the people with the higher scores before I take the ones with the lower scores.

Our agency maintains a housing list, which includes anyone working with any of our case managers that has identified housing as a goal. Everyone in the agency knows to keep updating that list, so if we have an opening, I'll see who we can serve: Do we have an opening for a family or a single? Is the slot funded by our ESG grant, which limits income to 50% of AMI, or is the slot funded by our state grant, which limits income to 30% of AMI? I'll look at who's on this list that meets those specific criteria -- and the funder's definition of homeless -- and whose VI-SPDAT score makes them eligible for rapid rehousing.

If they are in shelter, I'll know they meet all definitions of homeless. If they've been referred by a community program, it may be more complicated. Meeting HUD's criteria of homelessness, which includes fleeing domestic violence, is subject to different interpretations. Suppose a woman flees an abusive situation and stays with mom. The homeless provider might say she's been successfully diverted from homelessness, and I say she isn't necessarily safe at mom's house because he probably knows where mom is, even though she may be safer than being in his home. The homeless provider says she's not fleeing domestic violence anymore, and I say this woman is still high risk, high lethality. Technically, it depends on whether she can stay there indefinitely, but there's "interpretation" around that, too. The regulations put victim services agencies like ours in a position to document that she is fleeing and can't remain indefinitely where she is. But what I hear from our local provider community is that she needs to be living with him and trying to get out. But that isn't safe. I would rather her be alive and at a friend's house than risking harm staying with him so she can

qualify to get into our program. We thought the goal of the new regs was to let her keep her eligibility while she temporarily stayed in a safe place.<sup>66</sup>

---

---

(#41) We make our selection from among the people standing in line. Our priority is women who have no other options – women who have children where maintaining custody of their children requires stable housing – women who are coming from safe housing. We don't like to see women staying a long time in safe housing, if at all possible, so if they're interested in an opening, we prioritize them. Income is not a determining factor, nor is immigration status.

---

---

(#42) To enter our transitional program, a woman needs to have made a solid commitment to leave the abusive relationship. Usually by the time they have exited the shelter, I would say that all the participants that I have worked with have come to that choice. They have protection orders in place, they've had some legal aid, so they almost always have some legal process -- a divorce or custody case -- being taken care of.

If somebody in shelter is at ongoing risk of stalking or violence, it would be up to them whether to remain in the shelter or move on to our transitional program. They definitely would be able to stay in shelter if that's where they felt safest. I think that's been more of an issue -- if it is an issue -- in the outlying rural areas, when they have chosen to stay in those areas. If they choose to come into town and stay in our safe shelter here, they're usually miles away from the abuser, which makes a difference in their safety.

Neither substance abuse nor mental illness would be barriers to getting into our transitional program; we don't require them to be clean. However there isn't a great deal of treatment programming in the community: some mental health providers and no inpatient addiction treatment programs at all. We do have

---

<sup>66</sup> This provider's understanding is correct. Her victim services agency can provide the necessary documentation to establish homelessness and eligibility for CoC RRH assistance. As described in the 2013 [HUD Rapid Rehousing: ESG vs. CoC Guide](#), both the ESG and CoC RRH regulations establish eligibility for survivors who meet the "category 1" definition of homeless (in shelter or staying in a place not meant for human habitation). As discussed in Section 2, only the CoC program allows RRH assistance to be provided to a survivor that meets the "category 4" but not the "category 1" criteria. "Category 4" homelessness is defined in the [Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Homelessness" \(2011\)](#) in §583.5 Definitions. The documentation standard for "Category 4" homelessness is defined in subparagraph (b)(5) of §583.301 Recordkeeping (p.76018) as follows: "(5) If the individual or family qualifies under paragraph (4) of the homeless definition in § 583.5, because the individual or family is fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence, then acceptable evidence includes an oral statement by the individual or head of household seeking assistance that they are fleeing that situation, that no subsequent residence has been identified, and that they lack the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other housing.

If the individual or family is receiving shelter or services provided by a victim service provider, as defined in section 401(32) of the [McKinney-Vento Homeless Assistance Act, as amended by the HEARTH Act](#), the oral statement must be documented by either a certification by the individual or head of household, or a certification by the intake worker.

Otherwise, the oral statement that the individual or head of household seeking assistance has not identified a subsequent residence and lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain housing must be documented by a certification by the individual or head of household that the oral statement is true and complete, and, where the safety of the individual or family would not be jeopardized, the domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening condition must be verified by a written observation by the intake worker or a written referral by a housing or service provider, social worker, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor, or any other organization from whom the individual or head of household has sought assistance for domestic violence, dating violence, sexual assault, or stalking. The written referral or observation need only include the minimum amount of information necessary to document that the individual or family is fleeing, or attempting to flee domestic violence, dating violence, sexual assault, and stalking."

outpatient treatment, though. If they want and require inpatient treatment, we would make those and other clinical referrals, as needed, elsewhere in the state.

At this point, we don't have a specific system for prioritizing when there are more candidates than open slots, but that's something we're looking at. When we've had application from multiple potential participants, we've used that to encourage the participant to find housing we can subsidize with program funds. Sometimes that has led them to find subsidized housing or some other option. So far, we haven't had to make choices between potential clients.

When we started the program, we were trying to pick those participants we thought would be successful. However, we were terribly wrong. I see the program as an opportunity for any participant to get their life on track. For them to make of it what they will. So I don't know that we've set any criteria other than they qualify under the grant criteria as victims of domestic violence and homeless or fleeing a DV situation.

---

---

(#43) Inadequate income or uncertain prospects for income would not be a reason for denying access to the transitional program. Many of our participants are starting from square one, so we have an MOU with an employment service. We have MOU with transportation services. They get bumped to the top of the waiting list and the turnaround is so quick to get them into a place and then it might be that we pay full rent and full utilities for some time until they're able to get on their feet after they've fled.

Nor would we would not deny access to the transitional program because an applicant wasn't positive that they're ready to permanently leave their abuser. Likewise, active risk of stalking would not be a deterrent to providing someone transitional housing. It would just be an extra barrier to address and might mean that they need our wraparound service. And in the conversation I would have with the client and our MOU housing partner, I would talk about avoiding housing in a secluded area, and finding something closer to the main campus, although I wouldn't necessarily make that decision for them.

If an applicant was depressed or suffered from PTSD or was self-medicating with alcohol or drugs, that would not deter us from serving them; it would be more of a red flag that they would really benefit from having our transitional housing program because it is 24 months of help and they might need those first few months to get some sobriety under their belt and to get some mental health evaluations done and things like that.

---

---

(#44) If a candidate for transitional housing has a current issue with substance abuse, we might take a look at that. But it has to be something pretty major for us to turn them down. If someone in shelter or counseling seems to have real challenges with setting goals and completing tasks toward those goals, we might ask, "What kind of challenges are there and how could we support this person in transitional housing?" But it's a fairly open and fluid process. For example, the office where direct service staff are based is located in the agency-owned apartment building. Some survivors might want to begin their transitional housing in that apartment building, get the support to stabilize from whatever crises they've been through, and then, once they've stabilized for a period of time, might request to transition to an opening in our scattered-site program, where they could finish their transitional time with us.

---

---

(#45) We've taken a lot of people into the transitional housing programs whose initial presentation was not very impressive, and you just really wondered how things were going to go when they got in. We had people who were actively still breaking the law, who had racked up \$10,000 in debt while they were waiting to be housed, and we've seen that we really have to change our idea of success, because it can't be my idea of success. It has to be something that's based on where they're at. And I've been amazed time and again. You just have to serve them as they come to you. It works. There's people who go back. There's people who aren't going to be "successful" in the way we used to think of it, but they still usually remained housed and the

housing wasn't dependent on their abuser for a period of time in their life and that's success for that individual and that's huge.

---

---

(#46) (Not a current OVW grantee) When we have an opening, we shoot an email to our shelter staff and outreach advocates and say, "We've got X, Y, and Z open; please send referrals this week." After we receive all the referrals, we meet about every single referral we get. And then, we meet with the clients one-on-one, and we ask some questions to get to know them a little bit. And, of course, we talk about the expectations of the program, because we want the clients to understand what they're getting into. That there are some guidelines, that there are some expectations, about the area that they're going to potentially move to, if they're not already in the outreach counties. We start to use a little bit of the [Arizona Self-Sufficiency Matrix](#) to gauge where clients are in different aspects of their life. And to try to figure out who's ready for what.

Since rapid rehousing is only six months of assistance, somebody's really got to be ready to take over, so we generally look for clients who maybe have an established work history, or who have a steady income like SSI or disability. And sometimes those clients get a little bit of a priority to go to that program. And then with our CoC leasing program, it's a one-year program where we pay the rent for a year. Somebody that might need a little more time to get job-ready or pay off some debt, or maybe there's housing barriers they can't take care of unless there's some help with rent for 12 months or so. So, that's how we screen.

If somebody isn't sure they're ready to leave their abuser, or isn't sure they can make it on their own, but is willing to give it a shot, we're willing to work with them in the transitional or rapid rehousing program. And our six months cut-off for rapid rehousing assistance is not hard and fast. If somebody needs a couple of extra months, we can give that extra financial assistance. If the perp shows up, and they're inviting them, we'll have a conversation about their not getting any more program assistance. Of course, if the perp breaks in, that's a different situation.

---

---

(#47) (Not a current OVW grantee) After they come in to do an intake, we get together and discuss how we feel about the client, what kind of answers they gave, where they're coming from, whether the client is ready to enter the program, and how can we serve them. We try to give them the benefit of the doubt. Maybe this is the chance they get. Even if they are ambiguous about leaving their abuser, we can link them to resources. Sometimes people are afraid; they wonder if they can provide for themselves.

---

---

(#48) We usually leave it up to the shelter program to screen appropriate or not for transitional housing. Our concern basically is if it's something they can afford after the assistance has ended. We don't want to set a survivor up for failure. We've trained our case managers and our member agencies to assess whether the persons might be successful in transitional housing, and to consider other resources, such as emergency services funding. If they have other challenges, we could be still talking about transitional housing, but also offering the other resources. We're pretty clear that we don't want people to not be able to receive services because they are experiencing a mental illness, or addiction issues, or whatever, because that would exclude a lot of people. We would just approach it differently. We have to look at the totality of the circumstances, and offer whatever services we can offer. And look at it reasonably, because we don't want to set them up for failure, if they're not going to be able to follow through.

---

---

(#49) OVW allows us to serve survivors of sexual assault, whether or not they are also survivors of interpersonal violence. As long as someone doesn't cohabit with their former abusive partner, we can assist them in transitional housing. We understand that there are many reasons why a survivor might return to a relationship that she had fled, so the future possibility that they might decide to do that wouldn't be a barrier. Nor would substance abuse or mental illness or trauma.

---

---

(#50) When we were designing our transitional housing program, we wanted to work with women that really need therapeutic care. I think of this program not as much as transitional housing as that we're a hospital. We take people who are, when they come to us, in ICU. A lot of our process for selecting participants is gut stuff. We have our application online. We get tons of applications. We look at them. We have one or two phone interviews, and ask them, "What do you need? What do you think we can do for you? Why do you want to be here? Why do you need to be here?" If they meet the OVW criteria and we feel like we can meet their needs, then we bring them here for a face to face interview. We try really hard – we're not always successful – at **not** bringing them in for a face-to-face unless we really feel like we can meet their needs. The face-to-face is as much for them as it is for us. We want them to see the property. We want them to see the part of town we're in. We want them to really look at how small the apartments are. We've had women who come here and said, "This won't work for me." We don't want somebody to come and it's not going to work.

---

---

(#51) One of the requirements for our agency-sponsored program is that they must have been in shelter for a period of 30 days or more, prior to being eligible for that program. The OVW program does not have that requirement. For the OVW program, which utilizes privately owned scattered-site apartments, participants must have the ability to pay increasing amounts of rent and to achieve a "livable income." Our agency based program, which utilizes agency-owned units, does not have an income requirement. For our small agency based program, a big determinant of whom we can serve is the size of the available unit: 1BR or 2BR or 3BR. So family size and composition would play a role in that.

Other than that, we really try to screen people in, rather than screening people out, so we don't have a lot of requirements for our program. We've served a couple of families where the applicant was an undocumented person with children and they were working on getting the necessary paperwork; and because it would be more difficult to get a lease and utilities in their name, we made the decision to keep them in the emergency shelter a little longer, until there was an opening in our locally-funded program.

We don't exclude people but we do try to find a program that is a better fit for them. Outside of income requirements for the OVW-funded program, and the requirement that participants spent 30 or more days in shelter before entering our locally funded program, we don't have any other across-the-board guidelines.

---

---

(#52) Our Continuum is implementing coordinated access, and my concern with the SPDAT assessment tool that they are using is that it doesn't seem to place appropriate emphasis on the situation of someone fleeing domestic violence. I feel like the first question anyone should be asked is "Are you in a dangerous home situation or fleeing domestic violence or sexual assault?" And if that's the case, they'd be referred to a DV provider and their information could be contained. Also, I didn't see any weighting for the issues of lethality - the physical danger that some of the women we serve are facing. The only question on the original SPDAT that started to address issues of physical abuse and physical harm was 25 questions down.

When I look at the scoring approach in the SPDAT, I think "People we know who were victims of domestic violence, even victims who were murdered by the perpetrator, would not have qualified for assistance." I just feel very strongly that there needs to be a heavier weight given to those whose very lives are at risk in the process of determining who would receive assistance.

I know that OVW says that the qualification was that the women had to be fleeing domestic violence or homeless from fleeing. My understanding of that was they needed to be in a situation where they were absolutely coming right out of the situation; we see so many whose most recent DV history may be six months

ago. They may not be fleeing an immediately preceding abusive situation but, they could very well be at a higher risk because of things that are happening.<sup>67</sup>

---

---

(#53) When we interview Native women that are interested in participating in the program, one of the big questions is who do they have in the community to help support them, because we understand that they're often getting called to go back to the reservation, and it's hard to maintain their transitional housing here in town when they're back in the reservation for a week out of every month, for example.

But we really look for applicants that do have support here and are going to be more likely to stay within the community and not leave on a consistent basis, because we've had families that leave so often that they are not able to maintain their jobs, they are not able to maintain good grades in school. So if somebody tells us that, yes, it's going to be a struggle and they don't know if they can do it, we maybe then will choose not to put them into the program, just from our own past experience. We probably interview four applicants per open unit -- so we've got a lot of eligible families, and we can't place everybody. We've learned along the way to try to not set somebody up to fail.

Similarly, if a woman has just recently left an abusive relationship and has left the shelter and has applied for our housing, we try to explore if they're really ready to step free. I look at the program as more of a stepping stone for families that are on their way, a little bit further along and maybe not so fresh out of a relationship, because we see perpetrators coming to the units, or staying at the units. So we really try to interview for that. Our shelter staff does references for applicants to the transitional housing program, and they'll be really honest if they know that the woman is in contact with or seeing the perpetrator, or is still on the fence about leaving him. We try to tailor the housing around her needs and if she's truly ready. It's not easy, and sometimes we fail; we know that some women go to go back to the abusive relationship, but we've tried to make it where the individuals we put into the program are less likely to do that.

A participant's income isn't a factor in deciding access to the transitional program. We definitely work with quite a few women that don't have any income when they start the program, but our goal is by the six month mark they'll be enrolled in some type of vocational training or maybe a part time job. We work with people on SSI and SSDI, so that's all also part of the program.

Families exiting transitional housing are not eligible for rapid rehousing, because HUD requires that they be literally homeless, which doesn't include coming from transitional housing.

---

---

(#54) (Not a current OVW grantee) It's first come first served We have a log for our waiting list, so we track referrals as they're received and, for the most part we're getting referrals from shelters so there's really no need to prioritize them. They're safe in that shelter. If they're not safe there, or if there's an ADA request, or if a child's really decompensating in a shelter, we'll talk to the shelter about what they might need and how we can help them. But we don't have a system to prioritize families.

If a participant is being stalked, we're certainly going to have a lot tighter of a safety plan and we're going to work more closely with that person to make sure they continue to be safe and educate them about being

---

<sup>67</sup> As noted elsewhere, the VAWA Reauthorization Act of 2013 amended [42 USC §13975](#), the federal statute authorizing the OVW TH Grant Assistance Program, by removing the word "fleeing" from the provisions of Section (a)(1), in which the population to be served by the TH grants is defined ("minors, adults, and their dependents -- (1) who are homeless, or in need of transitional housing or other housing assistance, as a result of fleeing a situation of domestic violence, dating violence, sexual assault, or stalking"). The Act did not remove the word "fleeing" from the provisions of the very next paragraph, 42 USC § 13975(b), defining the population targeted by supportive services funded by those grants. Since it would make no sense to authorize providers to offer transitional housing -- but not services -- to victims/survivors who are no longer technically "fleeing" such violence, one can assume that the overall legislative intent was to eliminate the constraint that only victims/survivors still actively fleeing domestic/sexual violence could be served.

careful online and with their phone. But we're not going to screen them out because of that potential risk. We're state certified for the confidentiality program, so if someone needs to have a secure address, we can help them apply to be in that program, so there's no public record of what their address is.

If a participant has serious barriers to employment - lack of a work history, limited education - poor credit, evictions, etc.-- we'll work really closely with them to address those; we won't screen them out of our transitional program. We help make those past due payments on utilities and rent. We also help them fill out an application for a subsidy, and if they're denied for any reason, we help them file appeals, we go with them to the hearings, and we really advocate for them. Especially if the DV is part of the cause of any evictions or problems in their housing history.

---

---

(#55) If they have a certain felonies in their background, or if they left a housing authority tenancy with an unpaid arrearage, they won't be eligible to live in a housing authority property, which means they can't participate in our program, which is based in housing authority-owned units. If they are eligible, then the next step is, "Will they be able to maintain the housing?" And most of them will, because it's based on 30% of their income, or a \$50 a month minimum, and most of them can pay that. Some people don't want to be in government housing, or maybe they make too much money and aren't eligible, so we work with them to find an apartment they can afford on their own, and then they can access agency services through our service center. But if they're eligible and there's an apartment available and they want it, they're pretty much eligible.

---

---

(#56) We don't want to put somebody in a unit that rents for \$900 a month and they've only got \$600 a month income. Our OVW-funded transitional housing program targets assistance for a year, but we give extensions up to 24 months. We have a lot more potential candidates that come through shelter than we're able to provide transitional housing for, because of limited program funding. Between our two shelters, we have a capacity over 60; our transitional housing program can house only six or seven families a year. The ones that want transitional housing we work with in every way we can, with individual and group counseling, therapies, basic life skills -- different things to help them become appropriate even if they're not in the beginning. Normally, we don't have anybody that wants transitional housing that we can't help because they're not appropriate. Our biggest barrier is just availability.

---

---

(#57) I would say most people come into our transitional housing from our shelter, but not everybody. We have a couple of folks who have come in off the waiting list who have just hobbled together temporary situations. We keep a waiting list, and it's first-come, first-served. And what we find is that if folks are in the shelter and then two or three months go by, we will contact them, but generally they have figured something out by then. We usually wind up selecting a family in the shelter simply because if you're not in the shelter, you're not homeless any longer, for HUD and OVW purposes. The folks who might come in after staying at their folks or in a temporary location, those are people who have kept in contact. So you might go to the shelter and then be at your mom's for a few months.

---

---

(#58) (Not a current OVW grantee) With our units, we will take anyone. We don't mind working with people with bad credit or felony histories. Since our agency is renting the units, the landlords generally don't pay much attention to who we put in there as long as we're managing it. We expect people to come in with multiple problems, including things like the experience of trauma and fear and anxiety and depression. We expect to have women who had been homemakers and may not have much of a history of employment outside of the home. We expect those things. The only thing that could actually cause us to turn someone away is if they were to blatantly lie to us throughout the assessment. We feel like if we don't start with an open, honest conversation, then it's probably not a good fit. It's very rare when that happens.

One other thing, the Housing First model says that a person should be able to continue in their addiction and that's not really our philosophy. So if somebody is actively using and doesn't really want to address it, this is not a good fit. But if somebody has a history of addiction and they're open about it, and seem to want to deal with it, then we're a good fit. I have a lot of experience working with people with addictions, I really love that work and believe that people are capable of overcoming addictions, and so we have a very generous and welcoming approach to people, as long as they're willing to become accountable for their behaviors. Somebody can slip; as long as they're working with us and they're open and honest about it, we're happy to work with them. Remember: this is not for chronically homeless single individuals. These are people with children, so it's a different story if you have a two-year-old and you're falling asleep drunk versus if you're in your own home and nobody depends on you.

---

---

(#59) Because our transitional housing program is very small and most of our residents stay up to 24 months, we cannot serve all those who want to move from our shelter to our transitional program. While they are in the shelter, each participant has an assigned advocate, who works with them and advocates for them toward the end of their stay as to whether or not they might be appropriate for the TH setting. Things we consider include how they've gotten along at the shelter, how they get along living in confined spaces, if they have goals for the future, if their need is a true transition between the shelter and something more secure, stable, and long term. Just lots of conversations to help us to determine who might be a good fit. At the same time, the transitional program coordinator is a fairly regular presence at the emergency shelter. She's in and out of there quite often. And so she has the opportunity to meet our shelter residents and establish rapport with them. She also stays in weekly, if not more frequent, contact with our shelter advocates, and gets to know about the potential TH residents, and then can have follow-up conversations with them when she sees them subsequently at the shelter about things that they're hoping to do. As you can imagine, once our residents hear about our transitional housing program, and see that we have this program manager, and most of them really desperately want this opportunity, they really open themselves up to her. It's a two-way street. Over the course of those couple of months that gives her the opportunity to get to know them a little bit, and consider their suitability for the transition.

If someone were not fully committed to ending their relationship with the abuser, that would give us pause. We are looking for people who want to make a fresh start. If somebody was at risk of stalking, that could potentially pose a challenge; we look at each family on a case by case basis, and we would just have to evaluate the risk to the specific client as well as to her neighbors. It's case by case for people with significant barriers to housing. I can think of cases in the past three years where we've had residents with each of these scenarios -- eviction history, poor credit, criminal record. It's our hope that through their voluntary and hopefully regularly meetings with our TH program manager, they can address most of their issues and find housing opportunities beyond the 24 months.

---

---

(#60) We prioritize individuals that face the biggest barriers. So we look at a range of issues from lethality, to poverty issues, to issues related to past history with substance use, or past history with criminal behavior. For our particular community, those are huge barriers for getting housing and being able to keep it. With the 1% vacancy rate in the rental market here, it's very difficult to find an apartment, especially one at fair market value. We focus our transitional housing on the individuals who are facing the greatest barriers and cannot get an apartment, and that can only live doubled up with somebody. While they are in our program, we do a lot of work on credit repair, building their economic stability and developing their relationship with landlords so that the landlord can see their success, as they move towards becoming an independent renter.

---

---

(#61) In deciding whether a woman or family is appropriate for transitional housing, we would look at severity of violence experienced and stalking risk, because this is a secure facility - both the shelter and the transitional apartments; would the person need continued services after they were done with shelter; are they motivated

to engage in services; will they find it hard to get housing on their own, given their income and circumstances? We present the transitional housing as a continuation program where you have to engage with a case manager on goals, on becoming self-sufficient, and really working on yourself. As far as readiness for that kind of engagement, we understand the population we work with, we realize that they're dealing with a lot, and we want to help them take the next steps, whatever that looks like. We wouldn't keep them out, but we do want that expectation to be clear: you're not just moving into an apartment, you're joining a program where you will work on self-sufficiency, mental health and substance abuse issues, getting into some type of educational or vocational program, children's and parenting issues -- the whole spectrum that a woman coming from a violent relationship and starting off in her own apartment might need. As far as criteria of who comes in, those are the things that we look at.

If a family doesn't want the longer duration and intensity of our on-campus transitional housing and chooses rapid rehousing in the community, our partner, a local non-DV-focused homeless services provider, would do the ongoing case management. The domestic violence-related services offered to the community at our family justice center would be available to them as often as they'd like to visit the campus, but in terms of the in-home case management, it would mostly probably be focused on housing and economic stabilization.

---

---

(#62) As DV programs became professionalized, more and more women were being excluded: women with mental health problems, women with substance abuse issues. Nobody wanted to deal with them, but the bottom line is they were in their shelters anyway. The excuse given was, "For the good of everyone else." I still hear it today, "We can't help everyone." The only two questions we ask are "Have you experienced any domestic or sexual abuse" and "Can you come in the house clean and sober?" They have to be sober to stay in the homes. We partner with local treatment programs and detox places and we've let women back two, three, and four times. They do have to leave, until they can come back to the program clean. It could be 24 hours, it could be 72 hours, depending on what their drug of choice is. But they don't lose their bed.

---

---

(#63) The only thing that would make it infeasible for us to serve her in the transitional housing is if the batterer were still involved with her and she was insisting that the batterer live with her, which would violate the terms of our OVW grant. It wouldn't mean she couldn't get services through our family justice center, but we couldn't have the batterer living in the apartment. That, and if there were something illegal going on are the only things that would cause her not to be able to participate in our transitional program.

---

---

(#64) With our Continuum of Care focused on ending homelessness and using HUD's broader definition of homelessness that includes victims fleeing violence,<sup>68</sup> we work really hard to reach out to the most vulnerable families. We want to base our assessment of vulnerability on their score on an evidence-based screening tool.

---

<sup>68</sup> As per earlier footnotes, HUD's 2011 [Homeless Definition Final Rule](#) included a new "Category 4" describing eligible survivors of domestic or sexual violence: "Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing."

The VI-SPDAT is one of the tools used by CoCs to assess for vulnerability<sup>69</sup>; but that screening tool doesn't ask the necessary questions about their risk of danger and whether they are appropriate for our program. So we use the VI-SPDAT to assess risk and vulnerability as applied to homelessness. And then we use [Dr. Jackie Campbell's lethality assessment tool](#) to look at danger levels. There are several evidence-based tools to measure lethality risk, but we use that one because a lot of law enforcement providers also use it in their lethality assessment protocols.

---

---

(#65) I can't think of a time we turned somebody away because of mental illness or substance abuse.

---

---

(#66) For our HUD-funded transitional units, the CoC's coordinated assessment and centralized intake and referral system determines who's referred for placement. It's been a bear for us to try to place survivors referred by that system because they send people that have experienced domestic violence but aren't necessarily ready to be living independently, even though our units are very independent: they're scattered-site transitional apartments; they're not monitored 24/7 like many transitional housing programs are.

Their scoring system puts the people with the most barriers at the top of the list. So our very independent housing program is forced to take those folks with the highest barriers -- chemical dependency, untreated mental health issues, child protective services involvement -- even if that independent housing model isn't the best fit for them. When you have to take those folks into a scattered-site independent model, they blow out pretty quickly because there's not staff onsite to monitor and prevent things from happening -- like the partner coming back into the home and causing police involvement, drug use, not being able to follow the usual lease requirements. That's been a challenge, and then on top of that, they want them successfully barrier free and able to move into permanent housing within six months of placement.

And although the scoring system asks, "Are you feeling safe or are you in an unsafe situation," that question covers all sorts of violence, not specifically domestic violence. On the intake form, it asks, "Are you a DV survivor? Are you fleeing domestic violence?" But for a lot of those folks, maybe the DV was a year ago. So, yes, there was domestic violence, but it's not necessarily the reason for my homelessness now. It's frustrating when we have two full DV shelters and we can't place any of those people in our transitional housing.

Luckily, we have our OVW transitional funds that are more flexible, and allow us to place survivors that could be undocumented, going through an identity change, or don't meet the city's eligibility criteria for our HUD-funded units, but need transitional housing -- survivors who fall in the middle: don't have high enough barriers to be prioritized for the HUD units -- untreated mental illness, criminal histories, active addiction, and the kinds of barriers associated with police and criminal justice involvement or emergency room use that give our HUD-referred clients those high scores.

And their barriers aren't low enough for rapid rehousing. They're in limbo -- and appropriate for transitional housing. Our scattered-site transitional model was great for these survivors: it gave them an independent unit in a secure building, close to the family and friends that are their supports, in a place they wanted to live.

---

---

---

<sup>69</sup> See the brief discussion of the VI-SPDAT Pre-Screen instrument earlier in this section. Revised versions of the [VI-SPDAT Prescreen Triage Tool for Single Adults](#) and the [VI-SPDAT Pre-Screen Triage tool for Families](#) were released in 2015, in response to user feedback, including concerns by advocates that the original versions glossed over the impact of domestic and sexual violence, and that other questions about risk factors (e.g., about encounters with the police, substance use or abuse, engaging in unprotected sex or sex for money) were harsh and likely to re-traumatize survivors.

(#67) It would be really hard for clients who have an active addiction to be successful in our program, because we don't have the resources or expertise to support people through the process of ending addiction. Those are folks that we would refer to a sister program that is better suited for that.

OVW has a narrow definition of what it means to be fleeing; more flexibility would be great. Sometimes we have an agency client, maybe a victim who has just called the police for the first time, they're ready to end the relationship, the offender's going to be incarcerated for a period of time, and the client wants to stay in her apartment, but she can't afford it right now, and she needs time to transition to being able to afford it. Or maybe she's working with us to get a child support order in place, and she'll be going from part-time to full-time work. But we can't help her with our OVW funds, even though in the long-term, it may be better for that client and her children to stay in the home that they've lived in, than to become homeless and be uprooted. That's the most common circumstance that comes our way that we cannot help with. Or clients who've had to relocate as a result of ending their violent relationships, but because they've moved into some kind of interim housing, they're no longer technically "fleeing" and homeless.<sup>70</sup>

The decisions to accept a client into our program is really about where are they in life, their income or their ability to get an income and to pay their own rent, the other options available to them, and the whole picture of their housing instability. Our participants have to have viable options for income within a six-month window of time. The financial support wouldn't end at six months, but within six months, they need to be taking significant steps towards being more able to support themselves. We've got a client right now who we just can't accept into the program. She's got really significant trauma that keeps her from being able to work. We have a multi-disciplinary team with clinicians and advocates and attorneys working together, and our clinicians have assessed that her trauma symptoms are so significant that even though she has a strong work history, she needs a lot of support to overcome what she's experienced before she could be successful, and it's more than can fit the model for scattered-site.

---

(#68) If we're going to have an opening, I'll send an email to all our agency staff telling them we'll have an open 1BR unit, or whatever. Right there, the size of the unit limits things. Then the counselor or caseworker will refer someone they feel would be a good fit for the transitional program. Then the client gets the application to fill out. It's a lot of "what are your needs?" -- a get-to-know-you thing. And then my supervisor and I go through the applications and look at their incomes to see if they qualify. All participants pay a \$200 program fee regardless of income. So we make sure it's something they can afford; if there's an issue, we'll see what we can do to make it work -- there's not a certain income requirement; we just look at what else they have to pay for, like insurance, and if they get any benefits like TANF or Food Stamps. We take all that into consideration, and then if we can't decide, we go back to the referring caseworker or counselor and let them tell us in more detail why they referred this client. From there I would do an interview with the client, go more in-depth, explain the program, make sure this is something they want to do. Some of them don't want any type of case management; they just want to move in and never talk to you again. Yes, it's voluntary services, but we still have to touch base. I still have to make sure you meet specific goals and that at the end of the program, you'll be able to self-sustain and not fall back into the same pattern. So we feel out the applicants and see what they're interested in, and then, based on the paper and face-to-face interview, we take who we feel would be the best person.

If they have some sort of addiction problem, we would refer them to an agency we work with, not through the OVW grant, where they can go and get assessed, and get the help they need. I think it would be a good idea to have them go through some sort of program before placing them in an apartment where they'll be by themselves. It's the same thing with mental health. We have an agency that partners with us that will assess our clients. If it's something minor, like she's a little depressed -- well, being in a shelter and going through what she's gone through, that's expected. Or, if it's something more major, we prefer for them to be

---

<sup>70</sup> The homelessness requirement is in federal statute ([42 USC §13975 \(a\)\(1\)](#)), and not subject to change by OVW.

medicated and regulated before they're living on their own, because if they aren't healthy, will they be able to live by themselves without the extra support of mental health counseling or whatnot?

If someone is not willing to make a commitment to permanently separate from their abuser, that's not an issue in admitting them into the transitional program. One of my clients right now, her abuser is her child's father. We've talked at length about safety planning, about him getting visitation, because he has legal visitation. We talked about how to go through the exchanging and visitation, so she's safe. But we don't require that a woman have an order of protection, or that they say, "I'm never talking to him again," because realistically they're going to, and we know that. We understand that the average number of times that a woman leaves is seven times, and most of them in the transitional program are at that point, but there is still going to be contact, especially when there are children involved. I feel that with the safety planning and the very open lines of communication between my clients and me, that it's not an issue.

---

(#69) We are not one of the communities where the DV system no longer can decide who to admit to their programs; we have not been folded into the coordinated access system that [the CoC] set up here. DV systems don't have to be part of [that] coordinated access system<sup>71</sup> and that's how we're responding here. We're developing our own system where we have a shared assessment tool and we can make referrals into each other's programs while maintaining the prerogative to say, "No, this is not a good fit." We've had the process and the tool vetted by the Fair Housing Council and also by a trauma-informed expert as to its ability to avoid some of the pitfalls of over-interrogating people when they come seeking assistance.

I think in general in the family system, our homeless services partners are saying that about 60 to 70% of who they're working with in the family system are survivors. One of the things we're trying to do with our Continuum's new coordinated access process is to determine who the survivors are that really need the protections and the DV lens that the DV system can provide, so we can target our specialized housing and services to those folks. Through piloting this new tool across all the programs, we hope to figure out how well we're able to make that determination about who needs to be served by the DV system. At the same time, we want to work with our mainstream provider partners to help them be more sensitized to survivors' issues. We'll be providing training, TA, and consultation to them, but there are no resources for any of this, so it's all stuff we try to do on top of running our programs.

I think a lot of determining who would need specialized DV system resources would be about danger and vulnerability and who, particularly when we're talking about shelter, needs the confidentiality that comes with a DV versus a non-DV shelter. Some of that is looking at where the abuser is and whether the abuser is circulating within the homeless system, because that is often the case in this general population. Additionally, we know that in our DV services, we are constantly applying that DV lens, being trauma-informed, and not entering data into a shared database. At present, we don't have great confidence that mainstream homeless providers are on a regular basis doing adequate informed consent with survivors to make sure they know their data doesn't have to go into the HMIS; I think it's pretty routine for survivors to be asked to disclose all their private information.

---

<sup>71</sup> "Centralized Intake," "Coordinated Access," "Coordinated Assessment," and "Coordinated Entry" are all labels that are used somewhat inexactly and interchangeably to refer to the same kind of system that Continuums of Care (CoCs) are required by HUD to implement, that utilizes a standardized assessment protocol and triaging process to determine the kind of assistance and housing program that a homeless person or family needs. Depending on the urgency/priority ascribed to that individual's or family's situation, as compared to the previously-identified demand for those same kinds of housing and services by persons with the same or greater priority for assistance, that person or family would be referred or waitlisted for assistance from an appropriate provider. HUD regulations, specifically the [CoC Interim Rule](#) (see 24 CFR 578.23(c)(9)) allow victim services providers to set up and utilize their own coordinated system, rather than having to use the Continuum's system, which might compromise survivor safety. See also the footnote on Coordinated Entry at the beginning of this section.

The HEARTH Act says that anyone who has fled domestic violence and is staying with family or friends but can't stay there except temporarily is considered homeless. That applies to both OVW and HUD grants. But a woman who fled a situation and set up new housing with the help of an emergency grant that gave her move-in money would not be eligible for HUD or OVW transitional housing assistance, since she has a roof over her head and is not doubled up; she wouldn't be considered homeless until she is facing eviction.

Locally there's less than a 2% overall vacancy rate. When you look at affordable housing, the situation is even more dire, so we're definitely one of those communities that's having an affordable housing crisis. In order to place a survivor into housing, they have to have a reasonable prognosis of earned income to sustain that housing. And that prevents us from serving some of people, given the expensive housing market. We hate that, because it isn't how we started this program, but we really have to look at, "Are we going to be able to get you into housing?" And within the period of time where we're going to need to pull the rent assistance back, "Are you going to be able to have income that allows you to sustain that housing?" We try to screen in rather than screen out, and oftentimes, it's the survivor who will say, "I don't think I can be ready that quickly. I want to go back to school or I've got this other thing going on, so I don't think I'll be able to move that quickly." They'll select out and ask, "What else can you tell me about that might be out in the community?"

And there are some would-be participants that may not be able to get a lease in their name. That's why it's a best case scenario if the whole continuum of homeless programs is available, so that if a person cannot be served by our program, for example, they can find assistance from another provider [i.e., that leases the housing and subleases it to participants]. Through partnerships, those options are available.

---

(#70) Our transitional living program has two funding sources: the OVW grant and a tribal federal grant. The OVW transitional housing grant defines "fleeing" as the person has to leave the residence. So even if the person reports the abuse and would be able to stay in that same residence with their children, they aren't eligible for transitional assistance unless they flee the residence. They have to actually be homeless before they can be assisted with OVW funds -- even if the abuser was the financial support, was incarcerated after the report of abuse, and the survivor ends up with an eviction notice.

Our tribal federal grant doesn't require that: we define "fleeing" as someone actively trying to separate from the abuse. So if the survivor reports the abuse, does a no-contact, does a safety plan and follows through on it, and doesn't initiate contact other than what's necessary for shared property or children, they're showing us that they're "fleeing," even if they stay in the house where the abuse occurred, as long as if and when the abuser returns, they decline to provide him access, if safe to do so; they're doing whatever they need to do to be safe; and they follow through on that safety plan. So we have a little more flexibility under the tribal grant.

Also, while people are on the waitlist for transitional housing, our OVW TH grant doesn't allow us to work with them, but our tribal grant does, so we use those funds to pay for our help in getting all their paperwork taken care of, so they have access to every housing source available to them. We encourage all survivors to get on the Section 8 waitlist and all the waitlists for long-term housing. A lot of them don't have identification, Social Security cards, birth certificate records, and they don't have a postal address to establish residency. If they don't have a source of ID, it can take up to six months to get all their paperwork to complete a Section 8 application. We're a TLP that serves DV/sexual assault survivors, so we're deemed a shelter by our Section 8 and state housing, so our participants can be expedited through the system. So it's extremely beneficial for them to go through that process; we provide a lot of support to make it as minimally overwhelming as we can.

---

(#71) Our CoC's coordinated assessment process does not adequately prioritize risk and the needs of survivors and I am not happy with the assessment. I feel like it's re-victimizing. I understand the thinking behind it. But there needs to be a different tool. There are a lot of questions that are not suited to asking someone who has been a victim of violent crime. It's supposed to take the emotion out and just assess for the situation but

some of the questions are rather gruff. I think the questions are better suited for chronically homeless individuals than survivors of domestic violence or any sort of violence.

For example, the assessment asks if you've traded money or sex for a place to sleep. If you've got someone who's been sexually assaulted, that's re-traumatizing. It seems to have been a hot topic, as well, at the OVV Transitional Housing Grantee Orientation. We've not experienced this with our program but some of the other programs that spoke feared that since this assessment was part of the survivor's file -- and you need to answer the questions truthfully in order to access services or to be ranked appropriately for priority -- that if your abuser went to court and had your files subpoenaed, the answers could be used against you. I see why that's a concern and I almost feel like the DV programs should be exempt to that sort of assessment.<sup>72</sup>

Prior to the coordinated assessment, we looked at applicants on a case-by-case basis and with location in mind. Since we have multiple offices that are administering the housing assistance, and properties are paid for differently, we might have an opening in the agency-leased property but all of our vouchers might be fully utilized, so it depended on whether there was someone that wanted to relocate to the area where we had a vacancy in our agency-leased property. Before, you looked at it from those different angles to see who best fit what was available, as well as safety. But now we're bound by that coordinated assessment.

### ***Questions to Consider***

1. Recognizing that disability-related information should not be used as the basis for making participant selection decisions, what kinds of criteria should a provider consider, and how can those criteria be objectively measured, to identify the candidates with the highest priority for being enrolled in a transitional housing program?
2. How could the "Coordinated Assessment" instrument used by your Continuum of Care (CoC) be improved so that it appropriately prioritized survivors of domestic violence? (Note that this question is **not** asking how the CoC could modify its Coordinated Entry system, so that victim services providers would feel assured that identifying information about survivors would not be inputted or shared in the CoC's Homeless Management Information System (HMIS) or any other such data system. VAWA prohibits any such sharing of survivor information.)
3. Is the process for screening or prioritizing applicants for your TH program more rigorous than it would otherwise be if your program was not expected to adhere to the voluntary services model, or if longer lengths of stay were possible? That is, does your screening process preference survivors who are likely to "engage" with program staff and services?
4. Why would a survivor who is likely to return to living with her abusive partner be interested in transitional housing, and what would your application process want to know about her, in order to decide whether she is an appropriate and/or a high priority candidate?
5. How does your TH program assess and prioritize survivors who speak limited English, or who are part of a subpopulation that your program has limited experience serving (e.g., LGBTQ, Native American, etc.)?
6. How, if at all, would your assessment of an applicant's suitability and priority for enrollment in your program be different, if the opening was in a congregate program versus a scattered-site program?
7. How would you assess an applicant's suitability and priority for enrollment in your program, if she had gotten into frequent and sometimes heated arguments with staff and guests at your shelter?

How, if at all, would your assessment and prioritization of that candidate be different, if the opening was in a congregate program versus a scattered-site program?

---

<sup>72</sup> As noted elsewhere, the [ESG Interim Rule](#) (24 CFR 576.400(d)) and the [CoC Interim Rule](#) (24 CFR 578.23(c)(9)) both allow victim services providers to be exempt from the requirement to participate in the CoC's centralized or coordinated assessment system. The CoC Interim Rule provision requires that victim service providers not using the CoC's system instead use a centralized or coordinated assessment system maintained by local victim service providers that meets HUD's minimum requirements. The ESG Interim Rule provision simply allows providers not to use the CoC system.

8. What kinds of other options do survivors have if they are screened out or assigned low priority as a result of your participant selection process? Are there non-residential domestic or sexual violence-related services that a survivor who has timed out of your shelter or safe house can continue to access to support their safety and recovery from trauma, if they are accepted into a mainstream shelter, transitional housing, or rapid rehousing programs?

## 7. Appendix A: Project Description and Methodology

### (a) Project Description: Summary

*Transitional Housing for Survivors of Domestic and Sexual Violence: A 2014-15 Snapshot* provides an in-depth look at the challenges and approaches taken by Office on Violence Against Women (OVW)-funded providers to address the needs of survivors who have become homeless as a result of having fled domestic violence, sexual assault, dating violence, and/or stalking.

The information in the twelve chapters of the report and accompanying webinars, broadsides, and podcasts comes from 124 hour-long interviews with providers and an in-depth review of the literature and online resources. Our analysis of provider comments was informed by the insights of a small project advisory committee (Ronit Barkai of Transition House, Dr. Lisa Goodman of Boston College, and Leslie Payne of Care Lodge) and the reviews and comments on the initial drafts of chapters by Dr. Cris Sullivan (Michigan State University) and Anna Melbin (Full Frame Initiative).

Although the components of a transitional housing (TH) program -- a place to live and staff support for healing, decision making, and taking next steps -- are simple, the complexities attendant to providing effective survivor-centered assistance are many, as illustrated by the following enumeration of topics covered in the report (which, in many cases, only scratches the surface):

- [Chapter #01](#) - **Definition of Success & Performance Measurement** - Explores how funders and providers define and measure success and program performance; how participant-defined goals are tracked; how participant feedback is collected; and how the definition and measurement of success affects program decisions. Highlights innovative performance and participant outcome metrics. Discusses approaches to collecting, storing, releasing, and destroying data, and the software used to collect, analyze, and report on program data.
- [Chapter #02](#) - **Survivor Access and Participant Selection** - Explores the distinct and overlapping roles of domestic violence (DV) shelters and transitional housing; the pathways that survivors take to get to transitional housing, and how providers select participants from among "competing" applicants for assistance; why providers might decline to serve certain candidates; who is and isn't served; and the regulatory and legal framework within which those processes occur.
- [Chapter #03](#) - **Program Housing Models** - Explores the strengths and challenges of alternate approaches to housing survivors in transitional housing and transition-in-place programs. Examines the pros and cons of time-limited housing vs. transition-in-place housing, congregate vs. clustered vs. scattered site housing, and provider-owned vs. provider-leased vs. participant-leased housing. Discusses how the type of housing can affect participant selection and the services offered.
- [Chapter #04](#) - **Taking a Survivor-Centered/Empowerment Approach: Rules Reduction, Voluntary Services, and Participant Engagement** - Examines the challenges, strategies, and implications of taking a survivor-centered/voluntary services approach, and how such an approach is integral to operating a trauma-informed program. Explores the potential impacts of funder expectations, choice of housing model, staffing patterns, and diverse participant needs and circumstances. Presents comments illustrating the range of providers' interpretations of and responses to the voluntary services requirement, including their approaches to supporting participant engagement and to addressing

apparent lack of engagement. Discusses the concept of empowerment, presents comments illustrating the diverse ways that providers see and support survivor empowerment, and cites an innovative approach to measuring safety-related empowerment.

- [Chapter #05](#) - **Program Staffing** - Explores program staffing levels and the kinds of positions providers maintain; the attributes and qualifications that providers look for in the hiring process; and how they assess the value of having a clinician on staff, having child-focused staff, and having survivors on staff. Examines how programs support and supervise staff, and their approaches to staff training. Presents comments illustrating providers' diverse perspectives about utilizing volunteers, and describing how programs that do use volunteers screen, train, and support them.
- [Chapter #06](#) - **Length of Stay** - Explores funders' and providers' approaches to limiting or extending the duration of housing assistance and services, and the implication of those approaches.
- [Chapter #07](#) - **Subpopulations and Cultural/Linguistic Competence** – Discusses cultural and linguistic competence and how providers understand and work to achieve it in their programs. Presents diverse perspectives from the literature and online resources and from provider interviews about the challenges and approaches in serving specific subpopulations, including African American, Latina, Asian American, Native American/Alaska Native, Immigrant, LGBTQ, older adult, deaf, disabled, and ex-offender survivors. Includes an extensive review of the challenges, approaches, and legal framework (e.g., non-discrimination, reasonable accommodation, fair housing) in serving survivors with disabling conditions that affect their mental health, cognition, and/or behavior, including trauma/PTSD, substance dependence, traumatic brain injury, and/or mental illness. Highlights OVW-funded collaborations to enhance the capacity of victim services providers to serve survivors with disabilities and of disability-focused agencies to serve consumers who are also survivors.
- [Chapter #08](#) - **OVW Constituencies** - Focuses on the needs and approaches to meeting the needs of survivors of sexual violence -- including survivors of rape and sexual assault, homeless victims of sexual violence, survivors of Military Sexual Trauma, and survivors of human sexual trafficking. Explores possible reasons why survivors of sexual assault constitute only a small percentage of the participants in OVW TH grant-funded programs, even though provider comments generally indicate an openness to serving such survivors. Includes a conversation with senior staff from the Victim Rights Law Center discussing possible options for expanding system capacity to serve sexual assault survivors.
- [Chapter #09](#) - **Approach to Services: Providing Basic Support and Assistance** - Explores different frameworks for providing advocacy /case management support (e.g., voluntary services, survivor empowerment, Housing First, Full Frame) and how motivational interviewing techniques could be helpful. Discusses survivor safety and how safety is assessed and addressed (e.g., danger and lethality assessment instruments, addressing batterer- and life-generated risks as part of safety planning, safe use of technology). Looks at strategies and practices for supporting community integration, and providing follow-up support to program alumni.
- [Chapter #10](#) - **Challenges and Approaches to Obtaining Housing and Financial Sustainability** - Examines the challenges survivors face in obtaining safe, decent, affordable housing and the approaches providers take to help them, and some useful resources. Explores the added challenges posed by poverty, and approaches and resources leveraged by providers to facilitate access to mainstream benefits, education and training, and decent employment. Other areas of focus include childcare and transportation, resources for persons with criminal records, workplace-related safety planning, and approaches and resources for supporting survivors in enhancing key skills, including financial management.
- [Chapter #11](#) - **Trauma-Specific and Trauma-Informed Services for Survivors and Their Children** – Discusses the nature, impacts, and manifestations of trauma; approaches to addressing trauma; what it means to be trauma-informed; and the steps providers take -- and can take -- to become more trauma-

informed. Reviews the impact of trauma on children and families, especially the trauma of witnessing abuse of a parent; and discusses the challenges posed and approaches taken in addressing the effects of that trauma. Includes brief sections on custody and visitation.

- [Chapter #12](#) - ***Funding and Collaboration: Opportunities and Challenges*** - Examines sources of funding for TH programs, focusing on OVW and HUD grants -- the regulatory requirements, strengths and constraints of each funding source, and the challenges of operating a program with combined OVW/HUD funding. Explores the potential benefits, challenges, and limitations of partnerships and collaborations with mainstream housing/service providers, including confidentiality issues. Presents provider comments citing the benefits of being part of a statewide coalition; discussing the opportunities and challenges of participating in a Continuum of Care; and illustrating the range of gap-filling service agreements and collaborations with mainstream providers. Highlights published reports describing successful collaborations.

Although the report chapters attempt to divide the component aspects of transitional housing into neat categories, the reality is that many of those aspects are inextricably linked to one another: the definition of success, the housing model, and sources of funding play a key role in how services are provided; the housing model, sources of funding, and length of stay constraints can play a role in influencing participant selection; the subpopulations targeted and served and the program's approach to cultural/linguistic competency, the program's understanding and embrace of voluntary services, survivor-defined advocacy, and what it means to take a trauma-informed approach all inform how the program provides basic support and assistance; etc.

### **(b) Project Description: Overall Approach**

This project was originally conceived as a resource guide for "promoting best practices in transitional housing (TH) for survivors of domestic and sexual violence." However, over the course of our conversations with providers, it became clear that while there are certainly commonalities across programs -- for example, the importance of mutual trust and respect between participants and the providers that serve them, and the fundamental principles of survivor-defined advocacy and voluntary services -- there is no one-size-fits-all "best practices" template for providing effective transitional housing for survivors. Instead, there are a multitude of factors which go into determining providers' approaches:

Survivors from different demographics and circumstances may experience domestic and sexual violence differently and may respond differently to different service approaches. Age, class, race, cultural and linguistic background, religious affiliation, gender identity, sexual orientation, military status, disability status, and, of course, life experience all play a role in defining who a survivor is, how they experienced victimization, and what they might need to support healing and recovery. Each survivor's history of violence and trauma and its impact on their physical, physiological, emotional, and psychological wellbeing is different, and their path to recovery may require different types or intensities of support.

Where a program is located and how it is resourced plays a significant role in shaping a program, the challenges it faces, the opportunities it can take advantage of, the logistics of how housing and services are provided, and the kinds of supplementary resources the program might be able to leverage from other sources. Different parts of the country have different types of housing stock, different housing markets, different levels of supply and demand for affordable housing or housing subsidies, and different standards for securing a tenancy; different regions of the country have different economic climates, different labor markets, and different thresholds for entering the workforce; depending on where they are located, low income survivors could have very different levels of access to emergency financial assistance, health care, mental health care, addiction services, child care, transportation, legal assistance, immigration services, and/or other types of supplemental support.

"Best practices" for a stand-alone TH program in which a part time case manager serves a geographically scattered clientele in a rural, under-resourced region will mean something different than "best practices" for a well-resourced, full-service metropolitan-area provider that affords participants access to different types of transitional housing; that can leverage the support of culturally and linguistically diverse in-house staff and volunteers, that can contribute the services of in-house therapists, child specialists, employment specialists, and other adjunct staff; and that can rely upon nearby providers for additional gap-filling services.

"Best practices" in providing transitional housing for a chronically poor survivor whose education was interrupted, who has never been allowed to work, and who suffers from complex trauma as a result of childhood abuse may well look different from "best practices" in serving a survivor who is better educated, has a credible work history, but who was temporarily impoverished due to her flight from an abusive partner.

"Best practices" in serving a recent immigrant, with limited English proficiency, who lacks legal status, whose only contacts in America are her abusive partner's extended family -- will likely look different from "best practices" in serving a teenage girl who ran away from sexual abuse in her small town home, only to end up pregnant and in an abusive relationship, which she fled when he threatened to hurt her baby -- which, in turn, will look different from "best practices" for serving a middle-aged woman who tolerated her husband's abuse for years, because he supported the family and because she couldn't, and because keeping the family together was what her community and her church expected her to do, and what she would have continued to do until he finally went too far.

While there are commonalities to the approaches taken by the diverse programs awarded OVW TH grant funding, the very nature of the kind of "holistic, victim-centered approach ... that reflect[s] the differences and individual needs of victims and allow victims to choose the course of action that is best for them," called for in the [OVW's annual solicitation for TH grant proposals](#), argues against too many generalizations about one-size-fits-all "best practices."

Recognizing that survivors from a broad spectrum of demographics and circumstances may have different needs and priorities and goals, may have and/or perceive different options for moving forward in their lives, and likewise, may have different definitions of "success," the OVW refrains from asking its TH grantees to render judgments about the quality of specific program outcomes.

In the absence of a consistent measurement of success and a framework for measuring differences in clienteles and program operating environments -- that is, lacking a data-informed basis for assessing whether a particular intervention constitutes a "best" practice -- we chose to take a more descriptive approach for this report. Drawing from providers' own words, the literature, and online resources, we have attempted to frame and provide context for the broad range of challenges and choices that providers face; to describe and offer context for and examples of the approaches they take in furnishing transitional housing for survivors; and to highlight some of the unresolved issues and difficult questions that providers wrestle with.

### **(c) Project Methodology: Collection and Analysis of Data from Provider Interviews**

#### **(i) Development and Implementation of the Interview Protocol**

Drawing from information gleaned from the literature and online resources, and from some of the project and advisory team members' personal experience in working with transitional housing programs and/or providing services to survivors of domestic violence, we developed a list of topics and potential questions that we hoped to cover in our provider interviews.

Because there were so many potential subjects to discuss and only an hour to have those conversations, we divided the topics into separate interview protocols. In addition to basic descriptive information ("universal

topics")<sup>73</sup> that would be collected in each interview, we defined four distinct sets of topics<sup>74</sup> that would be sequentially assigned as interviews were scheduled. Over time, we eliminated certain areas of questioning from the interview protocol if we were not getting new information, and added topics or questions, as we identified gaps in our information. By the time half the interviews had been completed, the four lists of topics/subtopics had been condensed into three lists/interview protocols.

Pursuant to early discussions with the OVW, we agreed that the initial protocol would be "field-tested" by conducting interviews of staff from nine TH providers that the OVW identified and reached out to on our behalf. We also agreed that our interviews would be conversational and driven by the providers we were interviewing. That is, ***although we had lists of topics and questions that we might want to address, we would follow the lead of the provider to make sure we covered any issues or concerns or approaches that they wanted to highlight. Rather than asking a uniform series of questions, we would use our protocols as guides, rather than as interview scripts.*** To realize this objective, our team worked together to make sure we had the same general understandings of the protocol and the purpose of the interviews. The nine initial interviews were all conducted by pairs of team members, to facilitate full-team participation in our review of those interviews and in any revisions to the protocol based on that review.

Our team followed up the OVW's initial outreach to the nine providers with emails elaborating on the project (and attaching the OVW's initial letter), and providing supplemental information emphasizing the voluntary nature of participation and how ***provider responses would be kept confidential.***

Each interview began with an introduction of the project; an explanation of how we intended to create a resource document that would describe the what, how, and why of providers' efforts ***in their own words***; a request to record the conversation; and an assurance that ***once the project was over, recordings and***

---

<sup>73</sup> **"Universal" Topics:** Program size (number of units, individuals, families); type and configuration of program housing (e.g., temporary versus transition-in-place; congregate versus clustered versus scattered-site; provider-owned versus provider-leased versus participant-leased); target constituency (e.g., survivors of domestic violence, sexual assault, etc.); type/number of direct services staff, use of consultants, involvement of other agency staff; other DV- or non-DV-focused programs operated by agency; how survivors access program and participant selection/prioritization; how staff understand the different roles of DV shelter versus TH; characterization of service area (e.g., metropolitan area, small city, suburban, rural, mixed); program definition of a "successful" outcome and how program promotes success; how program implements voluntary services; maximum, typical, and targeted length of stay; other sources of funding; involvement with local or regional network of DV-focused providers and/or with Continuum of Care; most significant challenges faced by program; perceived differences between TH for other homeless populations and TH for survivors of domestic violence/sexual assault.

<sup>74</sup> **Group 1 Topics:** staffing details (roles, training, support, etc.); use of volunteers (roles, reasons for/against using, training and support); program philosophy and underlying approach (e.g., trauma-informed, empowerment, survivor-centered, etc.); consumer involvement (Board membership, advisory roles, options for current participants).

**Group 2 Topics:** assistance obtaining housing (challenges faced, strategies used, partnerships, etc.); employment assistance (challenges faced, strategies pursued, partnerships, etc.); approach to working with participants with significant barriers (e.g., economic, mental health, substance abuse issues, etc.); child- and family-focused services (what triggers needs assessment, needs assessed, how needs are addressed and by whom, interface with schools); follow-up services (type offered, challenges faced, insights into utilization patterns).

**Group 3 Topics:** challenges, advantages, and reasons for choosing type of program housing and approach to offering financial assistance with housing-related costs; distinctive subpopulations served (population-specific challenges and approach, challenges/approaches pertaining to serving a mixed clientele, etc.); meaning and dimensions of cultural competence; approach to ADA compliance in serving persons with disabilities; collaborations (strategies, challenges).

**Group 4 Topics:** program rules and the consequences of violating them; performance measurement (formal versus informal approach, specific measures, whether/how participant progress is measured and used to gauge program performance, impact on program design) ; approach to data collection (software used, data collected above and beyond funder requirements, compliance with HUD comparable data base requirement); funding opportunities and constraints (challenges/strategies for government and non-government funding); challenges and benefits of collaboration with local/regional HUD-funded planning entities (Continuum of Care, Consolidated Plan).

***transcripts would be deleted, so that all that would be left would be anonymous comments.*** We followed this same procedure throughout the project, eventually reaching out to almost 250 providers and securing the participation<sup>75</sup> of over 50%. Early on, we modified the process, per the request of some of the providers, and began sending a tentative list of topic areas along with the email confirming the date and time of each interview. The email emphasized, however, that the provider should feel free to steer the conversation as they saw fit, to make sure we covered any issues, concerns, or approaches that they wanted to highlight.

Starting with the first "field test" interviews in June 2014 and ending in February 2015, the project team completed interviews with 122 TH providers and one legal services provider that partnered with a TH provider (the Victim Rights Law Center, which asked to be specifically identified), and conducted a joint interview with two providers of LGBTQ domestic violence-related services (identified by Project Advisory Team members, in response to our request for help identifying experts who could help fill that information gap). The project director conducted 62% of the interviews and read the transcripts of all the other interviews.

Of the 122 providers, 92% (112 providers) were current recipients of OVW TH grants; another eight providers had recently lost their OVW grants and, at the time of their interview, were either operating a TH program with other funds, or had ceased TH operations. (Some of these providers subsequently received OVW TH grants.) Only two of the 122 TH providers interviewed had never received OVW TH grants (and were HUD- or state-funded). Fifty-one (42%) of the TH providers we interviewed were current recipients of one or more HUD Continuum of Care Transitional Housing (TH) or Rapid Rehousing (RRH) grants and/or a HUD Emergency Solutions Grant (ESG) RRH grant.

### ***(ii) Processing of Interview Data***

All interviews were submitted to a transcription service and the transcript was reviewed for accuracy (and corrected, as needed) by the project director. Transcripts of the interviews were entered into NVivo, a qualitative data analysis software, and then sentences or paragraphs that pertained to each of 27-30 project-defined topic areas<sup>76</sup> were coded as being related to that topic area. The project director performed the large majority of coding, and reviewed (and, as needed, modified) all of the coding decisions by the project associate, thereby ensuring coding consistency.

The selected provider comments pertaining to each topic area constituted a voluminous amount of data, and had to be boiled down, so that they could be shared with our Project Advisory Team members, and eventually incorporated into the report. Interview comments were edited for clarity and brevity, with an absolute emphasis on retaining the voice and essential message of provider comments. The interviewer's voice was removed. Names of people, places, and programs were removed and replaced with generic references to ensure confidentiality and anonymity, as had been promised to providers at the outset of each interview, and in our outreach correspondence. The project director did the overwhelming majority of all such editing, and reviewed (and, as needed, modified) all edits proposed by the project associate.

These compilations of provider comments (still averaging 20-30 pages, after editing) were shared with members of our Project Advisory Team and reviewed and discussed in a series of thirteen 90-minute meetings over the course of several months. Insights from those conversations, as well as information and perspectives from the literature and online sources were integrated into narratives that supplement the extensive presentation of provider comments in each of the twelve chapters.

Although this is a qualitative study and not quantitative research, we have included the large majority of the provider comments pertaining to each of the covered topics to provide the reader with not only a ***sense of the***

---

<sup>75</sup> We actually secured the participation of 130 providers; however, six interviews were not included in the analysis because the interviewee was not adequately familiar with the TH program, or the program was too new to have any experience, or the provider no longer operated the TH program and no longer had staff who could answer our questions.

<sup>76</sup> Several codes were consolidated as the coding process evolved.

**range of challenges, approaches, and philosophies**, but also with a **sense of the frequency with which they were mentioned or reflected in provider comments**. Some of the comments will seem very similar to one another, some will differ by nuance, and some will be dramatically different.

This report does not include the very important perspective of victims/survivors. Collecting the feedback of survivors served by OVW TH grant-funded programs was deemed by the OVW to be outside the scope of the Technical Assistance grant that generously funded this project. Although our "**Snapshot of Transitional Housing for Survivors Of Domestic and Sexual Violence**" is missing that perspective, we hope it is nonetheless useful to the dedicated providers, researchers, and government officials who are committed to supporting and strengthening these and other efforts to address the scourge of domestic and sexual violence.

## 8. References

- Abt Associates, Inc. (2006). *Arizona Homeless Evaluation Project (Revised)* [PowerPoint Slides]. Retrieved January 19, 2018, from <https://www.hudexchange.info/resource/1618/hmis-self-sufficiency-matrix-training/>
- Anderson, D. K. & Saunders, D. G. (2003) Leaving an abusive partner: An empirical review of predictors, the process of leaving, and psychological well-being. *Trauma, Violence, & Abuse*, 4(2): 163-191 doi: 10.1177/1524838002250769 Retrieved February 1, 2016, from <https://deepblue.lib.umich.edu/bitstream/handle/2027.42/90017/Anderson-DK-Saunders-DG-2003%20Leaving%20an%20Abusive%20Partner%20TVA.pdf?sequence=1>
- Aratani, Y. (2009). Homeless children and youth: Causes and consequences. National Center for Children in Poverty. Retrieved February 1, 2016, from [http://www.nccp.org/publications/pdf/text\\_888.pdf](http://www.nccp.org/publications/pdf/text_888.pdf)
- Baker, C. K., Niolon, P. H., & Oliphant, H. (2009). A descriptive analysis of transitional housing programs for survivors of intimate partner violence in the United States. *Violence against women*. doi: 10.1177/1077801208330933 Retrieved February 1, 2016, from <http://vaw.sagepub.com/content/early/2009/02/13/1077801208330933.short>
- Bassuk, E. L., Rubin, L., & Lauriat, A. S. (1986). Characteristics of sheltered homeless families. *American journal of public health*, 76(9), 1097-1101. Retrieved February 2, 2016, from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1646563/>
- Bassuk, E. L., Weinreb, L. F., Buckner, J. C., Browne, A., Salomon, A., & Bassuk, S. S. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. *Jama*, 276(8), 640-646. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/8773638>
- Bland, P. J. & Edmund, D. (2014). *Substance use/Abuse in the context of domestic violence, sexual assault, and trauma*. National Center on Domestic Violence, Trauma & Mental Health. Retrieved August 23, 2016, from [http://nationalcenterdvtraumamh.org/wp-content/uploads/2015/10/NCDVTMH\\_PatriciaBland\\_DebiEdmund\\_SubstanceUseDVSATraumaCurriculum.pdf](http://nationalcenterdvtraumamh.org/wp-content/uploads/2015/10/NCDVTMH_PatriciaBland_DebiEdmund_SubstanceUseDVSATraumaCurriculum.pdf)
- Breiding, M.J., Smith, S.G., Basile, K.C., Walters, M.L., Chen, J., & Merrick, M.T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization -- National intimate partner and sexual violence survey, United States, 2011. *Center for Disease Control and Prevention: Morbidity and Mortality Weekly Report. Surveillance Summaries*. 63 (8): 1-18. Retrieved March 2, 2016, from <http://www.cdc.gov/mmwr/pdf/ss/ss6308.pdf>
- Browne, A., Salomon, A., & Bassuk, S. S. (1999). The impact of recent partner violence on poor women's capacity to maintain work. *Violence against women*, 5(4), 393-426. doi: 10.1177/10778019922181284 Retrieved from <http://vaw.sagepub.com/content/5/4/393.full.pdf+html>
- Buel, S. M. (1999). Fifty obstacles to leaving, aka, why abuse victims stay. *Colorado Lawyer*, 28(10/19). Retrieved from <http://web.law.asu.edu/Portals/38/Documents/50%20Obstacles%20Lvg%20Art.pdf>
- Burt, M. R. (2010). *Life after transitional housing for homeless families*. Washington, DC: Urban Institute. Retrieved February 2, 2016, from <http://www.urban.org/research/publication/life-after-transitional-housing-homeless-families>

- Burt, M.R. (2006). *Characteristics of Transitional Housing for Homeless Families: Final Report*. Washington, DC: Urban Institute. Retrieved February 2, 2016, from <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/411369-Characteristics-of-Transitional-Housing-for-Homeless-Families.PDF>
- Campbell, J.C. (2004). *Danger Assessment* [Tool]. Retrieved February 2, 2016, from <https://www.dangerassessment.org/>
- Corporation for Supportive Housing. (2010). *Between the Lines: A Question & Answer on Legal Issues in Supportive Housing*. Retrieved February 2, 2016, from [http://www.csh.org/wp-content/uploads/2011/12/Tool\\_BTL\\_National1.pdf](http://www.csh.org/wp-content/uploads/2011/12/Tool_BTL_National1.pdf)
- Correia A., & Melbin, A. (2005). Transitional Housing Services for Victims of Domestic Violence: A Report from the Housing Committee of the National Task Force to End Sexual and Domestic Violence. *National Online Resource Center on Violence Against Women*. Retrieved December 5, 2016, from <http://vawnet.org/material/transitional-housing-services-victims-domestic-violence-report-housing-committee-national>
- Davies, J. (2008). *When Battered Women Stay...Advocacy Beyond Leaving*. Building Comprehensive Solutions to Domestic Violence (BCSDV), a project of the National Resource Center on Domestic Violence. Retrieved December 5, 2016, from <http://vawnet.org/material/when-battered-women-stay-advocacy-beyond-leaving>
- Davies, J. (2009). *Advocacy beyond leaving: Helping battered women in contact with current or former partners a guide for domestic violence advocates*. Retrieved August 23, 2016, from [https://www.futureswithoutviolence.org/userfiles/file/Children\\_and\\_Families/Advocates%20Guide%281%29.pdf](https://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Advocates%20Guide%281%29.pdf)
- De Jong, Iain. (2015). *VI-SPDAT and Rapid Re-Housing Recommendations* [Blog post]. Retrieved January 22, 2018, from [http://www.orgcode.com/vi\\_spdat\\_and\\_rapid\\_re\\_housing\\_recommendations](http://www.orgcode.com/vi_spdat_and_rapid_re_housing_recommendations)
- DeCandia, C. J., Guarino, K., & Clervil, R. (2014). *Trauma-informed care and trauma-specific services: A comprehensive approach to trauma intervention*. Washington, DC: American Institutes for Research. Retrieved August 23, 2016, from [http://www.air.org/sites/default/files/downloads/report/Trauma-Informed%20Care%20White%20Paper\\_October%202014.pdf](http://www.air.org/sites/default/files/downloads/report/Trauma-Informed%20Care%20White%20Paper_October%202014.pdf)
- Fair Housing Partners of Washington State. (2013). *A Guide to Fair Housing for Nonprofit Housing and Shelter Providers: Washington State Edition*. Retrieved February 2, 2016, from <http://www.kingcounty.gov/~media/exec/civilrights/documents/NPHO-Shelter.ashx?la=en>
- Family Violence Prevention & Services Program. (2015). *Domestic violence services provided by State and Tribal grantees data sheet*. Retrieved August 23, 2016, from [http://www.acf.hhs.gov/sites/default/files/fysb/fvpsa\\_state\\_tribal\\_20150731.pdf](http://www.acf.hhs.gov/sites/default/files/fysb/fvpsa_state_tribal_20150731.pdf)
- Fernandes-Alcantara, A. L. (2015). *Family Violence Prevention and Services Act (FVPSA): Background and funding*. Congressional Research Services. Retrieved August 23, 2016, from <https://www.fas.org/sgp/crs/misc/R42838.pdf>
- Fisher, B. W., Mayberry, L. S., Shinn, M., & Khadduri, J. (2014). Leaving homelessness behind: Housing decisions among families exiting shelter. *Housing Policy Debate*, 24(2), 364-386. doi:10.1080/10511482.2013.852603 Retrieved February 2, 2016, from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4170684/pdf/nihms531019.pdf>
- Goodman, L., Fels, K., & Glenn, C. (2006). No safe place: Sexual assault in the lives of homeless women. Retrieved December 5, 2016, from <http://vawnet.org/material/no-safe-place-sexual-assault-lives-homeless-women>
- Gubits, D. et al. (2015). Family options study: Short-term impacts of housing and services interventions for homeless families. *US Department of Housing and Urban Development: Office of Policy Development and Research*. Retrieved February 2, 2016, from [http://www.huduser.gov/portal/portal/sites/default/files/pdf/FamilyOptionsStudy\\_final.pdf](http://www.huduser.gov/portal/portal/sites/default/files/pdf/FamilyOptionsStudy_final.pdf)
- Hibbard, M. R. (n.d.). [Traumatic Brain Injury and Domestic Violence:] *Screening and accommodations [PowerPoint presentation]*. Retrieved August 8, 2016, from <http://www.rehab.alabama.gov/docs/traumatic-brain-injury/tbi-dv-screening-and-accommodations.ppt?sfvrsn=0>
- Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The open health services and policy journal*, 3(2), 80-100. Retrieved June 20, 2016, from [http://www.traumacenter.org/products/pdf\\_files/shelter\\_from\\_storm.pdf](http://www.traumacenter.org/products/pdf_files/shelter_from_storm.pdf)

- Jasinski, J. L., Wesley, J. K., Mustaine, E., & Wright, J. D. (2005). *The experience of violence in the lives of homeless women: A research report*. Washington, DC: National Institute of Justice. Retrieved August 23, 2016, from <https://www.ncjrs.gov/pdffiles1/nij/grants/211976.pdf>
- Limited English Proficiency (LEP), A Federal Interagency Website. (n.d.). *Featured Resources*. Retrieved February 2, 2016, from <http://www.lep.gov/>
- Lyon, E., Lane, S., Menard, A. (2008). *Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences, Final Report*. National Institute of Justice. Retrieved February 1, 2016, from <https://www.ncjrs.gov/pdffiles1/nij/grants/225025.pdf>
- Melbin, A., Jordan, A., & Smyth, K. F. (2014). *How do survivors define success? A new project to address and overlooked question*. The Full Frame Initiative. Retrieved August 23, 2016, from [http://www.blueshieldcafoundation.org/sites/default/files/publications/downloadable/How\\_Do\\_Survivors\\_Define\\_Success\\_FFI\\_Oct\\_2014.pdf](http://www.blueshieldcafoundation.org/sites/default/files/publications/downloadable/How_Do_Survivors_Define_Success_FFI_Oct_2014.pdf)
- Missouri Coalition Against Domestic & Sexual Violence (MCADSV). (2012). *Understanding the nature and dynamics of domestic violence*. Retrieved August 23, 2016, from [http://www.ncdsv.org/images/MoCADSV\\_UnderstandingNatureDynamicsOfDV\\_revised5-2012.pdf](http://www.ncdsv.org/images/MoCADSV_UnderstandingNatureDynamicsOfDV_revised5-2012.pdf)
- National Coalition for the Homeless. (2009). *Domestic Violence and Homelessness*. Retrieved February 1, 2016, from <http://www.nationalhomeless.org/factsheets/domestic.html>
- National Low Income Housing Coalition (June 29, 2015). U.S. Supreme Court Upholds Fair Housing Disparate Impact Principle. Retrieved January 22, 2018, from <http://nlihc.org/article/us-supreme-court-upholds-fair-housing-disparate-impact-principle>
- National Low Income Housing Coalition. (2016). *Out of Reach 2016*. Retrieved August 23, 2016 from [http://nlihc.org/sites/default/files/oor/OOR\\_2016.pdf](http://nlihc.org/sites/default/files/oor/OOR_2016.pdf)
- National Network to End Domestic Violence (NNEDV). (2013). *Best practices for setting eligibility criteria in transitional housing programs*. Retrieved January 22, 2018, from <https://nnedv.org/?mdocs-file=7998>
- National Network to End Domestic Violence (NNEDV). (2013). *Confidentiality: VAWA & FVPSA*. Retrieved January 22, 2018, from <https://nnedv.org/?mdocs-file=6887>
- National Network to End Domestic Violence. (2014). *Domestic Violence Counts 2014: A 24-Hour Census of Domestic Violence Shelters and Services*. Retrieved January 22, 2018, from [https://nnedv.org/mdocs-posts/census\\_2014\\_handout\\_report/](https://nnedv.org/mdocs-posts/census_2014_handout_report/)
- National Network to End Domestic Violence. (2015). *Domestic Violence Counts 2015: A 24-Hour Census of Domestic Violence Shelters and Services*. Retrieved September 22, 2016, from [https://nnedv.org/mdocs-posts/census\\_2015\\_handout\\_report/](https://nnedv.org/mdocs-posts/census_2015_handout_report/)
- National Resource Center on Domestic Violence. (2014). *Special Collection: Traumatic Brain Injury and Domestic Violence: Understanding the Intersections*. (webpage) Retrieved December 5, 2016, from <http://vawnet.org/sc/traumatic-brain-injury-and-domestic-violence-understanding-intersections>
- Office of Family Assistance. (See U.S. Department of Health and Human Services, Administration for Children and Families)
- Orgcode & Community Solutions. (2015). *Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen Triage Tool for Single Adults*. Retrieved January 22, 2018, from <https://d3n8a8pro7vhmx.cloudfront.net/orgcode/pages/315/attachments/original/1479851656/VI-SPDAT-v2.01-Single-US-Fillable.pdf?1479851656>
- Orgcode & Community Solutions. (2015). *Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen Triage Tool for Families*. Retrieved January 22, 2018, from <https://d3n8a8pro7vhmx.cloudfront.net/orgcode/pages/315/attachments/original/1479851653/VI-SPDAT-v2.01-Family-US-Fillable.pdf?1479851653>

- Stone, C., & Savage, K. (2007). *Fair Housing for People with Disabilities: A Guidance Manual for Emergency Shelter and Transitional Housing Providers*. Los Angeles, CA: Mental health Advocacy Services, Inc. Retrieved February 2, 2016, from [http://www.mhas-la.org/assets/FH\\_Manual\\_April2007.pdf](http://www.mhas-la.org/assets/FH_Manual_April2007.pdf)
- Thomas, K. A., Goodman, L., & Putnins, S. (2015). "I have lost everything": Trade-offs of seeking safety from intimate partner violence. *American journal of orthopsychiatry*, 85(2), 170-180. Retrieved August 23, 2016, from <http://www.ncbi.nlm.nih.gov/pubmed/25580522>
- U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance. (2013). *TANF-ACF-IM-2013-01 (Use of TANF Funds to Serve Homeless Families and Families at Risk of Experiencing Homelessness)*. Retrieved March 1, 2016, from <http://www.acf.hhs.gov/programs/ofa/resource/tanf-acf-im-2013-01>
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families. (2009-2010). *Family Violence Prevention and Services Act: Report to Congress 2009-2010*. Retrieved May 2, 2016, from [http://www.acf.hhs.gov/sites/default/files/fysb/fvpsa\\_report\\_to\\_congress\\_09\\_10.pdf](http://www.acf.hhs.gov/sites/default/files/fysb/fvpsa_report_to_congress_09_10.pdf)
- U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2012). *Navigating the Family Violence Prevention and Services Program: A Guide for State and Territorial Administrators*. Retrieved February 2, 2016, from [http://www.acf.hhs.gov/sites/default/files/fysb/fvpsa\\_admin\\_guide\\_20121119\\_0.pdf](http://www.acf.hhs.gov/sites/default/files/fysb/fvpsa_admin_guide_20121119_0.pdf)
- U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2014). *Part 1 Point-in-Time Estimates of Homelessness: The 2014 Annual Homeless Assessment Report (AHAR) to Congress*. Retrieved February 2, 2016, from <https://www.hudexchange.info/resources/documents/2014-AHAR-Part1.pdf>
- U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2014). *Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status (Notice CPD-14-012)*. Retrieved February 2, 2016, from <https://www.hudexchange.info/resources/documents/Notice-CPD-14-012-Prioritizing-Persons-Experiencing-Chronic-Homelessness-in-PSH-and-Recordkeeping-Requirements.pdf>
- U.S. Department of Housing and Urban Development. (2011). *Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Defining "Homeless" Final Rule*. Retrieved February 2, 2016, from <https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/>
- U.S. Department of Housing and Urban Development. (2011). *Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Emergency Solutions Grants (ESG) Program and Consolidated Plan Conforming Amendments. (ESG Interim Rule)* Retrieved March 8, 2016, from <https://www.hudexchange.info/resource/1927/hearth-esg-program-and-consolidated-plan-conforming-amendments/>
- U.S. Department of Housing and Urban Development. (2012). *CoC Program Interim Rule (Formatted Version)*. Retrieved March 8, 2016, from <https://www.hudexchange.info/resource/2035/coc-program-interim-rule-formatted-version/>
- U.S. Department of Housing and Urban Development. (2013). *Rapid Re-Housing: ESG vs. CoC Guide*. Retrieved February 2, 2016, from <https://www.hudexchange.info/resource/2889/rapid-rehousing-esg-vs-coc/>
- U.S. Department of Housing and Urban Development. (2014). *Rapid Re-Housing Brief*. Retrieved February 1, 2016, from <https://www.hudexchange.info/resource/3891/rapid-re-housing-brief/>
- U.S. Department of Housing and Urban Development. (2015). *2014 AHAR: Part 2 – Estimates of Homelessness in the U.S.* Retrieved February 2, 2016, from <https://www.hudexchange.info/resource/4828/2014-ahar-part-2-estimates-of-homelessness/>
- U.S. Department of Housing and Urban Development. (2015). *Coordinated Entry and Victim Service Providers FAQs*. Retrieved February 2, 2016, from <https://www.hudexchange.info/resource/4831/coordinated-entry-and-victim-service-providers-faqs/>
- U.S. Department of Housing and Urban Development. (2015). *Coordinated Entry Policy Brief*. Retrieved February 2, 2016, from <https://www.hudexchange.info/resource/4427/coordinated-entry-policy-brief/>
- U.S. Department of Housing and Urban Development. August 11, 2016 Announcement of HUD, DOJ, and HHS Release Joint Letter Providing Information Regarding Access to Federally Funded Life-Saving Services and Housing for Immigrants. Retrieved August 18, 2016, from <https://www.hudexchange.info/news/hud-doj-and-hhs-release-joint-letter-providing-information-regarding-access-to-federally-funded-life-saving-services-and-housing-for-immigrants/>

- Joint letter (August 5, 2016) from HUD, HHS, DOJ: <https://www.hudexchange.info/resources/documents/HUD-HHS-DOJ-Letter-Regarding-Immigrant-Access-to-Housing-and-Services.pdf>
- U.S. Department of Housing and Urban Development. (n.d.). *Key Provisions and Regulations Implementing Section 504 of the Rehabilitation Act*. Retrieved February 2, 2016, from [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/fair\\_housing\\_equal\\_opp/disabilities/504keys](http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/disabilities/504keys)
- U.S. Department of Justice, Office of Justice Programs, Office for Civil Rights. (2014). *Frequently Asked Questions, April 9, 2014, Nondiscrimination Grant Condition in the Violence Against Women Reauthorization act of 2013*. Retrieved February 2, 2016, from <http://www.justice.gov/sites/default/files/ovw/legacy/2014/06/20/faqs-ngc-vawa.pdf>
- U.S. Department of Justice, Office on Violence Against Women. (updated 6/16/2009). *Instructions for Semi-Annual Progress Report for Transitional Housing Assistance Grant Program*. Retrieved February 2, 2016, from <http://muskie.usm.maine.edu/vawamei/attachments/instructions/THousingInstructions.pdf>
- U.S. Department of Justice, Office on Violence Against Women. (2013). *OVW Grant Program Statutes*. Retrieved February 2, 2016, from <http://www.reginfo.gov/public/do/DownloadDocument?objectID=50265601>
- U.S. Department of Justice, Office on Violence Against Women. (2015). *OVW Fiscal Year 2015 Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking: Solicitation*. Retrieved on January 29, 2016, from <http://www.justice.gov/sites/default/files/ovw/pages/attachments/2015/01/14/th-solicitation-finalv2.pdf>
- U.S. Department of Justice, Office on Violence Against Women. (2016). *OVW Fiscal Year 2016 Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking: Solicitation*. Retrieved on August 22, 2016, from <https://www.justice.gov/ovw/file/800641/download>
- U.S. Department of Justice, Office on Violence Against Women. (2014). *FY 2014 Solicitation Companion Guide: OVW Grant Programs and Pertinent Post-Award Information*. Retrieved February 2, 2016, from <http://www.justice.gov/sites/default/files/ovw/legacy/2013/12/16/companion-guide-fy2014.pdf>
- Violence Against Women Act Measuring Effectiveness Initiative (VAWA MEI). (2015). *Transitional Housing Program Summary Data Reports*. Retrieved April 19, 2016, from <http://muskie.usm.maine.edu/vawamei/thousinggraphs.htm>
- Warshaw, C., Sullivan, C. M., & Rivera, E. A. (2013). *A systematic review of trauma-focused interventions for domestic violence survivors*. National Center on Domestic Violence, Trauma & Mental Health. Retrieved June 20, 2016, from [http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2013/03/NCDVTMH\\_EBPLitReview2013.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2013/03/NCDVTMH_EBPLitReview2013.pdf)
- Wisconsin's Violence Against Women with Disabilities and Deaf Women Project. (2011) *A Practical Guide for Creating Trauma-Informed Disability, Domestic Violence and Sexual Assault Organizations*. A project of Disability Rights Wisconsin, Wisconsin Coalition Against Domestic Violence, and Wisconsin Coalition Against Sexual Assault. Retrieved May 30, 2018, from <https://www.endabusepwd.org/publications/guide-for-creating-trauma-informed-organizations/>