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

Chapter 9: Approach to Services: Providing Basic Support and Assistance (Advocacy/Case Management, Safety Planning, Community Integration, Follow-Up)

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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)¹ and the Missouri Coalition of Domestic and Sexual Violence² -- 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.

¹ 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."

² 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

Chapter 9 addresses the basic advocacy / case management role, safety planning, community integration, and follow-up support after a survivor exits the transitional housing (TH) program.

The advocate/case manager³ provides the glue that holds a TH program together. She is typically the face of the program, the primary source of support and advocacy, and if participants wish such assistance, she is the go-to person for help exploring next-step options; planning for safety; applying for benefits; addressing barriers to housing, employment, and general wellbeing; looking for housing; accessing care to address unresolved health or mental health-related needs; working on parenting challenges; accessing help with legal or immigration issues; and devising strategies for becoming (re-)integrated in the community.

The responsibilities and day-to-day activities of the position vary depending on many factors, including the needs of participants, program budget and funding sources; the housing model; the capacity and overall approach to services of the provider agency sponsoring the TH program; and the geography, demographics, and economics of the community/region served, and accessibility and availability of complementary services.

After brief introductory notes about these and other sources of variation across programs, Section 2 reviews some of the conceptual frameworks that programs might use in implementing advocacy/case management services. Most of the programs we interviewed described their conceptual framework as the "voluntary services model," which all providers operating an OVW grant-funded TH program must follow.⁴ Challenges and approaches to implementing "voluntary services" are discussed in [Chapter 4](#) ("Taking a Survivor-Centered/Empowerment Approach: Rules Reduction, Voluntary Services, and Participant Engagement").

A "**Survivor Empowerment**" approach⁵ focuses on supporting survivors in making their own life choices and decisions, including the decisions governing their participation in the TH program and the type of assistance they are looking for program staff to provide. An empowerment approach is intended to support participants in taking back the power and control over their own lives that their abusive partner sought to rob them of.

Although nearly every provider we interviewed embraced the concept of empowerment, some of the comments describing program policies and procedures illustrate the continuing challenges that staff sometimes face in reconciling their fundamental belief in a woman's right to be free from violence with the reality that an empowered survivor might decide, after weighing her tradeoffs, that returning to an abusive relationship is her best (or least bad) alternative.

The "**Housing First**" approach seeks to assist individuals and families in accessing permanent, affordable housing as quickly as possible, under the assumption that they will be better able to address their non-housing needs -- income and employment, health and mental health, etc. -- once they have stable housing. Although many of the providers that we interviewed use OVW TH grants and/or HUD Rapid Rehousing (RRH) grants to operate Transition-in-Place programs that allow survivors to move directly from shelter to

³ Most programs name the position "advocate" or "case manager." Some programs call the position "service coordinator" or "program coordinator." In this and other chapters, the titles interchangeably used to reference the position are: advocate/case manager, advocate, or case manager. As stated in the "Note about the Use of Gendered Pronouns" at the beginning of this chapter, for simplicity, we use the feminine pronoun to refer to the advocate/case manager, but recognize that the position could be held by a woman, man, or transgender individual.

⁴ All providers implementing Office on Violence Against Women (OVW) grant-funded transitional housing and/or other residential programming covered under the Violence Against Women Act (VAWA), including HUD-funded transitional housing and rapid rehousing projects operated by victim services providers, must utilize a "voluntary services" approach.

⁵ For more about empowerment, See [Chapter 4](#) ("Taking a Survivor-Centered/Empowerment Approach: Rules Reduction, Voluntary Services, and Participant Engagement").

permanent housing -- rather than requiring an intervening stay in a temporary program residence -- only a few of those providers described their program as using a "Housing First" approach.

Most of these programs serve survivors who have spent several weeks or months in a DV shelter, where they began the process of healing and planning/taking next steps. While these survivors may not be financially ready for an independent tenancy, by the time they make the move to a transition-in-place unit, they are typically more emotionally and psychologically ready to move into their own apartment than they were when they first fled their abusive relationship and/or entered the shelter.

A [Housing First Checklist](#) disseminated by the U.S. Interagency Council on Homelessness (USICH) emphasizes that a "low threshold" for entry and voluntary services are key attributes of the model. While most providers that we interviewed have largely embraced the voluntary services model, not all programs embrace a low threshold approach,⁶ which may be one of the reasons why only a few providers described their programs as "Housing First."

There is no question that transition-in-place programs work. However, the same approach to transition-in-place programming may not work equally well for every survivor. Implementation details -- the magnitude and duration of financial assistance, the extent and breadth of supportive services, whether the survivor must be named on the lease, the logistics of accessing services from where the housing is located, etc. -- determine the kinds of individuals and families that a particular implementation can effectively serve.

The transition-in-place model works best for a survivor who wants independent housing; has the income to sustain her housing, given the anticipated level of program assistance; has the potential to earn enough money to cover the full cost of housing before program-furnished financial assistance runs out (i.e., won't need a permanent housing subsidy, which can take an applicant years to get); and has, or can develop within the program timeframe, the "tenancy credentials" (e.g., adequate credit, lack of problematic rent or utility arrearages, positive housing history, adequate income prospects) she will need, in order to convince a landlord to put a lease in her name.

For survivors who don't need or want much in the way of supportive services, the logistics of the housing and services are less important; for survivors looking for a greater level of support, the ease with which participants in independent housing can access services (or employment or education) can be a critically important determinant of success. The further away from housing, and the more time consuming, complicated, and expensive it is to travel to the service locations, the less well the model will work for a survivor who needs and wants those services.

HUD Rapid Rehousing (RRH) grants fund a highly regulated version of a transition-in-place program. HUD's 2014 [Rapid Rehousing Brief](#) states that RRH grants are "not designed to comprehensively address all of a recipient's service needs or their poverty," but instead, are "primarily oriented toward helping families resolve their immediate crises, find and secure housing, and connect to services if/when appropriate." The HUD policy brief further stated that RRH grants were intended to fund only "crisis-related, lighter-touch (typically six months or less)" assistance that is "just enough" to enable clients "to successfully exit homelessness and avoid returning to the streets [or] emergency shelter."

Survivors who, after a brief stay in a DV shelter, are still suffering from trauma and its concomitants, and who lack the wherewithal to navigate a quick transition from chronic victimization to economic self-sufficiency and

⁶ See, for example, the discussion in [Chapter 2](#) ("Survivor Access and Participant Selection") about the pressure to bias selection in favor of survivors who can be "successful," and the discussion in [Chapter 4](#) ("Taking a Survivor-Centered / Empowerment Approach: Rules Reduction, Voluntary Services, and Participant Engagement") and [Chapter 6](#) ("Length of Stay") about how some programs may be compromising the voluntary services principle by making continuing assistance contingent on the participant's level of engagement.

housing independence with only very limited program support, might be better served by a transition-in-place program that offered longer-term assistance and more extensive services.

In other words, a low threshold Housing First approach can be effective in serving survivors, if it incorporates an appropriate mix and level of financial assistance and services. The more limited the assistance and services, the higher the threshold for entry must be. The more extensive and the longer the term of assistance and services, the lower the threshold for entry can be.

The more flexible a program is about the forms that assistance can take, the greater the variety of needs it can meet. Programs that leverage private resources with fewer limitations than government funding (like the DV-focused Housing First programs in Washington and Oregon that are mentioned in the narrative) can address survivor needs that government grant funding cannot -- e.g., paying down rent or utility arrearages that stand in the way of landlord willingness to offer a lease, or helping survivors stay in their existing housing, after an abusive partner has been incarcerated or disappeared from the scene -- and hence, can operate with a lower threshold for entry.

Housing First may not be the best approach for every survivor. For example, a survivor with extensive needs for services, with the need for the kind of safety and security that congregate or clustered housing can support, or with the desire to be part of a supportive community of peers might be best served by a "traditional" TH program in provider-owned or provider-leased housing, where they would have more convenient access to provider services and peer support, and would not have the responsibility of a lease in their name. Provider-owned or provider leased housing might also be the only viable option for a survivor whose poor income prospects and weak tenancy credentials would not enable her to lease an apartment.

Section 2 continues with brief discussions about the *Sanctuary* model and *Full Frame* approach, which both emphasize the importance of understanding and being guided by the unique motivations and priorities of each survivor, as well as the importance of a holistic and trauma-informed approach that delivers services in a manner that is inclusive and empowering for both participants and staff.

The Full Frame approach highlights the importance of the survivor's roles and relationships -- including the relationship with her abusive partner -- that provide meaning and support in her life.⁷ Although providers may identify a woman who has fled an abusive relationship as a "victim" or a "survivor," that is not necessarily how she sees herself. Her identity is tied to those other roles and relationships -- mother, wife, Sunday school teacher, soccer coach, professional, etc.

When a survivor has to choose between safety and remaining part of her community, she weighs the *tradeoffs* -- on the one hand, risk of continued victimization and possible risk to other family and friends, and on the other hand, continued sustenance from the relationships and roles that matter to her. On the one hand, flight might mean safety; on the other hand, her new life might be bereft of ties that matter.

Given these tradeoffs, [Davies \(2009\)](#) argues that most survivors choose to remain in contact with, if not in relationship with, their abusive (ex-)partner, particularly if the prospect of poverty, concerns related to child custody/visitation, cultural expectations, or other life circumstances outweigh considerations of safety.

Programs that recognize that reality and support survivors in devising and implementing strategies that will help them stay as safe as possible, while they are in contact, or in relationship with, their abusive partner, might be said to be taking a *harm reduction* approach, which is the next framework described in Section 2. As a survivor-defined approach that recognizes the survivor as a whole person with potentially contradictory needs, harm reduction has much in common with the Full Frame and Sanctuary models: It requires the non-

⁷ Although a victim services provider may see the abusive partner only as the perpetrator of violence, the survivor may appreciate other aspects of their relationship, or may value his connection to their children, or the role and status that she has as his wife and the mother of his children, which she would lose if she fled the relationship.

judgmental, non-coercive provision of services; and it affirms the survivor as the primary decision maker, when it comes to prioritizing what is most important, evaluating the tradeoffs, and making life choices.

The last approach discussed in Section 2 is **Critical Time Intervention (CTI)**, which is much more structured and provider-directed than the previously-described approaches. As described in the narrative, the CTI model calls for very specific decrements in the level of program services over a nine-month period of time, ending in a transfer of the locus of services from the CTI provider to a designated community-based provider. Although, generally speaking, the level of housing assistance and the intensity of advocacy/case management support in a transitional housing program decreases over the course of a survivor's period of participation, the trajectory of a trauma survivor's recovery isn't necessarily a straight line: As new issues or crises arise -- an unwanted contact by the ex-partner, strong emotional reactions to an incident at work or to parenting stresses, anxiety over being alone in a new apartment -- programs need the resources and flexibility to address those issues. Indeed, none of the providers we interviewed said they use that approach.

Before concluding with an extensive set of provider comments about their approaches to advocacy/case management, Section 2 briefly discusses **Motivational Interviewing (MI)**, a technique for assisting people in making decisions involving difficult tradeoffs and/or resolving sources of ambivalence. Like the outcomes targeted by the Full Frame, Sanctuary, and harm reduction approaches, the desired outcome of motivational interviewing is a survivor-defined solution, rather than a path that was mapped or heavily influenced by staff.

Section 3 explores the role of program staff in helping participants maximize their safety, through realistic, ongoing **safety planning** that addresses what [Davies \(2009a\)](#) calls batterer-generated risks (e.g., violence, abuse, and sabotage) and life-generated risks (e.g., poverty, loss of work, and loss of health coverage). Because many survivors remain in contact with, and even in relationship with, their abusive (ex-)partner, [Davies \(2009\)](#) argues that safety planning must anticipate such contact. The narrative on safety planning includes resources (at the end of the section) which may be helpful in doing comprehensive safety planning.

[Davies' \(2009\)](#) emphasis on the importance of taking a comprehensive approach to safety planning, and including strategies to "address basic human needs for income, housing, health care, food, child care, and education for the children," in addition to the more obvious focus on "reducing the risk of physical violence and other harm caused by an abusive partner" points to an important difference between the OVW Transitional Housing grant program and HUD's Rapid Rehousing (RRH) program:

Whereas the [HUD Rapid Rehousing Brief](#) states that, "rapid re-housing is not designed to comprehensively address all of a recipient's service needs or their poverty," but instead, "solves the immediate crisis of homelessness, while connecting [participants] with appropriate community resources to address other service needs" (p.2), the OVW's [annual solicitation for grant proposals](#) explicitly list as a program purpose -- and approved use of grant funds -- helping participants "secure employment, including obtaining employment counseling, occupational training, job retention counseling, and counseling concerning re-entry in to the workforce; and integrating] into a community by providing [participants] with services, such as transportation, counseling, child care services, case management, and other assistance." (p.7)

Many survivors are concerned about the continued threat that their abusive (ex-)partner poses to their safety and wellbeing, and to the wellbeing of family members, and these survivors may want to avoid contact with their abusive (ex-)partner, or at a minimum, restrict contact to court-mandated exchanges of custody and other "necessary" interactions. Section 3 includes a discussion about the potentially beneficial, potentially inflammatory role of **restraining orders/orders of protection**. The narrative cites and provides a link to the [WomensLaw.org webpage on restraining orders](#), which offers general information about how orders of protection/restraining orders work, and the kinds of limits on contact they can set, and provides specific information about each state's distinct laws governing such instruments. Importantly, the [Full Faith and Credit \(FFC\) provision of VAWA](#) requires that protection orders issued in one jurisdiction must be recognized and enforced in other jurisdictions.

Although judgments about the seriousness of an abusive situation (e.g., by a state welfare official, by a hearing officer ruling on custody) are sometimes based on whether the victim has sought a restraining order / order of protection, and although failure to obtain such a court order is sometimes mistakenly viewed as indicating the absence of a serious problem, survivors may be wary of violent retaliation by their (ex-)partner in response to such a court order, and may decide not to pursue such an order. The survivor should be seen as the best judge of her (ex-)partner's behavior, and, therefore, the person in the best position to anticipate whether a restraining order will be effective in keeping him away, or will enrage him and drive him to retaliate and escalate the violence.

Section 3 continues with a review of **assessment instruments for measuring the risk of danger or lethality**. Such tools are seen as helpful, for example, in alerting public safety officers to the danger that a woman faces. The most well know instrument, the [Danger Assessment](#) developed and refined by Dr. Jacqueline Campbell, was mentioned by a few providers as a possible adjunct to the standard needs assessment instrument used by Continuums of Care (CoCs) to prioritize homeless individuals and families for assistance. As reported by a number of providers who also receive HUD funding, the current process for prioritizing homeless candidates for assistance in their Continuum of Care does not assess for danger or lethality, and typically assigns DV survivors a low priority for assistance, as compared, for example, to chronically homeless individuals.

The predictive accuracy of such tools varies, particularly with respect to the potential for lethality, but their use has been cited as supporting better understanding and closer cooperation among law enforcement, health providers, and victim services providers in addressing the risks posed by domestic violence. A federally funded analysis of danger/lethality assessment instruments by [Websdale & Dedolph \(2000\)](#) concluded that,

"In spite of all these difficulties it is clear that while these instruments are not efficient lethality screens, they are powerful dangerousness indicators. For this reason they can be tremendously useful to the domestic violence movement in combating domestic violence, developing more effective safety plans, listening to battered women more carefully, and reducing the incidence of serious injury, and, in some cases, death. . . . No instrument, however thorough, however seemingly in-tune with research findings, should form the exclusive basis for safety planning for victims. . . . Risk assessment scores should not substitute for listening to battered women and learning about the complexities of their personal lives and broader social circumstances. . . . [These] instruments expose players like police officers to issues that they may not otherwise consider or have been trained to think through. They may also provide a touchstone for victims themselves as they seek to strategize about their futures and those of their children." (pp. 6-7)

As phones, tablets, computers, and social media become a more integral part of our lives, it is increasingly important to understand how their improper or inadequately safeguarded use can exacerbate a survivor's risks. Section 3 includes information about resources developed by the National Network to End Domestic Violence (NNEDV) on the **safe use of technology**, addressing both the safe use of technology by survivors and the safe use of technology for data collection and communication by program staff. Section 3 concludes with information about **safety planning-related resources**, followed by provider comments on the challenges and approaches to safety planning and supporting survivor safety.

Section 4 addresses the challenges and approaches to supporting participants in **building linkages and becoming (re-)integrated into their communities**. The discussion begins with a look at the literature on social networks -- that is, the people and organizations that survivors are connected to, and that are central to the roles and relationships that add meaning to their lives. For a member of a cultural or linguistic minority community that is not fully integrated into the larger community, affiliation with her network can be critical to the survivor's identity, and separation from that network may leave her bereft of essential ties and purpose.

At its best, a social network can play a key role in supporting a member's wellbeing; in reducing the severity of PTSD and risk of psychological distress after she has experienced trauma; in increasing her access to resources; and in countering the efforts of her abusive partner to isolate her.

In other cases, affiliation with her network may come at a cost, if the survivor's community condones or chooses to ignore her partner's use of violence and abusive power. If she is contemplating leaving her abusive partner, members of her community can be sources of unwanted pressure to remain in or return to that situation, or can ally with her abusive partner to try to prevent her from leaving.

In the interest of protecting a victim from her abusive partner, and providing a respite from the violence, programs may pursue strategies that isolate the survivor from her social networks, and from the roles and relationships that are central to her identity and sense of self-worth, potentially doing more harm than good. Likewise, a program that re-directs a survivor's help-seeking and encourages reliance on formal supports (e.g., therapists), may be counterproductive in the longer term, if access to formal supports comes at the expense of the survivor's ties to her community, since linkages with formal supports are more circumscribed and less enduring than personal connections, and often require payment or insurance, which a survivor may not have.

A survivor faces difficult choices and tradeoffs, if leaving an abusive relationship also means leaving behind the community and social network that have been such an important part of her life. On the one hand, preserving the roles and relationships that have enriched her life may come at the cost of ongoing vulnerability to violence; on the other hand, in separating from her community, in order to gain safety from her abusive partner, a survivor may risk social isolation, instability, and even homelessness. As [Melbin, Smyth, & Marcus \(2014\)](#) note, "leaving and separation often create new, additional problems."

Section 4 concludes with a brief discussion about the challenges a survivor faces when she decides to make a life for herself in a new community. It takes an investment of energy to become part of a new community. For some survivors, that process may be liberating and therapeutic; for others, it could be anxiety-provoking and draining. Depending on their personalities and life experience, survivors might do well at building new relationships, or might have misgivings about the process, and feel unable to trust people they don't know.

Section 4 concludes with a set of provider comments about the strategies they pursue in helping survivors address the challenge of becoming integrated into a new community.

Section 5 includes a discussion and provider comments about **follow-up services** for survivors who have "exited" a TH program, or whose rental assistance in a transition-in-place program has ended, but who are still interested in services. The nature of follow-up support and the level of survivor participation in such services vary dramatically across programs.

OVW **requires** TH grantees to **make available to participants a minimum of three months of follow-up services** after their time in the transitional program has ended. According to the [OVW's 2015 solicitation for TH grant proposals](#), "Follow-up services should be limited to: advocacy, support groups, case management, minimal financial assistance (e.g., security deposit, first month's rent, or childcare)..."

By way of comparison, HUD's CoC and ESG transitional housing and rapid rehousing program regulations (the [CoC Interim Rule](#) and the [ESG Interim Rule](#), respectively) **allow, but do not require a provider to offer follow-up services after financial assistance has ended.**

- CoC-funded transitional housing programs may provide **up to six months of post-placement follow-up services** for participants who exit their program and move to permanent housing;
- CoC-funded RRH programs may provide **up to six months of follow-up supportive services** after rental assistance has terminated.
- The ESG Interim Rule limits the duration of "Housing Stability Case Management" services to no more than 24 months while the participant is living in permanent housing, but since ESG-funded rental assistance rarely lasts for 24 months, that leaves additional time for follow-up support.

Many of the providers we interviewed indicated that they offer follow-up services far beyond the OVW-required three month minimum. A few full-service providers described their agency as having an "open door policy," so that non-residential services -- counseling, participation in support groups, help with benefits, information and referrals, etc. -- are available whenever a survivor needs them, for as long after they leave

the transitional program as they want. Other providers said that they offer only the required three months of follow-up services, or six months, or one year. Several providers said that they occasionally hear from former participants for up to two or three years after they exit the program.

The Section 5 narrative and provider comments describe the range of providers' approaches to and concerns about reaching out to and following up with survivors who have left their programs, the varying rates and types of follow-up participation that results from such outreach, the kinds of follow-up services and support that survivors access, and the reasons why some survivors may choose not to seek follow-up services.

The chapter concludes in section 6 with a brief narrative and provider comments about the challenges of providing transitional housing and services for survivors from ***rural and/or more isolated areas***.

2. Overall Provider Approach to Advocacy / Case Management / Services

(a) Introduction

The case manager or advocate is typically the glue that holds a transitional housing (TH) program together. She is typically the face of the program, the primary source of advocacy and support, and if participants wish such assistance, she is the go-to person for help exploring next-step options, planning for safety, applying for benefits, addressing barriers to housing and employment, accessing help to address unresolved health or mental health care needs, looking for housing, working on parenting challenges, finding legal assistance or help with immigration status, becoming connected in a new community, and much more.

In this chapter and chapters 7, 10, and 11 we explore providers' different approaches to that central role:

- In this chapter, we focus on the basic advocacy / case management role, safety planning, community integration, and follow-up after a survivor moves on from the TH program.
- In [Chapter 10](#), we focus on the challenges and approaches to helping survivors find and secure safe, sustainable housing and achieve financial stability, whether by accessing mainstream benefits, getting a job, accessing education or training that can lead to a better job, addressing credit and debt issues, strengthening financial literacy and/or other life skills they may not have previously mastered, and meeting childcare and transportation needs.
- In [Chapter 11](#), we discuss trauma-specific and trauma-informed services for survivors and their children.
- In the "Disabilities" section of [Chapter 7](#), we discuss services for survivors with disabling conditions, including physical and mental health conditions, traumatic brain injury, and substance abuse issues.

The position title, responsibilities, and day-to-day activities of the position⁸ -- in this report we mostly use the title "advocate" -- vary from program to program, as do the frequency, intensity, and mode of communication with participants (e.g., face-to-face in the community, in an office, or in the participant's apartment or by phone, text, e-mail, Skype/FaceTime); and the balance between general support versus instrumental assistance.

That variation is a function of differences in the sizes of programs and the number of staff they can financially support (i.e., based on the total program budget, including all sources of funding for housing, services, and operations); the capacity of the sponsoring agency and mix of other programs that it operates (e.g., shelter, outreach, child-focused, counseling, employment, and other housing programs); the configuration of the transitional housing (e.g., congregate, clustered, scattered-site within close proximity, scattered-site spread far and wide) and whether that housing is temporary (i.e., must be vacated once program participation ends) or potentially permanent (i.e., the participant can transition-in-place, if they choose and can afford the cost); the source(s) of funding (e.g., OVW, HUD, TANF, state or local funding, etc.) and any requirements attached to use of funds from those sources; the sponsoring agency's overall approach to providing transitional housing (e.g., holistic, housing-focused, income/job-focused, empowerment-focused, etc.); and the provider's interpretation of the OVW voluntary services requirement and admonition against "requiring participants to meet restrictive conditions in order to receive services;" and various other factors.

The list of survivor needs and priorities that might have to be addressed, and program roles that might need to be filled -- by the advocate or other staff -- is long: outreach to fill vacancies; participant selection;

⁸ Most programs name the position "advocate" or "case manager." Some programs call the position "service coordinator" or "program coordinator." In this and other chapters, the titles interchangeably used to reference the position are: advocate/case manager, advocate, or case manager. As stated in the "Note about the Use of Gendered Pronouns" at the beginning of this chapter, for simplicity, we use the feminine pronoun to refer to the advocate/case manager, but recognize that the position could be held by a woman, man, or transgender individual.

participant intake and assessment; support for defining personal goals and the strategies for achieving those goals; safety planning and ensuring overall program safety and security; support for healing from trauma; help obtaining health and behavioral health services (e.g., addressing untreated chronic conditions, injuries/scarring from the violence, dental or mental health needs, alcohol or drug dependency); help obtaining public benefits (e.g., SNAP/Food Stamps, Medicaid, WIC, TANF, housing subsidies); help obtaining necessary documentation (e.g., disability documentation, birth certificate); help with budgeting; help addressing barriers related to damaged credit or tenancy history, debts and arrearages, and/or criminal history; help identifying employment goals and strategies, and help taking the steps to achieve those goals (e.g., skill-building, accessing/completing training, resume writing, networking, applying for jobs, interviewing); help identifying education goals and strategies, and help taking the steps to achieve those goals (e.g., HS diploma, ESOL classes, certificate programs, higher education); support with legal advocacy (e.g., accompaniment to court, support with orders of protection, custody issues, divorce); support for addressing immigration issues (e.g., help applying for a U-Visa or T-Visa or filing a VAWA "Self-Petition" and compiling the necessary documentation); help strengthening life skills (e.g., financial literacy, tenancy skills, safe technology skills, nutrition/meal prep, building social networks, etc.); support around children's issues (e.g., identification of childcare options, parenting support, collaboration with school-based staff, identifying children's special needs and sources of support for meeting those needs, addressing potential abuse/neglect, planning and implementing children's activities); support for obtaining/sustaining program housing, transition-in-place housing, or placement housing (e.g., landlord outreach, unit inspection for compliance with funder standards, negotiation of financial arrangements, assistance with moving and furnishing, troubleshooting landlord/tenant problems, and crisis remediation, etc.); providing or arranging transportation; facilitating group activities; planning/coordinating events; facilitating conflict resolution involving among participants; support for community integration; facility upkeep; and more.

Again, there is significant variation from program to program, depending, for example, on whether the program serves families with young children or only single adults; whether the clientele includes immigrants in transition; whether survivors face numerous barriers to gaining housing or are largely self-reliant, having found and leased their own housing as a condition of beginning program participation; whether the program owns and maintains housing, whether the program regularly brings participants together, etc.

A small program might have only a single staff person; a larger agency or larger program might divide program responsibilities among several staff members, with each filling different roles, or with each staff person filling the same role, but serving a different caseload. In a congregate or clustered site program offering extensive and comprehensive services, staff might perform more of the above-listed roles; in a scattered-site program in which survivors are seen as more independent and needing less support, staff duties might be more limited.

If the program is part of a full-service agency with specialized staff (e.g., counselors, children's staff, housing specialist, employment specialist, court advocate, etc.), the advocate may play more of a service coordination role and rely on referrals to in-house co-workers with relevant expertise. If the program is fortunate to be located in a service-rich community with trusted, trauma-informed health and social service providers, staff may make more referrals; if a program operates in a region with more limited services, advocates may have to wear more hats (and/or program participants may go without access to needed-but-unavailable services).

If staff have higher caseloads, or spend a lot of time traveling to meet with participants, they might have less time for each participant, and might play a smaller number of roles than their counterparts with fewer and/or more accessible clients. A number of providers operating shorter-term programs (in which participants receive about six months of housing assistance) indicated that they typically serve survivors with the potential to become financially self-sustaining within that shorter time timeframe. (Although it may be true that these survivors need less advocacy support/case management assistance than survivors in longer-term programs, the lack of detailed information about the needs and circumstances of participants in each such program and the extent to which they achieve their desired outcomes makes it impossible to draw any such conclusion.)

Generally speaking, there are elements of the case management / advocacy role that are common to the various approaches: (a) placing an importance on building and maintaining a trusting relationship and rapport with participants; (b) ensuring the safety of participants, to the best of their ability, including developing and periodically updating safety plans; (c) helping participants define, stay focused on, and achieve their goals, including their housing-related goals; (d) supporting participants in their overall healing from the trauma associated with the violence they fled; (e) supporting participants in addressing crisis situations; and (f) being accountable for meeting funder-defined and program-defined goals and expectations.

However, we found considerable variation in providers' interpretation of, and relative emphasis on, these roles and in the resources they were able to marshal, deploy, and/or leverage to support participants. Some of the providers we interviewed explicitly embraced particular service philosophies or frameworks; many other providers apparently hold similar views, but did not describe their program approach as adhering to a particular service model or principle, other than, typically, voluntary services and empowerment.⁹

(b) Overall Provider Approach

(i) Voluntary Participation in Services ("Voluntary Services")

As stated in the [OVW's annual solicitation for TH grant proposals](#), all OVW-funded TH programs must adhere to the VAWA voluntary services requirement.¹⁰ However, as discussed in [Chapter 4](#) ("Taking a Survivor-Centered / Empowerment Approach: Rules Reduction, Voluntary Services, and Participant Engagement"), different programs have different understandings of "voluntary services" (e.g., ranging from providing rental assistance unconditionally, to requiring monthly "check-ins" with staff, to segmenting rental assistance in six-month increments, such that each extensions beyond the six-month-minimum period of assistance is contingent on participant "effort" and/or "progress." Provider differences -- in "expectations" about participant involvement, in program structure, in reliance on participant prerogative, in efforts to cultivate supportive relationships that may engender the trust that sustains participant engagement -- can have a significant impact on the advocate's approach, activities, and use of time. An advocate that works hard to cultivate and maintain supportive relationships with participants, even if few or no "services" are being provided, may spend much more time "working with" program participants, than, for example, an advocate who periodically reminds participants that if they need anything, they should let her know. See [Chapter 4](#) for a much fuller discussion of voluntary services.

(ii) Survivor Empowerment

Almost every provider cited "empowerment" as a key aspect of their program. [Cattaneo and Goodman \(2015\)](#) note that "from its earliest days, the anti-domestic violence movement has worked towards empowerment of survivors as a central goal. If abusers were taking power from survivors, healing entailed restoring it." (p.4) In their guide for Alaska providers, [Edmund and Bland \(2011\)](#) describe the "Empowerment Philosophy" as an

⁹ As discussed in greater detail in [Chapter 4](#) ("Taking a Survivor-Center/Empowerment Approach: Rules Reduction, Voluntary Services, and Participant Engagement"), different providers hold different interpretations of those terms.

¹⁰ The Violence Against Women Act voluntary services requirement is codified in federal statute -- [42 USC §13975](#) paragraphs (b)(3)(C) ("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") and (d)(2)(B) ("any supportive services offered to participants in programs developed under subsection (b)(3) of this section are voluntary [and] refusal to receive such services shall not be grounds for termination from the program or eviction from the victim's housing") -- and in the [OVW's annual TH grant proposal solicitation](#): "All support services (e.g. budgeting, counseling, substance abuse treatment) made available to and/or offered to participants of the program must be voluntary. Applicants cannot require participation in services as a condition for participation in and access to transitional housing." For more on voluntary services, see the National Network on Domestic Violence fact sheet on "[Understanding the Basics of the Voluntary Services Approach.](#)"

approach that "acknowledges competency and offers support, resources, advocacy, information and education, striving to equalize power between individuals and their environment. Emphasis is on safety and empowerment, support and access to resources, accountability for abusers and perpetrators, and social change." (p.308) It is an approach that allows and supports "each woman [in] solv[ing] her own problems in her own way and time." ¹¹ The Missouri Coalition's "[Understanding the Nature and Dynamics of Domestic Violence](#)" elaborates:

A woman's abuser takes power and control from her through the use of physical force, threats and coercion.¹² Empowerment restores a woman's power and control over her own life and affords her the

¹¹ [Edmund and Bland \(2011\)](#) (p. 55): quoting Cindy Obtinario, Chemical Dependency/Domestic Violence Specialist and Women's Advocate at New Beginnings in Seattle, WA

¹² [Stark \(2012\)](#) provides a compelling argument about the centrality of coercion in domestic violence:

"Throughout the world, with a few exceptions, the legal and policy responses to domestic violence are typically built on a violence model that equates partner abuse with discrete assaults or threats. Implicit in this response is the assumption that the severity of domestic violence can be assessed by applying a calculus of physical and psychological harms to particular assaults. Based on this model, programs focus only on victims' immediate safety. Laws target violent acts; batterer intervention programs (BIPs) seek to "end the violence;" public education campaigns highlight dramatic injuries or fatalities; and child welfare agencies emphasize how children are harmed by "exposure to violence." Assessment instruments designed to predict "dangerousness" consider few abusive tactics other than physical and sexual violence (Campbell et al. 2003).

However, a growing body of research shows that the form of subjugation that drives most abused women to seek outside assistance is not encompassed by the violence model and that, therefore, interventions predicated on this model are ineffective in protecting women and children from this type of abuse. These women have been subjected to a pattern of domination that includes tactics to isolate, degrade, exploit and control them as well as to frighten them or hurt them physically. This pattern, which may include but is not limited to physical violence, has been variously termed 'psychological or emotional abuse, patriarchal or intimate terrorism (Tolman, 1992; Johnson, 2008), and coercive control (Stark, 2007), the term I prefer.

Some countries have either included "psychological" or "emotional" abuse in their definitions of domestic violence or, as in France, created a separate criminal statute prohibiting "psychological abuse." In September 2012, England expanded its cross-governmental definition of domestic violence to encompass coercive control. The new definition recognizes that patterns of behavior and separate instances of control can add up to abuse – including instances of intimidation, isolation, depriving victims of their financial independence or material possessions and regulating their everyday behavior. The terms "psychological" and "emotional" abuse can be applied to certain aspects of coercive control, including acts designed to intimidate victims where threats remain implicit. But they are vague and easily manipulated by offenders who claim emotional abuse by victims. In addition, if a woman claims psychological violence, in order to access legal remedies in some countries, she may be required to produce the 'expert' testimony of a psychologist to prove damages or harm.

Some of the tactics used in coercive control are criminal offenses, such as stalking, while others are crimes only if committed against strangers such as economic exploitation or deprivation, enforced isolation or sexual coercion. But most tactics used in coercive control have no legal standing, are rarely identified with abuse and are almost never targeted by intervention. These tactics include forms of constraint and the monitoring and/or regulation of commonplace activities of daily living, particularly those associated with women's default roles as mothers, homemakers and sexual partners and run the gamut from their access to money, food and transport to how they dress, clean, cook or perform sexually.

By ignoring or minimizing the tactics used in coercive control, current domestic violence laws also miss many of its most devastating effects. There is mounting evidence that the level of "control" in abusive relationships is a better predictor than prior assaults of future sexual assault and of severe and fatal violence. This is because coercive control targets a victim's autonomy, equality, liberty, social supports and dignity in ways that compromise the capacity for independent, self-interested decision making vital to escape and effective resistance to abuse. Moreover, in a significant minority of abuse cases, offenders are able to subjugate and entrap female partners without the use of violence. Arrest for assaults, the provision of shelter or legal protections against violence are vital for short-term safety. But the long-term safety and independence of battered women can only be secured if current protections against domestic violence are extended to encompass coercive control." (pp.3-4)

opportunity to see herself as a strong survivor who can participate actively in securing safety for herself and her children. A woman victimized by domestic violence deserves to tell her story to a non-judgmental, empathetic person. It is critically important to let her know that she is believed and that the violence is not her fault. This might be her first -- and perhaps last -- opportunity to be fully heard.

By listening to a survivor talk about what has happened to her, you will have a greater understanding of her situation and can discuss options that are grounded in her experience, hopes and fears. 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. That is not to say that advocates cannot provide additional assistance securing resources when asked by the women with whom they are working...." (p.27)

As more fully elaborated upon in [Chapter 4](#) ("Taking a Survivor-Center/Empowerment Approach: Rules Reduction, Voluntary Services, and Participant Engagement"), [Sullivan \(2006\)](#) distinguishes between the more encompassing concept of "empowerment practice" and the more service-specific concepts of "empowerment counseling," and "empowerment advocacy" --

- Empowerment practice is working with a survivor "in ways that increase her power in personal, interpersonal and political arenas." It involves a "helping relationship that is participant driven, [in which] the staff member shares power with the participant, and is a facilitator, not a director, of services, [working] with the survivor to facilitate her access to knowledge, skills, supports and resources. . . . Empowerment practice means discussing the pros and cons of all options with survivors, but, ultimately, respecting their desires and decisions, regardless of whether we agree with them." (pp. 27-29)
- "Empowerment counseling involves guiding, supporting and anchoring women, while simultaneously ensuring that each woman is in control of her decisions and choices throughout the process. . . . Empowerment counseling involves using active listening skills to help women regain that sense of power and control over their lives. . . . [and] discover their own 'bottom line.'" (p.35)
- "Empowerment advocacy involves working actively with survivors to help them gain access to resources and opportunities that will improve their lives. . . . Empowerment advocacy, like all forms of empowerment practice, is based on the premise that the survivor is in control of what gets worked on with the advocate." (p.37)

In its [Best Practices Manual](#), the Arizona Coalition describes "the Empowerment Model" as providing an environment in which participants are responsible for their actions and are supported in their right to make choices about how they live their life: "As someone who is empowering others to make choices for themselves, the staff member supports [the participant's] decision and discusses safety planning, and assures her that she can always receive additional services, should she want them."

The manual's authors go on to note that, "historically, domestic violence service providers and the community have responded to domestic violence by coaching victims on how to leave and how they should respond to the abusive relationship. Over time, we have learned from survivors that what they need most is support, encouragement, and the resources to achieve their goals, not someone telling them what to do (much like their abusers)." Instead of making decisions for participants, "staff should support and inform [them] about possible decisions, options, and outcomes as possibilities arise." (p.9)

As [Davies' \(2009\)](#) guide suggests, supporting empowered survivors in making a decision to return to the abusive relationship they fled can pose a philosophical challenge for staff who, on the one hand, agree that a woman has the right to make her own life choices, and on the other hand, believe that nobody should be

subject to abuse by their intimate partner.¹³ The empowerment model, which embraces the OVW's call¹⁴ for a "victim-centered approach," and supports what [Davies \(2008\)](#) called a "victim-defined advocacy" approach, can pose a challenge¹⁵ for a program that feels accountability for -- and the need to focus staff and client efforts on -- achieving funder-defined goals that may not be in sync with the priorities of the survivor.

[Chapter 4](#) includes additional information and provider comments that illustrate the range of perspectives on survivor empowerment and how those perspectives have helped shape program policies and procedures.

(iii) Housing First Approach

Initially implemented to more rapidly and sustainably house chronically homeless individuals with serious mental health and/or substance use issues, the Housing First approach seeks to assist individuals and families in accessing permanent, affordable housing as quickly as possible, based on the assumption that they will be better able to address their non-housing needs -- income and employment, health and mental health, etc. -- once they have stable housing. Although many of the providers that we interviewed use OVW TH grants and/or HUD Rapid Rehousing (RRH) grants to operate Transition-in-Place programs that allow survivors to move directly from shelter to permanent housing -- rather than requiring them to navigate an additional transition from shelter to a temporary program residence, and then a transition to permanent housing -- only a few of those providers described their program as using a "Housing First" approach.

While a very small handful of programs, like the [Volunteers of America, Oregon's Home Free program](#)¹⁶, have entirely eliminated their shelter beds in favor of directly assisting survivors in accessing transition-in-place housing, most programs serve survivors who have spent several weeks or months in a DV shelter, where they began the process of healing and planning/taking next steps. While they may not be financially ready for an independent tenancy, such survivors may be more emotionally and psychologically ready to move into their own apartment than they were when they first fled their abusive relationship and/or entered the shelter -- which is perfectly consistent with the Housing First model, which is about making housing accessible to people who want it, not about forcing people into independent housing against their will.¹⁷

A [USICH Housing First Checklist](#) emphasizes that a "low threshold" for entry and voluntary services are key attributes of the model, including, for example: (a) "Screening and selection practices promote the acceptance of applicants regardless [of] sobriety or use of substances, completion of treatment, and participation in services. (b) Applicants are seldom rejected on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of 'housing

¹³ The [OVW's annual TH grant proposal solicitation](#) illustrates the provider's philosophical dilemma in wanting to support survivors in transitioning to safe, violence-free housing, while, at the same time, respecting the right of empowered survivors to decide "on the course of action that is best for them." In the same introductory paragraph, it mentions:

- Employing "a holistic, victim-centered approach to providing transitional housing services that move survivors into permanent housing;"
- "Provid[ing] a wide range of flexible and optional services that reflect the differences and individual needs of victims and allow victims to choose the course of action that is best for them;" and
- "Work[ing] with survivors to help them determine and reach their goals for permanent housing."

¹⁴ On page 1 of the [annual solicitation for TH grant proposals](#)

¹⁵ This and similar challenges are discussed in [Chapter 12](#) (Funding and Collaboration: Opportunities and Challenges").

¹⁶ See, for example, slide #9 of a [presentation by Volunteers of America Oregon's Home Free staff](#) at the July 2006 Annual Conference of the National Alliance to End Homelessness

¹⁷ Of course, not all survivors are seeking placement in independent housing. Some may prefer the closer access to support and the greater security that provider-owned or provider-leased congregate or clustered TH offers. Some may not be emotionally ready to be alone in a new apartment, or to face the responsibilities of an independent tenancy. And some may see their transitional housing as a place to heal and prepare for returning to the living situation that they fled, or moving back in with family.

readiness.' (c) Supportive services emphasize engagement and problem-solving over therapeutic goals; services plans are [participant]-driven without predetermined goals. (d) Participation in services or program compliance is not a condition of permanent supportive housing tenancy. Rapid re-housing programs may require case management as condition of receiving rental assistance.¹⁸ (e) Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction."

While most providers that we interviewed have largely embraced the voluntary services model, not all programs feel prepared to embrace a low threshold approach.¹⁹

There is no question that transition-in-place programs can be effective. However, as discussed in [Chapter 3](#) ("Program Housing Models"), the same program doesn't work equally well for every survivor. Implementation details determine the kinds of individuals and families who can be effectively served by a particular program. Among the most important "details" that vary from program to program are:

- the duration of assistance (from 6 to 24 months²⁰ with a potential extension²¹ in some cases);
- the amount of financial assistance (e.g., full rent plus utilities versus partial rent versus rent minus 30% of participant income versus a decreasing share of housing costs over time, etc.);
- the mix, intensity, and duration of services (e.g., limited case management versus wraparound support);
- the accessibility of those services, that is, how difficult, time consuming, or expensive it is to travel from a participant's housing to the locations where the different services she needs are offered; and
- whether program participation is only be available to individuals or families who have the good fortune and/or tenancy "credentials" (e.g., sufficient income or earnings potential, decent credit, no rent/utility arrearages, an eviction-free housing history, no significant criminal justice involvement, etc.) to find a decent, affordable apartment in a safe location, and a landlord willing to put the lease in their name.²²

The transition-in-place model works best for a survivor who wants independent housing; has the income to sustain her housing, based on the anticipated level of program assistance; has the potential to earn enough money to cover the full cost of housing before program-furnished financial assistance runs out (and won't

¹⁸ The [USICH Housing First Checklist](#) was developed for compatibility with the [HUD Continuum of Care Interim Rule](#), which distinguishes between "services" received in conjunction with "permanent supportive housing" versus "case management" received in conjunction with "rapid rehousing." As evidenced by some of the provider comments presented in this chapter and [Chapter 4](#) ("Taking a Survivor-Centered/Empowerment Approach: Rules Reduction, Voluntary Services, and Participant Engagement"), some OVW-funded providers distinguish between voluntary services and requiring regular check-ins with the case manager (although there is no uniformly defined distinction between a "check-in" and "case management").

¹⁹ See, for example, the discussion in [Chapter 2](#) ("Survivor Access and Participant Selection") about the pressure to bias selection in favor of survivors who can be "successful," and the discussion in [Chapter 4](#) ("Taking a Survivor-Centered / Empowerment Approach: Rules Reduction, Voluntary Services, and Participant Engagement") and [Chapter 6](#) ("Length of Stay") about how some programs may be compromising the voluntary services principle by making continuing assistance contingent on the participant's level of engagement.

²⁰ HUD's [Rapid Rehousing Brief](#) suggests that programs should provide "just enough assistance" (p.1) and that such assistance should last "typically for six months or less" (p.3) -- to help participants avoid becoming homeless again.

²¹ The enabling statute, [42 U.S. Code §13975 \(c\)\(2\)](#) allows an OVW TH grantee to approve a waiver for up to six more months, if a survivor has been unable to obtain permanent housing despite a good-faith effort.

²² If HUD RRH funds are involved, the survivor **must** be named on the lease; if assistance is OVW-funded, but not HUD-funded, the provider can start off as the leaseholder, if the survivor has safety-related concerns about being named in the lease, or if the survivor needs time to address arrearages, credit issues, or other gaps in her "tenancy credentials" that might keep the landlord from putting the lease in her name. If the RRH funding comes via the Continuum of Care program, the lease must extend for a year, even if financial assistance extends for only a portion of that time (posing a risk that landlords may be unwilling to take).

need a permanent housing subsidy, which can take an applicant years to get); and has, or can develop within the program timeframe, the "tenancy credentials" to convince a landlord to put a lease in her name.

For survivors who don't need or want much in the way of supportive services, the logistics of the housing and services are less important; for survivors looking for a greater level of support, the ease with which participants in independent housing can access services can be a critically important determinant of success.

HUD's Rapid Rehousing model -- which, its 2014 policy [Brief](#) states "is not designed to comprehensively address all of a recipient's service needs or their poverty," but instead, "is primarily oriented toward helping families resolve their immediate crises, find and secure housing, and connect to services if/when appropriate;" which includes only "crisis-related, lighter-touch (typically six months or less)" assistance that is "just enough" to enable clients "to successfully exit homelessness and avoid returning to the streets [or] emergency shelter" -- may not work for survivors who, after a brief stay in a DV shelter, are still suffering from trauma and its concomitants, and lack the wherewithal to navigate a transition from chronic victimization to economic self-sufficiency and independence in such a short term, and with only very limited program support.

By contrast, a transition-in-place model that offers longer term financial assistance and services, and that takes a more comprehensive approach to providing support, could very well facilitate a survivor's successful transition to independent housing, even if she entered the program facing significant housing and employment barriers and struggling with the after-effects of physical, emotional, psychological, and financial abuse. That is, a low threshold Housing First approach can be effective in serving survivors, if it incorporates an appropriate mix and level of financial assistance and services. The more limited the assistance and services, the higher the threshold for entry must be. The more extensive and long term the assistance and services, the lower the threshold for entry can be.

Likewise, the more flexible the program is about the forms that assistance can take, the greater the variety of needs it can meet. Programs that leverage private resources with fewer limitations than government funding can address survivor needs -- for example, paying down rent or utility arrearages that stand in the way of landlord willingness to offer a lease -- that programs that more heavily depend on government grants cannot, and hence, can operate with a lower entry threshold.

As per an inset in [Chapter 3](#) describing summary data on the [VAWA MEI website](#) from OVW TH Semiannual Reports covering the two-year period from 7/1/2012 through 6/30/2014, scattered-site, participant-leased units account for nearly two-thirds of the entire housing stock in the OVW TH grant program (not counting units funded by HUD or other non-OVW sources, but supported by OVW grant-funded staff), and constitute 90% of the housing stock added during that two-year period. ***Increasingly then, the ability to find housing and obtain a lease in her name is becoming a prerequisite for survivor participation in an OVW TH program.*** That is, the threshold for entry has gotten higher, especially in CoC-funded RRH programs, which require landlords to offer the survivor a 12-month lease, even if the financial assistance doesn't last that long

With the shift in HUD funding²³ away from "traditional" TH programs that utilize provider-owned or provider-leased funding, in favor of RRH grant-funded programs which require that the participant be named on the lease, the ability to qualify for a lease has become even more important.

As discussed in [Chapter 2](#) ("Survivor Access and Participant Selection"), there is far more need/demand for specialized transitional housing (including transition-in-place/RRH programs) than supply, so the mechanisms that programs use to solicit referrals and to select participants play a significant role in determining the mix of survivors served. As also discussed in [Chapter 2](#) and [Chapter 6](#) ("Length of Stay"), to the extent that providers believe that continued funding depends on successful participant outcomes with shorter-term assistance,

²³ See, for example, a 2016 memorandum from HUD to Continuum of Care providers, [SNAPS In Focus: FY 2015 CoC Program Competition Recap](#), describing the outcome of the FY 2015 competition for grant funding.

there is an incentive to bias participant selection in favor of survivors who are "more likely" to succeed -- which runs contrary to the kind of "low threshold" approach called for in the Housing First model.

If survivors whose progress might be limited or delayed by serious depression, PTSD, or untreated substance use issues are effectively screened out, that fails the USICH's "low threshold" criteria. If survivors are screened out due to perceptions by shelter staff that they lack motivation, are non-compliant and uncooperative, or are disruptive -- all of which are possible consequences of chronic exposure to trauma and abuse, or traumatic brain injury -- that isn't "low threshold" either. And if survivors with poor credit, a poor housing history, a history of incarceration, or insufficient income potential²⁴ are *de facto* unable to participate in the program, because private landlords won't offer them a lease, then that, too, is at odds with the "low threshold" aspect that the USICH considers fundamental to a Housing First program.²⁵

The fact that a transition-in-place/RRH program effectively serves survivors with fewer barriers, but not survivors with more significant or more complex barriers, doesn't mean that it isn't filling a much-needed role. It does mean that there is a need for other programs and program models that have a lower threshold for participation and that have the capacity to effectively serve survivors facing more difficult challenges.

Transition-in-place/RRH programs that depend on HUD and/or OVW grant funds are not the only models for Housing First. [Chapter 3](#) ("Program Housing Models") includes discussion about two successful examples of the Housing First approach to assist victims/survivors of domestic and sexual violence -- the [Washington State Coalition Against Domestic Violence's \(WSCADV's\) DV Housing First initiative](#) and the [Volunteers of America Oregon's Home Free program](#). Both programs serve a diverse clientele, and employ a low threshold, survivor-centered approach that offers participants housing assistance and services tailored to address their needs and priorities. Both programs leverage contributions from private sources to supplement any government grant funds, which allows them to offer flexible assistance that specifically meets survivors' housing and service needs -- and/or participants' other urgent spending priorities -- in ways that more regulatorily constrained government funds cannot.

For further information, read the WSCADV's [Cohort 2 Agencies Final Evaluation 2011-14 Report](#); a slide presentation about [Volunteers of America Oregon's Home Free program](#); a [report describing the Centers for Disease Control \(CDC\)-funded SHARE study](#), evaluating the effectiveness of the Home Free program; a brief [PowerPoint summarizing the SHARE study](#); or the [Final Report on the SHARE study](#).

(iv) The Sanctuary Model

Several providers described their use of the [Sanctuary Model](#), a trademarked, "theory-based, trauma-informed, evidence-supported, whole culture approach that has a clear and structured methodology for creating or changing an organizational culture ... to more effectively provide a cohesive context within which healing from psychological and social traumatic experience can be addressed."²⁶

²⁴ As per the description of the [USICH Housing First Checklist](#), the Housing First approach is often implemented in conjunction with permanent supportive housing, that is, with a permanent housing subsidy, such that the participant's rent is based on 30% of her/his adjusted net income -- so inadequate income is much less of a barrier than it would be in a temporarily subsidized placement. When a Housing First program uses a HUD rapid rehousing (RRH) grant, affordability is a key concern, because the financial assistance is only temporary, typically less than a year. The shorter the duration of the assistance, the sooner the participant needs to be ready to assume their full cost of housing/living.

²⁵ A program funded by the OVW, by contrast, would be able to lease the unit in the provider's name, until the survivor had earned the landlord's confidence and willingness to put the tenancy and the lease in her name.

²⁶ See "[The Sanctuary Model](#)" tab on the organization website.

The concepts of voluntary services, empowerment, and being trauma-informed²⁷ are resonant with the attributes of Certified Sanctuary Organizations. For example,

- "Members of a Sanctuary community ... do not assume that everyone is motivated in the same way. They are accustomed to listening deeply and to being heard by others."
- "Within this community, members recognize the importance of democratic decision-making and shared responsibility in problem-solving and conflict resolution...."
- "Every effort is made to include anyone affected by a decision in the decision-making process and as a result people feel free to dissent, to raise troubling concerns, and to support consensus agreements even when they may not fully agree themselves."
- "Everyone in a Sanctuary community recognizes that "hurt people hurt people" and that therefore, creating and sustaining a just environment is vital to everyone's safety and well-being." ²⁸

For more about the theoretical underpinnings and operational attributes of an organization that adopts the Sanctuary Model, see "[To Find Out More](#)" on the organization website.

(v) Full Frame / Network-Oriented Approach

Several providers interviewed for this project are affiliated with the [Full Frame Initiative](#),²⁹ a non-profit organization that advocates, and brings together providers that embrace, a holistic, relationship-based, collaborative, non-controlling, non-prescriptive, non-hierarchical, non-punitive, and transparent approach to working with, alongside, and accountable to people and communities at the margins of society.

The Full Frame approach -- and the approach of providers that take a similarly holistic view of the participants they serve and their role in offering/providing support -- avoids "draw[ing] bright lines around specific issues or problems," so that, for example, a survivor is understood as more than a victim of domestic violence: she is a whole person with a multi-dimensional life, part of a larger community, with a unique set of life experiences, interests, perspectives, strengths, challenges, and possibilities, which the program supports her in exploring. Full Frame providers seek to support participants in making best use of the often-fragmented mainstream services system, despite the sometimes contradictory expectations of service providers or their funders, to increase their wellbeing.³⁰

As described in [Melbin, Smyth, & Marcus \(2014\)](#), survivors increasingly face "a host of interrelated challenges, among them, poverty, trauma, community violence, addiction, and health issues ... traditional domestic and sexual violence service programs are not set up or supported to adequately address. Many DSV [domestic and sexual violence] programs, because of their funding, regulatory requirements and community relationships, are still expected to focus singularly on the violence a person has experienced in their relationship and provide a narrow range of services accordingly." (p.43) Although a woman may have suffered domestic or sexual violence, she may perceive other issues to be of a higher priority, and a provider taking a more holistic "Full Frame" approach would attempt to understand and help her address those other higher priority matters.

²⁷ See [Chapter 11](#) ("Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children").

²⁸ See "[The Sanctuary Model](#)" tab on the organization website.

²⁹ [The Full Frame Approach](#) provides a description of the Ten Principles underlying the Full Frame approach.

³⁰ [Melbin, Smyth, & Marcus \(2014\)](#) (p.37) define the "**Five Domains of Wellbeing**" as (1) **Social Connectedness** -- the adequacy of one's social network vis-à-vis exchange of information, emotional support, material aid, sense of belonging and value; (2) **Stability of one's life situation** -- so that small obstacles don't set off big cascades; (3) **Safety** -- the degree to which a person can be her/his authentic self and not be at heightened risk of physical/emotional harm; (4) **Mastery** -- the degree to which a person feels in control of her/his fate and decisions, so that s/he experiences some correlation between efforts and outcomes (i.e., self-efficacy and empowerment); (5) **Meaningful Access to Relevant Resources** -- the degree to which a person can meet personally important needs in ways that aren't onerous, degrading or dangerous.

In addition to acknowledging survivors' priorities, a Full Frame approach also acknowledges the importance of survivors' relationships with family members, neighbors, friends, co-workers, etc. -- even if some of those relationships have contributed to the survivor's exposure to violence/abuse -- because being in those relationships defines roles of the survivor -- parent, caregiver, friend, spouse, co-worker, neighbor, community member, congregation member -- which may well be more important to her identify -- and to her healing and future safety -- than her identity as a survivor and program participant.

To the extent that survivors want to remain in relationship or contact with the people and community organizations that constitute their social networks, Full Frame providers support survivors in that choice, while simultaneously supporting efforts to expand their "social capital" through the development of new supportive relationships with program staff, other program participants, and/or other segments of the broader community. As [Melbin, Smyth, & Marcus \(2014\)](#) explain, building on the strengths of those community roles and relationships in what [Goodman & Smyth \(2011\)](#) call a "Network-Oriented Approach" to services³¹ can be a powerful approach to achieving survivor successes and reduced risk of future violence.

The OVW TH grant program's embrace of voluntary services and participant-driven goal-setting, and its lack of set-in-stone outcome metrics makes it a suitable source of funding for providers taking the kind of holistic approach advocated by the Full Frame Initiative. While not essential, this kind of holistic approach to supporting survivors benefits from supplemental funding that can support a higher level of staffing and longer term and more varied assistance than can be paid for by OVW TH grants alone.

(vi) Harm Reduction Approach

Although she never calls it "harm reduction," [Davies' \(2009\)](#) introduction to her guide to "Advocacy Beyond Leaving" perfectly frames the concept:

"Most battered women are in contact with current or former partners, sometimes by choice and sometimes by necessity. . . . All victims – not just those who've left a relationship – deserve the resources and protection of domestic violence intervention and advocacy. . . . Our traditional focus on helping victims leave their relationships leads many victims in contact to believe our agencies have nothing to offer them. They might think we don't understand their lives or needs and so they never seek our help. The more we work with victims in contact and the greater our connections to their community, the more likely our agencies will be able to reach and assist these victims. . . . Advocacy beyond leaving reinforces our commitment to support every victim's right to make decisions about her relationship in the context of her

³¹ [Goodman & Smyth \(2011\)](#) cite research that, "Women who are battered turn to their informal social support networks before or instead of DV services, and these networks often contribute enormously to their long-term physical safety, emotional health, and overall wellbeing" (p.80); that "survivors who are marginalized by race, class, sexual orientation, nationality, or language are particularly likely to seek help exclusively from those they know (Sullivan, 2011);" and that women with greater social support from family and friends have a lower probability of re-abuse (except when prior violence was "severe," in which case social support had no buffering effect) ([Goodman et al., 2005](#)). Ironically, programs that require women to break off their connections with these social networks are effectively replicating the efforts of abusive partners who malevolently cut off survivors from their vital sources of support. The authors further note that members of this social network can provide supports like a place to stay, transportation, childcare, financial assistance, and other tangible resources, as well as emotional support (which [Beeble et al., 2009](#) found to be a protective factor in mitigating the impact of abuse on a survivor's psychological health), ideas and encouragement about steps to increase safety, and commitment to stick with the survivor that is "not constrained by system-mandated time limits such as those imposed by emergency shelters or health insurance policies." (p.81) Finally, the authors argue that "short-term safety at the cost of social support [is] unsustainable over the long-term" (p.84); that "survivors' engagement with others (even around issues other than the violence itself) increases their physical safety and emotional well-being" (p.85); so that rather than limiting survivors' access to their networks, providers should "help the survivor access effective support -- through both formal systems and informal social networks -- to address [the] variety of needs that are directly or indirectly related to the violence." (p.85)

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. . . . Violent behavior remains the responsibility of the person who is violent and not the fault of the victim, even if she remains in contact."

"In general, victims remain if leaving will make their lives or their children's lives worse, they have no real option or resources to leave, or there are enough positives in the relationship to make it worth putting up with some level of violence and control. . . . For some victims, leaving makes their lives worse (even though remaining is difficult and painful). Leaving may mean an escalation of her partner's violence, increased risks for her children, the loss of her home, income, job, health insurance, immigration status, her faith community and even the support of family and friends. Usually, leaving also means a significant loss of financial stability. For many victims, leaving means that they will not be able to properly feed their children, get them health care, or keep them from being homeless. . . . For many victims living in poverty, there is no real option to leave. Victims who are parents also worry about the impact of leaving on their children."

"For many victims (as with most people), it is not realistic or even beneficial to break all connections made during a relationship. If a victim has children with her former partner there are parenting and financial reasons to continue contact. Many victims will remain in contact so that their children can see their father. Similarly, his friends and family may have become her friends and family. She may just simply "see him around" the neighborhood, at work, at church, or elsewhere in the community. He might be a resource she turns to if she's in trouble and he too may seek her out for help. This is particularly true if they are both living in poverty. For example, a victim might "take him in" for a few days so her children's dad isn't living on the street. The contact may reflect an "on again, off again" relationship, one in which one or both partners are looking for the other to change. Some victims have no choice about contact, ordered by a court to share decision-making about the children and to see him each time he picks up the children for visitation. Even if visitation exchanges are made through a visitation center or third party, a victim will still be in contact through her children as she monitors how they are doing and listens to them talk about visits with their father. Contact might also be part of a safety strategy. It might be better to stay in touch to be able to assess his behavior and risk—"keep an eye on him." He might also just keep "coming around" and it is safer to just let that happen." (pp. 1-4)

Harm reduction is a strategy for minimizing harm or risk of harm that is employed to help persons engaged in behaviors that expose them to significant risks. Originally applied to drug users and persons at risk of HIV/AIDS from intravenous drug use or unsafe sex, harm reduction has been an effective strategy for reducing teen pregnancies and sexually transmitted diseases, reducing smoking-related diseases, reducing skin cancer from over exposure to the sun, and reducing the incidence of serious injuries/deaths associated with motor vehicle accidents (car seat belts and airbags, motorcycle helmets), boating accidents (life vests), and competitive sports (hockey helmets, baseball batting helmets, guidance on tackling for youth football). The basic premise is the introduction and promotion of practices that can reduce the inherent risks in certain prevalent behaviors that are likely to continue. [Leslie \(2008\)](#)

If, as [Davies \(2009\)](#) argues, survivors often remain in contact or in relationship with their abusive (ex-)partner, then advocacy and support that respects the survivor's decision-making and choice, and supports her in staying as safe as possible, is "harm reduction."

If we replace references to "drug use" with the phrase "abusive relationships," the [Harm Reduction Coalition's core principles](#) look like a list of principle that most of the providers we interviewed could probably embrace:

Harm Reduction in the context of domestic violence advocacy and support:

- *Calls for the non-judgmental, non-coercive provision of services and resources to people in [or having fled] an abusive relationship in order to assist them in reducing attendant harm.*

- *While not minimizing or ignoring the harm and danger associated with abusive relationships, understands that abusive relationships are complex and multi-faceted, and encompass a continuum of risks, and acknowledges that some ways of being in such relationships are safer than others.*
- *Establishes quality of individual and community life and well-being – not necessarily leaving the abusive relationship – as the criteria for successful interventions and policies.*
- *Affirms survivors themselves as the primary agents of decisions about remaining in or ending their relationship, and seeks to empower them to share information and support each other.*
- *Ensures that survivors have a real voice in creating the programs and policies designed to serve them.*
- *Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with abusive relationships*

A blogpost ([Redivo, 2011](#)) of the New Hampshire Coalition Against Domestic and Sexual Violence eloquently frames the relationship between harm reduction and the work of DV providers in keeping survivors safe:

"Traditionally, addictions services have focused on abstinence as the primary treatment goal. Harm reduction, however, acknowledges that abstinence, like substance use itself, exists on a continuum. Instead of being a discrete event, it is seen as a progressive, non-linear journey that is unique to each individual and entails both success and failure. For many, immediate and complete abstinence is not only unlikely, but an unrealistic expectation. Relapse and/or some degree of continued use in an inherent part of the recovery journey and therefore expected.... Not unlike the purpose of safety planning for women remaining in abusive situation, harm reduction strives to enhance client’s safety while still using and to reduce negative repercussions. In essence, harm reduction strategies ensure clients survive the various stages of their journey with minimal negative effects until such time as they achieve their ultimate goal: abstinence.³²

As with anti-violence services, the primary focus is safety. Other aspects are raising awareness, respecting choice, and empowering in order to enhance motivation to change. Change is a choice that requires time and commitment to one’s best interests. It must therefore be internally motivated ... [and] guided by individual need, readiness and choice. Emotional safety is essential. It entails acceptance, respect and gentle honesty while providing information and education that promote women’s understanding of the impact of use on them and their lives, especially health and safety. Recognizing individual strengths and small successes provide encouragement, while acknowledging underlying positive intentions, and normalizing substance use as a response to abuse reduces guilt and shame. Empowerment and respecting choice help promote [agency] and self-confidence; giving information and raising awareness help increase desire to change. Together, they enhance internal motivation and the likelihood of change.

The basic tenets of ‘harm reduction’ have long formed the basis for anti-violence practice, where the primary goal is to help women reduce, avoid or escape violence and to minimize its effects. Like abstinence, freedom from domestic violence may be the ultimate goal. However, rather than being a discrete event, it is a progressive, non-linear process that is unique to the individual and occurs over time. Setbacks are also considered an inherent part of the journey and safety planning is standard practice.

Individual choice, education, and empowerment are likewise key practice values, as is the underlying service goal to reduce potential harm pending more substantial change. Women’s needs, readiness and

³² In fact, "abstinence" or its equivalent in the world of domestic and sexual violence -- an end to the survivor's experience of abuse and violence -- may not be every survivor's "the ultimate goal." As [Davies \(2009\)](#), [Melbin, Smyth, & Marcus \(2014\)](#), and [Thomas, Goodman & Putnins \(2015\)](#) explain, survivors may well have higher priorities -- relationships or roles in their family or community that are more important to them than escaping the violence -- or there may be other tradeoffs that keep them from leaving a relationship poses an ongoing risk of abuse and violence.

*choices guide service provision. Women are not told what to do; they are given information, education and resources so they can decide for themselves what to do. Applying harm reduction requires the same practice values and principles be extended to women who have substance use or mental health issues. Imposing expectations that women immediately leave their abuser or 'do what we think [they should] only re-victimizes and disempowers, which undermines, rather than promotes, internal motivation.'*³³

(vii) An Approach Not Taken: Critical Time Intervention (CTI)

CTI is an evidence-based practice (EBP)^{34,35} originally developed "to prevent recurrent homelessness in people with severe mental illness leaving shelters, hospitals, or other institutions..." The CTI model has been adapted to serve different populations, and its use in conjunction with women reentering the community from a battered women's shelter in the Netherlands was tested for fidelity to the EBP requirements (but not to assess its efficacy in supporting positive outcomes for the women in the study).³⁶

Although, generally speaking, the level of housing assistance and/or intensity of services decreases over the course of a survivor's participation in many of the TH programs we heard about in our interviews -- as it would in a program using the CTI approach -- none of the sixteen (16) providers that we specifically asked about their experience with the CTI model actually utilized it, and most had not heard of it.

Evidence-Based Practices are very specifically defined, utilizing an EBP means more or less precise fidelity to the approach, rather than approximating the steps called for. Thus, for example, a program utilizing CTI would have to adhere to the steps described on the Coalition for Evidence Based Policy's [CTI webpage](#):

*"CTI's approach is to (i) strengthen the individual's long-term ties to services, family, and friends; and (ii) provide emotional and practical support during the critical time of transition back to the community. The **nine-month** intervention is delivered to each participant by a single caseworker – a bachelor or master's level person trained in CTI and supervised by a mental health professional. The intervention has **three phases**, each of which lasts approximately three months:*

***Phase one** ('transition to the community') covers the period before and after the client's discharge from the institution. In this phase, the caseworker gets to know the client (starting before discharge), assesses the client's needs, and implements a transition plan intended to link the client to services and supports in the community. The plan typically includes home visits and other meetings with the client, the client's caregivers, and community service providers, designed to teach crisis-resolution skills, provide support and advice, and mediate any conflicts. In **phase two** ('try out'), the caseworker monitors and adjusts the systems of support that were developed during phase one. This phase involves fewer meetings with the client, as the caseworker encourages the client to problem-solve with the help of community resources and family members, and intervenes only if the client is receiving inadequate support or if a crisis occurs. In **phase three** ('transfer of care'), the caseworker helps the client develop and implement a plan to achieve long-term goals (e.g., employment, family reunification) and finalizes transfer of responsibilities to caregivers and community providers. Each CTI caseworker typically works with 10-15 clients at a time."*

The CTI model, as thusly described, is provider-driven, following a pre-defined trajectory which may or may not mesh with the survivor's goals or priorities, and constrained by a time limit with little room to address the

³³ The blogpost is a re-posting of "Definition of Harm Reduction," originally written by Rhea Redivo ([Redivo \(2011\)](#)) of the South Okanagan Women in Need Society, and appearing on p. 29 of the "Sample Policies" portion of the Appendix of [Reducing Barriers to Support Women Fleeing Violence, A Toolkit for Supporting Women with Varying Levels of Mental Wellness and Substance Use](#), a publication of the British Columbia Society of Transition Houses. (p.181 of the pdf file)

³⁴ See the [Critical Time Intervention webpage](#) of the Coalition for Evidence-Based Policy.

³⁵ See [Samuels \(2010\)](#) for a discussion about using the CTI model to support young homeless families.

³⁶ See [deVet et al. \(2015\)](#)

variation in survivor needs and circumstances or community resources. As one provider explained, the non-linear trajectory of the process of healing from relationship violence and abuse, the unpredictable recurrence of trauma symptoms, and the co-occurrence of other issues argues against strict adherence to a CTI approach:

"This model might theoretically be something we would want to use, but in the life of domestic violence victims, on top of being homeless and sometimes on top of having co-occurring mental health and/or substance abuse issues and other challenges, there are a lot of crises and a lot of staff energy invested throughout the two years the participant is in our program. Sometimes, there is a more intensive effort at the beginning to connect participants with other agencies that can help them address their challenges, and the need for assistance does level out for some people, as time goes on. But in some cases, we start out with an amazing honeymoon, and things come crashing and burning a year later. So there isn't a predictable decrease in assistance after the initial investment. I would say there are often waves of crisis and waves of need, and we have to respond with appropriate increases in support."

(c) Motivational Interviewing: A Useful Tool

[Motivational Interviewing \(MI\)](#) is not a case management approach; it is a style of counseling that advocates can use to help participants navigate difficult decisions in which there is either ambivalence or tradeoffs to consider. MI is described as, "a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion." [Miller & Rollnick \(2012\)](#)

[Edmund & Bland \(2011\)](#) describe it as, a counseling approach that helps people "explor[e] and resolv[e] the ambivalence most people feel when they seek to make major changes in their lives. Emphasis is on respecting individuals' right to make their own decisions as they are ready to do so, which [is] compatible with the empowerment approach favored by victims' advocates." (p.309)

Rollnick and Miller's approach to motivational interviewing is consistent with both the recognition that survivors face complicated and difficult "tradeoffs" in choosing their path forward ([Davies \(2009\)](#), [Melbin, Jordan, & Smyth \(2014\)](#), [Thomas, Goodman & Putnins \(2015\)](#)), and with the "holistic, victim-centered approach to providing transitional housing services" that the OVW calls for in its annual TH grant proposal solicitation, whereby the advocate's role is to help the survivor articulate and weigh their tradeoffs, rather than promoting one or another course of action:

1. ***"Motivation to change is elicited from the client, and not imposed from without. Other motivational approaches have emphasized coercion, persuasion, constructive confrontation, and the use of external contingencies (e.g., the threatened loss of job or family). . . .***
2. ***It is the client's task, not the counsellor's, to articulate and resolve his or her ambivalence. Ambivalence takes the form of a conflict between two courses of action (e.g., indulgence versus restraint), each of which has perceived benefits and costs associated with it. Many clients have never had the opportunity of expressing the often confusing, contradictory and uniquely personal elements of this conflict.... The counsellor's task is to facilitate expression of both sides of the ambivalence impasse, and guide the client toward an acceptable resolution that triggers change.***
3. ***Direct persuasion is not an effective method for resolving ambivalence. It is tempting to try to be "helpful" by persuading the client of the urgency of the problem about the benefits of change. . . .***
4. ***The counselling style is generally a quiet and eliciting one. Direct persuasion, aggressive confrontation, and argumentation are the conceptual opposite of motivational interviewing and are explicitly proscribed in this approach. . . .***

5. **The counsellor is directive in helping the client to examine and resolve ambivalence.** . . . *The specific strategies of motivational interviewing are designed to elicit, clarify, and resolve ambivalence in a client-centered and respectful counselling atmosphere.*
6. **Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction.** *The therapist is therefore highly attentive and responsive to the client's motivational signs. Resistance and "denial" are seen not as client traits, but as feedback regarding therapist behavior [and] strategies.*
7. **The therapeutic relationship is more like a partnership or companionship than expert/recipient roles.** *The therapist respects the client's autonomy and freedom of choice (and consequences) regarding his or her own behavior."*

Viewed in this way, it is inappropriate to think of motivational interviewing as a technique or set of techniques that are applied to or (worse) "used on" people. Rather, it is an interpersonal style, not at all restricted to formal counselling settings. It is a subtle balance of directive and client-centered components, shaped by a guiding philosophy and understanding of what triggers change. If it becomes a trick or a manipulative technique, its essence has been lost (Miller, 1994)."

[Miller and Rollnick \(1991\)](#) cite five general principles of MI: (1) Express empathy through reflective listening. (2) Develop discrepancy between clients' goals or values and their current behavior. (3) Avoid argument and direct confrontation. (4) Adjust to client resistance rather than opposing it directly. (5) Support self-efficacy and optimism.

For more about MI, see, for example,

- an [excellent summary of MI principles and approaches](#) on the University of Massachusetts website;
- [Chapter 3 \(Motivational Interviewing as a Counseling Style\) in CSAT/SAMHSA \(1999\)](#),
- a [2012 video presentation by Professor Stephen Rollnick on "The Changing Face of MI"](#),
- [Markland et al.'s \(2005\) paper on Motivational Interviewing and Self-Determination Theory](#), and
- [Resnicow & McMaster's \(2012\) paper on moving from why to how](#): "from building motivation to more action-oriented counseling, within a [client] centered framework."

The following provider comments provide insight into their programs' on-the-ground approach to advocacy and case management. Subsequent sections discuss:

- Challenges and approaches to addressing survivor safety;
- Challenges and approaches to supporting survivors in building social capital - (re-)building connections with formal and informal supports, becoming (re-)integrated into their community, and developing linkages with relevant resources; and
- Challenges and approaches to supporting participants in sustaining their progress after completing the program, and in addressing crisis situations or any "loss of steam" that might derail that progress.

(d) Provider Comments on Their Overall Approach to Advocacy / Case Management / Services

Note: The following comments offer insights into providers' on-the-ground approaches to advocacy, case management, and service coordination, and their approach to helping participants overcome some of the challenges they face in achieving targeted outcomes (as defined by participants, programs, and funders).

[Chapter 4](#) ("Taking a Survivor-Centered/Empowerment Approach: Rules Reduction, Voluntary Services, and Participant Engagement") more specifically addresses strategies and approaches for sustaining participant engagement, and supporting participants who appear to be "stuck."

Subsequent sections of this chapter discuss challenges and approaches to supporting survivors in:

- Addressing safety/safety planning;

- Creating/expanding social capital: (re-)building connections with formal and informal supports, becoming (re-)integrated into their community, and developing linkages with relevant resources; and
- Sustaining progress after leaving the program, and addressing crisis situations or any "loss of steam" that might derail that progress.

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

(#01) We look at each client through what we call a [full frame](#).³⁷ We're part of national cohort trying to understand how the individuals or families that may have come to us because of domestic violence are also struggling with other challenges. The domestic violence may not be the only thing they're dealing with. We don't want to throw all the domestic violence services at them when they may be more concerned about something going on with their child or something going on with their employment or their education or services they already have that may not be effective. We try to look at each of these individuals uniquely and understand that each person is already an expert in their own life, we strive to understand what their expertise is, and how to help them capitalize on that. That doesn't necessarily mean that they have a degree or that they have a strong employment background. But they may have mastery around how to create stability in their lives even in an unstable world or an unstable relationship. We look at their strengths and try to capitalize on those assets.

The Full Frame approach is really client focused, client driven, client centered; it's much more than just meeting them where they're at. It's really about understanding what that client is bringing to the table and helping them see the assets they already have available to them and then adding to that with meaningful resources. Not just here's a resource list, good luck to you; but here's something that is very applicable to what you're going through. If and when you're ready, we'd love to connect you with this resource or this referral as opposed to, well you just got here so clearly you need this, this, this, and this without even asking them. They may be already connected in ways that we're not aware of. It's not a cookie cutter system. We really take the time to meet every single individual and work with them on their personal plan on how they want to move forward.

(#02) The way we provide support depends on the client's needs. When a case manager meets with a client – typically about twice a month – we try to use motivational interviewing so the client can lead the conversation and have an investment in the outcome. A lot of times we'll go in focused on something else, but the client will disclose something about the abuse. If that's the conversation they're leading, then that's the conversation we'll have that day. The other topics can be pushed back a bit because that's something they need to talk about in that moment.

Depending on what their need is we look for resources. For example, if their food stamps are out and it's the end of the month we'll try and work with them to connect with food banks or with community food shelves in their area. If it's employment, we would help them connect to our workforce development center and set up an appointment to work through some of the employment barriers. Mental health counseling is a big focus, and I can help them find a provider that accepts Medicaid or their insurance. For example, calling with them if they're apprehensive to make that call, or going with them to an appointment. I also spend a lot of time budgeting with them and guiding them through spending plans and what that means. I'm trying to meet them where they are and address the barriers they're facing.

The client centered approach allows people to be where they are and decide where they want to go.

³⁷ See discussion about the [Full Frame](#) approach in [Chapter 4](#) ("Taking a Survivor-Centered/Empowerment Approach: Rules Reduction - Voluntary Services - Strategies for Engagement").

(#03) A challenge we struggle with is helping our clients believe in themselves and realize they don't need an abuser. Sometimes a woman realizes that her abuser was not the best person for her and it was an unsafe situation, but she's not developing healthy relationships after that. So we'd like to help her end the cycle and understand that she really is worth more than that. And help her get the counseling and therapy she needs.

(#04) Some of our participants have been repeatedly homeless; they're people for whom domestic violence is definitely an issue... but by the time they come to our program they feel like, "oh, I've left him; it's over" and "I've solved that problem; I'm done." They see it as a housing program instead of a DV program.

(#05) Within our organization, we provide a lot of support and services. As the employment advocate, I meet with residents about their employment and training goals. We also have a children's program director who comes out and does children's programming. We have a new youth advocate who works with older kids and young adults; we try to work with each person in the family around how they're affected. Our advocates' work help address financial support, budgeting, banking, developing all the basic life skills people need. Whatever it is that the residents need and want; we'll try to find people that can work with them. It might not be us, but we can refer them to other programs as well.

(#06) With our transitional housing clients, we've gotten to the point where we don't do a lot of home visits for safety reasons.³⁸ If we're concerned about safety, we can do case management by phone. Or the case manager can meet them at the public library or somewhere for a cup of coffee. It depends on the community, and where they can safely meet. It might still require the case manager to travel, but not to the client's home. We're like any other community. We've got areas of crime and as a general policy, we try not to do home visits, either with follow-up from shelter clients or with transitional housing. Because in the early years of this program, we did do home visits and a case manager walked into a couple of apartments where the offender had moved in, and there's the victim, there's the boyfriend, and it was just a bit uncomfortable.

And because they are not required to meet with their case manager on a face-to-face basis once a month or whatever, because the contact can be by phone or email, we do have clients that choose housing in an outlying county. And those clients know that if there is something going on so that our case manager needs to come out to meet with them, then she will get in her car and do that. And they would meet at a safe location.

(#07) I provide case management: I meet with them, make sure they're okay, help with budgeting, do safety planning, make sure the kids are enrolled in schools, and do whatever to support their plan. We don't require

³⁸ Volunteers of America Oregon's Home Free has created a [fact sheet on home visiting safety](#) that advises advocates to have an "open and honest conversation with the participant" regarding any safety-related concerns (for both the participant and the advocate). In addition to its other recommendations, the fact sheet advises advocates to periodically check in about safety, and to "determine the appropriateness" of each home visit (versus meeting with the participant in a more public location, like a coffee shop or the library) any time there is potential concern that the abusive partner may be present or around. The fact sheet suggests that staff call the participant when they leave the office and again when they arrive at her building, to provide the participant with "an opportunity to let you know in advance if it might not be a safe time for you to visit." The fact sheet concludes with what it describes as "the most important guideline of all" -- trust your instincts:

"If at any point before or during a visit you feel that your safety may be compromised, listen to this feeling and do what you need to do. This could mean rescheduling the visit for another time, leaving in the middle of a visit with promises to call later, or moving the visit from the participant's home to a safer venue."

that participants have an income, so I'll look at their situation and make sure that our rent isn't impossible, that it's not making them stressed out. Our most important goal is for them to save and be able to move on because our housing isn't permanent. If they don't have any income, I can connect them with an advocate that works out of the state's human services office to help them get emergency food stamps and cash assistance within 30 days. And then we usually look at the Community Action Program for any other resources. Within the agency, I can help them connect with a DV counselor, the women's support group that meets once a week, and counseling for the older children, if they need it.

(#08) When we do the assessment with them, we work with them on a budget. We try to do some home visits, or we ask them if they would come in and talk to us, just so we can have that face-to-face on a regular basis to talk about how things are going, including how their finances are going. Whether or not there's been any change in their work hours, or whether or not there's been any downsizing with their job. The person who works with them will help them look at some other options; if they've been laid off, let's look at some other opportunities for finding employment.

We pay \$350 toward their rent and \$100 towards their utilities. Hopefully, whatever extra income they may have, they're able to put into some kind of savings account. It's not required, but we encourage it, because we feel it's important to have something to fall back on in case something happens with their job, or their housing, or if there is a family emergency. Helping participants to understand the importance of a savings account is one of our challenges.

If you've got someone who is doing very well, and they don't seem to be having difficulties, it may just be a matter of making phone calls to see how they're doing. Is there anything we can help you with? We've had some individuals were able to accomplish their goals in six months.

(#09) We speak with the clients, at least over the phone, every other week, but we do meet on a monthly basis with each client. It varies. In the beginning, we meet a little more, as they find work, as they're comfortable, and as the empowerment comes into play, we're meeting less and less. But we always meet at least once a month with them.

They never are comfortable, in a way. Everybody thinks they need more assistance, but we work really hard with them on the budgeting, with priorities. We can't force them into anything; it's a constant educational process for people. Even us.

People who have been born and raised in a small town don't necessarily want to leave that town. That's their home. Even though there's limited opportunity for any kind of professional development whatsoever, they're not comfortable moving away from home. Our transitional case manager works really hard at helping them understand what resources are available where they are, and what resources might be available in the next town up the road. Many people know that anyway, because people do get around quite a little bit, and know people just about everywhere in the state. But it is a challenge to help people move forward when they are located in a place where there truly is such limited opportunity for them to start over. It is a struggle.

Although participants can only receive rental assistance for two years, they can have continued support; our program has never cut anybody off from support services. As long as you want to visit with us, as long as you want to come to support group, until you feel like you don't need us anymore, we're here for you.

(#10) Our services are pretty intensive in the first year. We try to have the clients gain the skills they need to secure employment, so that they can secure permanent housing, so it's more intensive the first year. The second year, we're hoping they're already in programs, and it's less intensive, although the case manager is still involved. It doesn't always happen the way we plan. Some families have trouble complying with the requirement to pay 30% of their income towards rent. Some people need that continued support through the

second year. Some just need help that first year; they may even be ready to leave after a year. Some families already have employment, so they just need that first year to build their savings and find permanent housing or maybe get on a Section 8 wait list, whereas other families may not have the skills to obtain a job.

(#11) I do case management -- in my office or a home visit -- with clients who are able to and interested in following through. I assist them with job search, with exploring options for furthering their education through quick training program at a technical school, with budgeting, and with just as many life skills as we can fit in. If they miss scheduled appointments there's no penalty, with respect to remaining in the program. Clients often come to us for when they don't have food or transportation or other things not directly related to domestic violence. I've found that if they're able to do that, it makes them more dependent. So if it's mental health or anything that's not related to domestic violence, I think it should be referred outside of the agency.

With those clients who are interested in goal setting, we definitely sit down and allow them to identify what three goals they want to achieve, and we make an agreement to work on them. We feel like nobody knows better than them what they want or need to do. We revisit it over a three to six to nine month period to see where they are. And if they feel that they've completed that goal, then we would work with them to add something additional to the plan or replace it. Maybe a couple months before their time in the program ends, I start reminding them of how much success they've had since the time we started, reminding them that they'll be exiting the program at such and such a time. I also talk about, how they're, "doing so well there's no need for me to see you every week, so I'm going to scale that back to maybe twice a month. And then the next month, maybe once a month, because you're doing so great," to prepare them for, "I won't be there as much." -- a slow transition rather than an all-of-a-sudden type of transition. Sometimes it still doesn't work. They still get mad about services ending.

(#12) We developed goal progress forms that we use every three months with residents, and everything is very structured. We start with zero to three months, overcoming barriers. That's the first progress form that we're going to use, and then when they have been here for three months, we'll say "this is what's happened, and this is what you can anticipate." We have a program timeline that we put on the wall in the community room so they can see, and we put pictures and things that happen in the first three months and recommendations that they have given us for the second semester; and we have conversations with them all the time. You need to really plan on moving out of here at 18 months. And we went through the quarters, and talked about their fears and about getting stuck and we go to the psychological -- what is happening to this person that is feeling so afraid? And we have really good honest conversations. These are adults, they want to work with us; they don't want to leave and go to a homeless shelter, so they make appointments with us right after those meetings to talk about, "What do I need to do?" And they get motivated.

The need to start looking for housing right away is why, when we met with the therapist, we told him one of the things that these women need to do is they need to heal, overcome the trauma, but they need to be motivated to be doing whatever is in their plan.... We realized we need to train the therapist about what our program is all about, about our timeline, about the services we offer. So we made a team with therapist, we meet on a regular basis to see how things are going, what are the challenges, how we can overcome them, what subjects we should be talking about in groups, etc.

(#13) HUD is really big right now on coordinated intake, and what our agency has done is essentially set up our own coordinated intake, so that when folks call us we triage them, we try to do shelter diversion, get your locks changed, get a protective order. If we can't do that then we'll try to rapidly re-house you or we'll try to go down one of those routes. If we can't do that then maybe a little financial assistance is in order to just help you pay the rent this month or help pay that utility bill and keep you where you are housed. Then if not, there's always the emergency shelter for critical safety need.

Over the course of a year, we provide 90 families with six months of service coordination, including goal-setting and budgeting support, access to job training assistance from our MOU partner, access to counseling and legal services, etc. Thirty of those 90 families will receive an additional \$1,500 grant distributed over the 4-6 month period as step-down rent assistance. To be one of the 60 families getting the service coordination, but not getting the rental assistance, all you have to do is show willingness to engage in the process. Perhaps, over the course of receiving services, you will develop the income needed to move yourself over to being fully served, including rental assistance. That's the carrot to participate in the job training and the service coordination. The reason why people stay in that services-only program without the rental assistance is because they are hoping to be able to get the rental assistance. We don't make any promises and people understand that. But we have a lot of little incentives that encourage participation without mandating it. In the meantime, they might be staying in a shelter, a motel or hotel, or even with their aunt. That was the whole idea when we built our residential continuum. Focus on your menu of services so that everybody gets what they need. The big piece is engagement; if you engage people they'll usually do well.

I would categorize most of our scattered-site participants as insecurely employed. They may have held a job for a couple of months here, a couple of months there. Most of them have been on public assistance in some form or another. Occasionally you'll get someone who is on long term disability, which is a pretty stable income. They tend to stabilize fairly quickly out in the community because they get that steady source of income and there are more resources related to the disability to connect them with.

For those who don't have disability benefits, we emphasize employment. We are very, very blunt with women that if they want to live in the areas they're attracted to, employment is going to be their ticket. Because the rents are anywhere from \$600 at the low-end -- which is kind of sketchy -- up to \$1,200 or \$1,500 a month. Most women who come into the program are looking at housing that's \$800 to \$1,000 a month.

Over the six months that people are in our rental assistance program, the intensity occurs during the first month or two and then it tails off. We're trying to connect folks with their own support network. We try to make our services attractive enough that they'll want to continue on with us for the full six months in the program. We have a follow-up period to allow folks to really make successful transitions into the community.

(#14) When someone comes in to the program, we do goal setting with them, and it's very much catered to how fast they want to move. I let everyone know this is a 60-40 partnership. So whatever you put in is what I will back you with, with resources and support. We also do six month check-ins as far as attaining permanent housing. So when someone comes into the program I ask them what type of housing they desire to have at the end of the program, from subsidy to home ownership. And that's what we will focus on throughout the duration of their time in the program. And the last six months are critical in making sure that everyone maintains or obtains permanent housing.

If someone says I want to attain a master's degree within the 2-year period and they've only taken a couple of credits, I may help them understand what they would need to do to attain it, but I would never discourage them. I am not one to tell someone that their goals are too ambitious. Nor would I tell someone that their goals aren't ambitious enough. We meet our clients where they are. And they only know what they know, so if they've grown up in a particular way and have gotten accustomed to a particular view of life, it's understandable why they might be aiming for something that we -- being persons with education and working in this field -- see as less than they could achieve. But that's why we provide different resources and reach out to our clients -- so that if they say, "I want to be a medical assistant," we might respond with, "Instead of being a medical assistant, have you ever thought about going in to a nursing program?" We provide different options to the residents, because they may just not know about their options or how to actually go about pursuing them.

For the most part, the participants we serve have some basic things they want to accomplish: They want to make sure that their kids have a roof over their heads and are safe, that they have food and housing, and that they get a job. So we help them meet their basic necessities. We can also offer additional supportive services.

Sometimes, of course, people feel that the six months is longer than it really is, or it's down to three months and they are just beginning to make strides, or all of a sudden the end of the six month period is approaching and they're like, "What are we going to do?" Those are times when we talk about all the options that may be available if you don't find permanent housing. We look at all of the different options and hope that they won't have to use any of those options, but if they do, at least they'll know what they are; they'll have a plan B.

(#15) I think just being available on a daily basis has really made a big difference. We had transitional housing ten years ago, and we didn't have the staff to work specifically with transitional housing clients. And so they were basically thrown into the program, and we could only get to them when we could. But now, we actually have a counselor assigned to each participant, and that's made a huge difference.

(#16) We have two concurrent projects serving sexual assault survivors who are homeless. The way our programs work is someone, while they're sleeping outside or in a short term shelter, wherever they're staying, they'll start working with a case manager who will help them address whatever barriers are keeping them from getting approved in an apartment and then they'll help them find the apartment and then they'll transition into our housing retention team and so that retention team, their specific skills are around working on long term stability. And so they're thinking not about tomorrow, but they're thinking six months, a year down the road. So they're helping people get on wait lists, they're helping people apply for benefits, they're helping people mitigate whatever issues are kind of resurging with their property managers, they're helping people connect to mainstream benefits, SNAP, VA support, connecting to health care resources. So they do a lot of the longer term stability pieces and then offer opportunities for recreation to try to reduce social isolation.

All of our case managers have access to every rent assistance program that our agency offers. So they have a full array of options when working with a participant. And so as people enter onto their case load or begin engaging, they're looking at what options that they have in terms of financial resources that we have for someone, financial resources that the individual comes with, their opportunity for income development, their desire to move forward and address some of their housing barriers, their kind of desire for long term stabilization, showing up to case management appointments. We do a lot of reminders and work and doing phone calls to help people get to appointments as best that we can. But people really have to show up in order for us to be able to help them and we put a lot of effort out because we want people to engage with our programs. We want to help people find housing. So we try our hardest to have people opt themselves in.

Primarily, we're serving people with tri-morbidity, active or latent substance use and abuse, mild to severe mental health impairments and most people that we serve have some sort of physical disability. So substance abuse treatment, mental health treatment are not requirements of our program. They're certainly not requirements of this program, but we do provide some brokered services on site where we have specific staff who have mental health and addictions backgrounds who do some short term stabilization and then help people who are interested connect into deeper resources. So we continue to offer those as we provide services to people and I would say for the most part, people are engaged to some degree in some sort of outside support for their disability.

Our OVW grants -- one for the program that targets Latina survivors, the other that targets survivors with disabilities -- fund a total of 0.8 FTE outreach support staff who do that kind of brokered mental health, alcohol and drug support. We leverage the case management that we provide both on the housing placement end and then also on the retention end. And then we offer access into our life skills program which has tenant education, employment support, opportunities to get involved in a volunteer program, mentor program and

then access into applying for social security benefits. So we leverage those supports; they're available kind of across our program. Because the services are voluntary in these two specific projects, a lot of times, we're selling those programs in the beginning, but then once people engage in them, they generally stay engaged.

(#17) When a client comes in, it's important for me to sit down with them and do the intake process, to find out what is it that you need from me? What do you want to see happen? What can I help you with? How can you benefit from this program? If I wait 15 months, I've done them a disservice -- even though it's voluntary services, I've done them a disservice. I feel like I need to be checking in with them. If they are having issues and they need counseling, I would make sure that they got that. I think the real key is making sure that they have everything they need up front. That's why it's important to build a relationship with them, so that they always feel like they can come down and say, "I've been looking for housing and I haven't been able to find anything." So I can say, "All right. Let's get in the car and let's drive around."

(#18) I think our most significant challenge is supporting residents in staying motivated to do something different. They have to get past having someone make all the decisions for them. When you survive a domestic violence situation and you come out the other side, somebody's been making a lot of decisions along the way and it hasn't been you, and so we connect them with a full-time counselor (paid for out of another funding source), and we encourage our participants to take advantage of that so that perhaps they can get past that, but of course participation is voluntary and some do, and some don't. I think it's something that we as an organization are not adequately addressing. Otherwise, I think we would have faster outcomes.

(#19) We have a full time case manager who works with all residents to make sure they are progressing toward independence. She's making referrals to the housing authority, assisting with job leads, helping with budgeting and resumes. At a certain point in their stay, pretty early on, a resident starts working with the case manager to make what's called the Exit Plan, to plan for their transition after their two years in the program. Throughout her stay, she periodically reviews that plan with her case manager. If she isn't following through on referrals and doesn't seem engaged in the process, and if that gets to a serious point, she'd be asked to sit in with the director to have a pretty frank discussion about what's expected. Outside of working with residents directly and making referrals and encouraging them to engage in the process, there's not a whole lot else we can do, since we are OVW-funded and voluntary services. Unfortunately sometimes it's going to end with, "Maybe this is not the best program for you. If that's the case, let's work with you to find somewhere that's a better fit."

(#20) Our advocates provide goal planning support, suggest and can make referrals for resources to connect survivors to the many, many services and support that the survivors say that they need. It's very survivor directed. We run support groups and programs that survivors in our program say they want.

When someone enters the program, we start with a 24 month plan; it's not very specific to the family. We aren't that focused, at that point, on getting them out. We're more focused on helping them use the time they have to work on other issues, not housing immediately. One of the initial things we do with everybody, though, is if there are wait lists they need to get on, we try to address that sooner rather than later, but otherwise, we're not really thinking about deadlines or faster ways to get folks out. Unless the survivor wants to start sooner, we don't really start the whole housing conversation until at least three months in, and then it's just for thinking about.

Something we've found is that there isn't a tremendous difference between the families coming directly from a crisis situation and families exiting emergency shelter; they're still in crisis. And even within the two year span that they can be in our program, we've found that people cycle back into crisis; it's just the process.

(#21) We really want participants to take the lead on their own. Apart from providing rental assistance, we assist participants in any way that we can, but as far as them having to declare a deadline and having to do this by that date -- we don't do that. They make all the decisions. They maintain their household as they please. We try to work with them around their finances while they're in our program, so that when the assistance runs out they're not in a financial crisis where they don't have any money. I don't feel like we do a lot of pushing. If there's something somebody wants to do and they identify that as a goal when we have our monthly meeting, I remind them that, "we talked about this goal; where are you on this?" We don't have a lot of strict requirements. Anything that they want to do would be something we would assist them with.

(#22) Our support is more intense to begin with and then it phases out over time as they become more able to manage the things on their own. We continue to offer our case management and services, and participants can attend the workshops after they have left the program. We're always here as a resource for them and they can utilize our services whenever they need us.

(#23) Our case plans have built-in action steps and timeframes. We request that within their first 30 days, they apply for public housing as a backup plan. And within the first 90 days, they're looking for work, is kind of a guideline that we use. Rebuilding credit and dealing with credit issues would be an ongoing thing. We provide ongoing housing counseling, ongoing money management. So if you're looking at a nine month stay, the first three months tend to be helping the family out of crisis and getting services that they need lined up. The next three-months is them learning to maintain, because they're not used to things being functional and going like they're supposed to, and they have to learn again that this is the way we do things and this is what makes us successful. And the last three months is usually the time we deal with transition plans into permanent housing.

(#24) (Not a current OVW grantee) We help participants assess their needs and priorities, connect with resources, stay connected with those resources, and make progress with their goals. A lot of participants are still learning English. Education is big. Legal assistance is huge. Resolving immigration issues takes years. Resolving divorce and custody issues can take a long time. Cleaning up criminal histories, cleaning up credit histories, both can take a long time. Looking for a job, holding a job, transitioning between different positions, finding/accessing training. One client has been in training for eight months in a cooking school, and then she'll need help finding a job -- and her routine in a job will be entirely different from her routine while she was in school. Parenting support is a big challenge for many participants. One of our clients has a lot of anger issues that they need to handle.

The pure domestic violence-related case management is done by us -- anything to do with a restraining order, safety planning, high risk assessment, escort for restraining orders, anything that's domestic violence related. All the rest of it is orchestrated by the resident support coordinator, but is done by others.

Just about all of these require referrals to outside providers, because we have no legal expert on staff, no immigration lawyer, no in-house ESOL program. It's not enough to make a referral; there's a lot of back and forth and support that goes on, even if the other agency has a specialty. Even if it's a referral to a lawyer, we do a lot of the leg work with the client to get documents together, translate documents, making sure they don't forget their appointment. We make referrals to a municipal employment program or other employment programs in the area, but we brainstorm about jobs with clients, and we share job leads that we hear about.

(#25) We step down our level of assistance on a case by case, month by month basis. Our financial assistance ends after a year, but services can continue, up to another full year. Our choice to provide step-down financial assistance was based on a desire to gradually place more responsibility in the hands of the participants. We

have participants that move on within six months. We also have some participants that are going to need a little longer in order to become more self-sufficient, and more self-aware of what they need and want, as far as mental health or substance abuse help, or parenting, or budgeting, or being able to find and maintain jobs that pay more than minimum wage.

This grant programs gives us flexibility to help in many ways – counseling, job training, whatever participants need - yet it almost feels like most of them aren't to a place where they can articulate what they need. We try to have ongoing conversations, but sometimes they drop off the grid until it's time to pay the rent. We try to talk or meet with them once a month at the bare minimum. But generally, with the majority of them, I am talking to them a couple a times a week at least, and meeting with them usually twice a month or more.

Many of the participants don't even know what their goals are. They're almost scared to set goals. So our expectations are just that we'll meet them where they're at and support them. I don't know if it's a majority, but I think that many of our participants have accomplished more in the program than they ever thought was possible. Then on the other hand, we're frustrated because there's so much more they could take advantage of, if they'd just ask. For example, we had a participant who was a registered nurse, had a teenage daughter; when she left the abusive relationship and filed for divorce, her #1 goal was to file bankruptcy so that she would have a clean slate to start over with. Bankruptcy isn't most people's definition of a success, but for her it was the ultimate. So we helped her pay the attorney. So success is in the eye of the beholder I guess.

(#26) Each participant's level of housing assistance is individually determined, based on their circumstances. We sit down with the participant and talk about where we want to end up, and if we make an agreement and something ends up happening where they're not able to pay their portion, we'll have a conversation about it and figure out why that happened and what made it difficult, and that just tells us where we need to find more resources and support. For example, maybe they had to miss work because their childcare provider was not reliable.

The goals are pretty much defined by them, like "I want to get my children into daycare" and "I want a job that pays this much" and "I want to learn the bus system." And then we figure out: how much of the rent are we going to cover in January, and what will you cover? What feels like a good progression after that? We put it down on paper, and then she gets the spreadsheet, I get the spreadsheet, and then we have a release of information to communicate with the landlord and that's the way it is.

If somebody enters the program with challenges related to depression, PTSD, self-medication with substances, that's an indication to me that 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. One of my clients was impacted a lot by her PTSD and part of our agreement and plan was that she was going to work pretty much full-time on getting her mental health under control and feeling confident with that, while we paid her rent. At that stage, her goal was not to assume greater responsibility for the rent; it was to not feel suicidal.

In their agreement, participants have to check in with me at least one a month, and then they go on and live their own lives, but it's been more like once, twice, maybe three times a week talking with them and dropping by at their house, and they invite me to come and talk. I've just built a good relationship with them, and we operate from an empowerment philosophy and a feminist philosophy, and there's not judging. I think that our training as advocates really provides a good base for them to feel like they can trust us, and get good, non-judgmental support, so we haven't had a problem with the voluntary services model.

The agreement is just in order for us to gather the information we need and to have a conversation about the barriers and needs that the participant has, and that we're going to help them address, and we can do that by them coming to our offices to meet or me coming to come to their home to meet with them. If somebody didn't communicate with me, I would communicate with them about the importance of communication, and would ask them what's going on and why there are not in touch. We've never had to exit anyone from the program.

They all get peer counseling from a certified domestic violence advocate and they have the option for support groups and the crisis line and legal advocacy. That support all comes from other programs in our agency. We don't have a therapist, but we do referrals. Participants get to make a decision for themselves. If they're really nervous about going to therapy, I'll sit in a couple sessions with them, and then slowly remove myself. They know that anything that I do for them is not going to be for a long time. It's going to be trying to get them comfortable to do it on their own.

(#27) We've assisted families with different things, applying for child support, getting updated shots for the kids, accompanying them to the OB/GYN, helping a participant from another country pick out items at the grocery for her kids school lunch, providing driving lessons to a client who got her learner's permit. Support group is open and offered to survivors, but it's up to them whether they feel that that's a helpful service and want to participate or not. We have a parenting group also open and available. We have a sexual assault group. We have an agency chaplain. All those services are available, and clients can choose those that they feel would be most beneficial to them.

(#28) (Not a current OVW grantee) Our transitional housing was a place where they could come and just move in with their clothes, if they had clothes. We provided a free fully furnished apartment, so they could come in and take a shower, if that's what they needed to do. Or have a cup of coffee. They didn't have to pay for their housing while they were out looking for a job. They had weekly case management, they checked in every week with the case manager, and had a set of goals that they wanted to work towards to get on their feet, whether it be a job, or finish school, or save up enough money. We have a counselor that comes down twice a week that they could meet with. The mom and the children were able to take advantage of free counseling to support their healing, and help prepare them mentally to move forward from the abusive situation they came from.

Many of the women had cars, but if they didn't we also provided transportation, for example, if they needed to get their kids to the clinic, or if they needed to get an evaluation, or to go to court. That was part of the initial assessment when they came in; our case manager assessed what their needs were and set up a whole plan. If they had appointments they needed to get to, a job interview or medical appointment, they would check with the case manager to make sure that we could transport them.

If somebody had no work experience, we would evaluate the resources available to financially assist them, whether it be TANF or state-run programs, Medicaid, disability, or education. We'd advocate for them to finish their GED. All of that was done in the first few weeks that they entered transitional housing. I think the majority of my clients actually had jobs, or were able to get a job.

They met with the case manager, once a week, and if they needed to come in and talk with me, they certainly were able to do that. They were all encouraged to do counseling. I have a hard time even to this day, getting victims to even come in to do counseling. You just have to keep encouraging them and try to help them to stay focused. There's not much else you can do. We work hard to keep people motivated; it works sometimes and sometimes it doesn't.

I don't think that our services are really too different from anybody else's -- court advocacy, emergency shelter, transitional housing, etc. I think the difference is that cultural piece, and my understanding, because I am Native, and did go to the boarding school here. I think that that piece is the cultural piece, the trusting piece, because I've been there.

Although many of the victims go back to the abuser, or find somebody just like the one they just left, a good portion of our victims have actually moved on. When they find that somebody actually believes them, somebody actually is willing to sit down and point them in the right direction, and try to keep them safe -- which is the major issue, whether that means getting protection orders, not just against the perpetrator, but

perhaps his family that's stalking her too -- I think that once those victims realize that there is somebody on their side, and somebody willing to help them, that they aren't alone, I think is probably the greatest empowerment.

(#29) Our projects serves older survivors. Some people are not really ready to take that plunge, to say, "I'm leaving and I'm going to live in this house that I've never seen before, in a town that I've never lived in before. I'm 70 years old and this is really scary." So we have to work with them for a while before they even consider coming to our transitional housing. Remember, when these women were younger and raising a family, domestic violence wasn't even a crime. So they weren't really protected in their day. So for us to now say, "Yes, we can report this and we can get a 'protection from abuse order' is foreign to them. They don't necessarily trust it right away. And it's always kind of interesting how the adult children respond to this. We've had some who are very supportive of their mother leaving and want to be of help to her. And then in other cases, they'll take the abuser's side.

But transitional housing is generally not the first thing we provide. Sometimes it's just talking with them on the phone and giving them some information about safety planning and maybe helping them figure out what their resources are. "Do you have family members that could support you?" Those kinds of things. So a little bit of work with the hope and intention of getting them to understand that it's a safe thing to do. That they can leave and will get a lot of support once they leave, and that there's life after this awful situation. Bringing people along and getting them to the point where they're ready to make that move into transitional housing 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.

Once the survivors are in our transitional housing, our case workers spend hours with them, teaching them how to use email, showing them how to safely use technology. Some of them have a cell phone, but we have to teach them how to turn their GPS locator off so people can't find them. All of that is new for them. We help them set up, sometimes for the first time, their own bank accounts. And help them figure out their budget. We help them get a secure mailbox so they can get mail. Because we've had quite a few cases where the husband continued to stalk them after they left the house.

We had a program participant whose husband was threatening to have her deported. We ended up getting an attorney for her and working with the immigration folks to help her and our staff understand what her rights were. Because her husband had told her all kinds of things that frightened her, but that weren't true.

Our communication with participants varies from person to person; some people have a harder time than others with phone calls and emails and the lack of in-person meetings. And then you have other people, like a man we served who was being abused by his wife and stepson, who texts his case worker several times a day with a quick question, or if he had forgotten something. Some of the women in their early 60s have gotten jobs. And they don't need anything. They'll send an email once a month to let us know how they're doing.

After they leave our program, we'll routinely have a follow-up meeting with them to just check in: "How are you doing? Are you able to pay your bills?" And give them some pointers on that.

(#30) We are a statewide domestic violence, sexual assault coalition. We flow the money through to our member programs that work with victims/survivors. The member agencies pay the landlords directly on behalf of the clients, for six months, possibly longer. Those agencies request reimbursement from us for that rental assistance. Five of our member agencies also receive funding for 10 hours/week of their case managers' time. (Our other member agencies pay their case managers from different sources of funds.)

We don't require face-to-face meetings. A lot of times it's just more touching base by phone. A lot of the clients being served are located in the same city or town as one of our member agencies. But because of

transportation, a lot of the case management is done by phone, or some other means of contact. It depends on the client. We've had situations where they just check in once a month. Some want more than that, and go to the DV agency for counseling, or other services. It depends. But there's probably not as much face-to-face as there would be if the case manager were right on site where the client is living.

Most of the clients that we've worked with have utilized a shelter operated by the agency requesting rental assistance on their behalf. So the case manager is right there. We don't have requirements that participants have to do things; we use the voluntary services model. Sometimes they just touch base once a month with a case manager. We've had a couple cases where the client didn't touch base, and then the case manager, or the shelter, had to do some investigative work to figure out where the client was and what they were doing.

We usually leave it up to the referring shelter program, to screen appropriate or not. Our concern basically is if the housing is something the client will be able to afford after the financial assistance has ended. Our assistance gives them six months to find a job. If they haven't been allowed to work by their abuser, or if all their money has been stolen by that person that gives them time to get back on their feet. Basically, we leave it up to our case managers and our member agencies to make sure that it's the right fit. We don't want to set a survivor up for failure. We've trained our case managers and member agencies that if it doesn't look like a person will be successful in transitional housing, to look at other resources, like emergency services funding.

(#31) After the initial intake and welcoming, we do an assessment and let the person tell us where they are, if there are any goals or things they want to work on, what that looks like to them, and when and where they would want to start. Oftentimes, people say, "I don't know. I need time just to figure it out." That's definitely easier in our locally-funded transitional housing program, where we own the building, than in the OVW-funded transition-in-place program, where the participant enters into a lease with the landlord, and is required to pay a portion of the rent. We have people who, for example, have SSI or SSDI or some kind of benefits income, so they have a little bit more leeway to focus on self-care until they get to a better place. For the people whose only income is work, it's a little bit more challenging; but we try to support them a little bit more financially so that they're only working part time rather than full time. If they are struggling emotionally, we work with our MOU partners to try to get them some mental health support, if they want it.

(#32) We work very closely with a domestic violence specialist who works for a quasi-governmental organization. She does home visits and we do a lot of Skyping and FaceTime. (I am not a tech person but we have a lot of people who are, and they're very willing to assist. We also have a local internet company that we work with and they've been very generous.) I'm not sure that program participants who are living, say, 200-250 miles away, have the same kind of program experience -- surely they don't -- as clients we see in our offices, in our support groups, and who have the weekly home visit contacts. I would like it to be as beneficial to everyone. However, our area is very rural. People choose to live in the small rural areas if they have support there, if they have employment, if they want to keep their children in the same schools, and we attempt to assist them the best that we can.

(#33) We give new participants a little bit of time to get settled in and get used to their new environment, and then start out with small goals. The first meeting may not be setting up all the goals on how they're going to get completely transitioned out, because that can be overwhelming. Instead, we figure out what we need to do this week, things that are achievable without being overwhelming. Then when you hit those goals, it makes it a little easier to go a little further down the road and to think more long term. Setting up some small goals that are easy to achieve and then enjoying some victories helps them begin to see that they're capable of doing it on their own, and they don't have to go back to their abuser because they're afraid they can't take care of themselves.

Next steps depend on our assessment of their needs and priorities. They may already have a job, but they need a way to get there; we may be able to provide transportation to and from work, if it's in the local area. They may need help with childcare, so maybe we would start with that. For each client, there will be a different plan. For some of them, before we deal with transportation or childcare, they need to get a job. If their abuser didn't allow them to work or to control money, they may need to learn how to handle money, which we can help with through our financial literacy classes. They may have gone straight from living at home to living with an abuser and not have had any life experiences. They may not know how to write a check or how to balance a checkbook or to do a budget, so we can help them with those needs. So setting priorities and deciding what makes sense for them to do first.

Our approach to case management is based on respect and trust. Staff don't try to control the participant's life; they provide information and describe the participant's options, so that she can be an independent decision maker; and they encourage and support the participant in accomplishing what she's trying to do.

(#34) (Not a current OVW grantee) When we sit down with individuals initially, before they come into the program, we talk to them about what the program does, ways that we can be there for them, and what they have a right to expect from us as their advocate. We can't mandate that participants do anything, but we give them incentives: we have child care available right on site; we have an employment and education coordinator; if you're curious about job opportunities or you want training so you can earn a livable wage instead of \$8/hour, we have connections with colleges and we also have some scholarships that you can apply for to provide you with the training and education free of charge. Those are the incentives we let participants who have those desires know about.

We want to try to create opportunities for them because we know that they were constantly told by their abusive partner that they're not going to make it on their own, "You can't provide for yourself and the kids by yourself without me" and "I'm the one that's going to be able to take care of you." We want to remove that and provide them with opportunities to dream about: "If I go through this training, I could make \$14 or \$15 an hour. I actually could maybe do this without him." It gives them a new lease on life. To the individuals that we know are depressed, we say, "We know you've been through a lot, and that it's sometimes really hard to get that motivation again." Just to let them know that we're here for whatever they want for us to be there for.

(#35) (Not a current OVW grantee) Our hope is to do as much as we possibly can ourselves, with in-house staff, because we want to make it as easy as possible for the families to access services. With the exception of legal, we pretty much provide everything. We have our own case managers, child services staff, after-school teen program, nursery, pre-K program, and ESL teachers. We have a psychotherapist, a credit counselor, an unemployment counselor; Of course, in some cases we do supplement our own services with other resources.

The idea is that if they can all be under one roof and we can all be working together as a team, then the person doing the financial literacy and the debt reduction can be talking with the case managers as can the people who are doing the employment training or the people who are doing the legal services, so we can have a unified approach to helping the family. We have team meetings related to client needs; the team consists of a case manager, employment counselor, credit counselor, two child services staff, the deputy director, and myself. Sometimes the director of our children's program will join us, and we'll learn something that's going on with the littlest child that will be an indicator of something we want to be able to address with the family.

We want to make it as easy and convenient as possible to come to the office, and we want to be able to provide services to the entire family. First, all the housing is selected so it will be relatively close to the office and on a bus line, and one of our chief objectives is to get participants employed as quickly as possible, and to get them a car as quickly as possible, so that transportation isn't too much of a barrier. We can give them transportation vouchers or gas cards. Second, if we want to make it easy for mom to come to the office for services, we have to be prepared to address her need for age-appropriate children's services while she's here.

So while mom is meeting with the credit counselor or case manager, her teenage son can be in our teen after-school program, her fourth-grader could be getting tutored, and her two-year-old could be in our nursery.

We try in the first month, two months, to get as much information about the person as possible, including what their background is, what's happened to them, what kind of psychological or emotional issues are going on, what their aptitude is, what their interests are, what the barriers are, and we try and open up a pathway for them to inspire them to move forward. We try and help people move out of that place of brokenness into a sense in which they're the authors of their future and that requires a lot of information and a lot of cooperation, so even though we talk about some mandatory services, what we want is to work with them so that they get excited about the idea of becoming their own bosses.

(#36) We have one full time transitional housing coordinator, based at our shelter location, and she is constantly working with the women in shelter to see if they are eligible for transitional housing and where things are at with the status of our units and any other transitional housing in our community. Typically, that coordinator already has a relationship with any participants that enter into our transitional housing program, because she's been helping them explore their housing options while they were in shelter. And that ongoing connection is important to supporting transitional housing participants' willingness to engage in services.

That approach is applicable to willingness to participate in community services, as well. One thing we have learned over time from the women we serve is that if there are resources that we can bring to them, that makes a huge difference in terms of whether they will be willing to reach out and connect with those resources. For example, bringing community health staff to the shelter on a weekly basis, bringing Goodwill staff onsite for job training.

So by the time someone gets into our transitional program, they know the coordinator, they've seen those community providers already, and if they haven't already used them, they know them as safe resources because they've seen and heard other individuals who are using them.

If you give somebody a phone number, but they don't see or hear the person they'll be talking to, they're much less likely to follow through. It has everything to do with how trauma affects people and how they take care of themselves. Trust is something that's communicated by word-of-mouth; the women support each other in learning who they can talk to, who they can work with, who they can trust, and why. So, for us, that shelter environment is really a proactive environment.

(#37) (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 (PSH) 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.

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 childcare – those kinds of things. We can help them work through the system in order to get all the pieces in place, so they can be economically self-sufficient at some point. A 2BR apartment is going to cost between \$1,200-1,400/month, which is impossible at a minimum wage job. If you expect to be self-sufficient in three years, you're going to need a job that pays \$19/hour to afford that unit. We really try to get them to focus on education or training in one of the trades where they can make good money - construction, electrician -- while they have our subsidy. If someone is going for job training and that bus schedule doesn't work, we pay for their cabs to get back and forth. We do a whole lot

about transportation because we find that lack of access to transportation can be one of the core reasons that they aren't able to accomplish things. We also have a very active Vocational Rehabilitation program here that can help them buy a car or help them get their car repaired -- which can help in a lot of ways, including getting to their job, when they get it. If they move outside of our area, the voucher can transfer with them; although we can't provide out-of-area support services, we have sister programs throughout the state that can. However, the training opportunities are only going to be in the major hubs.

Our emergency shelter is set up like little apartments. 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, but many of them have been homeless for years, and they have a hard time with boundaries and not letting their friends move in with them, and turning their apartment into a little bit of a crack house. We work through that within the controlled environment to help them learn about boundaries and do goal setting, because we found that if we didn't have goals and targets, it was sometimes hard to get them to the point that they were able to move out.

We had an OVW transitional housing grant for our co-located transitional program, but we finally just let that funding go because we found that voluntary services for women with these kinds of secondary issues didn't work very well. It works really well for women with economic issues, but when we were working with women who had an addiction to crack, if we didn't establish some type of expectation, it was really difficult. We came up with what we thought was a wonderful idea -- we charged a fee for this housing, but if they did certain things, for example attended counseling, we waived the fee, so they could basically end up living for free. However, OVW determined that this approach wasn't consistent with voluntary services, and that participants had to be able to live here without requiring anything of them.

We decided that we had to take a little bit of a different approach with that population, adding some accountability, which we've found to be very successful. We're not punitive by any means; it's not about kicking anybody out. Our goal has always been to screen in, and to keep them in, and we feel like the only time we fail is when we give up. We work really hard to figure out what's going on and what other resources might assist them in staying in housing. It's been a very successful model.

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. Putting together a case plan might mean setting goals like for the next three weeks, two days a week, they're just going to try to get up by noon. Or maybe for a mom with kids, their plan for the next week is, "I'm going to help make sure that the kids get on the bus to go to school." 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. Many of these ladies love going down to the kitchen and baking and cooking and working with our kitchen manager and that can be their goal: "This week, I'll help cook dinner on Wednesday night."

When we say that we ask them to be doing something with us, it doesn't have to be therapy or treatment, which might be more triggering than they can handle. 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, because there's always something: "I want to go to yoga" or "On Friday, I'll join the group doing line dancing."

For many of our participants, they might not be ready for counseling or groups or treatment until their last six months here. Or it might never happen. But we're continually trying to get them ready to do something at the end of the two years. We routinely look at what's going on in six month-increments and if they're ready, might transition someone in our co-located program into the scattered-site program, and provide them with community-based support as they start bridging back into mainstream life.

For some, though, this might be as good as it gets. For some folks, whose brains have been chemically altered for 30 years, this might be how life is; for them, we try to find permanent housing where we can continue to

provide support, like our permanent supportive housing, where they can live as free as they want, and our focus is on stability.

We think of our ***HUD-funded permanent supportive housing (PSH), as transitional housing from which it's going to take longer than two years to transition out.*** And in the meantime, it's there as long as they want it. Right now, 13 of the 15 original participants are still living in that PSH. (The other two moved into more independent permanent housing.) Those 13 residents had over 200 years of homelessness between them. Our 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.

(#38) When they move into our on-campus program apartments, they meet the case manager who will work with them on self-sufficiency, mental health referrals, substance abuse referrals, getting into some type of educational or vocational program, children's and parenting issues -- the whole spectrum of issues that a woman coming from a violent relationship and starting off in her own apartment might need. We have a team of three case managers that work with our 48 households (12 singles, 36 families) and also an education specialist that organizes different groups such as therapeutic, art groups, cooking classes, English language classes (ESL). Different partners come onto campus, and provide their own services.

The good thing about the apartments is that the case managers have their offices right at the entrance, so a lot of the engagement occurs outside of scheduled appointments, like when a client comes in and they check in with case manager or the case manager sees them in the hallway. "How's that new job coming along? Have you registered for school yet? How's that goal we were working on?"

If a family leaving our shelter chooses not to stay on campus and wants to move somewhere else, or if there isn't room on campus, they could find an offsite apartment, with rapid rehousing assistance, and the case management would be handled by our partner agency -- a local homeless provider, rather than a DV-focused provider, and so, would focus more on housing and economic issues. We have a family justice center on our campus -- a collaborative model with 15 different partners -- that anyone staying in the community can come back to and access services from at any point.

(#39) We have two 5BR homes for single women and two 5BR homes for women with children. One of the homes 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; they could be women who came out of prison; we don't say we're only working with this or that population. Each home has four client households and a house manager who's been through our program or a similar program. We had a professional that served as a house manager and that didn't work. The women can stay for two years. The women participate in a resident advisory committee that advises us on their needs and what they want. We do a lot of peer support-type programming and that seems to work well.

Participants 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 in the program clean. It could be 24 hours or 72 hours, depending on their drug of choice. But they don't lose their bed. Initially, the probation officers told us, "We're not sending our women to some flophouse." They wanted women to be UA'd [urine analysis], but with OVW funding, we can't require the women to do UA's. I talked to OVW, and asked for help in figuring it out. Our resident advisory committee recommended that people randomly get UA'd and so we partnered with a local company that does it. The probation officers tell them that OVW can't prevent another agency from forcing them to have UA's.

Women seem to respect and listen to other people who have faced or been through the same challenges and issues. We have professionals leading groups, but even with those groups, the co-leader is always a peer, somebody who's been through the program, even if it was with another agency.

I'd say 99% of the female vets we serve were sexually abused or raped by our own troops, and the PTSD issues are just overwhelming for us. So we partner with a Veterans organization and we collaborate on groups and different services for those women. They get free transportation, too, whether it's doctor's appointments or just the different things they do for vets that we don't have services for. Honestly, the female vets that stay with us don't care whether they're living in a house with just other female vets.

Our case managers prefer to be called "Family Justice Specialists," because our participants have multiple issues, so staff don't just do domestic violence advocacy. Every one of our staff wears multiple hats: they go to court with women, they co-lead with one of the peers what we call our "educational groups" every Sunday on different topics: relationships, relapse, money management, maintaining an [IDA savings account](#), etc. We also have presenters from the outside for these groups. We partner with state-licensed community agencies for our counseling and crisis counseling services.

We work with a couple of other organizations to offer services for the kids that live with us, so they're able to go to group activities or a specific daycare that specializes in working with kids who come from homes where there's been domestic violence or abuse. But that is an area I feel like we need to do a better job with. We don't have the funding, but, in the meantime, that is what we do. Many of our women are involved with Child Protective Services which, more recently, has been doing a much better job of offering services to the kids.

Of course if the women who've lost custody are going to get their kids back during the time they're with us, we move them to a house with women and kids. Then there's an adjustment period because they don't want to leave. They're like, "I'm not ready," and we just want them to get used to having the kids full time, and we give them the daycare resources and all of that.

(#39) Once a person is approved to be in the transitional housing program, we work directly with her landlord and we agree on a schedule each month, what our rental assistance is going to be. The participant comes in once a month for recertification and based on her needs and her individual situation, we determine what the assistance will be for that next month. It could be direct rental assistance, utility assistance, relocation assistance, or daycare -- a wide range depending on her individual circumstances.

Our monthly recertification meeting is just a way to connect with the survivor, to know what's going on with her. Has anything changed? We want the ability to work with her and be a partner in her planning process. It gives us an opportunity to encourage connection with services. And it's a touching base point so we can make a transparent decision, so everybody is clear what the reimbursement and the support will be for next month.

One of our major goals is to enhance the services to children exposed to violence, and to replace some of the children's coping mechanisms, so that we're not repeating this violent dynamic. And expand the trauma informed counseling services for victims. In all the years that I've done this work, civil legal services was always our number one requested service, but I can tell you, hands down, in the last two years since we have expanded our counseling interventions and our trauma informed model for both children and adults, that is clearly our number one requested service.

What we love about our one-stop family justice center model is that we have all these services, with staff funded through probably 15 different grants, pieced together so that to the person walking in the door, it looks like one integrated service delivery system. So if they're seeing a civil legal attorney who's doing a protective order and the woman breaks down, the attorney can call in one of the trauma counselors, and we make her available to come and help the woman get back together, so they can go on with the legal work. We offer education and employment services. We have a childcare program, so when the women are going to be here for a couple of hours, they know their children are taken care of. We have snacks on hand. If they have

transportation issues, we try to arrange appointment times that are convenient to them, including after hours. We provide bus tokens and transportation assistance. We have private foundation grants that allow us to offer gas cards.

(#40) People who've experienced domestic violence may have a lot of reasons to distrust people. So making that connection, being non-threatening, making sure we're not reproducing a relationship with the same kind of power imbalance that the abuser had -- are important. And demonstrating that we will be there for the participant, no matter what: that we will respond when there's an emergency; that we aren't only available Monday through Friday nine to five. When you are available in that capacity, people want your help

Relationship-building is about being reliable so you can build trust and have an ongoing, working, emotionally-supportive relationship, but still maintain necessary boundaries. It's about not walking into the room with a service plan that "we need you to complete and sign," but with a sincere greeting and a "how can I help?" It's about making yourself available to support your client the night her abuser shows up at the door, and the police have come, when she needs to talk with her advocate -- not next week, when your next appointment is scheduled. As an agency, it's about flexible scheduling, so if our advocate is at the hospital until 10pm with a client, she can come in late the next day or take the day off. When you have that kind of flexibility with your staff, and clients have that kind of flexibility with their case manager, great things can happen.

We use an assertive community treatment approach -- meeting clients where they're at, encouraging them to participate in services, and making the services so worthwhile to them that they want to participate. Assertive community treatment, whether in our rapid rehousing program or our OVW scattered-site program, is the best way to work with people with serious mental health issues or problems with alcohol.³⁹ Being that our clients have been severely traumatized from domestic violence, a lot of times they do have those issues.

³⁹ Although this provider's whenever-you-need-us, whatever-you-need approach to case management may be assertive, flexible, individualized, and responsive to participants' needs, technically speaking, the program model is not "Assertive Community Treatment" (ACT). ACT refers to a rigorously defined CMHS/SAMHSA-certified evidence-based practice (EBP) for serving persons with serious mental illness, often with co-occurring addiction. As described in the [2008 Assertive Community Treatment \(ACT\) toolkit \(CSAT/SAMHSA, 2008\)](#):

"ACT is a service-delivery model, not a case management program. The primary goal of ACT is recovery through community treatment and habilitation. At the heart of ACT is a transdisciplinary team of 10 to 12 practitioners who provide services to about 100 people. ACT teams directly deliver services to consumers instead of brokering services from other agencies or providers. For the most part, to ensure that services are highly integrated, team members are cross-trained in one another's areas of expertise. ACT team members collaborate on assessments, treatment planning, and day-to-day interventions. Instead of practitioners having individual caseloads, team members are jointly responsible for making sure that each consumer receives the services needed to support recovery from mental illness. The course of recovery from serious mental illness, and what it means to have a life that is not defined by a serious mental illness, differ among consumers. Consequently, ACT services are highly individualized. No arbitrary time limits dictate the length of time consumers receive services. Most services are provided in vivo, that is, in the community settings where problems may occur and where support is needed rather than in staff offices or clinics. By providing services in this way, consumers receive the treatment and support they need to address the complex, real-world problems that can hinder their recovery. Every day, ACT teams review each consumer's status so that the ACT team can quickly adjust the nature and intensity of services as needs change. At times, team members may meet with consumers several times a day but, as consumers' needs and goals change, the nature and frequency of contacts with them also change."

In addition to its indefinite timeframe, ACT has a much more clinical focus than DV/SA-focused transitional housing:

"Core ACT services are crisis assessment and intervention; comprehensive assessment; illness management and recovery skills; individual supportive therapy; substance-abuse treatment; employment-support services; side-by-side assistance with activities of daily living; intervention with support networks (family, friends, landlords, neighbors, etc.); support services, such as medical care, housing, benefits, transportation; case management; and medication prescription, administration, and monitoring." (pp.5-6)

If people aren't interested in your service, and really don't want to participate, we have to be comfortable with that being okay, because if they're dependent on themselves, isn't that what they're supposed to be? We want to empower them to not need us. That's our job. I don't get wishy-washy if someone doesn't want our services. I say we did what we were supposed to do. And then if they fall off, and they don't do well, that's when we get back reengaged. Before we exit someone from our case management services, we ask, "Are you ready to not have services? It's perfectly fine, but are you ready? Are you able to pay your rent, are you able to get to your counseling appointments on your own? Are you able to stay sober?" And if they answer "yes" to a lot of those questions, and it's a mutual decision, then, "Great we're proud of you. Let us know if you need us again." And that's where we want to be anyway. Not to have them dependent on us.

(#41) Of all the things that culturally and institutionally we try to convey to survivors, the most important is that when we say voluntary, we really mean voluntary: "How can we help you?" "What does support look like to you?" We're schooled in the Paulo Freire way of thinking⁴⁰, which says that you can only take people as far as they're willing to go. It's the opposite of what Freire would call the banking style of education, which approaches people with an attitude and energy that says "I know what's best for you," or "You need to know what I know" or "if they only knew what we had to offer, how useful it is, they would take advantage of it, so we'll really push them to try." Those are setups that don't move people. We just don't do that.

When people are with us, we genuinely listen; that doesn't mean we don't challenge people, but the way we do it doesn't come from a place of judgment, it comes from a place of love – love for their wellbeing, love for them as humans. A heavy hand is just not where we're going, because we know you can only get people so far. We take the teacher/learner, learner/teacher approach, which is that every time we interact with people, we're also learning from them about their experiences and their life; we don't pretend to know it all.

The key is having a really solid relationship with the people you're working with, building up enough trust and time together that you can openly talk about things. I think that some people have denial about what's going on with their kids and how they're impacted by what happened. I also think that it's common when people are removed from battering situations, they flourish in ways they never were able to while they were in those relationships, and they're much more open to try to figure things out. So, over time, you can start to have those harder conversations with the people you're working with, as long as they trust you, they don't feel a judgment from you, and, at the end of the day, they're the deciders on their own lives and on their children's lives, to some extent. I've worked with women who, when they entered the program, were so beaten down, as if their soul was gone, and then just by having some autonomy and free will, they are like new people.

(#42) Both program staff wear a lot of different hats. Our part-time case transitional manager is also a part-time housing advocate at our DV shelter and a part-time counselor at our counseling office. She also provides

⁴⁰ In his seminal book, *Pedagogy of the Oppressed*, Paulo Freire, a Brazilian 20th century educator, proposed abandonment of the traditional pedagogy (the "banking" approach to education in which knowledge is deposited in students by teachers) in favor of a more mutual, interactive, and egalitarian model of education based on lived experience and dialogue in which teacher and learner share a mutual respect and trust, and a willingness to question what they each know, that will lead to new knowledge and understanding. According to Freire, such dialogue would help participants develop a critical understanding of their place in the world, help them see the world not as a static reality but as a reality in the process of transformation -- and see that they could be actors and change agents in that transformation (praxis). In this way, education would not be a passive process, but instead an interactive process for building awareness, social capital, community, and empowerment. This philosophy of education and transformation has much in common with the survivor-centered approach, the tenet of voluntary services, the empowerment model, the Full Frame approach, etc. For more information, see, for example, the description of Paulo Freire's Theory of Education in the [New Foundations website](#), Dr. Donald Macedo's [introduction to the text](#) on the publisher's website, and [Concepts Used by Paulo Freire](#) on the Freire Institute website.

housing support at our wrap-around Wednesday where we have an all-hands-on-deck for walk-in hours so people can see our attorney and our legal advocates about protection orders, see a counselor, see a housing advocate, or see a child advocate. She teaches a responsible renters' class. We have a ladies' night that we teach once a month that's just a fun community event that we do for our survivors and then all the housing advocacy that she does for outreach services at our DV shelters. I do the case management for our permanent supportive housing (PSH) program, but my title is associate director of housing so I also run both of our DV shelters and oversee all the transitional and PSH programs.

I think just the fact that we're a voluntary service model helps with relationship building between staff and participants. We're not saying, "I need you to do this, this, and this, or else you're going to have to leave the program." We get people moved in, we give them a little bit of time to adjust to being moved in, we come by a couple times for visits, and then we start talking about goal setting. I think a lot of our survivors, if they come from the shelter, they're already doing goal sheets with their advocate there, so that's already something that they're used to doing, and it's kind of a natural flow for them, and we'll usually just pick up where their shelter advocate left off. Nine times out of ten they already have multiple goals that they've set for themselves, so we're just us talking about the best way to help them navigate the system to meet those goals. A lot of our survivors haven't been in the state benefits system before, and don't understand it - TANF, the state's version of basic financial assistance for singles who don't qualify for SSI, and the housing system. The housing system is very complicated; it confuses me and I've been doing this for 11 years.

(#43) When they come here they've kind of been micromanaged at the shelter. Then they move into an apartment. Sometimes it's overwhelming, especially for the younger clients in the program. We have weekly sessions. I'll ask, "How are things going? What are you struggling with?" They might say, "I'm struggling keeping up with the housework." So we problem solve. Our 56-year-old client has experience running her own household, whereas our 20-year-old client does not. So when the 20-year-old moved in, she had to figure out her daily life, for this first time that she's not living with an abuser or with her mom. When they're on their own like that, it can be very overwhelming. She called me the one day and asked, "Can you talk to me? Because I'm really missing my abuser, and I don't want to call him." And I was like, "Absolutely. Let's focus on you and your goals, and the stuff you've accomplished in the short time you were in shelter, and then in our transitional program. Let's focus on you and the positives." And that seemed to help. Sometimes while they're in shelter they put up a big wall, and they don't want to let people see their emotions, or let people in. But here it's one-on-one: I create an open line of communication that says "I'm here for you. I'm going to be working with you for the next 24 months, if you decide to stay that long," and we start building that trusting relationship right away. I feel like it's very beneficial to their success.

They're going to have down days. They're going to have days when they miss him. I do a lot of checking in. I'm pretty much available to them 24/7. They have my cell phone number, so if I'm not in the office and something's going on, they can call me, and they do when they need it. If they need something I can't address, something I'm not trained to help with, something related to mental health, I'll refer them to one of the counselors who can help them work through the emotional issues they may be struggling with -- something they might not have felt the impact of until they were sitting in their apartment alone.

A month or two of meeting weekly and setting short-term goals is usually how we start, and then they start to gain their independence. A lot of them were never able to be independent when they were with their abuser. Their abuser dictated everything they did, when they could go out, whom they could talk to. As they start to feel more independent, I propose meeting twice a month. Some of them say yes, some of them say, "No, I still want to meet weekly."

(#44) We provide transportation services if they need it to go to work, or court, or to a medical appointment. If the kids are sick and mom doesn't have a car, she'll call us up and I'll go pick them up. Whatever their

transportation needs are, we'll help them with. We help with job readiness, for instance writing their resume. And there are traditional ceremonies and customs that our clients often choose to participate in. We can facilitate getting their family to a ceremony. Our staff understands if we have to pick somebody up after a sweat or after devotions at 1AM or 2AM when it's over. We can provide that support and we understand why it's important -- because it's something you do, especially in a time of chaos in your family, to become grounded and to receive the spiritual and emotional support you need to move forward. There are a number of services that we continue to provide after they leave shelter and go into transitional housing.

Because of the economic ties and economic control that the perpetrators have with them, they may feel like they have no choice about going back. So we work with them so they understand that they do have a choice. There may also be a lot of pressure for a survivor to return coming from her family or from members of the perpetrator's family. One of the great things about the advocates - they're there to listen when a woman is facing those challenges. And sometimes a woman will request to leave the area to get away from the pressure to go back, and we help facilitate that as much as we can. It's very difficult because there's often pressure not only from his family but also from hers, because the kids are involved, and they're not realizing, "is that really the best situation for the children and the woman?" It takes a lot of community education and, for lack of a better word, counseling, so that the woman can make a decision that will benefit her and her children.

Sometimes we can help with a transition to a different reservation so she isn't losing access to the cultural aspects, but is at least removed from the situation. There's just a lot of things that have to be worked out when she leaves the area -- health coverage, whether to take the children with her and get them into a school on that other reservation, etc. There's just a lot of things to be worked out when she leaves the area -- health coverage, whether to take the children with her and get them into a school on that other reservation, etc.

Working with children who have witnessed violence is a very big issue for us because there are very few services in these rural areas. We have a person that comes in and works with the children, and we do some art therapy. Not all parents want their children in these services. We can also refer them to counseling programs within their schools, depending on what their parent wants and what kinds of services are available to the child. When the parents are resisting services for their children, we suspect that somebody's trying to hide something. And a lot of times, it's the fact that a child's been sexually abused and the mother's aware of it. Depending on what the service is and how a parent reacts usually is an indication that there's a skeleton in the closet, and we do what we can to try to flush it out so that the child gets the services that he or she needs; even if it results in social services having to step in. But the child needs to have a safe environment as well, especially if they're going to be going back to the family situation they left on the reservation. And a lot of times because of overcrowded housing it's not a safe situation. The mother may be sober, but there may be three or four families living in one house. And there may be a lot of drinking and drugs going on. We want to make sure the children, if or when they're going to go back in, have a safe environment.

Especially with the escalation of methamphetamine use in our communities, we want to make sure that's not going on in the household. A lot of these problems are created through overcrowding -- a sober family not being able to live on their own and being forced to live in a house where there's drug and alcohol use. And that's very dangerous for their children. A lot of times we talk to the moms about getting the children into boarding school if they're going back. They don't want to take their children back into that kind of a situation, but because of the economic control that the perpetrator has, if they go back, they feel they have no choice.

(#45) We try to approach each survivor in a very individualized way which takes their needs and circumstances -- trauma, PTSD, depression, other barriers -- into consideration in sitting down with her and finding out what she wants to do -- what kind of a plan she wants to make. We use a voluntary service model: if she wants services, we can connect her; and if she doesn't want services, then no services; rental assistance never depends upon the level of participant engagement. We try to help her identify what would really be helpful to her, and then there's a pretty high engagement in those activities. Some folks really don't want to

have very much engagement with us, and then our task is to be very clear about what our program can do and how long we can help: we talk about the rent assistance being time limited and how we try to base that assistance on client circumstances and their plan. And we continue to touch base about that during the time that we're working with the participant -- or not working with her, as the case may be.

The majority of folks do want services and do want our help getting connected with resources that will help them get on their way. We strive to have some meaningful engagement with survivors so that we are touching base on some kind of regular basis, if the survivors elects. Our home visits are usually a time when they can give us their latest utility bill to be paid, and can tell us what's been going, what they need, etc.

(#46) We look at what people request when they come into our program. One thing is to work on healthy relationships, so they might have a goal around that. Another is maintaining safe housing. Another is building economic independence, whether that's accessing longer-term housing, financial assistance, family assistance, going back to school, employment, or skill-building. So they choose what they see as their path to economic independence, and then we help them find resources to participate in those types of programs.

I don't say, "You have to do this." It's more like, "Where do you see yourself in 1-2 years' time financially? And what would you like to do to get there?" And that's how we build their program plan. Same with healthy relationships. What do they define as a healthy relationship? And then we look at programs that meet their needs, whether they're cultural programs, family-based programs, programs specific to trauma, domestic violence groups, or whatever.

So they set their short-term, mid-term, and long-term goals, and we help find resources. And they choose from those resources as to what they feel able to do. Some people, their financial goal might be to have a job in two years, but they have so many medical issues -- usually, it's trauma-related. So their six-month plan might be to get well enough to be able to take the next step. Or if there's a lot of emotional trauma, their six-month plan might be to focus on therapeutic processing before they even look at economic supports.

Some survivors know the community well; for others, the area is new to them. They also know they can qualify for healthcare services because they are Native American. Others have lived off reservation, but still accessed tribal resources. In some cases, they might want to switch to county resources because the abuser is a tribal employee or they just want their information out of the tribal system. Every person is different.

Questions to Consider

1. How do program logistics -- the configuration and location of program housing, the magnitude and duration of financial and other assistance, the caseload size, the expectations of funders -- shape the approach to case management / advocacy?
 - How do those various logistical factors contribute to participants having "successful" outcomes?
 - How do those factors adversely impact the program's ability to support participants in achieving their goals?
2. How does the capacity of the sponsoring agency -- the ability of the agency to leverage additional resources (cash, staffing, staff and resources from other programs sponsored by the agency, supervision, clinical supports, and affiliations with other providers/agencies in the community) -- impact the approach to case management / advocacy?
3. How does the "philosophy" of the sponsoring agency or of key program staff shape the approach and day-to-day activities of program staff?
4. How do the requirements of the funder shape the approach and day-to-day activities of program staff?
5. How important is it for a program to have a well-defined "model" or "approach" to advocacy or case management?
 - What, if any, are the disadvantages to lacking a clear model or approach?

6. In addition to overcoming the trauma and legal and safety-related and financial and logistical challenges of an abusive relationship, survivors in transitional housing face daunting obstacles to gaining stability, including limited availability of affordable housing, and difficulty finding gainful employment, particularly if they have limited education, a weak work history, a troubled housing or credit history, or a criminal record.

It would be understandable for a survivor to feel overwhelmed by the challenge of "getting to the next step" -- whatever that is -- within the allotted timeframe, so that she doesn't find herself homeless when program assistance ends.

- In a program that utilizes an empowerment approach, in which participants define their own goals, is it appropriate for provider staff to offer participants encouragement for "thinking bigger" about their possibilities for the future? If so, how might staff introduce possibilities that participants might not have envisioned, without disparaging or minimizing the more modest goals that participants have defined for themselves, based on their life experience and available role models?
- What are helpful ways that staff can signal to participants that they are offering options versus advice?

7. [Research by Dr. Daphna Oyserman](#)⁴¹ suggests that having a goal is, by itself, not enough to motivate us to do the work we need to do to achieve that goal. The people who are most energized or motivated to do the work to achieve their goal are the people who (a) can **envision a real connection** between their current self and the future self that will achieve that goal; (b) perceive that the **timeframe for action is short** enough so they need to take action now, and that action can't wait until later; (c) see themselves **on a path** towards the goal and towards the future self who will have achieved that goal; and (d) respond to obstacles encountered on that path by working harder, because they are confident that they can overcome those obstacles, rather than seeing them as reasons to give up.

For those who have taken on "long-distance" projects, these prerequisites for getting started and sustaining momentum will not be surprising. If a due date seems too far away, many of us have trouble getting started, and we procrastinate. For example, until we get a doctor's warning about incipient problems, our exercise regimens and/or efforts to lose weight are erratic and easily sidetracked. And if -- like victims of abuse who have come to believe the messages about their incompetence that they've heard over and over again from the perpetrator, and perhaps from their parents or teachers -- we lack the confidence, skills, information, and support to persevere when we encounter obstacles, we will likely not be able to sustain our efforts.

- Given this understanding of the energy and focus and fortitude it might take for a survivor to muster and sustain the effort needed to successfully achieve her employment or education or housing goals, what kind of support and encouragement should staff be prepared to offer?
 - How does the limited duration of program assistance impact the ability of program staff to offer the kind of support and encouragement that a survivor might need?
 - To what extent can that support be provided by members of her informal network?
8. If a survivor needs more time to recover and heal from the trauma and other impacts of the abuse she fled, how can a program whose other funding sources allow or encourage shorter lengths of stay accommodate the survivor's needs?
- Should program staff engage in candid discussions with the participant about the pressure the program is under to limit participant stays, or is it better to avoid mentioning that pressure, until the need to arrange a transition out of the program becomes more imminent?

⁴¹ See especially [research on self-regulation, motivation, future-oriented self-concept, and other aspects of identity](#).

- Lewis & Oyserman (2015). [When does the future begin? Time metrics matter, connecting present and future selves](#).
- Smith & Oyserman (2015). [Just not worth my time: Experienced difficulty and time investment](#).
- Oyserman, Destin & Novin (2015). [The context-sensitive future self: possible selves motivate in context, not otherwise](#).

3. Participant Safety

(a) Overview of Safety-Related Challenges and Approaches

Although there has been more written about the need for safety planning for survivors in *shelter* in the immediate aftermath of fleeing an abusive situation,^{42,43} safety planning is also a key component of the advocacy/case management provided in *transitional housing*. In the same way that safety planning is seen as a "core service" in FVPSA-funded shelters and non-residential service programs⁴⁴, the OVW sees it as a central component of TH program services, and warns against "policies and practices that fail to encourage ongoing safety planning with all survivors," and which, therefore, "compromise victim safety and recovery."⁴⁵

[Davies \(2009\)](#) explains the importance of a comprehensive approach to safety planning:

"Safety is broadly defined. To be safe, victims need to be free from the violence and control of their partners, but they must also be able to meet their basic human needs. Reducing the risk of physical or sexual violence but leaving a victim and her children with no long-range financial support is not making her safe. Nor will it make her or her children safe to ignore mental health symptoms, substance use, or trauma issues. Safety requires the reduction of all risks of a partner's control, "batterer-generated risks" not solely physical violence. It also requires the reduction of "life-generated risks" or those circumstances of victims' lives over which they have little control, such as physical or mental health, poverty, or bias and discrimination." (p.5)

Although the [Muskie data collection template](#) used by OVW-funded TH providers does not specifically track the provision of safety planning-related services, the [template and the semi-annual summary reports](#) do track participants' self-assessments as to whether they are at a lower risk of violence at the time of program exit, as compared to point of entry. A number of the providers interviewed for this study reported tracking the two program performance metrics that FVPSA-funded shelters and non-residential service programs are required to use⁴⁶, including participants' self-assessment as to whether they have more strategies for enhancing their safety at program completion than they had at entry. (The second metric is a participant's self-assessment of their knowledge about available community resources.)

[Davies \(2009\)](#) observes that "most battered women are in contact with current or former partners, sometimes by choice and sometimes by necessity." (p.1) Such contact, or possibility of contact, could be a reality for survivors in shelter, as well as for survivors seeking access to, or enrolled in, a TH program. The extent and duration of such contact will vary, depending on the reasons. Contact may be necessary to negotiate legal or financial details of separation, to facilitate court-ordered access to the children by the non-custodial parent, because leaving poses too high a risk of further violence, because the survivor remains emotionally attached to that partner, because leaving would put the survivor and her children at high risk of

⁴² In a study by [Lyon, Lane & Menard \(2008\)](#), 3,410 residents of 215 domestic violence shelters in eight states were surveyed about their service-related needs; 96% of those residents cited a desire for help with safety planning. Note that the large majority of DV shelters are funded by FVPSA grants, which pay for emergency shelter and services for survivors of intimate partner and family violence, but not survivors of sexual assault/violence perpetrated by unrelated persons.

⁴³ [Thomas, Goodman & Putnins \(2015\)](#) include a brief summary of the literature highlighting the importance of safety, which introduces their more extensive focus on the complications and tradeoffs attendant to seeking safety.

⁴⁴ See p.1 of the 2012 edition of the [FVPSA State Administrator's Guide](#) for the citation of safety planning as a core service. See p.41 for the citation about the universal performance metrics.

⁴⁵ See, for example, pages 8-9 of the [OVW's 2015 solicitation for TH grant proposals](#). "Applications that propose activities that compromise victim safety and recovery may receive a deduction in points during the review process or may be eliminated from further consideration entirely."

⁴⁶ See p.41 of the 2012 edition of the [FVPSA State Administrator's Guide](#) for the description of the performance metrics.

enduring poverty and homelessness, because the survivor wants her children to have a relationship with their father, because the survivor feels social or cultural pressures to sustain a relationship and feels that leaving would jeopardize important family or community connections, or simply because the two parties live in the same community and travel in the same circles.

A quantitative study by [Thomas, Goodman & Putnins \(2015\)](#) assessed the prevalence of some of these potential barriers to leaving, in a sense, measuring the difficulty of separation:

"Over half of all participants reported that seeking safety triggered new problems for themselves and/or their families. Our qualitative findings illuminate the nature of these "new" problems, which cross multiple life domains: Participants reported losses in their emotional and physical safety (30.3%), level of social support (20.6%), financial stability (19.4%), sense of home and rootedness (19.4%), ability to parent (15.8%), and freedom (12.7%). Although the ways in which these losses occurred were neither simple nor uniform (e.g., choosing to isolate from loved ones versus being rejected by them), the results were the same: substantial hardship. Considering that each of these six domains is essential to well-being, it is not surprising that nearly two thirds of the sample reported having to give up too much to be safe... suggesting that they not only considered other factors, but also prioritized them over safety." (p.7)

Given these difficult tradeoffs, [Thomas, Goodman & Putnins \(2015\)](#) suggest that safety assessments with survivors include the question, "What do you have to give up to be safer?"

"Such a question expands the focus beyond specific safety strategies to include an understanding of survivors' perception of whether those strategies are feasible given other competing needs. Although the development of safety strategies is vital, they need to be explored within the context of a survivor's individual cost benefit analysis, or what Davies & Lyon (2014) call 'risk analysis.' (p. 85) Similarly, the suggestion to ask about anticipated trade-offs builds upon Davies & Lyon's assertion that advocates should focus on 'safer' versus 'safety,' as the latter is not always possible given the multitude of risks [that] survivors face. (p. 6)" (p.9)

With continuing contact a reality or, at the minimum, a real possibility for so many survivors, safety planning continues to be an essential service component in both emergency shelters and transitional housing. While many domestic violence shelters maintain -- or attempt to maintain -- hidden locations, and do not allow shelter guests to disclose their address, only a relatively small number of TH programs maintain confidential program locations.⁴⁷ In fact, as noted in [Chapter 3](#) ("Participant Housing Models"), nearly two out of every

⁴⁷ For a mix of reasons, including the difficulty maintaining a confidential address, the limitations a confidential address imposes on survivors' ability to maintain and expand their network of positive social supports, and the potential public relations-related advantages of making domestic violence facilities more visible to the general public, some agencies have decided to share the location of their shelter facility. See, for example, [Belluck \(1997\)](#), a 1997 New York Times article describing the decision by some shelters to maintain a more public profile.

While shelter often serves as a protective cocoon for survivors who have recently fled violence, transitional housing is often a base from which survivors begin to (re-)build and strengthen networks of support and become more active participants in their community, for example, visiting their children's schools, going shopping, attending classes and job training, seeking and holding employment, and attending religious services.

Some of the providers interviewed for this project maintain confidential TH program locations; most do not. When the provider leases the housing, the participant may or may not be named on the mailbox or on the door. When the participant leases the unit and is the tenant of record, decisions about disclosure are often left to the participant.

three TH program participants are housed in scattered-site, leased units,⁴⁸ where they are typically able to have guests, and enjoy the full experience of a private tenancy.

As survivors re-enter the community, become employed, connect with a faith group, travel for appointments, pick up and/or drop off their children at school, etc., they are taking a calculated risk about being out in the world again. Of course, not all survivors are ready or able to take that step. Some survivors are still at high risk of violence by their former partner, and some are not emotionally ready. And as a provider that serves survivors of human trafficking noted, the women and girls in her program are valuable "commodities," and the pimps that exploited them -- who want them back and earning money -- could well be out on the streets looking for them. Safety remains a very significant challenge and a priority for all these survivors.

Although at one time, some TH programs might have screened out survivors who are in contact with their abusive (ex-)partner, given all the aforementioned reasons why such contact might continue to occur, such exclusionary policies are now understood as constituting the kind of "restrictive condition" that the OVW warns against in its [annual solicitation for TH grant proposals](#). Although none of the OVW-funded providers interviewed for this project allow program participants to cohabit with the boyfriend or husband that abused them, most providers stated that at least some program participants were still in contact with those persons.

Traditionally, safety planning has focused on staying safe until the victim/survivor can leave, maximizing safety during the process of leaving, and staying safe in the aftermath of leaving. In observing that "most battered women are in contact with current or former partners," [Davies \(2009\)](#) argues that, in order to be realistic, safety plans must address safety-related issues arising from planned as well as unplanned contact, in the aftermath of "leaving." Specifically, she calls for a "victim-defined advocacy" approach to safety planning:

"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 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)

The goal of that advocacy is the same, whether the victim/survivor has left the relationship, stays in the relationship, remains in contact with perpetrator of the abuse, or moves from one status to another: to increase her and her children's safety. However, safety is a complex matter -- and is more than freedom from violence and the control of an abusive partner:

"To be effective, safety plans must be comprehensive, address basic human needs and provide a life plan, not just strategies to respond to physical violence." "These plans [must] include strategies to reduce the risk of physical violence and other harm caused by an abusive partner and also include strategies to address basic human needs for income, housing, health care, food, child care, and education for the children. The particulars of each plan vary depending on the victim's life circumstances and resources, her partner's level of violence and control and his abusive tactics, whether they have children, and whether the victim remains in the relationship or in contact." (p.6)

⁴⁸ As described in [Chapter 3](#) ("Program Housing Models"), five out of every eight units (62.6%) of OVW-funded transitional housing are now leased by the participant. Only one out of every eight units (12.5%) are leased by providers. In some cases, the participant's name might be on the mailbox; in other cases not. One in four units (24.9%) are owned by providers. Sometimes these units are in secure buildings; other times, they are in ordinary community residences. Sometimes, the addresses can be discerned; other times not.

In other words, [Davies \(2009\)](#) asserts, safety planning must address both “batterer-generated risks” (e.g., physical violence, sexual violence, psychological and emotional violence, financial abuse, loss of housing or employment due to the batterer's behavior, etc.), as well as “life-generated risks,” that is, things over which the survivor and batterer have little control (e.g., physical or mental health issues; lack of health coverage; poverty and its concomitants; loss of housing or employment due to market forces or other externalities; loss of a working vehicle due to theft, accident, or deterioration; bias and/or discrimination).^{49,50}

[Davies \(2009\)](#) emphasizes that a survivor's idea of “success” will not necessarily be the same as an advocate's:

“One measure of success is to ask each victim if she thinks things are better, the same, or worse for her and for her children. For example, a victim tells you things are better because her partner no longer hits their children as punishment and stopped spending his paycheck on non-essential items, two areas of behavioral change she valued and prioritized – her definition of success.... [By contrast, as advocates,] success means no one is hurt or controlled by a partner and no child is injured or traumatized by violence in her/his family. Because we want every victim to be completely and permanently safe right now, we may struggle with individual victim's relative view of success. Simply making things better might not feel successful enough for us, particularly if victims are still experiencing violence and control.

We needn't give up our view of success. Although each victim's relative view of success will guide our advocacy, we will continue to support each victim's right to be free from violence and control (our view of success). As victim-defined advocates, we will do this respectfully, taking care not to replace a victim's judgment and decisions with our own. On a systemic, society-wide level, we will also continue to demand and work toward the end of violence for all victims.” (p.6)

[Davies \(2009\)](#) provides guidance for advocates in working with survivors to assess the risk of violence to themselves and their children, suggestions for how to proceed when their own risk analysis is different than the survivor's, suggestions for exploring strategies and options with survivors, when and how to discuss leaving without alienating a survivor who isn't committed to leaving, how to discuss children's safety and wellbeing without impugning the survivor's parenting; and when/how to have a discussion with the survivor about services and interventions that target the batterer. Appendix 1 of [Davies \(2009\)](#) contains a discussion outline for safety planning that integrates all of these topics.

⁴⁹ A downloadable chart of **Battered Women's Risks** ([BWJP, n.d.](#)) adapted from Davies, Lyon & Monti-Catania (1998) also describes “Intervention-Generated Risks” (because of action or inaction), for example, failure of 911 dispatcher to assess risk to victim, failure of the responding police to arrest the right person or to collect relevant evidence, failure to provide timely notification to the survivor of the assailant's release on bail, lack of adequate information about the offender's history at arraignment or sentencing, violation of confidentiality, inadequate post-release follow-up (probation).

⁵⁰ [Davies' \(2009\)](#) emphasis on the importance of taking a comprehensive approach to safety planning, and including strategies to “address basic human needs for income, housing, health care, food, child care, and education for the children,” in addition to the more obvious focus on “reducing the risk of physical violence and other harm caused by an abusive partner” points to an important difference between the OVW Transitional Housing grant program and HUD's Rapid Rehousing (RRH) program (often used by victim services providers to support transition-in-place programs), which funds only very limited, “light touch” services, and relies on the ability to link participants to community services -- which may or may not exist, or be adequate, accessible, or available to participants:

Whereas the [HUD Rapid Rehousing Brief](#) states that, “rapid re-housing is not designed to comprehensively address all of a recipient's service needs or their poverty,” but instead, “solves the immediate crisis of homelessness, while connecting [participants] with appropriate community resources to address other service needs,” the OVW [TH grant enabling statute](#) and [annual solicitation for TH grant proposals](#) explicitly list as a program purpose -- and permit the use of grant funds for -- supporting participants in -- “secur[ing] employment, including obtaining employment counseling, occupational training, job retention counseling, and counseling concerning re-entry in to the workforce; and integrating] into a community by providing [participants] with services, such as transportation, counseling, child care services, case management, and other assistance.”

Important Note about Restraining Orders / Orders of Protection: Although there may be an expectation in the general public that victims of abuse will always get a restraining order/order of protection against their abusive partner, and although some non-OVW-funded programs may base their decision about whether a survivor is "truly fleeing domestic violence" on whether a restraining order is in place, in fact, a restraining order is not always appropriate. The Volunteers of America, Oregon Home Free program and Clackamas Women's Services provide the following advice in their [fact sheet on Safety Planning Policy and Protocol](#):

"Restraining orders may not always be part of a good safety plan" It is critical to respect the survivor's assessment of whether a restraining order would be helpful or perhaps further endanger her. Protective orders can be effective if the abuser is likely - out of fear or respect for the law - to honor it. However, abusers may respond to being served with a protective order with outrage and violence. Many of them know that it is only a piece of paper and that it can't really do anything to physically stop them. If a survivor opts for a restraining order or stalking protective order, she should report and document any and all violations. She should also keep copies of the order (and a photo of the abuser) in as many safe places as possible - at work, in the car, at home, friends and family's houses, and always on her person. The reality is that nothing can really guarantee the survivor's safety." (p.2)

A survey of the literature by [Benitez, McNiel, & Binder \(2010\)](#) concluded that

"First, available research supports the conclusion that there is a substantial chance that a protection order will be violated, and that the risk of a violation is greatest soon after its initiation, such as during the time span of a temporary order. Second, the presence of stalking behavior appears to elevate further the risk for protection order violation. Third, because future violence after protection order placement can have serious consequences for the victim, the nature of previous violence should be taken into account. That the severity of violence before protection order placement predicts the severity of future violence is an important safety consideration, especially in light of the conclusion of [Spitzberg \(2002\)](#) that approximately 20 percent of protection orders are associated with escalation of violence against the victim...." (pp. 384-385)

In other words, a restraining order is no guarantee of safety, and, in fact, can result in an escalation of the violence if the abusive party reacts adversely to being served with court papers to stay away. **The survivor is the best person to assess whether her (ex-)partner will be concerned enough about the consequences of violating a restraining order to stay away, or enraged enough to punish her for filing it.**

The [WomensLaw.org webpage on restraining orders](#) explains each state's distinct laws governing orders of protection/restraining orders, as well as providing the following more general background information:

"In general, domestic violence restraining order laws establish who can file for an order, what protection or relief a person can get from such an order, and how the order will be enforced. While there are differences from state to state, all protective order statutes permit the court to order the abuser to stop hurting or threatening you ("cease abuse" provisions). The majority of states' orders can also instruct the abuser to stay away from you, your home, your workplace or your school ("stay away" provisions). You generally also can ask the court to order that all contact, whether by telephone, text messages, notes, mail, fax, email, through a third person, or delivery of flowers or gifts, is prohibited ("no contact" provisions).

Some statutes also allow the court to order the abuser to pay you temporary child support or continue to make mortgage payments on a home owned by both of you ("support" provisions), to award you sole use of a home or car owned by both of you ("exclusive use" provisions), or to pay you for medical costs or property damage caused by the abuser ("restitution" provisions).

Some courts might also be able to order the abuser to turn over any guns, rifles and ammunition s/he has ("relinquish firearms" provisions), attend a batterers' treatment program, appear for regular drug tests, or start alcohol or drug abuse counseling.

Many jurisdictions also allow the court to make decisions about the care and safety of your children as part of your restraining order. Courts can order the abuser to stay away from and have no contact with your

children's doctors, daycare, school or after-school job and many courts can make temporary custody / visitation decisions. Some can even issue child support orders within the restraining order. You can also ask the court to order supervised visitation, or to specify a safe arrangement for transferring the children back and forth between you and the abuser ("custody, visitation and child support" provisions).

When the abuser does something that the court has ordered him/her not to do, or fails to do something the court has ordered him/her to do, s/he may have violated the order. The victim can ask the police or the court, or both, depending on the violation, to enforce the order. The police can generally enforce the stay away, no contact, cease abuse, exclusive use, and possibly custody provisions - those that need immediate response. If you are unable to call them when the violation occurs, they should take a report if you call them soon afterwards. In some cases, it might result in a misdemeanor or felony criminal conviction and punishment. These types of violations can also later be addressed by the civil court, and it is often a good idea to bring them to the court's attention.

Other violations are not easily enforced by the police, such as failure to pay support or attend treatment programs - those are better enforced by the court. If you file a "motion for contempt" in the court that issued the order, explaining how the abuser violated the order, the court will hold a hearing to determine if the facts prove that the abuser violated the order. If the court finds a violation did occur, the judge will determine a penalty. Depending upon the laws of your jurisdiction and the nature of the violation, the penalty might be a finding of contempt, which could result in a fine, jail time or both. The violation might also be a reason for the order to be extended or modified in some way."

The [Full Faith and Credit \(FFC\) provision of the Violence Against Women Act](#) requires that protection orders issued in one jurisdiction must be recognized and enforced in other jurisdictions.

Questions to Consider

1. To what extent does routine safety planning take into consideration the kind of contact that [Davies \(2009\)](#) describes as possible or likely to occur between a survivor and the partner whose abuse she fled?
2. To what extent does routine safety planning incorporate the recommendations of Davies that, "To be safe, victims need to be free [not only] from the violence and control of their partners, but they must also be able to meet their basic human needs. To be effective, safety plans must be comprehensive, address ... income, housing, health care, food, child care, and education for the children."
3. How does the program help survivors weigh the pros and cons of getting a restraining order?
4. How does safety planning with a survivor take into consideration socioeconomic and cultural factors?

(b) Assessing Danger and Lethality

There have been a number of efforts to develop an assessment instrument which can accurately predict heightened risk of violence, including murder, in domestic violence cases. Although there may be lack of consensus as to whether an assessment's numerical score can accurately distinguish between a risk of further violence versus risk of death, there is broad consensus that these instruments are helpful in highlighting the risk of further violence, in precipitating referrals by law enforcement and medical providers, and in engaging such professionals in encouraging and supporting victims to seek follow-up help from a DV provider.

The [Danger Assessment](#), originally developed by Jacqueline Campbell, PhD, RN in 1986, is a 20-item scoring instrument that, combined with a calendar for documenting the severity and frequency of battering, helps to estimate an abused woman's level of risk/danger from serious abuse, including murder, by her partner:

"The woman is asked to mark the approximate days on the calendar when physically abusive incidents occurred, and to rank the severity of the incident on a 1 to 5 (1=slap, pushing, no injuries and/or lasting pain through 5=use of weapon, wounds from weapon) scale. The calendar portion was conceptualized as a

way to raise the consciousness of the woman and reduce the denial and minimization of the abuse, especially since using a calendar increases accurate recall in other situations."

The [View the Instrument page](#) of the Danger Assessment website contains versions of the original instrument in [English](#), [Spanish](#), [Portuguese](#), and [French Canadian](#); an alternate version adapted to assess the danger of re-assault (not lethality) in [abusive lesbian relationships](#); the calendar tool for various years; an [abbreviated five-question assessment](#), and a [permission-to-use form](#). There is also contact information to obtain a version of the tool adapted for use with immigrants. At this time there is no version of the tool that addresses risk for male victims in either heterosexual or same-sex relationships. The website contains [links for accessing a training module](#), available for a fee, which provides online instructions on how to score and interpret the weighted scoring of the tool, "which is vital to accurately determining the level of danger for the woman."

The Danger Assessment tool -- or an abridged four-item version of the tool (for triaging purposes) and an accompanying referral protocol, together known as the Lethality Assessment Program -- is used by some DV shelters, hospital personnel, court personnel, family justice center staff, and law enforcement officials in 34 states. As described on the [Lethality Assessment Program webpage](#) of the Maryland Network Against Domestic Violence (MNADV), the MNADV is able to use funding from a cooperative agreement with the OVW to provide "cost-free, train-the-trainer instruction and technical assistance to teams of community-based domestic violence service programs and partnering law enforcement agencies to implement the LAP in their jurisdictions.... To be eligible for assistance, at least one agency or program on the team must be a current OVW grantee or sub-grantee, or be receiving pass-through funds (this includes STOP and ARREST or GTEAP)."

Several providers spoke about the importance of assessing lethality,⁵¹ and expressed concern that the coordinated entry/coordinated assessment process being utilized by their Continuums of Care to determine access to transitional and permanent housing programs did not include a lethality assessment, and therefore under-prioritized survivors of domestic violence who are at current risk of severe violence.

The authors of a CDC-funded review of Lethality Assessments ([Websdale & Dedolph, 2000](#)), observed that, "*The absolute distinction between lethal and non-lethal cases is a false dichotomy; rather there is a range or continuum of violence and entrapment that underpins abusive intimate relationships. Indeed, it would be far more appropriate and useful to employ the term "dangerousness" rather than "lethality" assessment.*" (p.1)

His research posed and attempted to answer the questions, "Is there something about these relationships in which women are killed that distinguish them from the vast majority of non-lethal but nevertheless abusive intimate relationships? If these lethal relationships are discernibly different, can we use these distinguishing characteristics as a means of identifying and screening out other high risk domestic violence relationships with a view to preventing their escalation to lethal outcomes?"

After reviewing Dr. Campbell's Danger Assessment and eight other instruments, he concluded that, "The simple answer to both these questions is no. Research into domestic homicides typically reveals these to be crimes of cumulation in which men's violence and women's entrapment seem to intensify over time." (p.1)

"One of the biggest problems with the lethality assessment instruments is that they purport to use 'lethality indicators' that are, in fact, characteristics of many domestic violence relationships, the vast majority of which do not end in death. In other words, many relationships where there is domestic violence will exhibit these characteristics such as escalating abuse and entrapment, a pending divorce, obsessive-possessiveness, and perpetrator suicide attempts, but very few will end in death. It may be the case that the antecedents mentioned are present to a more intense degree in those cases that will escalate to death.

⁵¹ At least two of the providers interviewed for this project used these tools; however, because interviews did not specifically ask if and how lethality is assessed, there is no basis for determining its use among the other providers.

However, I would argue that it is impossible to measure that intensity in a way that can then be translated into a standardized assessment tool." (p.4)

As described in [Websdale & Dedolph \(2000\)](#), Dr. Campbell's research ([Campbell 1986](#), [Campbell 1995](#)) identified eight key risk factors for assessing level of risk (although not necessarily for scoring risk of lethality). "These risk factors include: (a) Access to/ownership of guns; (b) Use of weapon in prior abusive incidents; (c) Threats with weapons; (d) Serious injury in prior abusive incidents; (e) Threats of suicide; (f) Drug or alcohol abuse; (g) Forced sex of female partner; (h) Obsessiveness / extreme jealousy / extreme dominance." (p.2)

[Websdale & Dedolph's \(2000\)](#) own analysis of domestic violence-related homicides found that

"The antecedents that emerged most prominently in both multiple and single killings [were], in order of importance: (a) A prior history of domestic violence. (b) An estrangement, separation, or an attempt at separation nearly always by the female party. (c) A display of obsessive-possessiveness or morbid jealousy on the part of the eventual perpetrator; often accompanied by suicidal ideations, plans, or attempts; depression (clinical or more rarely, psychotic); sleep disturbances (sometimes under treatment medically), and stalking of the victim. (d) Prior police contact with the parties, more so in cases of single killings; often accompanied by perpetrators failing to be deterred by police intervention or other criminal justice initiatives. (e) Perpetrator makes threats to kill victim; often providing details of intended modus operandi and communicating those details in some form or other, however subtle, to the victim herself, family members, friends, colleagues at work, or others. (f) Perpetrator is familiar with the use of violence and sometimes has a prior criminal history of violence. Included in this group is a small but significant number of killers who have both access to and a morbid fascination with firearms. (g) Perpetrator consumes large amounts of alcohol and/or drugs immediately preceding the fatality; especially in cases of single killings. (h) Victim has a restraining order or order of protection against perpetrator at time of killing." (p.4)

[Websdale & Dedolph \(2000\)](#) conclude that,

"It is clear that while these instruments are not efficient lethality screens, they are powerful dangerousness indicators. For this reason they can be tremendously useful to the domestic violence movement in combating domestic violence, developing more effective safety plans, listening to battered women more carefully, and reducing the incidence of serious injury, and, in some cases, death. . . .

No instrument, however thorough, however seemingly in-tune with research findings, should form the exclusive basis for safety planning for victims. Rather, the predictive formula produces a score or risk assessment that ought only be used in concert with other information, including the intuitive feelings of advocates who have worked with women and perhaps lived similar experiences. . . .

Risk assessment scores should not substitute for listening to battered women and learning about the complexities of their personal lives and broader social circumstances. . . . [These] instruments expose players like police officers to issues that they may not otherwise consider or have been trained to think through. . . . They may also provide a touchstone for victims themselves as they seek to strategize about their futures and those of their children. This is not to say that battered women always minimize their victimization, or that they do not have the wherewithal to work things out for themselves. Rather, risk assessment scores and dangerousness predictions may provide yet another (and perhaps very different) lens through which [survivors] see themselves, their batterers, and their overall predicaments." (pp. 6-7)

A more recent study by [Campbell, Webster, & Glass \(2009\)](#) found that a further revised 20-item Danger Assessment had improved predictive accuracy, but cautioned that

"The data used to validate the revised DA were only partially independent of the data used to generate the scoring weights for the measure. We did use an independent sample of attempted femicides; however, the scoring weights were determined, in part, by the conditions of the abused controls used in the 11-city study. In addition, our findings are based on an urban sample and we do not know how well the findings would hold in a sample of rural femicides, attempted femicides, and abused women. . . . Further development and

testing of the DA is needed, as with all of the IPV risk assessment strategies. Independent evaluations are needed as well as meta-analyses when there are sufficient prospective studies to conduct such investigations. The DA and other risk assessment systems need to also be psychometrically evaluated with various ethnic groups, as well as rural and immigrant populations to be sure they are culturally and linguistically appropriate. The science in the field is as yet young, but this study lends substantive support for use of the DA with IPV victims as they make important decisions about their safety." (pp.668-670)

Echoing [Websdale & Dedolph's \(2000\)](#) conclusions, [Campbell, Webster, & Glass \(2009\)](#) wrote,

"The DA is meant to be a collaborative exercise between a domestic violence advocate, health care professional, and/or criminal justice practitioner and the abused woman herself ([Campbell, 2005](#)). Only about half (45%) of proxy informants for actual victims and slightly more than half (54%) of victims of near lethal violence accurately determined their risk of lethal violence in an abusive intimate relationship. Women's perception of risk is important in developing safety plans and interventions; however, even though their perception of risk of re-assault can be accurate ([Goodman et al., 2000](#); [Heckert & Gondolf, 2004](#); [Weisz et al., 2000](#)), abused women often underestimate the potential for homicide. Only about one half of the femicide victims in our study accurately assessed that they were likely to be killed ([Campbell et al., 2003b](#)). The revised DA outperformed victim's perception of risk of re-assault in the RAVE study ([Campbell et al., 2005](#)) and the Gondolf investigation ([Heckert & Gondolf, 2004](#))." (p.670)

A December 2009 posting on the website of the Battered Women's Justice Project discussing the Maryland Lethality Assessment Project ([Battered Women's Justice Project, 2009](#)) in light of [Websdale & Dedolph \(2000\)](#) observed that

"The murder of battered women is inherently difficult to predict, since homicide is thankfully rare. Fewer than 1% of battered women are killed. Jackie Campbell's research examined characteristics both of women who were killed, and also women who would have died but for extreme good fortune or immediate medical care which saved their lives. Campbell named her famous tool the [Danger Assessment](#). She is cautious in scoring, indicating levels she calls 'variable danger,' 'increased danger,' 'severe danger' and 'extreme danger.' She emphasizes that no one can really say that a battered woman is NOT in danger.

So, the Maryland Lethality Assessment tool itself is not as important as the protocol it sets in place. Linking women to advocates has been demonstrated [see [DePrince et al., 2012](#)] to improve women's quality of life as well as increase their engagement with the criminal legal process. The Lethality Screen for First Responders is a tool with multiple triggers for the "protocol referral" or linkage to advocacy. Police departments trained in using this tool have certainly seen a reduction in homicide. In addition, advocacy programs initiating contact with all women screened, not just those deemed "high risk" have seen a large increase in the use of their services."

[Sargent & Avalon \(2009\)](#) cite the Maryland Network's report on the Lethality Assessment Program, emphasizing the importance of the referral protocol:

"The Lethality Assessment Program (LAP), currently a program for first responders, represents an opportunity born of three bodies of significant research over 25 years by Dr. Jacquelyn Campbell, of The Johns Hopkins University School of Nursing: 1) only 4% of domestic violence murder victims nationwide had ever availed themselves of domestic violence program services; 2) in 50% of domestic violence-related homicides, officers had previously responded to a call there; and 3) re-assault of domestic violence victims in high danger was reduced by 60% if they went into shelter. The goal of the LAP is to prevent domestic violence homicides, serious injury, and re-assault by encouraging more victims to utilize the support and shelter services of domestic violence programs."

Accordingly, the [Maryland Network Against Domestic Violence's Lethality Assessment Program website](#) states that "An important by-product of the LAP has been improved partnerships and collaboration among law enforcement officers and other community practitioners and advocates. New guidelines were created for

hotline advocates who speak to High-Danger victims and special protocols have been developed for health care providers. LAP best practices now include follow-up telephone calls and team officer-advocate home visits to victims to provide support and encouragement to use program services, and the screening of victims in court prior to or following temporary protective order hearings."

Questions to Consider

1. In what ways is a danger assessment or lethality assessment useful to the process of selecting candidates for openings in a TH program?
 - Under what circumstances might such a tool have the unintended result of identifying a survivor as being at lower risk than she actually is -- and therefore as having less of an urgent need for assistance?
2. In what ways is a danger assessment or lethality assessment useful to supporting safety planning with TH program participants?
3. Is a tool like the Danger/Lethality Assessment able to more accurately identify increased or decreased danger than the simple question that programs ask participants at the time of their exit? ("Are you at greater, the same, or lower risk of violence now, as compared to when you sought assistance?")
 - How often during a survivor's stay in a TH program should a danger assessment or lethality assessment be administered? Is asking the question at entrance and exit enough?
 - What kinds of changes in the circumstances of the survivor result in an increase or decrease in the danger identified by a danger/lethality assessment?
 - What kinds of changes in the circumstances of the survivor result in a survivor's perception that they are at increased or decreased danger of violence?

(c) Safe Use of Technology

Quite a few providers interviewed for this project indicated that they had attended and learned a lot from recent OVV-sponsored trainings on technology safety, and that they looked forward to getting more information for their own agencies and to share with survivors. Towards that end, the National Network to End Domestic Violence (NNEDV) implemented a [Safety Net project](#) that developed a broad range of materials addressing the safe use of technology -- phones, tablets, and computers – now available on the [TechSafety website](#). As described on the [Safety Net project webpage](#):

"Technology has a major impact on survivors of abuse. It can be used by a victim to access help, to strategically maintain safety and privacy, and to remain connected to family and friends. It is often used to prove guilt and hold offenders accountable. Yet, technology, in its various forms, is also misused by abusers and perpetrators in crimes of domestic violence, sexual assault, stalking, and trafficking. NNEDV's Safety Net Project focuses on the intersection of technology and intimate partner abuse and works to address how it impacts the safety, privacy, accessibility, and civil rights of victims."

As part of its Safety Net Project, NNEDV maintains:

- A [tech safety blog](#) with helpful postings addressing a broad range of topics (e.g., data privacy and being careful about personal information and pictures shared online; being careful about how your phone or tablet or computer is set up, including passwords, apps, and linked accounts; safe internet surfing; safe use of social media sites; opting out of schools sharing kids' data; etc.)
- A [\[Victim Services Provider\] Agency's Use of Technology Best Practices and Policies Toolkit](#) with safety and privacy tips addressing the type, set-up, and use of agency phones (including voicemail and texting), tablets, computers, Wi-Fi, email systems, social media, websites, databases, cloud computing, surveillance cameras, and more.

- A [Technology Safety and Privacy Toolkit for Survivors](#) with tips on the safe use of technology, tips on addressing suspected abusive use of technology, information about spyware and what to do if you suspect its use, options for protecting against searches to find your address/contact info, and more.
- A [Technology and Confidentiality Toolkit](#) for victim services agencies with
 - Answers to common questions on releases and waivers, U.S. Federal laws on confidentiality, record retention and deletion, and more.
 - Sample template policies, including policy guidelines and sample MOUs for co-located programs and community collaborations, that victim service agencies can adapt and use.
 - Handouts on technology, safety and confidentiality, including tip sheets on cell phones and location, online privacy tips, guidelines on selecting databases, and more.
 - References to Federal laws, confidentiality information from U.S. government agencies, and other resources on confidentiality and privacy.
- A [Smartphone App Safety Center](#) with information for survivors about products advertised to help people know if they are being abused, help victims find and contact help, help document abuse, etc.

Questions to Consider

1. Given the complexity and dynamic nature of phone and computer technologies and the threats to user safety and privacy, and given the range of literacy and tech savviness of program participants and staff, what would be the most effective way of transmitting the information that participants and staff need in order to use their equipment and software/apps safely?
2. Given what is known about the vulnerability of systems to hacking, what precautions should providers take if they maintain online databases with client-level information?
3. When participants are referred out for services, do program staff counsel them on their options for limiting data entry and data sharing of personal protected information?

(d) Assorted Guides, Curricula, Fact Sheets, and Templates for Safety Planning

Appendix 1 of [Davies \(2009\)](#) contains perhaps the most comprehensive safety planning discussion guide for working with survivors of domestic violence.

The National Domestic Violence Hotline has an [online guide to safety planning](#), addressing safety while living with an abusive partner, safety planning with children, safety planning with pets, safety planning during pregnancy, emotional safety planning, preparing to leave a relationship, safety planning when you leave, safety planning after leaving a relationship.

The National Center on Domestic and Sexual Violence (NCDSV) [Safety Planning webpage](#) provides links to a variety of safety planning resources, including some listed below.

- A [detailed personalized safety plan template](#) in [English](#) and [Spanish](#) based on a template developed by the Office of the San Diego City Attorney, adapted by the Pennsylvania Coalition, and revised by Denton County Friends of the Family (TX). The template addresses (a) safety during a violent incident; (b) safety when preparing to leave; (c) safety in the survivor's own residence (if the abuser is forced to leave the housing they jointly occupied, or the survivor finds her own apartment); (d) safety in enforcing a protective order; (e) safety on the job or in public; (f) safety if the survivor uses alcohol or drugs, or encounters the abusive partner is intoxicated or high; (g) survivor strategies for protecting her emotional health; (h) safety measures for protecting children; and (i) items to take when leaving. Note also that this plan only addresses batterer-generated risks for victims/survivor who hope to leave, and who have left; it

does not address life-generated risks, nor does it address safety of survivors who remain in contact with the abusive partner, as recommended by [Davies \(2009\)](#).

- The National Coalition Against Domestic Violence [safety tips webpage](#)
- The National Network to End Domestic Violence's (NNEDV's) & Greater Boston Legal Services' (GBLS') [Privacy and Safety Tips for Survivors Who Are Relocating](#), addressing such matters as public records, researching your online profile, managing account passwords and PIN numbers, address and voter confidentiality programs, change of address forms, putting utility bills in someone else's name, etc.⁵²
- Washington State Coalitions Against Domestic Violence guidance document for advocates on [safety planning with DV victims with disabilities](#);
- A [Safety Planning Guide for Individuals with Physical Disabilities](#), published by the Wisconsin Coalition Against Domestic Violence and the National Clearinghouse on Abuse in Later Life;
- The Family Violence Prevention Fund [fact sheet on Creating a Teen Safety Plan](#)
- The National Resource Center on Domestic Violence [safety planning toolkit for runaway/homeless youth](#)
- The Battered Women's Justice Project's eLearning Course - [Safety At Home: Intimate Partner Violence, Military Personnel, and Veterans](#)
- Ayuda Inc. (Legal Aid)'s [fact sheet on creating a safety plan for immigrant women victims/survivors](#)
- The Victim Rights Law Center (VRLC) guide for advocates and attorneys on [safety planning with sexual assault survivors](#) (Not listed on the NCDSV webpage, but also helpful, are the following VRLC resources:
 - 10 Tips for Advocates and Attorneys on Safety Planning with Survivors of Non-Intimate Partner Sexual Assault;
 - A video by the VRLC and Transition Projects on "[Surviving Sexual Violence on the Streets](#)," and
 - The VRLC's "[Staying Safer on the Streets: a safety planning tool for sexual violence survivors experiencing homelessness](#)."
- A Forge fact sheet for advocates on [safety planning with transgender and gender non-conforming victims of violence](#);
- A webpage with tips on [safety planning against stalking](#) from NY-based Safe Horizon
- The Stalking Resource Center's guide to [stalking safety planning](#); and
- The NNEDV's one-page tip sheet on [technology safety planning with survivors](#) (in multiple languages)
- The Pennsylvania Coalition's [safety tips for using computers and cell phones](#)

⁵² Among its safety planning-related recommendations, the [Allstate Foundation/NNEDV Moving Ahead Through Financial Management curriculum](#) includes the following additional advice for survivors who are relocating to new housing:

- "Consider limiting your housing search to private property owners rather than larger property-management firms, if you're concerned that your abuser may use a credit report to locate you while you're in hiding. Private property owners often use proof of credit history provided at the time of application rather than checking with a credit bureau. Larger property management firms often use a credit bureau.
- Supply a copy of your credit report for housing applications instead of having a potential landlord check your credit report to avoid an abuser from discovering your new address.
- Protect your contact information from being shared by finding a roommate who will agree to have the utilities listed in her name.
- Be cautious about completing any applications online or using the Internet to communicate with your landlord or mortgage company. Information sent over the Internet can be intercepted or monitored. To protect your privacy, fax the information or send it by mail.
- Set up a news alert on [www.google.com](#) that will notify you whenever your name, address or phone number are published on the Internet. Google archives about four billion Web pages." (Module #1, p.10)

- The [WomensLaw "Where to Find Help" webpage](#) recommends a [private webpage \(Heather Jayne, 2001\) with safety planning guidance](#) developed by a woman who apparently left an abusive relationship. There are many such personal advice sites; we include that one, based on the WomensLaw recommendation.

(e) Provider Comments about Challenges and Approaches to Addressing Participant Safety

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

(#01) We talk about what a healthy relationship would look like, we do safety planning with the kids, because they can't control whether or not they are going to go back into that abusive relationship. How they should handle it, how to keep themselves safe, who they can talk to.

(#02) We ask that they maintain confidentiality so that there is protection and safety for all the families in the shelter and the transitional. And we definitely encounter some families who say, "I'm not really worried about that because my abuser is in jail." And we recognize for some people maybe the safety or the confidentiality of the location isn't as important to them. But there are other people who definitely benefit from staying in a confidential location.

(#03) The first thing we do really, is make sure they have safety plans, can strategize ways to stay safe, regardless of how long they are in their program. When they're in the program, obviously they feel safer, so we make sure that when they move they have skills and are more apt to put them to use.

(#04) We do an emotional and physical safety plan. We got them off the OVW website and the VAWA site. We got the safety plans from Choices. We've adapted a plan from all those plans. We try to update that regularly with women and ask if it's still working. Do we need to make changes? We have a relationship with an alarm system company, and purchase them for the women, and the company provides free monitoring for one year; if something happens, press this button and you'll get help.

(#05) 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.

Typically when a mom comes in she's been referred through our outreach program or shelter, so they've been through an initial assessment, one with the children, and an initial safety plan. When they come to me I do an intake, an assessment with mom, and I meet with the children and do individual assessments with them plus another safety plan. We meet as a family to safety plan in terms of their new house and location and for when they visit with the other parent, the abuser.

(#06) The names of participants in the domestic violence program are not on the mailboxes. It's completely confidential. Even if someone saw a person coming to one of our events, they wouldn't know that person is a DV victim. They might logically conclude they're a client of our agency, but they wouldn't know what program they're a client of. That's something that the client themselves shares, if they want.

(#07) If a child has court-sanctioned visitation with a parent who allegedly abused the parent, we do a safety plan with the child and with the parent on how to make exchanges safely. If they are having issues, we

recommend that they participate in a children's group or counseling.

(#08) Some of our residents here transition from our shelter, and our shelter is a secure location, it's locked, and staffed 24/7. Then they move here to our transitional, and it's not. They each have a key, a badge key to get into the door, but it's not secure housing. It's not a confidential location. By the time they transition into here, their safety should already be pretty well determined by them, that they can live here and be safe.

(#09) Certainly ex-boyfriends, partners do come around. But if they've developed a safety plan, then that's going to ensure that they're not going to get caught in a situation that may put them in danger.

(#10) We understand safety planning inside and out, and that is a skill that most people don't have, to understand the barriers that domestic violence victims have. Or, in particular, how much that on-going abuse -- even when he is away from you -- that on-going control continues to impact. I think so many times people look at victims and say: "why can't she just get it together?" We wouldn't look at it that way.

(#11) Also in the partnership is Project Safeguard, which contributes its expertise on the legal system when we have an incident where someone needs to file a restraining order or a participant has questions about restraining orders. A lot of what we discover is people don't report domestic violence because they're afraid they're going to lose their housing if the police come. So Project Safeguard does education around that, they help people navigate the legal system and feel comfortable about doing so.

We really want our clients to be empowered, we want them to make choices and we want to help keep them safe. The number one thing we always say when we're working with domestic violence survivors is that our program's goal is not to have you leave your partner -- because that can be such a stigma for people reaching out for help, and we've actually heard that from people. "If I talk to you guys, I know you're just going to tell me I need to leave him." No. Life is their choice. We just want to help them get to a place where they can make more balanced choices that come from a place not of trauma and fear, but a place of empowerment, and also help them get to a place where they feel stable and safe.

(#12) If a participant is evicted for some reason, and we recognize that it's part of a learning curve for them, we will put them in another unit and give them another chance. Especially when safety might still be in the balance. We have the flexibility to try to maintain a safe environment until they're ready to be on their own.

In terms of our own building -- because people do come here for counseling services or advocacy visits - we're very particular about safety. We have security guards. We have locked entrances. When we are treating assailants we have them sequestered in a particular part of the building so they're not just wandering around. We try to clearly identify who is staff so everyone can tell that these are safe people walking around the building, particularly the men on staff, like myself. We wear name badges to facilitate a sense of safety and recognition that we are staff and don't pose a threat -- and I don't get on elevators for that very reason. Which sounds like a simple thing, but it makes a huge difference.

(#13) We have the core advocacy program, whose staff can help in obtaining a restraining order and with other court-related matters. Then there's the family violence advocacy program that work out of the Human Services Department. They make sure there is an address block, so confidentiality is not jeopardized. When it comes to public assistance and food stamps, they can help participants get a 3-6 month waiver of the work requirement, if they feel unsafe about going out into that community where they'll run into someone.

(#14) We were told at training that it's not best practice to keep a wait list for this program because of the safety issues involved. 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. You can't really write them a letter, there's safety concerns around that, too.

(#15) We have an application process for the transitional program. Applicants have to fill out an application, usually working with the program advocate, create a safety plan, look at their budget, and so forth. Our clients' names are on the lease, so if someone is at risk of stalking and further violence, we have to take additional precautions with our safety planning, and our advocate continually visits with them about any safety issues. So far, we've been lucky, I guess. We haven't had an issue.

(#16) One of our big challenges is with our off-site units. It's ensuring that our clients are safe because we're not there. At the on-site units, we have cameras and we can see that they're safe, but the off-site units pose more of a challenge. Our landlord has provided security for them, but I think it's always a challenge to make sure that they're safe. Visiting them and making sure they feel safe is probably the most important thing.

[From the interview with Jessie Mindlin, Esq., National Director of Training and Technical Assistance at the Victim Rights Law Center] When sexual assault is perpetrated by an intimate partner as one more means of control, all of the traditional approaches -- the power and control wheel, safety planning focused around staying safe around a partner, and knowing how to get out of the house with the things you need -- absolutely make sense.

When a survivor is homeless because she was raped by someone with whom she has never had an intimate "relationship," or if she has been homeless and is raped by such a person, the focus on the power and control wheel, the abuser and the cycle of violence, and safety planning around trying to stay safe from an abusive partner isn't really relevant.

Safety plans targeted to victims of intimate partner violence that took place in the home -- that caution about getting stuck in the bathroom or any other room in which there is no alternate exit; or that suggest that survivors keep a copy of important papers (e.g., wedding certificate or children's birth certificate, or immigration papers) somewhere safe such as a friend's or relative's home or a safe deposit box -- probably have little to no relevance to a survivor who has been raped by a classmate or a stranger or acquaintance. And they have even less relevance to a survivor experiencing homelessness.

In addition to their trauma-, substance abuse-, and mental health-related needs, trafficking survivors may have unique and heightened safety needs. I've heard law enforcement and others raise security and safety concerns for survivors whose traffickers are still at large. From the traffickers' perspective, victims are a valuable commodity. There's an oft-cited example; if you're dealing in drugs, you sell the drugs and then they're gone. When you're dealing in human beings and trafficking or commercial sexual exploitation, you sell the human and then you can sell them again, and again, and again.

[Note: See list of resources developed by the Victim Rights Law Center before Provider Comments section.]

(#17) Safety would be a very big concern for the shelter, and for the shelter, they have everything covered. When people apply for transitional housing, we tell them this is what's going to happen: they'll sign a lease, that lease will not go anywhere except to our offices, because we own the building. Then we talk about, "What do you need to tell the utility?" "What do you need to tell the credit reporting companies?" This is a program for people who really want to become independent, and they may be concerned about the batterers, but we make a safety plan, and we teach them how to be safe, and then they decide, "I'll deal with it if something happens," but they have our support. They realize that they really want to be free, and to be

free is to be able to put your name on the lease or a utility bill ... which is something that they couldn't do before. I've never encountered anybody that tells me, "I cannot come to this program because I'm concerned to be discovered." Some people change their name, but they change it while they are in the shelter.

(#18) We're a little bit leery about sending mail because if they are back in touch with their abusive partner, we don't want those folks getting into their mail. What we've tried to do is ask for safe contacts, like "can we contact your grandmother and see where you are" because the older populations tend to have more stable contact information.

Overall, we feel like you have to be stable and you have to be aware of the dynamics of IPV in order to fully achieve safety. We feel women are not going to be safe unless we can get them out there into the community. Even for the on-site transitional housing programs with longer stays, the outcomes just aren't as good. People have stayed in the program for two years and then left to move into a homeless shelter because their outcomes don't measurably improve after a certain period of time if they don't feel that kind of hope, that kind of confidence, that they have the ability to make it on their own.

It's harder for a client in their own scattered-site unit to deny an abuser access; whereas if he shows up at a more traditional on-site model, then someone else can deny that access. So, there's that extra element of safety for clients.

I think that's why we ultimately split along the lines of folks who've got ongoing legal or safety issues and immigrants, they do much better in the on-site program than your traditional American born client who is having much more issues with basic needs and stability measures. Participants at low level risk of IPV from their former abuser -- someone who, as long as he doesn't see you is not going to abuse you -- do much better in the community because they get the support and they get to see that they can live on their own, and they're not as at risk of the abuser showing up and moving back in.

(#19) When they enter our housing program, there are things that we ask them to do and one of those is to do a new safety plan. They're going to do an individual service plan, which is what they want to achieve -- their self-identified goals. And we need to have a way to contact them. Those are the three things that we ask of them. Plus they need to follow the lease agreement.

Our legal services can help with protection orders. They can help with parenting plans, child support. There's no charge -- everything's free. We have a kiosk here that they can access for protection orders so they don't even have to go to court.

(#20) There's no access for women who've been sexually assaulted into the DV programs in our community. They say that they serve sexual assault survivors, but when a single woman who has experienced sexual violence is attempting to access a domestic violence program, they're just not their priority. And so we're doing safety planning with women, trying to connect them with whatever support services we can as they're searching for housing. But the housing search process can sometimes take two to three months to find an affordable unit.

So we're looking at whatever resources the woman may have available -- whether she can enroll in the program and she can stay with a safe friend two days a week or we need to prioritize her into our short-term housing or whether we should prioritize her for our very limited access to hotel vouchers, if that's literally the only option that we have for her. The reality is that most women end up sleeping outside or they end up sleeping, staying, trading goods or services to stay in someone's apartment, regardless of it's a safe. They having to weigh the safety of staying in someone's unit or sleeping outside alone.

The impact on their eligibility for HUD housing of couch surfing is certainly something we're really conscious of and we explore that option with people every time we're working with them, but we ultimately want to ensure that people are safe and don't ever want to compel someone to stay outside and to increase their vulnerability for the sake of having access into a housing program. We will figure something else out for them.

(#21) Considering lethality is a safety precaution we take with all clients. If the person who was abusing them was stalking them and found her everywhere she went, we would address that. How is that happening? Have you gotten a protective order? What would that person do if they found you or your children? We would take all that into consideration. How can we help you? How can we help you in not being located? Are you doing something? Is he doing something? So, it's about safety for her and her children, and staff, and being at the apartment complex. We don't want to set her up to move into an apartment and then police are called out and the apartment manager's kicking her out, even though they can't legally but they do.

If mom decides to go back, we look at does the child have a safety plan. Does she know how to call 911, can he go to a neighbor's house? Because a lot of children, first thing they want to do is protect mom and they get hurt either directly or indirectly. So we do safety planning with the child.

(#22) A lot of people are very leery when they come here because the shelter is so different. There, somebody is opening the door to let you in and out. When you come here, you have a lot of freedom. We realize the trauma these ladies have gone through and so we provide a building that's secure. They have to have codes to enter the building, so no one can just walk in, which could send somebody into trauma. Just thinking about how they would feel if people could just come in whenever they please. We wanted to make sure that it was set up so that it would not be a worry for them.

(#23) We do a "Tech Safety" course, which covers safe use of the Internet and Smartphones.

(#24) We are such big fans of the transition-in-place model. If we could do it all over again, I think we would have just made our program scattered-site because at the end of the day, that's what survivors want. The idea of needing lock-down, fortress-like safety from an abuser is just not the reality that we're hearing from the majority of the survivors who come to us. This idea of fleeing, like separation from the abuser, and needing a place that offers that level of security is not what the majority of survivors coming to us need. I think people want their own homes, and they don't want to leave their communities, where they feel safe or where they have connections to friends and family and schools and whatever.

(#25) We do ongoing safety planning on a monthly basis. And also we give them information about online safety, how they can protect themselves and their family. Things can change. Maybe when she came into our program they were still going through a child custody issue, and the custody case was settled and they have to share custody. We don't allow our families to exchange the children in their unit. The new safety plan for that month will probably specify where the exchange will take place. We always suggest public places. So the safety plan changes as their situation changes.

We want to make sure that whatever safety plan an individual has is realistic, and gives them enough information and power to manage their safety better. While she was in our program, did the abuser come to the apartment, tracing her back? And if he did, did she have a plan to keep herself and the family safe? If their safety was compromised, what did the client do? If she leaves our program and the DV occurs again, does she have a plan for what she will do differently that she didn't do the last time? If the answer to those questions is yes, if she has enough information to have good plans, then she is doing well on the safety scale.

(#26) I have had clients whose goal was to go back -- not when I was working the transitional housing program, but in a different position -- and if that's their genuine goal, I want to be there to help them do whatever it is they want to do safely. Whatever that looks like.

(#27) One of our participant families was located by her abuser and it was a dangerous situation, and so, for safety reasons, she came back to the shelter and stayed there while she found new housing in the transitional housing program.

(#28) We're very onboard with the movement towards no rules. We don't even use the word rules; our major exception is confidentiality. That's not negotiable. They can't have folks over, or tell anybody where it is. That's nonnegotiable because it's a safety issue in a congregate situation like ours. Our rules are completely around safety. So obviously you can't use violence or aggression towards other clients, or your own children. Those are the things that aren't negotiable. In transitional we still have curfew, but it's a safety issue, not a rule that can't be broken. If they call and say, "Hey, I'm running late," that's no problem. If they call and say, "I need an overnight," that's no problem. We just want to know that they're safe, because of the nature of our program. The only rules we have are all safety-related.

(#29) We understand that when they come to us, not all women are ready to make it on their own and honestly, a lot of them come in, get a taste of what it's going to be like to support themselves and their children, and make a choice to go back, and the best we can do is make sure they have a safety plan in place and that they understand what resources are available to them.

If somebody is at risk of stalking, that wouldn't be a factor in deciding whether they're appropriate for transitional housing. We would encourage them to seek services. I know the safety concerns. If the stalker lived close to where the units are, that might not be conducive for them to come in, but it wouldn't deter us from housing somebody.

(#30) In my personal opinion, the only model that does not fit for this population is a rapid rehousing kind of model. If someone is in crisis, you can't immediately transition them to housing, look past the PTSD, and say okay, turn off the lights and sleep alone in your house for the first time. I think the idea is that giving someone a house allows them to feel safe, so they can move on with their life ... but it's not quite that simple when you're talking about people who have been traumatized and have complex trauma histories, dual diagnoses, substance abuse issues or early sobriety....

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.

(#31) (Not a current OVW grantee) All the TLP clients have mailboxes here at the office. A few also get mail at their apartments, but most don't, for safety and confidentiality reasons. They know to come in and check their mail.

(#32) Transitional housing meets a lot of the unique needs of survivors of domestic and sexual violence who may still be coping with batterer-related barriers and risks, and that may need to move around quite a bit,

depending on what happens. So having the flexibility of a lease they can get out of without a penalty is important, and having a connection to optional support services and rental assistance can help during that ongoing process of assessing how risks are changing, what is helping to enhance safety and what isn't, and trying to adjust and build a plan for greater safety and stability in the future.

Most of our transitional housing is in a building complex on the same campus with our shelter and resource center, and most of the referrals into that transitional housing come from our shelter. Based on feedback that we received in our consumer surveys and through a staff committee formed to help us better serve the LGBTQ community, we found that both men and members of the trans community were feeling like our shelter and some other core services were not accessible to them. We had previously served men with motel vouchers, and over the past decade, had begun serving them directly in our shelter building. And we had always served Trans individuals, but in trying to help them safety plan in advance of coming into shelter, it seemed like we were scaring folks away. So our Senior Director of Residential Services sent out a communication that we were not going to have separate, segregated spaces, and we would not use motel vouchers unless that's what somebody asked for.

Participants are not always kind to each other. Our staff are already prepared and experienced at addressing racist or discriminatory comments and conflict. But if, in the interest of protecting one segment of the clientele from those kinds of comments or hostility, we don't provide access to the usual services, that's not keeping them safe. We have to be prepared to address issues as they come up and be clear with everyone – staff, volunteers, and residents -- that this is a communal living environment, and when you walk in the door, you are agreeing to offer everybody basic respect and dignity, regardless of race, religion, gender identity ... all the categories of non-discrimination. And we let folks know that if they see or experience something that doesn't follow those principles, here's who they can talk to, and what they can do. In a recent staff training, we had a good conversation about how staff can quickly respond to a participant who makes a discriminatory comment in a group or a public setting, so that we keep that space safe and validating for everyone. It's a tough area, and a work in progress.

Our on-campus housing is also helpful for undocumented survivors: getting a U-visa can be quite a lengthy process, so having access to some type of housing and safety and support during the two-year-or-longer application and waiting period might mean not having to return to that abuser. And it's especially valuable for serving survivors whose abusers are just not willing to leave them alone. When our resident manager gets threatening phone calls or the abuser is waiting outside our gates at the bus stop or doing drive-bys, we can work with our own security and the police department, consider protective orders and police reports and occasionally have a survivor return to the shelter temporarily without losing their apartment, in order to help maintain some sense of housing stability, which is nearly impossible when it gets that bad in private housing.

Scattered-site units, however, are wonderful because not everybody needs that level of service, doesn't have as many barriers, or maybe doesn't feel unsafe going back out into the community. The question we ask is, "What do you need from us to use this housing well, and to be safe and have the support you need?" And they will tell us, and then we try and meet whatever needs they might have.

(#33) We work with women on safety planning, like "How do I talk to my employer about my stalking ex-boyfriend or husband who won't leave me alone? Is it safe for me to do that, or will I lose my job if I talk to them about it?" Our percentages for safety planning are really high, and our percentages for identifying signs of economic abuse are going high. People are going to say, "if they're really high, why isn't anything changing, why is the domestic violence happening," and I'm going to go back to, "what are you doing to hold the batterer accountable?" She can do everything she can, but if someone is stalking her or still continuing their abusive behavior, it's not going to end.

Our employment advocate does a series of five workshops using a curriculum developed by NNEDV and Wider Opportunities for Women, and just like the economic empowerment curriculum, they did a really good job blending the worlds of domestic violence and employment. A traditional online curriculum might show you how to do a job search; this curriculum shows women how to safely do a job search. So whether you're in a shelter, out in the community, are you communicating safely?

(#34) We're 100% transparent with each property owner that we provide rent to, and it's part of the agreement; it's part of what we talk to women about, that we need to have their release to talk to property owners. Not to talk about the women, but to talk about whatever the property needs to be set up for safety. It's nice to have open communication with the landlord if we need to alert them that the perpetrator is coming around and we need to set up a safety protocol and things like that.

[Pertaining to Emotional Safety] We were doing an exercise about dreaming and what is it that you want out of life and what it would take to get it. And one of our alumni, a member of our Transitional Housing Advisory Council, became angry and said, "I don't think you should be asking us to do this. I deal with flashbacks every day. I have no time to be dreaming about what it is that I want in life. I'm barely managing." And she is three years out. When this woman first came into the program, she was the go-getter; she had everything done. She was working as a CNA, she had her kids in school, she found housing quickly, she had furnishings; she was focused. She knew everything she wanted. But she never dealt with her history of abuse, and that trauma caught up to her.

(#35) Oftentimes the concerns and trauma experienced by survivors of DV are not the same as the concerns and trauma experienced by survivors of sexual assault or stalking, so we have to analyze things case by case. When DV survivors have a long history with the stalker, we're able to work with them to try to identify and predict behaviors. It can become kind of complex to maintain a safe environment when participants are off site and kind of on their own. Sometimes, depending on the perpetrator, the behaviors and patterns of a stalker can be very unpredictable and that makes for a unique safety planning challenge.

If the abuser locates a survivor, it's up to the survivor what they want to do. Sometimes it might be a matter of safety planning, sometimes they might want to try a legal remedy, sometimes they might feel more comfortable if they moved. We just work with them to identify what they feel most comfortable with and move forward based on that.

With respect to finding housing, we talk to the client about their safety needs and comfort level. Do they want an apartment building that's secure or are they fine with a stand-alone house? Some survivors want some type of an alarm system or might want to get a dog to alert them. We ask the client whether they want to stay close to family or in a community where they have a lot of resources and people who will look out for them, or whether they're looking to move someplace new. Then we will usually go out and take the client to a number of different apartments for walk-throughs, and we review a safety checklist that reflects the client's security concerns.

(#36) (Not a current OVW grantee) We're pretty rural here and there's not much housing around, but when we had the grant, I was able to lease a house that had been divided like a duplex. It was about 30 miles from the reservation itself. In retrospect, if we were to do it again, I would definitely have somebody on site at all times. One of the victims staying there had moved the perpetrator in there with her. She knew our hours, so every time I had a monitor go up there to check up, he was never there. But he was there on the off hours, and on the weekends. Actually he moved in with her, and we ended up having to evict her. Because we're such a remote area, we don't have police that are able to do drive-bys, so safety and security were major

issues. Because this was a private house, not highly visible.

If there is an incident and somebody's physical safety is being compromised, they need to be out of the situation. They may not even be safe at their parent's house. Now we only have the hotel. There's a lot of people there, plus there's security and surveillance. I have collaborated with that hotel since 2004. We have code names and we have everything set up so our clients can go there. Security is well aware that I have somebody in shelter there; the front desk knows what to look out for. That's probably the securest place that I could put anybody. I've tossed around writing a grant to help us get another program here, but I couldn't keep people safe 100% in a 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 left work that the participants would be safe? I couldn't guarantee that at all.

(#37) Our case workers spend hours with the women, teaching them how to use email, showing them how to safely use technology. Some of them have a cell phone, so we teach them how to turn their GPS locator off, so people can't find them. We help them get a secure mailbox so they can get mail. Because we've had quite a few cases where the husband continues to stalk them after they leave the house.

(#38) (Not a current OVW grantee) For a survivor of sexual assault, their safety plan is more around their emotional safety, physical safety; if one of their triggers is not to be alone, then making sure that when they're going places, they have a phone or they have somebody walking with them. Things like that. For some of our survivors of sexual assault, if they've gotten into their own space, they may not be as frightened of somebody coming into their unit as somebody who's fleeing DV. It's well-lit, their perp's not going to show up.

If someone were actively fleeing, if somebody were actively trying to harm them or their children, our first conversation is, "we need to get you somewhere, to an undisclosed location." Safety's always our number one priority. So, when we get that referral, the first conversation we have with the referring advocate, is, "What situation is this person living in? Where is their perp? Is there any ongoing legal issues?" Because the last thing we want to do is move somebody to a different county where they'll have a hard time getting to court dates and things like that

Sometimes we don't know until after somebody's already in the program that they are at risk of stalking, but if we know ahead of time, I would recommend placing them in our congregate building, because that building is staffed five days a week, and it's a locked, secured facility, with surveillance cameras. If they want to be in one of the outreach counties, we might be okay with that, as long as they're not in contact with the stalker. They might be able to flee the city and get some privacy. We've helped clients get alarms on their doors, security systems, things like that, if they felt they needed them. Or, if the perp starts to call again or maybe shows up, we might get flood lights. We've got a little bit of money to help clients stay safe and do those things if they need to.

(#39) If a survivor comes from a tightknit immigrant community and doesn't speak English, it seems like they face the choice of moving into the mainstream and being isolated or moving back into their community and being back in the circle of their abusive partner. We have assisted a victim in relocating out-of-state, and we have transported, through our rural advocates, victims from one side of the state to the other.

If someone doesn't speak English, we can go to Lutheran Social Services, and see if they can get into the English classes. It could be that their partner didn't allow them to go to English classes - which happens frequently, because it is such an effective way to isolate someone. Or maybe, their partner allowed them to go, but only with that partner. Or maybe they're working at the same job. Our programs advocate to help them obtain a different class time, a different shift, a different job. A lot of time, there's huge pressure on non-English-speaking survivors to go back, rather than to find independent housing. If we get them into

Transitional Housing, they may still feel isolated from their community, because that's the community that speaks their language. And trying to find the employment they need to maintain their housing is very difficult — especially if they're undocumented.

Sometimes a woman will leave the reservation to go to housing or shelter somewhere else. We've heard, for years, comments that "I can't go to the tribal shelter, because my spouse's cousin works there." We're very aware of some of the politics that goes on in tribal areas that can jeopardize a victim's safety. Sometimes it's a better alternative to leave the reservation, the tribal area, for at least a while, to find emergency housing. But ultimately, of course, they want to return because that's where their family is, and that's where they're enrolled. It's a very difficult choice. And depending on who their relatives and family members are, and how connected they are to the perpetrator's family, it could be very dangerous for them to stay or return to the reservation.

We've struggled in this state to identify and keep victims of human trafficking safe. And long-term transitional housing seems to be a huge need. But we do have this agency that's traveled across the state to help, and they've actually placed two of their survivors into our transitional housing program.

Survivors of trafficking have unique safety needs. We had someone in an apartment and she was surrounded by her traffickers. We tried to figure out how to get her out of there safely; because if she leaves, she's still at risk because her traffickers want her back. While the woman is safe with us, the trafficker is "losing" money. And they're local traffickers, local victims, so even though this is a relatively large city, it feels like a small town. And it's difficult for them to find safety, especially if they're from this area. We used other grant funds, not transitional housing, to help one victim to relocate out-of-state. And we transported, through our rural advocates, another victim from one side of the state to the other.

(#40) 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.

Our transitional program serves victims/survivors of domestic violence, sexual assault, stalking and trafficking. The overall numbers of domestic violence and sexual assault cases are going up, as well as the numbers of girls and young women caught up in trafficking. A good number of the women being trafficked are from a Native American reservation near the drilling area. Many of these young women don't see themselves as victims until later on. I think one of the biggest challenges is their safety. It's really hard for them to consider independent housing in the community when their pimps are out looking for them; they're afraid of the punishment they'll face for having left, of being forced back, and of not having a real alternative.

Another program we have that's pretty important is our family safety center or visitation center, where we provide supervised parenting time and supervised exchange services as well as supervised phone calls and Skype visits. It's an accessible resource for transitional clients, shelter clients, or any of our agency clients who wants to utilize a safe, monitored space for the court-mandated exchange of her children with the non-custodial parent. We provide that service seven days a week, and can help participants with any fees.

(#41) There's a lot of homeless shelter activity in the area that we're in, so it may not be safe for mom to go out and do a job search; because no matter where she goes, the abuser may end up finding her. Although she's not at home anymore, she still faces some significant safety concerns. We try to get in there and explore with her whether she needs to change her routines, for example, change her children's schools, and maybe change her patterns as they relate to where she works and how and when she travels to and from work.

While they're here, we try to minimize those safety risks and that may take months. It just depends on each individual case, where they're at, what barriers they are facing. Once we can get them to a safe place to be able to have employment or other income, we'll look at housing.

(#42) (Not a current OVW grantee) If someone is at risk of stalking, certainly we'll 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 careful online and with their phone. But we're not going to screen somebody out because of that potential risk. We're certified through the state for the confidentiality program so that if someone needs a secure address, we can help them apply to be in that program, so they don't have any public record of their address.

(#43) There's a lot more focus in the shelter on being safe, believing that you deserve to be safe, knowing how to be safe and how to recognize potentially dangerous situations. If they are in the transitional housing, they've already gotten that in the shelter. And when case managers do talk to them, they're talking about safety. They do get a safety plan when they go into transitional housing, so that's always an issue. But we don't really spend a lot of time measuring that.

(#44) We look at budget first. Then I recommend a couple of apartments that I think she could look at and afford. Then, the one that she's comfortable with, I'll go look at the apartment. Even if a woman finds an apartment outside of the recommendations I gave her, I'll go and look at the apartment. If I think it's going to be safe and a healthy environment for her, we'll go ahead and move forward.

(#45) And then we track, what we're calling outcomes, and this is kind of a work in progress for us, their domestic violence outcomes, did the adult develop a safety plan? Did they receive domestic violence information? Did they leave with a stalking kit and a 911 phone?

(#46) There is a lot of fear with our younger trafficking survivors about coming to these programs. One, they're worried who's going to find out and will something happen to them legally; two, they're just worried about their safety in general; and three, if they're fleeing a pimp, they're very worried about that because that pimp knows everything about them, so there is a lot of fear about that. If a pimp really knew their routine or knew where they went to school or that they'd be at this place at this time, I'm pretty sure they'd try to go and take her from that location. I think you have to be safe all the time because you just don't know. In our youth house, that was our concern right up front. We had a very high-tech camera and buzzer system with infra-red sensors -- for both the girls' safety and the staff's safety -- kind of to say, "We've got you."

(#47) We recently had a circumstance where staff was going to inspect a unit and realized the apartment complex changed names and it was not a safe place to live. We had three survivors living in that complex, and we had to work really hard to move them out of that complex to where they felt safer. But it was the only complex where this particular woman could get approved, because of a criminal background, a felony that she had on her record, something to do with her abuser stealing electricity or something like that. No apartment complex would take her, and she had teenagers and they were wanting to move because they didn't feel safe, and we knew there was gang activity and drug dealing going on in this complex. So in her case she did end up signing a six month lease because she couldn't get approved anywhere else, and she was just exhausted.

(#48) Once you get into an independent environment, your support network may look different than you expected it to. So we look at is how each person is connected to the community in a broader sense. As part of

the safety planning we always do with people, we ask, “where is your safety net? Who can you rely on? If you have holes in your safety net, what is your comfort level on building up and creating new safety resources?”

We have a safety assessment that we do with our clients; they measure on a sliding scale of 1-10 how safe they are feeling and how they are feeling about the resources they are gathering.

According to the last stat I heard, on average, batterers stalk their partner up to 21 months after they leave. We are trying to look at how the resources we support and the services we provide impact our clients' well-being and sense of safety, and at what point our positive supports are overshadowed by the behaviors of the batterer. Are we, over time, having success in increasing that person's sense of safety, despite what the batterer may be doing? Are the survivors able to move from crisis and trauma and feeling escalated to feeling stronger and more knowledgeable about the situation and how to respond to it.

Every few weeks, or maybe once a month, depending on the client, we might do a check in and say, how safe are you feeling today? We talk about different behaviors, and use a questionnaire to ask about where they are right now; and they answer on a scale of 1 to 10.

(#49) We do a family safety plan together, so that we're not just doing one with mom and child separately, and that often comes with a conversation about what's been hard in the past or what's not worked in the past, and those are very hard conversations for our families, for our moms especially, to have. Frankly, some are more open to it than others, and we just have to go with where they're at.

(#50) Being on an island it makes things pretty difficult to find safe places. It's small; living on an island, everybody's related and everybody knows everybody. So you have to think about that: "Can you move here? Do you know anybody in this neighborhood?" And you have to weigh the privacy of where the person is going to be versus access to services, and being able to get to children's schools, and all that. It's that fine line about a secretive or a confidential location. If it's really difficult to find safety, we try to get people off island, and in those cases, there are some barriers. Our public transportation isn't the best. We have to weigh all that when we're looking at apartments. Ultimately it's the survivor's decision and her decision alone; we're there for her whatever decision she makes. We have to vet our landlords and service providers, because it might be that the landlord or service provider staff know the family. So we have the landlords sign confidentiality agreements. If they break the agreement, we learn our lesson, and never rent an apartment from them again.

Some of those that are not working have been able to transition into public housing. Subsidized housing has been really important for a lot of women coming out of transitional housing, but it's not always the safest place for them to go. Some housing communities are safer than others, not because of domestic violence and sexual assault related issues, but because of gun violence and other things happening in those communities.

So we rent these apartments with our grant money, and they're not necessarily affordable to the women, and then we have to tell them, "Your 18 months or two years is up. Now you've got to move into a housing development that's riddled with gun violence." We struggle with that. It's not adequate, it's not safe, and it's easy to break into some of the units. We had a client whose apartment was broken into a week after we got her into public housing. She was like, "I'm going back. It's better for me to go back and deal with my abuser than all my stuff to get taken and worry about the safety of somebody coming in and robbing us in the middle of the night, me and my kids, so I'm going back." The rents are extremely expensive here. The cost of living is expensive here. We've had only one case where the survivor was able to take over the lease that the transitional housing program rented for her, because the rents are so expensive.

(#51) With our Continuum of Care focused on ending homelessness and using HUD's broader definition of homelessness that includes victims fleeing violence, 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.

The VI-SPDAT is one of the tools used by CoCs to assess for vulnerability⁵³; 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.

(#52) 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 the proper ways to go through it so that while the visitation is going on, while the exchanging of the child is going on, she's safe. But it's not required by the program that they have to have an order of protection, or they have to 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 had a client that I actually had to ask to leave the program because she kept bringing her abuser to her apartment, and at that point it puts people's safety at risk. But that was the only time something like that was an issue, and otherwise the clients are very open with me about the contact they have with the abuser. I feel that with the safety planning and the very open lines of communication between my clients and me, it's not an issue.

(#53) When the parents are resisting services for their children, we suspect that somebody's trying to hide something. And a lot of times, it's the fact that a child's been sexually abused and the mother's aware of it. Depending on what the service is and how a parent reacts usually is an indication that there's a skeleton in the closet, and we do what we can to try to flush it out so that the child gets the services that he or she needs; even if it results in social services having to step in. But the child needs to have a safe environment as well, especially if they're going to be going back to the family situation they left on the reservation. And a lot of times because of overcrowded housing it's not a safe situation. The mother may be sober, but there may be three or four families living in one house. And there may be a lot of drinking and drugs going on. We want to make sure the children, if or when they're going to go back in, have a safe environment.

Especially with the escalation of methamphetamine use in our communities, we want to make sure that's not

⁵³ The VI-SPDAT is a pre-screening instrument combining elements of the more extensive [SPDAT assessment](#) ("Service Priority Decision Assessment Tool") developed by OrgCode with the Vulnerability Index created by Community Solutions to quickly assess the vulnerability of homeless persons, and prioritize them for different housing-related interventions. Revised versions of the [VI-SPDAT for individual adults](#) and the [VI-SPDAT 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.

In the August 2014 version of the [VI-SPDAT User Manual](#), the authors include a section entitled, "What the VI-SPDAT Does - and Does NOT - Do." They note that, "The VI-SPDAT is a pre-screening, or triage tool that is designed to be used by all providers within a community to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available." They describe it as "a brief survey that service providers, outreach workers, and even volunteers can use to determine an acuity score for each homeless person who participates." They note that "Sometimes the VI-SPDAT is confused with or used interchangeably with the SPDAT. Whereas the VI-SPDAT is a triage tool (also referred to as a pre-screen tool), the SPDAT is an assessment tool. The SPDAT digs deeper into the context, history, environment and severity of an issue in a more nuanced manner than the VI-SPDAT." The authors of the VI-SPDAT User manual recommend that "the VI-SPDAT be used together in a community with the SPDAT, as they are complementary tools. However, communities may start with using only the VI-SPDAT and referring clients directly to different housing interventions based on their VI-SPDAT scores, although this approach is less precise than using a more comprehensive assessment."

going on in the household. A lot of these problems are created through overcrowding -- a sober family not being able to live on their own and being forced to live in a house where there's drug and alcohol use. And that's very dangerous for their children. A lot of times we talk to the moms about getting the children into boarding school if they're going back. They don't want to take their children back into that kind of a situation, but because of the economic control that the perpetrator has, if they go back, they feel they have no choice.

We work with them to get them to understand that they do have a choice but that it's not going to happen overnight, that they're going to have to work at it and it might mean that they are going to have to stay in the shelter longer than 30 days until they can get their own place and into the transitional housing. We say 30 days at our shelter but under extenuating circumstances a woman can stay longer. And we've had women stay there six months. It's very flexible, and it has to be because we're not going to kick somebody out the door and say, "30 days are up, you've got to go wherever you've got to go, wherever you can find a place." We're not going to do that. It's a real challenge in rural areas. There's no getting around it. There's a lack of housing. I mean we've got families that are doubled and tripled moving into a facility. In a three or four bedroom home, there might be 15 people living. You can imagine how difficult that situation is. Now if that's all your family, your companion and your children that's one thing, but when they're separate individual families living in that kind of a situation then we have a lot of problems, a lot of challenges.

(#54) In terms of safety planning, with domestic violence, there's one predator, and with sexual assault, everyone is a potential predator. For the most part though, in this community, I would say 80% of the time, the sexual abuser is within the family or very connected, or it's an intimate partner relationship. In the past, when I was working exclusively with sexual assault survivors that were not Native American—it was very different. It was a lot of acquaintances. And there's a lot of withdrawal and a lot of isolation that comes with that. Accompanying people to their appointments probably occurs more with our sexual assault clients. And I think one of the biggest differences with clients that have had sexual violence in their life is that they're very reluctant to put their children in any form of childcare. Very reluctant.

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.

I think for the most part, when families come to our program, they are ready to act. And when you're serving one person, often you're serving the entire family—it's a package deal - whether that means safety planning against the family or bringing the family in as support. Every decision that that person makes is going to affect a larger group of people in a different way than it would with a Caucasian family.

So I ask everyone if the children have been exposed to violence, if they were in the room, if they might have heard something. I think the kids are one of the primary concerns of the people in our program; if they didn't have their kids, they wouldn't survive. I think one of their greatest concerns is that the same kind of abuse will

happen to them. Our work with children depends on what the adult client wants to occur -- if they want us to have contact with their children, and if they want programming for them. Our top priority for that work is making sure we have a safe household and a safe exit plan that's not frightening or re-traumatizing to the kids. Often, I use a make-believe example, "We're in a house and we're on our own; what would we do if there was a fire drill?"

Some of them want me to do a lot of prevention work because they have young kids and they don't want them to be sexually assaulted. They have that great fear that that's going to happen to them because it's happened with everyone else they know, so I do prevention work with kids - looking at prevention of sexual violence or physical violence and how we can use some of those tools, like the "[Darkness to Light](#)" program and other resources. Some of them want one-to-one meetings with their kids when they have girls that might be sexually active; we can do that as well. Or we can refer them to counseling. We have a girls group. It depends on what they're looking for.

For little ones, we have a play therapist that they can refer them to. A lot of times, it's just setting up mutual boundaries in their household, which often they've never done before. So all the family can have an understanding of what body boundaries are, what safe boundaries are in terms of communication, what nonviolent communication looks like, and sharing those skills with the whole family. Because if the caregiver is working on them, and then the kids have learned behaviors, we want to have simultaneous healing in their household. And we encourage that, we don't enforce it if people don't want us to do that. Most of the time, they want us to work with the kids as well. We do a lot of family work.

Questions to Consider

1. How does your program see the scope and purpose of a safety plan, and how should it be used while a survivor is in a TH program?
 - Is a safety plan primarily a tool for collaboratively and thoroughly thinking through the risks that a survivor or her friends/family may face from her abusive (ex-)partner, and devising strategies for mitigating those risks?
 - Is it a tool for encouraging and preparing a survivor and her children to be reflexively cautious?
 - If a survivor isn't taking the precautions and following what she said she would do in her safety plan, what might that mean? What should a provider do in that case?
 - How often should a safety plan be reviewed and revised? What changes in circumstance should prompt a review?
2. If a TH program utilizes a transition-in-place model in which participants lease their own units with the help of rental assistance from the program, how might that affect the safety of participants who have ongoing reason to fear the retribution of their perpetrator?
 - What if a survivor in a transition-in-place program selects an apartment that the provider believes will leave her too vulnerable? Is it acceptable for a provider to refuse to provide rental assistance to a survivor if staff believe that the survivor will be at an excessive level of risk in that apartment?
 - Is there an inherent contradiction in claiming to support survivor empowerment and vetoing a survivor's choice of transition-in-place residence?
3. If instead a TH program operates from an undisclosed congregate or clustered location and prohibits participants from sharing the address, how might that affect the outcomes of participants who wish to (re-)integrate into the community and/or pursue education, training, or employment?
4. Given that many parts of the country have only a single TH program option, to what extent do survivors truly have the choice between transitioning within the geographic confines of their community of origin versus relocating to a new and unfamiliar community? Where there are such options:
 - How would staff help a survivor who fears retribution from their perpetrator weigh the pros and cons of staying "close to home" versus relocating to a more distant community?

- Is finding housing in her home community inherently better for a survivor who has no reason to fear further violence from her abusive (ex-)partner?

4. Linkages and Community Integration

(a) Overview

[Sullivan \(2012\)](#) proposes a conceptual framework for describing how domestic violence programs can increase survivors' social and emotional wellbeing. In her accompanying review of the literature on the impact of social connectedness and positive relationships with others, she observes that:

"Social support has been found to reduce one's risk of psychological distress after trauma, not just because of the comfort received from others but through instrumental help and practical assistance that accompanies emotional support ([Brewin et al., 2000](#); [Norris, Baker, Murphy, & Kaniasty, 2005](#)). In the context of intimate partner violence, social support has been well-documented as positively impacting survivors' well-being (e.g., [Beeble, Bybee, Sullivan, & Adams, 2009](#); [Goodman, Dutton, Vankos, & Weinfurt, 2005](#); [Coker et al., 2002](#); [Tan, Basta, Sullivan, & Davidson, 1995](#); [Thompson, Kaslow, Short, & Wyckoff, 2002](#)). Social support is an especially important resource to increase for survivors, as abusers often rely on isolating their victims from supportive family and friends in order to escape detection and to limit women's options for help ([Stark, 2007](#)). As women's social support increases, then, so do their options, not only for escape once violence has occurred, but for proactive assistance if violence is threatened or implied. Social support serves in a more general sense to increase people's access to community resources and opportunities ([Hobfoll, 2001](#); [Hobfoll & Lilly, 1993](#)), some of which serve to protect women from future assault. Finally, social support has been found to predict lower PTSD severity for women who have experienced multiple forms of violence ([Schumm, Briggs-Phillips, & Hobfoll, 2006](#))."

[Goodman and Smyth \(2011\)](#) assert that "despite extensive data on the role of informal networks in helping survivors cope with IPV, most mainstream domestic violence (DV) service models have evolved to focus on formal systems of care, without significant, ongoing engagement of survivors' networks;" (p.79) that "both the partner who is abusive and the partner who is abused are embedded in relationships with family, friends, and neighbors, whether or not those relationships have become strained or disrupted;" that "women who are battered turn to their informal social support networks before or instead of DV services, and these networks often contribute enormously to their long-term physical safety, emotional health, and overall wellbeing;" that "social networks often, although not always, improve survivors' mental health and physical safety;" and that "survivors who are marginalized by race, class, sexual orientation, nationality, or language are particularly likely to seek help exclusively from those they know," in part because a decision to access formal services, such as shelter, could "trigger ostracism by friends and family who may perceive the survivor as stepping outside indigenous cultural norms or betraying her own community" and "may therefore mean divorcing oneself from family and from faith or giving up (sometimes permanently) identities and relationships that are sources of relief and joy." (p.80)

To substantiate their case for the importance and value of social networks, [Goodman and Smyth \(2011\)](#) cite research that,

- "Supporters can provide a wide array of instrumental assistance, driven by the survivor's needs, such as a place to stay, transportation to needed help sources, childcare, financial assistance, or resources that support the survivor's safety strategies or that enable the survivor to participate in formal services ([Fleury-Steiner, Bybee, Sullivan, Belknap, & Melton, 2006](#); [Riger, Raja, & Camacho, 2002](#));" and "can also provide a broad range of emotional supports, including a shoulder to cry on, ideas about how to stay safe

and parent within the relationship, encouragement to take steps toward safety, and commitment to stick with the survivor no matter what (Goodman & Epstein, 2008)."

- "A variety of types of informal social support mitigate the harmful impact of abuse on mental health and contribute to survivors' emotional well-being. Among survivors in shelters and in the community, social support is related to lower levels of suicide risk, mental health difficulties, and general distress ([Adkins & Kamp Dush, 2010](#); [Kaslow, Thompson, Brooks, & Twomey, 2000](#); [Thompson et al., 2000](#))."
- "Emotional support may help a woman reinterpret the abuse as not her fault; bolster her perception that she can successfully address the problem, thereby reducing her sense of helplessness; provide an experience that contradicts an abusive partner's demeaning or dehumanizing messages; and enable her to cope more effectively with the emotional and practical fallout of the violence ([Carlson, McNutt, Choi, & Rose, 2002](#); [Kocot & Goodman, 2003](#))."
- "Practical support may increase the resources a woman has to deal with the abuse ([Coker, Watkins, Smith, & Brandt, 2003](#)) and provide her with accurate information about her options ([Rose, Campbell, & Kub, 2000](#)), both of which may enable her to feel more empowered and capable of dealing with her situation." (p.81)
- "The less social support survivors have, the more likely they are to experience ongoing abuse over time ([Bybee & Sullivan, 2005](#); [Goodman, Dutton, Vankos, & Weinfurt, 2005](#))." (p.82)

They observe that unlike staff from many government or insurance funded programs, "network members are also not constrained by system-mandated time limits..." (p.81)

[Goodman and Smyth \(2011\)](#) observe that, "Although social support provides a clear benefit overall to women living with IPV, [these victims/survivors may] have reduced access" to their networks for a variety of reasons:

- "Many abusers take explicit steps to isolate their partners, demanding that they stop having contact with family, friends, coworkers, or anyone else with whom they have interacted in the past;"
- "Women may 'use up' friends' and family members' willingness to help with issues directly or indirectly related to the abuse, especially after repeated cycles of leaving and then returning to the relationship ([Goodkind et al., 2003](#));" and/or
- "Survivors may be embarrassed to admit the abuse to network members whose norms and values suggest a potentially critical response or [because they] feel reluctant to lean on network members whose needs seem greater than their own ([Dunham & Senn, 2000](#); [Rose et al., 2000](#))." (pp.82-83)

The authors contend that instead of supporting these connections, "most DV shelters require that survivors leave their own neighborhoods and move to shelters with unpublished addresses" which "make clear that survivors may not divulge the shelter's location to others," "prevent survivors from traveling to visit people from their home community," place "limitations on the use of the telephone," or establish "explicit prohibitions on contacting friends and family for the first few days, if not longer," so that "survivors are not only forced to leave their abusers but must sever ties with their friends, family, religious groups, jobs, and children's school communities, and walk away from other grounding roles, rituals, and cultural practices (Goodman & Epstein, 2008)." (pp.83-84)

The authors argue that such a focus on "short-term safety at the cost of social support [is] unsustainable over the long-term" and that a 'network-oriented approach to services' supporting "survivors' engagement with others (even around issues other than the violence itself) increases their physical safety and emotional well-being." (p.84) The authors recognize the reality that "network members' unhelpful responses are as varied as their helpful responses," but point out that "people can be helpful in some domains even when they are not in others. [For example,] an abusive partner's mother could provide excellent childcare even if she does not understand why the survivor wants to leave him. A process of network exploration cannot build on the assumption that more difficult relationships can or should automatically be ignored or jettisoned." (p.86)

Instead, they suggest that, "if DV service models ... aligned with and leveraged the potential of social networks directly, they could dramatically enhance their ability to support survivors in securing sustainable safety," by "enable[ing] survivors to identify and engage potentially helpful friends, family, neighbors, and others; [by] support[ing] informal network members' own efforts to assist survivors; and [by] help[ing] survivors expand or build new support networks." (p.85) They note that "social networks are dynamic for everyone; we continually build new relationships and adjust others. Survivors may need support in this, particularly those survivors whose networks are atrophied." They advocate for "a network-oriented approach [that] actively supports survivors in developing and navigating these new relationships, perhaps based on a shared experience of violence, but also based on the range of other things about which people connect." (p.87)

[Goodman and Smyth \(2011\)](#) observe that "people in a social network both give and receive, although not in equal currency or amounts, and not consistently over time. Survivors may well find mastery and purpose in being able to give support even as they are receiving it. A survivor's identity is much broader and deeper than simply that of "survivor." She may also be a mother, an employee, an activist for immigrant rights, a caretaker for aging parents, or the best cook on her block. When survivors maintain these roles in others' lives, even as they struggle with IPV, they maintain a sense of self and may also develop new sources of support." (p.86)

The discussion in [Goodman and Smyth \(2011\)](#) about the importance of survivors' other, non-DV-related roles in their networks anticipates some of the findings of the Full Frame Initiative's Cohort Demonstration Project:

- [Melbin, Jordan, & Smyth \(2014\)](#): "For survivors, domestic violence is not central to their identity; it is one of many experiences and rarely the most salient. Instead, in survivors' moments of success, identity is formed through positive social connections and accomplishment." "Survivors' examples of success centered on connection with family members, friends and other informal networks; on achieving something that created value and worth for themselves and others" -- like graduation from school or training, getting married, working with their partner to decorate the nursery where their new baby would stay, watching a child hit a home run for their baseball team, making a difference as a volunteer, etc. So whereas "services provide the lens through which practitioners understand survivor identity and success ... survivors derive identity and purpose from connection and personal accomplishment, far beyond the bounds of the abusive relationship and the walls of programs" and "moments of 'achievement' are seldom related to leaving or making changes in the abusive relationship." (p.7)

The authors observe that, "Nothing in these findings should suggest that survivors discount the abuse they have endured, are anything less than proud of the steps they have taken to keep themselves and their families safe, or are dismissive of the value of services and the importance of service providers. Nor should it be concluded that practitioners are inconsequential in supporting survivors to achieve their goals. However, the findings do call into question the wisdom of holding tightly onto a service delivery system that requires people to identify, first and foremost, with a singular problem instead of allowing them to show their whole selves." (p.8)

- [Melbin, Smyth, & Marcus \(2014\)](#): "Survivors' ideas and desires for safety are highly individualized and more nuanced than simply physical safety, and often their safety is compromised by poverty, oppression and other trauma. Just as being healthy is much more than the absence of sickness, being safe is much more than the absence of (or separation from) violence. Survivors seeking services from DSV [domestic and sexual violence] programs may use the DSV as the "door in," but their concerns, needs and wants are discernibly more varied and complex." "The traditional DSV service framework⁵⁴ ignores this interplay of people's challenges, priorities and assets. This results in significant problems on many levels, including: the breaking up of families and communities; forcing survivors to fragment their lives and prioritize DSV

⁵⁴ [Melbin, Smyth, & Marcus \(2014\)](#) characterize that traditional framework as "prioritizing survivors' experiences with violence over everything else; viewing safety achieved through separation as the only right course of action; and recognizing services provided by trained professionals as the method to realizing success." (p.7)

over everything else (even if attending to other issues actually means being safer and happier); fitting programs into narrow, predetermined service silos; misallocating and wasting resources; [and] undermining community resources such as critical informal networks." (p.7)

"Survivors seek to be recognized and supported as whole people, living their lives in families and communities, not in programs...." (p.7) "[They] do not necessarily see the violence in their lives as their primary challenge." (p.9) As observed by [Goodmark \(2010\)](#), "Domestic violence does not transform every woman who experiences it into a stereotypical victim, nor should this victim stereotype shape domestic violence law and policy."

"Many service systems treat survivors themselves as 'broken' people whose only experience is victimization and who may have personal strengths, but certainly are not recognized as having important social connections or community resources. The reality is that every survivor is a whole person with a variety of experiences, assets, challenges, and informal support networks." (p.12) Many survivors identify themselves as fulfilling many simultaneous roles (mother, employee, student, friend, church member), not simply as "survivor" or "victim." They repeatedly define their challenges and successes in the context of their whole lives, with the violence being one, but not the only, or even central, relevant experience.... While safety is critical, transformation, health and wellbeing are often achieved through heightened social connectedness, mastery and faith." (pp.13-14)

In an observation that resonates with [Davies \(2009\)](#) recommendations vis-à-vis safety planning, [Melbin, Smyth, & Marcus \(2014\)](#) note that, "Safety is rarely all about leaving an abusive partner, or even all about addressing the DSV [domestic and sexual violence]. Physical safety and separation [from] and/or prosecution of the perpetrator rarely equate with or lead directly to health, wellbeing and happiness. Indeed, leaving and separation often create new, additional problems." (p.13)

The authors observe that despite the imperfection of our communities in which "friends, family members and other informal connections can be both sources of harm, and support and protection," there is a fundamental incongruence between community-oriented prevention efforts and the approach of "traditional service models [that] operate from the implicit view that DSV is an individual issue, to be addressed with only the victim and maybe the children, by a social service program. In these service settings, enhancing social and community support is a cornerstone of prevention efforts, but once intervention is deemed warranted, the frame of reference shifts from community as asset, to family and community as part of the problem, or of little use." (p.19)

Instead, quoting [Das Dasgupta & Eng \(2003\)](#), they advocate a network-oriented approach to address DSV as well as to prevent it: "As individuals, we are rooted within the community. For many, especially people of color, it provides the lifeblood of existence. A disempowered community weakens its members, whereas an empowered one becomes the source of their strength. A victim and her abuser live in the community and this is where the security of women inevitably rests. Even though communities may not yet be ready to support and guarantee safety for women, the onus of ending violence begins here."

Principle #4 of the [Full Fame Approach 2.0 \(November 2008\)](#) suggests how to actualize these ideas:

"Be a community within the community, not an alternative to the larger community. The human need to feel part of something where one can have impact and legacy is universal and is a necessary element in personal and community growth and sustained change. Full Frame Programs are a community in addition to others in people's lives, rather than requiring people leave their community to participate.

- Intentionally build a sense of community as a context for services but not wholly defined by (and more valuable than just) services. Community is a scaffolding upon which informal networks and relationships can grow and where meaning making happens.

- Enable and encourage participants to help and support each other, the organization, and the community, even if they are struggling. This builds social capital, a sense of ownership and power, and reveals participants' strengths and builds ties to the community that are based on those strengths.
- Support people's efforts to stay connected to each other and to the organization in growth-fostering and meaningful ways.
- Celebrate together as a community of people working side by side, rather than 'helper and helped.' "

For participants in transition-in-place housing, the "community" they will call "home" is where they are living **while they are in the program** (if they can afford and want to remain there after program assistance ends).

By contrast, for program participants who are staying in provider-owned or provider-leased housing which they must vacate when they complete the program, the "community" they will eventually call "home" is defined by the permanent housing into which they move **when they exit the program** -- which may or may not be located in the same "community" as the temporary program housing they left behind. Since they don't know where they are going to be living after they exit the program, there's no guarantee that the connections they build while they are in the program will be sustainable when they transition out of the program, and potentially out of the community in which those connections were made.

Staying in her transition-in-place apartment means that a survivor knows her neighbors (if she wants to), and that her children don't have to transfer to another school and/or leave behind the friends they've made in the neighborhood. Transitioning in place means that connections to a local religious community or a parents group for preschoolers, friendships with other parents she met in the local playground, or a trusting relationship with a local pediatrician or therapist can be easily maintained after a survivor exits the program.

Some survivors want to remain connected to their community of origin, and others -- for safety or other reasons -- do not. For example, as described in [Melbin, Smith, & Marcus \(2014\)](#) for some survivors, including women who are part of a closely connected ethnic or linguistic community, maintaining those connections could be a fundamental source of strength and meaning; for other survivors, as described by some of the providers we interviewed, those connections could be a source of unwanted pressure to return to a relationship in which the violence and abuse that they fled is likely to be renewed or even intensified.⁵⁵

For survivors who want to remain connected to their community of origin, a transition-in-place program is more likely to afford them the opportunity to find housing in that community, while still participating in the program, as compared to a TH program using provider-owned or provider-leased housing, which is typically located centrally and close to program offices.

It takes an investment of energy to become integrated into a new community. For some survivors, that process may be liberating and therapeutic; for other survivors, it could be draining and demoralizing. Depending on their personalities and life experience, survivors might do well at building new relationships, or they might have misgivings about the process, and might feel unable to trust people they don't know.

Several providers recounted situations in which program participants told staff that although they were worried about the consequences of returning to the abusive relationship they had fled, they were having too much trouble coping with feelings of isolation and loneliness. Survivors are more likely to have access to the staff support they need to work through such challenges while they are in a transition-in-place program (although the availability of that kind of support varies from program to program), than when they are in their "placement" housing, during the "follow-up" period after their official program exit. Judging from providers'

⁵⁵ For more about the challenges that members of different racial, ethnic, and linguistic communities might encounter vis-a-vis community integration, see [Chapter 7](#) ("Subpopulations and Cultural/Linguistic Competence").

comments about follow-up assistance, participants are also less likely to seek such support after they exit a program, particularly if their housing is no longer convenient to the program offices where staff are based.

Some providers, especially those utilizing congregate or clustered housing, talked about program participation as providing an opportunity to build community with other survivors (and, in a couple of cases, with a larger network that included program alumni/volunteers). Those type of support networks are harder to build when program participants are widely scattered in transition-in-place units, and when there are fewer opportunities or more logistical barriers for coming together for group social activities or program meetings or workshops.

One provider talked about how she encourages participants to build community connections by finding groups that engage in activities that they might enjoy or find interesting -- beading, bowling, book group, Bible study, cooking a dinner once a month for the families of preschool program participants. Other providers spoke about encouraging participants to volunteer in their community or maybe to take an active role in their children's afterschool program. Some survivors who come from the suburbs or from isolated rural areas may prefer a more private lifestyle, and may not be interested in building lots of new connections. Other survivors from those same types of communities may be happy to move to a more densely populated area, where they won't be as isolated as they once were. As with other aspects of transitional housing programming, there is no one-size-fits-all model for community integration.

(b) Provider Comments about Survivor Integration in the Community

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

(#01) Some of the women need more help than others with integrating into the community, which is why we meet with them so often at the beginning. We had a woman move in, and she was very distraught and panicky. She was from another state and not familiar with the area. When we take them looking for apartments, we're trying to help them feel comfortable in their new community -- show them where library, medical facilities, school system are, after school, link them up with summer camps for the kids. We're constantly working with them to identify needs and make the linkages.

(#02) We encourage them to attend our support groups and outside events like community fairs, health fairs, yoga groups, meditation, healing arts, and outside resources. We have one participant who's receiving personal training and food shopping and preparation education from a local trainer because she has some health issues. We try to link them to what service they need individually. If they need direct and financial assistance we'd try to provide that, too.

(#03) We try to walk alongside the families to help make them whole. As a transition-in-place program, you're working with the families so they can become comfortable in the community, part of the fabric of the community, and so the children become acclimated to and comfortable in the schools.

When they transition-in-place in our program, they often remain in the same apartment, maybe another apartment in the neighborhood, so they don't lose neighbors, teachers, church connections.; they keep their bus routes, their schools, libraries, shopping -- all those important things. If they transition to another area, it's a disruption to the family, so they then have to rebuild their connections.

(#04) It's harder to offer group activities with a scattered-site program than a communal living program, which we were until two years ago. For being a big area, it feels like a small town, and a lot of participants know each other and don't want to see each other because they don't want others knowing their business; so they won't come. But I organize outings such as to a Farmer's Market that accepts SNAP/Food Stamps. We did

nutritional discussions with the kids and moms as we were going through the farmers market. We try to do things that are fun but informational. We had a spa night and kid's carnival. I know that some clients won't come to any group activity, so I do something individual with them. If I offer different types of activities at different times, everyone will come at some point.

(#05) Ours is the only transitional housing program specifically serving sexual assault survivors. We do safety planning with women, trying to connect them with whatever support services we can as they're searching for housing. But the housing search process can sometimes take two to three months to find an affordable unit. In the meantime, the survivor -- while they're sleeping outside or in a short term shelter, wherever they're staying -- they'll start working with a 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.

The retention team's skills are in working on long term stability -- six months, a year down the road. So they're helping people get on waitlists, they're helping people apply for benefits, they're helping people mitigate whatever issues are emerging with their property managers. They're helping people connect to mainstream benefits -- SNAP, VA support, health care resources. So they do a lot of the longer term stability pieces.

They also offer opportunities for recreation to try to reduce social isolation -- going to the farmer's markets, going bowling, having barbecues, just doing pro-social activities to give people an opportunity to do something that's not crisis-driven and that's not just about their homelessness. Something positive for people to engage in, which, I think, is the most rewarding piece of our program. We can offer case management services every day, but it's really the retention groups and leisure activities that give people some of their dignity back and help them realize that they can be a complete and whole person.

Getting any retention activities, even case management, funded is a real challenge. I think that on the broad level, people feel that once you provide someone with four walls that you've ended their homelessness -- and that is just not true. Issues that crept up for someone while they were homeless are going to creep back up again, and four walls is not going to save them from themselves.

This quarter, our 12-month post-subsidy retention rate was 91%; that is, 91% of people are still in housing -- which is the best it's ever been for us. We do a lot of work around housing retention and engaging with people and telling them why it still matters to us if they're still in housing. And so, we do have pretty good luck getting participants to call back with -- people call them [Obamaphones](#) -- the phones that are available through the Affordable Care Act, if you get Food Stamps. So people have a more regular number now and we're able to contact them more regularly and we also do a lot of work around property management and engagement. We also try calling property managers if we can't get a hold of participants to find out if they're still there or if they know what their next steps are, if they have contact information.

(#06) Many of my clients are moving to an area that they're familiar with in one way or another. Some find housing in the community where our shelter is located, so their children are already in school there. They've participated in activities or gatherings there. Some move back to the city or community where they grew up.

I don't know that we do anything specific to support community integration unless the client requests that type of help. I don't know if we have anything really structured around that, except individual conversations about "What do you want?" I definitely have conversations, especially if they are single or express loneliness or being without any group. I've helped people find churches and assisted them in enrolling their children in schools, which I think connects them in the community.

(#07) Another thing that's helped create community is gardens for transitional housing residents. At first, they were in a place where the larger community offers free garden spaces, or actually low-cost spaces that we

were able to get for free. But transportation was a little more difficult. So, in this little neighborhood where we're creating more housing, we had a group of volunteers work with some of the residents to build garden boxes. During the winter months, participants plan what kind of produce they want. And then in the spring, our program coordinator and some of our volunteers and participants would be out planting and getting these gardens going. Participants would sign up for watering turns and would come if they could with their kids and everybody would keep it weeded. And then they had all the fresh produce. It's really become a favorite activity. They really appreciate the opportunity to come and on a casual basis, be able to interact with each other and see the fruits of their labors and be able to benefit from that. The kids always get excited about seeing the produce at the end where they helped plant the seed. And they're more likely to eat it just because they were the ones that planted it. And the moms of course, saved a lot of money not buying groceries for the whole year. They would freeze it up and we were planning on doing workshop on canning as well because we had a lot of veggies, tomatoes. And I think it's really built community.

(#08) Because some of our participants are coming from pretty isolated situations, and because reaching out to their neighbors and building community can be challenging for a variety of reasons, we provide both group and individual support in this area. There are some women who don't feel safe enough to reach out, or who have never really had friendships. Building those relationships is what some of our groups cover: communication skills, who would be a safe person, different ways of connecting. Of course, we don't require that, because a lot of times there are serious boundary issues, and we don't want to endorse an unhealthy friendship. But we help participants figure out the challenge of getting involved: how you could volunteer at your child's school, how you could become friends with this person, how you can ask for help, who would be a support, and that's what happens in that group. It's very individual. A lot of times, women will contact each other outside of group and by their own choosing, knowing that these are safe people. Or they'll say "I can't believe I'm not alone," when they hear a story that they feel like they were a part of.

Although we're a scattered-site program, our OVW and HUD funding sources require participants to live within the metropolitan area or the county, respectively, so people don't live too far away from our program site. So we have the luxury of being able to create a community in our program. People have the choice to come together, and to support each other with babysitting, or in other ways if they choose, outside of services. For some it's harder than others, but it feels like our approach allows organic things to happen.

Various community support groups meet in our building, so there's a lot of moms in the community kind of overlapping and seeing each other and going to different workshops or art therapy group or other groups -- different ways that people connect, and friendships are forged. If a mom has a child in preschool and she's depressed, maybe we'll suggest a play group or the afterschool program that other moms are involved in.

(#09) We do dinner meetings -- we try to provide opportunities for socializing, because we know that one of the big issues for battered women is the isolation, and how incredibly important it is to have social contact -- and so we have these dinner meetings and provide childcare. We get a bunch of pizzas, and we have somebody come in from the community to talk about whatever it is their particular organizations do.

(#10) Some of our clients want to lay low and they don't want to be part of the community; they don't want to call attention to their presence there. For other clients, we provide a lot of information about local resources, and can drive them around and point out some of the important things -- an early childhood resource center, supermarket, park, church, health center, bus stops, etc. -- and can provide referrals to programs. A couple of the people that we have worked with have chosen to live in an apartment complex, so we reviewed with them the information the landlord had provided about meetings and opportunities to connect with events going on in the community.

(#11) People that have moved into apartments without going to the cottage first, still get a lot of hand-holding. We leave it very open about what the advocates can do for them. They can take them to the store and help them with grocery shopping. They can help them find things to furnish their apartment. I remember one lady, who was really excited to be in her apartment, but who had been so isolated, she felt like she didn't know how to make friends, so our advocate helped her sign up for a volunteer group in her building, to support her efforts to reach out and make friends. You give them little pushes to help them become part of the fabric of the community again. It's a long process. We haven't had anybody stay for the full two years at the house. It takes a while, nine months or so, before they start to feel ready to be independent.

(#12) I want to make sure they know the lay of the land. Map Quest is one of my favorite tools. I help them understand where grocery stores and the Walmart and things like that are in their community, and also where other resources are. I'll help Christian clients find out where the churches are, and figure out the different ones they want to visit or go to. I'll help the Muslim clients find the local mosque. If they want to go to school, I'll talk to them about the community college. I'll make sure that if they don't have their own transportation that they understand the bus routes and where they can catch the bus close to their apartment. Just making sure they're aware of their surroundings is the best way to help them get adjusted to the new community.

(#13) I think that one of the most important things in ending violence against women is creating communities of support. I think it's something we do really well, but it's almost impossible to capture -- and I don't know that any funder would even pay for it. What's most successful about our program is the sense of community that gets developed. We've been doing transitional housing for a long time, and a lot of people stay in touch, or we run into them in the grocery store and things like that. And we find little pods in the community of women who met in our program and have maintained relationships. If you run into participant "A" who stayed in our program eight years ago, she can keep you up to date on what's happening with participants "B" and "C" because they're all still friends and providing support for each other.

(#14) One of our strengths, because of how much we work to foster family connections, is that our support group network is really strong. It's common for us to have individuals who are in our transitional housing and shelter coming to support group. Once you get into an independent scattered-site environment, though, your support network may look different than you expected it to. So one thing we look at is how each person is connected to the community in a broader sense. As part of the safety planning we always do with people, we ask, "Where is your safety net? Who can you rely on? If you have holes in your safety net, what is your comfort level on building up and creating new safety resources?"

Once people get into that independent space, unless they really like support groups, it's really about trying to connect in the community with the things that they enjoy and what they do. It may be that if they have grade school kids, they can connect through the school system. If they have a really strong faith component, they can connect there. So once they become independent, how do we help them connect back into the community in a way that is meaningful for them?

(#15) In the past three months, we just started our new monthly community meetings with the whole apartment. One of the goals I have for this coming year is starting some type of a Community Council, where the residents can really be part of the solutions. I'm sure you've heard of the different concerns and complaints that residents may have about this type of housing. Kids, noise, conflict, security, and all those things that come with living together in a smaller space. And those are things that I hope to tackle when I get the residents a little more engaged in those solutions. Ideally starting some type of neighborhood watch, maybe a moms group where they take turns watching kids. We have a little playground. Conflict resolution,

not groups, but maybe like a council for resolving conflicts. Just ways that, as a community, we can help them become more connected amongst each other.

(#16) We start the process of helping families integrate into their new community by finding out about the community they fled from. So if clients tell us that they were part of a religious community, or part of their child's school community, or work community, we try and help them to establish similar roots in our local community. We've been in this community for over thirty years now and so we're very familiar with local resources and opportunities. For many of these clients, too, their initial community comes from the relationships they build with other victims/survivors that we're serving, and many of those relationships are being formed at our support group, where they get to meet and know other people like them. There's tremendous resilience in people; for many of the clients in our program, this is not the first life transition they've had; this is not the first time they've reestablished themselves in a community -- so they've got some skills and expertise for doing this, so they don't have to rely on us for that.

(#17) When someone is moving to a new area, I work on finding referrals for their new area. "This is where your local Walmart is, this is where your Target is, this is where this or that is." "If you ever need counseling and it's too far for you to come to us, here's some places around you that offer the services for free." There are not a lot of counseling centers where they can get free help, or those places are at capacity and unable to take new clients. But I'll help them learn their neighborhood. The majority of them choose a specific area for a reason. Like one of my clients is moving to be closer to her job and her daughter. But I have another client who is moving someplace where she doesn't know anybody. We've talked about that; I don't want her feeling isolated. She doesn't have a vehicle, "so let's make sure there's public transportation so you won't be stuck. Let's make sure the area you choose has what you need, because being in a rural area won't work for you if you don't have transportation and you have a child with special needs."

(#18) Advocates try to really honor survivors' wishes about where they might want to locate. Part of the beauty of a scattered-site rapid rehousing model is that you're not confined to one building or neighborhood. Certainly there are some neighborhoods you can't afford and can't support somebody moving into those but we really try to have the survivor's ideas about where she wants to be, and sometimes that is because her cousin lives in that part of town or there's a school that she really wants to connect her child to. Sometimes she already has an idea of the kind of community that she will be able to build once she moves there.

So that's one thing. It's also part of safety planning. Helping people move into their new surroundings -- looking at how far the bus stop is from where you are -- that kind of digging in and getting more familiar -- is part of safety planning as well as orientation to a new community. And since we have a strengths-based model, we look at what relationships and connections she has that she can reconnect to if she has been isolated from them or what would she like to build, so focusing in on that aspect of settling into a new place is part of what advocates talk with survivors about. Sometimes going to the grocery store with her or meeting her there. Sometimes, depending on what survivors want or need, staff will get on the bus with them and see what the right routes are and those kinds of things. Sometimes it's just connecting them to the right website that will help her do that. It really depends on what the survivor is looking for and wanting.

(#19) Sometimes, a woman who reports the abuse, accesses the legal system, and flees with her children, has to pay a price in the community. There can be a lot of shaming and blaming that goes with that. If someone is starting to move forward in their life, they might hear, "You're too good for us. Why are you doing this?" They get shamed and blamed or shunned almost. So they end up in this very isolated situation where they haven't yet established other informal supports that are positive, people with the same kind of experiences or who are further along the path of leaving an abusive relationship.

So as people are moving forward on their journey of healing and wellness, helping them connect with informal supports from other areas is one of the most important things a program can do. A person can have systematic support, to help with financial issues and some skill-building; but it's also very important to have another person at three o'clock in the morning who is available to talk and validate the woman's feelings, or someone who can give them a ride when it's after hours. So I always encourage people to join groups that do things that they like. If they've wanted to learn how to bead, I encourage them to join a beading group as part of their safety and networking and informal supports because it's a different group of people, with a different set of skills and different past experiences that's separate from their family, so they're not so isolated.

Questions to Consider

1. As described in comments in [Chapter 7](#) ("Subpopulations and Cultural/Linguistic Competence"), sometimes a participant's home community is not supportive of her decision to leave an abusive relationship. If such a participant is resisting the efforts of that community to draw her back into the relationship she fled, how can a program help her find/create an alternate community that will provide the support she needs, and that will continue to be there for her after her program participation ends?
2. How are the challenges of community integration different for survivors with children versus unaccompanied survivors?
3. How are the challenges of community integration different for a survivor who believes that their "community" blamed them or otherwise tolerated -- or even condoned -- the violence and abuse they experienced?
4. As described by [Goodman et al. \(2009\)](#), intimate partner violence and poverty can be mutually reinforcing sources of stress, powerlessness, and social isolation. How are the challenges of community integration complicated by poverty and barriers to the gainful employment that can help a person escape that poverty?
 - What can a program do, within the allotted timeframe, to help survivors overcome those combined challenges?
 - What kind of additional resources and supports would make a meaningful difference in the ability of programs to help survivors overcome those combined challenges?

5. Follow-Up

(a) Overview

OVW *requires* transitional housing grantees to ***make available to participants a minimum of three months of follow-up services*** after their time in the transitional program has ended.⁵⁶ According to the [OVW's 2015 solicitation for TH grant proposals](#), "Follow-up services should be limited to: advocacy, support groups, case management, minimal financial assistance (e.g., security deposit, first month's rent, or childcare) when a survivor is establishing permanent housing."

By way of comparison, HUD's CoC and ESG transitional housing and rapid rehousing program regulations ***allow, but do not require a provider to offer follow-up services after financial assistance has ended.***⁵⁷

⁵⁶ Paragraph (c)(2) of [42 U.S.C. §13975](#), the enabling statute for the OVW TH grant program, allows a survivor to request a waiver from the provider for up to six additional months beyond the 24-month limit on assistance, if that participant has "made a good-faith effort to acquire permanent housing; and ... been unable to acquire permanent housing."

⁵⁷ As described in [Chapter 6](#) ("Length of Stay") and [Chapter 12](#) ("Funding and Collaboration: Opportunities and Challenges"), the written standards that entities administering HUD grants are required to develop and implement could reduce the maximum duration of such follow-up services.

- §578.53(b)(3) of the [CoC Interim Rule](#) allows **up to six months of post-placement follow-up** services for participants who complete a CoC-funded transitional housing program and move to permanent housing;
- §576.105(b)(2) of the [ESG Interim Rule](#) limits the duration of "Housing Stability Case Management" services to no more than 24 months during the period the program participant is living in permanent housing (including the period of time that the participant is receiving rental assistance)
- §578.37(a)(1)(ii)(D) of the [CoC Interim Rule](#) allows **up to six months of follow-up supportive services** after housing assistance has terminated.

Many of the providers we interviewed indicated that they offer follow-up services far beyond the OVW-required three month minimum. A few full-service providers described their agency as having an "open door policy," so that non-residential services -- counseling, participation in support groups, help with benefits, information and referrals, etc. -- are available whenever a survivor needs them, for as long after they leave the transitional program as they want. Other providers said that they offer just the required three months of follow-up services, or six months, or one year. Several providers said that they occasionally hear from former participants for up to two or three years after they exit the program.

In some cases, the advocate or case manager who worked with a survivor while she was in the program is the person who does the follow-up; in other cases, it is the non-residential program staff who provide follow-up support. Several providers observed that whether or not follow-up occurs seems to depend on the quality of the relationship between staff and the participant. As an example, one provider cited a former client who came back looking to chat with the former coordinator, but wasn't interested in meeting with her successor, whom she had never worked with.

Some survivors may continue to return to an agency to participate in support group meetings, or to have coffee with staff. In other cases, follow up is limited to telephone calls or emails, often because of challenging travel and time logistics. Some participants move far away or out of state once they exit a TH program, and several providers cited the importance of making "warm referrals" to connect them with agencies in their new communities that they can call on, if and when they need support. One way or the other, it is important, as one provider said, to make sure that participants don't feel abandoned when they exit the program.

Provider-reported levels of participant engagement in follow-up services varied widely, from "probably less than 10%" of recently exited participants to "at least two-thirds." Providers agreed that regardless of how often program alumni choose to access follow-up services, it is important to make such services available, so that those who need the support can access it. Several providers mentioned that former participants primarily get back in touch with the program only when they need something -- an answer to a question, help filing taxes, help finding new childcare or a new job, transportation, translation help, or advocacy -- especially if the need feels like a crisis. Others get back in touch to chat or to ask advice.

Other alumni may feel ready to put the past behind them and move on with their lives, once they have housing, and choose not to stay in contact with program staff, perhaps, as one provider suggested, because periodic check-ins feel too much like being "accountable to the Man" or like "probation."

Although the OVW solicitation states that minimal financial assistance can be part of follow-up, very few providers mentioned financial assistance as part of their follow-up support. However, a handful of providers with access to private funds reported helping participants avoid defaulting on their rent or utility bills when their financial obligations exceed their income. A couple of providers mentioned that incentives, like financial assistance or, more often, free household supplies or other low-budget or donated items, help sustain participation in follow-up activities.

Some providers regularly reach out and call to check in with former participants to see how things are going with housing, employment, or anything else the survivor wants to talk about. Some providers leave it up to former participants to reach out for assistance if they want it. Some providers expressed concern about attempting to contact past participants, lest they put the survivor at risk if the call or letter or email is intercepted by an abusive (ex-)partner who is back in the picture. One provider stated that before a

participant leaves the program, staff asks for the contact information for an older relative who will be safe to call (i.e., to avoid accidentally contacting the abusive (ex-)partner); such older relatives are also likely to have more stable contact information than a young survivor, especially if she has an erratic income, and has to periodically get new phone service when she defaults on payments.

A few providers noted that exiting from a TH program doesn't mean that a survivor no longer faces the barriers or challenges that they entered the program with, and argued that it is important for advocates to be there for former participants when they have crises. Other providers communicated their hope or expectation that by the end of the program and follow-up period, survivors would be able to navigate their way through crises without the provider's help.⁵⁸

(b) Provider Comments about Follow-Up Services

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

(#01) All our agency services are available as part of the follow-up, except the rental assistance, no time limit. Legal services, counseling, life skills, access to the donations room; all of that is still available. At least 60% of our graduates continue with non-residential counseling after they're done with the rental assistance. How long they participate varies; usually 3 to 6 more months after they leave transitional housing.

(#02) We do follow up with them 3 months after graduating the program. But we don't have the resources to follow them much longer than that unfortunately. And they can't return to our program for housing again after they graduate, so if they become homeless or need housing, we wouldn't find out about it.

(#03) We have several women who are still coming to meet with us six months or a year after they leave, even two years out. We're an open door for them.

(#04) Our services are site-based; when they transition out of the program, but stay in the apartment complex, they can continue to receive our services. We have activities for the kids, we have nurturing parenting classes, they're still in the community. If they move somewhere else, it might be a desert when it comes to site-based services. Transportation might be an issue, or there might be other barriers. By transitioning in place with us, they have continuity of service, continuity of community.

Once our financial assistance is over and a participant has taken over financial responsibility for their apartment, that's when it gets hard. We've found follow-up services to be a very important part of our model. OVW requires a minimum of three months. In our program, the same direct services staff who serve participants while they are in the program provide up to 12 months of follow-up services. Because they have

⁵⁸ Presumably, different survivors enter a program with different attitudes and judgments about what it means for them to "need" support or material assistance, and likewise, different provider staff bring their own attitudes and judgments about "needing" help versus being "independent." The tone of some provider comments suggested that their judgments about the preferability of being "self-reliant" versus needing assistance were no secret from the participants they served. To the extent that seeking assistance and support is seen by either party as a sign of weakness, it is likely to depress the level of participation in follow-up services. Likewise, if former participants anticipate feeling adversely judged for being back in a relationship with their abusive partner, or for any other reason, they are unlikely to seek follow-up assistance. Our interviews were solely with provider staff; it would be interesting for a future study to interview providers and participants about their own and each other's attitudes and ideas about help-seeking, and to learn how those ideas and attitudes shape willingness to access follow-up assistance and support, and the implications.

transitioned in place in the apartment complexes, participants don't have to go all around the city to find these people. It's just a continuation of seeing them.

(#05) We provide up to 90 days of follow up services, if they request them. I check in, but usually, I only hear from them when they're in crisis, and unless I reach out, I don't hear from them. We have other clients who've been out for two or three years who call and check in. They're doing well. A couple are the perfect example of what we hope transitional will lead to: working, stable, going to school, their kids are doing great; they call us every six months or so, to let us know.

Although only 10-20 percent of participants seem interested in follow-up services, I would encourage providers to offer them, so you don't leave participants hanging. Instead of calling it 'follow-up services,' though, I would frame it as "I'm going to call you once in a while to see where you're at, and you can call me if you need anything," so they see it as a continuation of the relationship instead of their needing services.

While our transitional housing program has a 90-day follow-up component, a participant is always eligible for our agency's other DV services, so as they're terminating with our transitional program, I remind them they have access to the hotline and individual and group counseling, without any cut-off date.

(#06) At the end, there is an exit survey and interview which asks what things were helpful to them, what we could have done differently, the follow-up services they're interested in, different things they would still like to work on. I think that's a key thing: just because they move out of our transitional housing, doesn't mean they're not still using our services. Say they move into a roommate situation because that's what's affordable; they can always call us and talk to us about any struggles they're having with their roommate. If they get a job and then lose it, they can call me and work on employment some more, look at alternatives. Just because they get permanent housing, which is the actual goal of the program, doesn't mean that the other supports -- the children's program and supports, the parents supports, all these other services -- shouldn't be there for them, if they choose to engage with them.

(#07) Our follow-up services are based on whatever they need or are asking for. We have a few, about 20%, that continue to contact the coordinator. Not frequently, but as a support person, that seems to be most of what we provide. Somebody to check in and keep being a cheerleader. We'll do that for as long as they call. We had a change in staffing and then a lot of the calls for follow-up support stopped because that staff member left. They called and wanted to speak to her, so when she was gone, they didn't necessarily want to speak with someone who's new. They wanted to check in with somebody who knew their history. If they were to have a new crisis, they would call straight to the hotline, but that's not why they were calling. I think retaining staff helps in how long people stay connected to a program.

(#08) Families can seek outreach services as long as they need to after they have transitioned out of the program.

(#09) We would recommend that a program offer follow-up services. We tend to offer services up to six months unless they need longer. Being an empowerment-focused agency, we don't force people to come to our services. But the services should be offered. About 60% of the participants that have transitioned out have continued to seek services -- maybe not frequently, but we let them know that even though they may not need us right now, if ever in the future they need us, they're more than welcome to come back to see us.

(#10) Our transitional housing program is part of our agency's larger domestic violence / sexual assault programming that can provide almost indefinite access to supportive services -- counselling, case management, linkages to employment services and other services we don't provide, etc. -- to support participant families' transitions to permanent housing. And we can also make sure they are connected to entitlement benefits. We try to do follow up services with participants that move out, but it's not very successful. Although we're very clear with participants who are transitioning out of the program that they can come back, it's just not always safe to contact someone because we don't know the status of their relationship with the assailant, etc., and we don't want to endanger anyone.

(#11) We provide up to three months of follow-up services. It could be meeting with me; it could be meeting with a counselor; and it could just simply be receiving services from the agency. In my experience it's been only some participants and it's not as long as three months. Some people have moved out of state. Others are trying to adapt to where they are and maybe want to just put the past in the past, maybe not work with the agency any longer not because it was a bad experience but just something. Maybe driving out 45 minutes to see a counselor isn't convenient anymore.

(#12) Participants can have follow-up case management for three to six months after they exit the program. Most of them don't. I would say maybe a third of them will take advantage of it. So far, only one or two clients have come back for case management and resources, and this was after a year of being out of the program. We certainly welcome that; it's up to the client to reach back for further support.

(#13) We provide some follow up services for up to three months after they've exited. At least once a month for each of those three months we do call and check in with them. And just offer any information or referrals they might need. They might be in a new area and might not be aware of resources available to them, their children might be in a new school. We contact them to offer help with those things.

Only a small percentage of graduates take advantage of that follow-up. I think sometimes when they graduate, they want to be done with us, they're ready to move on. But we do have a small percentage who actually do receive follow up service very briefly. And some enroll in our non-residential program where they continue getting support through group supports, and also any case management they might need.

(#014) Program graduates can continue with support services, in particular, counseling or legal services, if they're working with one of our attorneys. We build in three months of follow-up services, which means less frequent service coordination. But most folks drop completely out of contact, and then we might hear from them at Christmas when we do an Adopt-a-Family program or around the start of the school year when they're coming to us for help with school supplies. We have dedicated staff who do outreach to all former clients between 3-6 months out, and then again 9-12 months out. But we only reach 20% of our former clients because we're unwilling to use the agencies that help you track down people, because that would seem too much like stalking.

Even people who are very stable seem to change their phone number on a fairly regular basis. It's a 2014 phenomenon, and it may just be because people choose to use the go-phones for other reasons, to avoid debt collection or other purposes unrelated to the abuse. They just choose not to keep the same number. And, we're a little bit leery about sending mail because if they are back in touch with their abusive partner, we don't want those folks getting into their mail.

We try to get the names of safe contacts, like "can we contact your grandmother and see where you are" because the older populations tend to have more stable contact information. We're working on that right

now. The 20% that we are able to get in touch with, somewhere between 84% and 90% in any given quarter are still stably housed, free from abuse. With those small numbers, two or three people skew the entire data.

We tried to set up some different systems to get that data, but unless you can offer incentives it's hard to get folks to stay in touch with you.

(#15) At the end of the three years, we'll follow up with them for a month or two, to make sure that they're settling into their new apartment and that everything is okay -- "How are you doing with going to work? How are you doing with the children; are they in school?" -- but we don't really go beyond that. If anyone needs services, they seem to come to us. Our goal is that, after three years, they're able to pay their bills on a regular basis. Usually by three years, they seem to be pretty independent and stable, and able to resolve crisis situations that come up.

(#16) No, we don't provide any follow-up services to transitional program clients; however, they always have the opportunity to get involved with our agency's non-residential domestic violence services program -- and they often do. They stay linked with counseling or legal advocacy and they continue to work on their goals with the assistance of those other advocates and also with our help because, even if we don't provide follow-up services, we find ourselves involved with them one way or another. I'd say that about half of the transitional participants stay connected with us.

(#17) Once their time in the program is over, all of the non-financial support -- the counseling, advocacy, access to information and referrals, access to being re-sheltered if needed -- is available as long as the client wants it and comes to us for it. We serve a very large county. So if somebody moves too far out, except for our case manager checking in by phone, it may not be practical for them to come back to us for counseling. In that case we set it up with another DV agency or with the case managers from our housing/employment partner, to make sure that they're always supported. To recover from domestic violence requires more than an apartment. You really need support, and resources, and a community that you can go back to. So we try to foster that community and make sure that we don't just wave goodbye to people and wish them well. We always keep the door open.

(#18) I think the one piece that we could use that we just don't always have the resources for is more aftercare. After they leave the program, we can keep participants on our case management roster a little bit longer, but that really stresses our resources. And it's not always doable. It would be great for our shelter as well as our transitional housing to have more of an aftercare program. Some of our residents need more long-term case management than we can provide. So we transition them to different service providers once our role ends, but sometimes we don't have the time to do a warm transfer. That's something we're trying to focus on: being able to provide a warm transfer to something more long-term, once we're out of the picture.

If you've been in a cycle of violence for most of your life, one year isn't always enough to get out of it fully. You've been out of it for a year, but you still need that ongoing support. If they had somebody to call, or we were following them and could check in, that little bit of support might help them figure out the resources they need to not go back to an abuser or not to enter a new abusive relationship. I think the additional aftercare would be more beneficial for shelter clients than for transitional clients. We've seen a number of our shelter participants come back multiple times. And if we had the aftercare services, maybe we could've helped them tweak one thing, so they could've gotten out of whatever it was that they were involved in.

(#19) We're required to provide three months of follow-up services, but we've provided even longer than that. We let them know that if they leave our program they can call us for anything - transportation, someone

to continue to go to court with them, or whatever they need after they leave our program. We're still here to provide those types of services for them.

(#20) When a client transitions to their permanent housing, I check in with them regularly and if they need anything, if they need somebody to go to court with them, if they have anything major going on and they need assistance, they know they can call me and I'm there. I've done some checking in just to say hey, how's it going? How's it working out in the apartment? Do you need anything? They know they don't have to do it by themselves. They know how to get in touch with me. If they can't reach me here at the office, they know how to get in touch with me through our crisis line at the emergency shelter. If they feel strong and empowered and feel like I can do this, then they do. If they need something else, then they call.

(#21) If a participant wanted to leave for a housing opportunity before their time in the program was up, we would never try to dissuade them from that. We really take our lead from what survivors want to do. That reminds me of the old approach of, "Is somebody ready for housing?" We're really coming from a housing first approach. If we felt like a survivor could benefit from ongoing services, we would work with that survivor to get support wherever she goes. Through our agency's housing resource center, we have advocates who can continue to provide support in the community for that survivor.

(#22) We offer three months of follow-up services. Well usually call them a few times after they've graduated and we'll also see them in person if they choose. We can continue to counsel them on their day-to-day issues, although we don't offer domestic violence counseling, just general advice-type of counseling. We continue to provide them with referrals if they're in the middle of court cases related to either custody of their children or divorce, immigration, or if they're pressing charges against their abuser. We continue to check in and make sure that that's continuing to go in the right direction. If they're seeking services related to mental health counseling or domestic violence counseling or group therapy, we make sure they're connected to those places and that they're continuing to receive the support they need that's unrelated to the finances.

I encourage follow-up services; I always encourage communication with participants. I don't want a client to feel abandoned after the service period, or to feel they no longer have somebody to turn to if they run into an obstacle. If they don't engage in follow-up services, I don't think we really know what happens to clients. But personally, I feel that it's comforting when they're engaged and have frequent communication because I know how they're doing and that they're doing okay. I feel that if a client wants to reach out to the agency, there shouldn't be a set date after which the client can't contact the staff at the agency if they need the support.

(#23) All of our agency's services can be accessed as follow up assistance. So, we can continue to provide case management, they can come to a support group, outreach counseling -- everything that we offered while they were in the program, except rent assistance. Once they move into permanent housing, our direct financial assistance ends. But most people often stay connected with their case manager. About half of our clients stay connected for longer than three to four months. I still have clients that I talk to on a regular basis that entered permanent housing a year and a half ago. If they're not meeting with me, the other most popular service is children's services. Almost all of my clients who have children continue to access our children's service for some time. And next most popular are support group and individual counseling.

I think the follow up support is really integral for long term success because even when people move out and they have it all together, it's like a house of cards for a while, so if one things goes wrong, it all crumbles. And we've had that experience with a lot of survivors; so I think having that person you can go back to for support when you need it is really, really important.

The one thing I wish we could do more of is provide financial assistance down the road when people get into a bind. We don't have a fund that can help them when "I've gotten behind on my rent this one month" or "my gas bill is really huge this month" or "my car broke down" -- and it can really cause everything to fall apart.

(#24) We're always there. We have women that still call us from 15 years ago. Most of the people in the program don't want to have a connection with us after they leave. They want to put this time in their lives behind them. They know to contact us when troublesome situations occur. They know to contact us early, and not to wait until it's a complete crisis, but that's typically when we hear from them, with things they need. A lot of those calls are really about their needing information about other services, accessing our food pantry, or wanting employment information. Those are the main reasons that people contact us after they leave. I wouldn't say that they feel overwhelmed with everything and that they call us for overall support. It's usually a very targeted thing that they can't handle.

(#25) We have a connection with the client for up to a year after they leave our program to offer follow-up support, and we've absolutely got people that still call and check in and tap our brains for community resources or for emotional support from time to time. We keep documentation of our aftercare meetings, and how things are going, and how the client is doing. So we have a pretty clear idea from being in contact with those people that they're doing well and continuing to meet their goals. But the majority of people we don't track on a two month or six month basis to see if they still have their housing, or whether they've maintained their income. Because people who feel like they've stabilized sometimes relocate, sometimes out of state, and maybe just send a thank you card a few months later.

(#26) Participation in services pretty much winds down after the rental assistance. I would say that the people we continue to work with are the people that probably should've been recommended to a permanent supportive housing program; so the work that we're doing is getting them referred to a Shelter Plus Care permanent supportive housing voucher program. That's probably mostly what we're doing, and then we do get some people that still have safety issues going on. We've probably got a handful of people whose housing instability or homelessness is still due to the domestic violence, whether it's because they've chosen to get back in the relationship with the abuser, or because that person is still stalking them. Since we are a full service agency, participants can continue to receive the full range of agency services as long after the 12 months of rental assistance as they need.

(#27) I would say that at least two thirds come back for further assistance. To put those numbers in context -- our transitional housing program is connected to our justice program, and many of the women continue to be represented by advocates, so it's not that they're necessarily coming back for more of our housing or DV services, but they're just checking in and staying connected. They might need a bus pass, they might need some food, or something has happened that's caused them to feel unsafe --they're not just calling to chat, generally speaking. Some women do, but that's not common -- they're calling because they need something.

(#28) I would recommend making follow-up services available to those who want them. Victims say that it has been useful to continue to touch base and make sure they are on track with what they were trying to set up for their financial plan or their job plan or childcare. They've also talked about how they were used to being in transitional and having that support and connection and were happy that it didn't just end when they graduated from the program; that they needed to be able to touch base for a little while until they felt confident in their new setting. It can be difficult for clients to continue to come back to our office for case management if that's the follow-up service they want, but they can connect by phone. Some clients continue with our counseling program or with the children's counseling, but they may not need or want any further

case management, so that part gets closed. We don't really put a limit on how long they can come back and see us. They tend to do so for 6 to 9 months, but we have clients who come back and check in even two years later, three years later. Sometimes they have a question or they just want to say hello and tell us how they're doing now. But in terms of follow-up services, there isn't really a challenge. We're able to fit the clients who want follow-up services into our schedule. If clients say they would like to participate in follow-up, we ask them how often would they like to meet. Often, it's just, "we'll meet monthly or twice a month and see how it goes." And then it happens organically, that after a period of time they'll say, "I think we're done."

(#29) Our agency continues to offer all the same supportive services, but not the financial assistance, for at least six months or until they choose to disengage. What clients tend to take advantage of the most is staying connected via phone; they don't necessarily come in and do the face to face meetings anymore. But they like to check in and we try to encourage and facilitate that connection by offering donated goods -- toothbrushes, toiletries, etc. We'll use that as a reason to call and say, if you want to stop by, we've got this or that. When someone comes to pick up donated toothbrushes or shampoo, we might find out that they have a much bigger need that they would never have told us about if we hadn't had this other reason to meet with them face to face. So the follow-up services really help keep them connected and gives us a chance to help them out with referrals or emotional support, if they need it.

We also try to do some group activities. Just having a neutral, safe place where someone can hang out and be around other people who have been in similar circumstances and in a similar program. It gives them a sense of community and, I think, a different kind of supportive community than they have on the outside.

Of course, not everyone participates in follow-up services. I think some people feel that meeting with a case manager on a regular basis is a burden -- almost like checking in with a probation officer, even though it's a voluntary service. Meeting with us is one other thing they had to do to maintain their housing. A lot of them have been through "the system" before. They're used to being required to regularly check in with state agencies and to jump through other hoops to maintain their benefits. It's not that the relationship isn't there or that they don't know that they could contact us for help, it's that they want their freedom, I think. We usually hear from them at some point after they've left the program -- usually when another need has come up. It might be they're running low on food. Or that they ran into their abuser, or that a new abusive situation has arisen and they need additional services. Even though we try to be a partner, I think we're still kind of viewed as "The Man," so to speak. The provider of their housing that they have to appease, just like they have to pay rent. We're just another system, regardless of what we try to do to maintain a better relationship.

(#30) (Not a current OVW grantee) We follow up with them after three months, and some of them do call us with questions, and we still help them out with whatever it is that they need. If they want to come in, stop by, and maybe get help translating a letter or getting a phone number, we're able to do that as well.

(#31) Probably less than 10% of our participants take advantage of follow-up services. If they consistently went to support groups, they'll continue to go. If they've been active with case management, then in my experience, they're more likely to actively keep in touch. Some of them I work with on scholarship funds for school, so that keeps them a little bit more in touch. And then other people are like, "Thanks for the opportunity, I'm going to permanent housing," and we won't hear from them again, unless a situation arises. If they get in a place where they need some advocacy or assistance, they might call, because they know that our doors are always open.

(#32) All of our services are available to transitional housing participants after they leave the program. But only a few former participants come back for services unless there is an unfortunate incident, like a

reoccurrence of the DV or something like that. The ones that come back for occasional assistance are the ones that had a strong relationship with the staff and their case manager.

(#33) (Not a current OVW grantee) We've been lucky. We got a foundation grant for a quarter of a million dollars to use to stabilize people in permanent housing. That's been really useful with people who've left our transitional housing for permanent housing because we were given flexibility to use the money in any way we wanted. Some people that have moved from transitional to permanent housing might have a job as a certified nursing assistant and they need their car every day. If their car broke down, we could use that foundation money to get their car fixed. We could use the money in any way that would stabilize a person and help them to have a job and pay the rent and live their life. Medical expenses, anything that they needed, we're able to use the money for. In so many cases that's all it took. Just money.

In our experience, these kind of issues generally arise between 6 and 12 months after exit from the transitional program. A lot of families get into difficulties with managing bills: they pay rent but completely ignore utility bills until it gets to the situation of a shut off notice. So we have a lot of people come to us and say, "I got this shut off notice. I'm going to have no water or no electricity in two days." To be able to intervene in those cases is crucial because they have kids at home. Similarly, you get people who just get behind with the rent and we ask, "What happened?" and they say, "Well I had to pay this shut off notice." It's just people trying to juggle bills. They just don't have the money.

(#34) Our follow-up here lasts for up to a year or beyond if they still want to reach out. Follow-up can be anything from transportation, to food assistance, to ongoing counseling; whatever they need and are willing to ask for. A lot of times it's transportation. If they don't have their own vehicle by the time the program is over, and they still need transportation to counseling appointments and doctors and things like that, they can call me and I can schedule to help them with that. We encourage them to continue their therapy after they get out, because we know that domestic violence is a long term situation and sometimes they'll need help with on a long term basis. We like to encourage them to come back for group counseling, especially; we like to point out what a benefit they will be to the other ladies there and a lot of times they're very happy to come back and be in group because they know that it will not only benefit them, but other people.

The majority of program graduates do not continue with follow-up services. There are those few that still want and enjoy the support. But a lot of them, once that year is over, want to close the chapter on that part of their life. It's a part of their life that they've gotten through, they feel healthier than they were when they came into the program, and they want to put it behind them. I've had a few of them tell me that continuing the services, continuing the group, will just keep those wounds open and they want them to close and they want to go on with their lives and not have a reminder of what they went through. I think that's the biggest reason for people not participating in the follow up services -- just wanting to put this behind them.

(#35) I'd describe it as more of an open door, and many former residents use that door. They come back and use our computer to fill out applications, to fill out scholarship requests, and to keep track of their legal stuff. They come in and just have coffee with our advocate. They come in and ask her if she can help them catch a ride to a job interview. With the longer stay in the transitional housing, people develop relationships with her and the community in a different way and with each other. So that, even if they leave our program and things get tough for them at some point in the future, they have a whole different network that they can turn to instead of being alone, and instead of taking advantage of things that look like opportunities that really aren't.

(#36) Transitional program staff are generally not the ones who provide follow-up services. Generally speaking the advocates are just there for the initial point of contact and then the clients are referred to a counselor in our office for follow-up.

(#37) When people leave the program, I do three months of follow-up work with them, if they choose. So far, I've had two clients that kept up contact after they have exited the program and transitioned into their own living situations. They didn't really want case management. They just wanted to check in with me probably once a month. But we do provide those three months; and counseling can continue here long after the three months if they feel they need it. If they don't need it at first, and then they want to come back six months later, they're always more than welcome to come back and utilize those services. We had one participant who, when she left, was transitioning into a new job that was closer to where she moved, and she needed help with her transit passes and we were able to assist her with that.

(#38) We often provide longer term advocacy services than we're able to provide rent assistance. If we have to shift funding sources, we can be fluid about that so that somebody who is working with an advocate can continue to work with that advocate. We have ways to figure all that out. We often are supporting the staffing from different pots of money than the housing dollars. We try very much to have continuity for the survivor in terms of who she is working with. It's certainly more trauma-informed to not have to tell your story all over again and get to know a new person. Somebody who has been with you through other stages of your process can certainly jump in more easily. It's just much more survivor friendly.

Questions to Consider

1. To what extent is the idea of "completing" a program about the housing outcome, and to what extent is it about the survivor's sense of preparedness for next steps? For example, is "completing the program" and moving in with family or friends or returning to their abusive (ex-)partner the same as "completing the program" and transitioning into independent housing?
 - If a survivor has to exit a program before they are ready to make the kind of transition they want, or before they feel ready to sustain the transition they have made, have they completed the program?
2. Under what circumstances are participants interested in participating in follow-up services?
 - To what extent does participant interest in follow-up services depend on the quality of the relationship with the advocate who coordinated services while they were in the TH program?
 - Are participants in a program that uses the voluntary services model less likely to feel the accountability to "the Man" that one provider described?
 - Without encouraging undue dependence on program staff, how can providers communicate that staff are there to support former participants when the inevitable doubts, concerns, or sense of isolation arise?
3. How does the adequacy of a three-month follow-up period after a transition-in-place program compare with the adequacy of a three-month follow-up period after participation in a program which required the participant to relocate from temporary program housing?
 - Do participants who are transitioning to new independent housing after being in a staffed congregate or clustered housing program need more follow-up support to help with that transition than participants who are remaining in the housing that they lived in while they were in the program?
4. To the extent that participants do re-engage with providers after leaving transitional housing, how much of that re-engagement is the result of a financial or housing crisis, how much of that re-engagement is related to domestic violence and its concomitants, and how much is a matter of reconnecting with a trusted ally to help with challenging life decisions?

5. What are the pros and cons -- and risks -- of fostering development of a network of survivors that program participants can turn to for support after they have exited the program?
 - Could being called on for support, and offering that support, jeopardize another survivor's healing process, and re-trigger old traumas?
 - Programs provide training and support around boundaries when they bring aboard new staff or volunteers; could the lack of such training and support undermine the benefits of an independent support network?

6. Challenges Related to Geography - Rural Communities

(a) Overview

Generally speaking, rural communities work differently and pose different challenges than metropolitan-area communities. The distances between people and places are greater, the population density is lower, and a car is essential for getting around. In certain parts of the country, travel during bad weather months is extremely difficult, making distances seem even greater. Government has less of a presence, there are fewer health and social service providers to deliver care and support, and there is a much greater sense of self-reliance.

That said, sweeping generalizations about urban versus rural are probably ill-advised, however, because in certain racial, ethnic, cultural, linguistic, and geographically circumscribed communities, and in communities where families have lived for generations, residents may be more strongly tied to one another than in more transient urban communities; there may be more of a sense of everybody knowing everybody else, of people being related to one another's extended families to a greater extent than would be true in cities, where individuals and families are frequently relocating for school, jobs, relationships, travel, and retirement.

The provider comments that follow discuss the implications of rural geography – longer distances to travel, less face-to-face time with service providers, less access to rental housing that complies with [HUD Housing Quality Standards](#), fewer health and social services providers to partner with, fewer formal supports and greater reliance on informal supports, and greater risk of isolation. Some rural communities have a culture of privacy – what happens at home stays at home. In public spaces, however, word might travel quickly about the company that a person was keeping, where they went, how they looked, and what they said.

(b) Provider Comments about Geography-Related Challenges and How They Address Them

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

(#01) We have two rural counselors who do case management and counseling. Although where we are is not a really big city, getting survivors who live in a rural areas to come to our facility is challenging; for people who have lived their lives in those rural areas, it can feel like going to Chicago or NY.

(#02) People often don't want to talk about domestic violence and don't seek services in rural areas. It's such a small community. People go back hundreds of years, they know each other, so they don't talk about it.

(#03) We're a frontier state, and there's a lot of service delivery that's tied into transitional housing. So we have to work to make sure our member programs are using the voluntary services model and meaningfully connecting with the survivor at least once a month. These are people living in privately owned apartment units completely separate from and perhaps miles away from the program offices, so one of our challenges is to ensure that we're not just a bank and that our programs are providing services as they should be under the

program guidelines. It is a challenge, and as a coalition, we have to do some pretty pointed work and provide guidance to our programs around what good victim advocacy services look like and how to provide it.

The housing challenges are huge – if there are children involved, and participants have to move to the next community, that next community could be 50 miles away, with not even a gas station in between. That means the survivor doesn't have their jobs and that they have to move their children to a different school. If it's safe to stay in their community, it might be much better to keep them in that community, but in different housing.

You need a vehicle here. Some towns have little bus systems but they're small little operations. I can probably count on one hand the communities that have a mini bus system like that, and those bus systems aren't as efficient as the systems serving larger population centers. So for a victim to get her children to school and get to work every morning on that bus system is not realistic. A survivor couldn't move to the other side of town and keep her children in the same school, because that school bus doesn't go to the other side of town.

(#04) Our main challenges, being in a rural community, are (a) Lack of affordable housing: I know that's an issue nationwide but it's really an issue here. (b) Lack of decent employment, jobs that pay a livable wage: people can get jobs in fast food places, but they can't support themselves on that salary. (c) Transportation: there is no public transportation; if someone doesn't have a vehicle, it's difficult to obtain employment.

(#05) Our last OVW grant provided the resources to maintain units on the reservation. It was difficult, though. We tried to collaborate with the domestic violence program on the reservation, but it was a challenge to be able to communicate and build those relationships. We were about an hour away, and then in the winter the road wasn't always safe to travel. I would say six months out of the year it was difficult, that's why we decided not to pursue that again when we applied for the last grant.

(#06) Simply having access to resources is an issue; in a rural area, there's a lot fewer resources than in a city. Transportation is a huge issue; you don't have a local bus system that you can take advantage of, and a lot of the victims don't have their own vehicle -- and you need a vehicle to be able to do anything in a rural area because everything is spread out. You can't walk to work. Finding affordable housing, affordable child care, decent employment in an area with fewer jobs -- and at the same time dealing with all those continuing issues. You may find a place you think you can afford, and then your abuser finds you and you're back to square one. Having to keep those safety issues in mind at the same time as dealing with the homelessness.

(#07) When you live on the island, there's a certain expectation that when you go out, you'll see people you know or that are related to you. If you go to Human Services, there's a cousin or somebody that's going to be there. People have that expectation already. Certainly if it's a dangerous situation, that's a different story, but there is a certain acceptance. You're going to see people you know and people are going to make assumptions about what you're doing there or where you're going. We often run into situations where staff knows the families involved, but we haven't had any instances where confidentiality was breached. But to make people feel comfortable, if somebody called and said, "I know your receptionist and I don't want to come in because she knows my family," we would work around that. We'd reassure her that everything's confidential, and we'd make sure. Or if there was a certain counselor they didn't want to see, we'd do our best to work around that. We take confidentiality very seriously; if it is breached, that person will no longer work here. It's something that everybody - from our messenger to our director - knows is serious.

(#08) Some of our rural programs, in particular, struggle with the challenge of maintaining support and engagement. One program covers five counties and it's a huge geographic area, and those counties have very

distinct sort of communities, and so often, people don't want to move from one to the next. They've grown up there, everybody they know is there, that's where they and their parents and their grandparents went to school, and they want their kids going to school there. The program may only be providing transitional housing for one or two women in that county at any given time, so their sense of isolation can be great. It's not a fail-safe, but we encourage and challenge programs to really look at what "community" means. And if that means that she needs more transportation because she has a sister, several aunts, and a grandmother who will be very supportive of her, but she doesn't have a car and she's isolated, then use some of the specific assistance money to help her buy a car so she's not so isolated. It doesn't always have to be the DV program that's providing the support, it can be her church or any number of other groups who may provide it.

We ask programs to think about more than just one model: maybe they have a building they've purchased that has three or four units, or they've worked something out with a particular landlord that might be there for women who really want and need a built-in community -- as compared to the scattered-site approach, which gives women a lot more flexibility and control and the option of transitioning in place in housing and a location that they've chosen.

Questions to Consider

1. How can program staff build trusting supportive relationships with participants that they might not regularly see, given the logistical challenges of face-to-face visits?
2. Given concerns about technology-related safety and privacy, what are the best approaches to maintaining regular communication between program staff and participants who live in distant and remote locations within a program catchment area?
3. How can staff use technology safely to allow participants to provide mutual support and develop connections that might be sustained after they exit the program? Would the effort be worth the cost?
4. Given the sometimes extremely limited availability of supplemental services in rural areas, how do programs advise participants who are choosing between transitional housing in a more densely populated location or clustered/congregate housing versus housing that matches the kind of rural lifestyle they once enjoyed?

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 clientele 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")⁵⁹ that would be collected in each interview, we defined four distinct sets of topics⁶⁰ 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

⁵⁹ **"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.

⁶⁰ **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).

request to record the conversation; and an assurance that ***once the project was over, recordings and 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 participation⁶¹ 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 areas⁶² 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.

⁶¹ 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.

⁶² Several codes were consolidated as the coding process evolved.

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 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

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