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

**Executive Summary of 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."

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 an annotated listing of the [extensive reference materials](#) developed by the National Network to End Domestic Violence (NNEDV) on the **safe use of technology**, including the use of technology for data collection and communication by program staff. Section 3 concludes with a **general listing of safety-related resources**, followed by provider comments on the challenges and approaches to safety planning and to the enhancement of 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***.

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