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

**Executive Summary of Chapter 12:  
Funding and Collaboration: Opportunities and Challenges**

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

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

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

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

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

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

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

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

## Executive Summary

Chapter 12 explores the sources of funding and supplementary services that make it possible for transitional housing (TH) programs to address the needs of survivors of domestic and sexual violence. Section 2 focuses on sources of funding. Section 3 focuses on the relationships with partnering providers and other entities that afford access to the gap-filling resources and services that programs need in order to properly serve survivors - sometimes at the cost of increased complication, and sometimes forcing compromises in program operation.

Aside from OVW grants, grants awarded under the Emergency Solutions Grants (ESG) and Continuum of Care (CoC) programs by the U.S. Department of Housing and Urban Development (HUD) are the most important **other** sources of funding for TH programs. **Forty-two percent (42%)** of all the TH providers we interviewed for this project (all but two of which were OVW grantees) reported receiving ESG Rapid Rehousing (RRH) grants and/or CoC RRH and/or TH grants to operate programs serving survivors of domestic and sexual violence.

**CoC TH grants** fund what might be called "**traditional**" TH projects (using congregate or clustered units in provider-owned or provider-leased housing, where participants stay until they are ready to move on to other more permanent housing), while **ESG and CoC RRH grants** fund a type of **transition-in-place project**, providing time-limited rental assistance for tenancies in privately owned, participant-leased, scattered-site apartments. Providers told us that some of their HUD grants were used in combination with their OVW grants, while other HUD grants were used to fund separate TH or RRH projects serving survivors.

Given the importance of HUD funding, the majority of the Section 2 ("Sources of Funding") narrative and comments focus on the use of ESG and CoC grants: (a) the rules and processes that govern their use; (b) how those rules and processes are similar to and different from the requirements and constraints governing the use of OVW grants; and (c) how providers address the challenges attendant to operating a program funded with a combination of HUD and OVW grants.

A small portion of the narrative addresses other sources of funding.

The two HUD funding streams -- ESG and CoC grants -- work somewhat differently and have somewhat different rules governing the use of funds.

- ESG grants are administered by the states, counties, and cities that receive annual "formula (block) grants" from HUD. Grants are awarded annually, but can be spent over a two-year period. Requirements and guidelines for awarding and using grant funds are specified in HUD regulations, called the [ESG Interim Rule](#), which also described the regulatory framework for "**Consolidated Plans**," wherein the states, counties, or cities receiving ESG grants explain their priorities and plans for using HUD funds to help address the housing and economic needs of their respective geographies.

Participation in the planning process that guides the development of five-year Consolidated Plans and annual updates is an optional, but important, way of ensuring that the needs of survivors of domestic and sexual violence are addressed in those Plans.

- CoC grants are administered by geographically-defined, HUD-funded consortia called **Continuums of Care**, which bring together a mix of large and small housing and service providers, government entities, housing authorities, members of the business and faith communities, homeless consumers, and other interested parties to oversee planning and implementation of efforts to address homelessness within the specified geography. In turn, Continuums of Care (CoCs) are governed by a representative board, in accordance with the provisions of a governance charter adopted in compliance with HUD regulations, called the [CoC Interim Rule](#), which also define the rules under which CoC funds are awarded and may be used.

Renewal grants are funded one year at a time. New projects may be funded for 1-3 years, depending on whether they are leveraging new grant funds or re-purposing funds from a project that is being ended.

the Participation with the CoC is essentially a requirement of receiving CoC grant funds; the challenges and opportunities posed by these relationships between victim services providers and their CoCs are discussed in Section 3, as they are some of the most important collaborations -- especially in financial terms -- that victim service providers are party to.

Section 2 begins by discussing the similar and distinct participant eligibility rules for OVW and HUD programs. For OVW-funded programs, the rules are simple and straightforward: Participants must be "minors, adults, and their dependents who are homeless, or in need of transitional housing or other housing assistance, as a result of a situation of domestic violence, dating violence, sexual assault, or stalking; and for whom emergency shelter services or other crisis intervention services are unavailable or insufficient."

Eligibility for HUD assistance is more complex, involving different categories of eligibility, different program rules for the CoC versus ESG grant programs, and "**written standards**" (governing eligibility and priority for assistance and the amount, duration, and scope of such assistance) that Continuums of Care administering CoC grants and states/counties/jurisdictions administering ESG grants are required by HUD to develop and implement. Thus, a victim services provider receiving a CoC grant, an ESG grant from the county, and an ESG grant from the City in which it operates would be subject to three separate sets of written standards. The Section 2 narrative explores the various HUD guidelines, and how they overlap with OVW guidelines. The narrative also suggests that **participation in the planning process and periodic review and revision of written standards** may help victim service providers leverage written standards that are cognizant of the unique needs of their clientele.

In accordance with HUD requirements, access to program assistance is increasingly subject to the decisions of a system called **coordinated entry** or **coordinated assessment** that HUD requires CoCs to implement, in order to standardize the process for assessing, triaging/prioritizing, and referring applicants for assistance in their geographic region. Each CoC is expected to develop its own coordinated entry system, using its own standardized assessment process. With the exception of victim services providers, who are offered the option of creating and using their own parallel coordinated entry system, all providers operating **CoC grant-funded projects** must participate in the coordinated entry system implemented by their CoC. Providers implementing ESG-funded projects are likewise expected to participate in the geographically relevant CoC's coordinated entry system. HUD regulations allow victim services providers receiving **ESG grants** to opt out of the CoC's system; they do not have to join up with other victim services providers to operate a parallel system.

Participating in a coordinated entry system means that instead of each TH or RRH project recruiting its own clients or participants, a project can expect to receive referrals from the entity conducting the assessment, determining the priorities, and making the referrals for the geography covered by the CoC. A project can expect to receive referrals of individuals or families who need the housing/services that the project can offer, and who have the highest priority, or the greatest urgency for assistance, among all the individuals and families who have been assessed as having needs that the project can address.

The narrative and provider comments in this Section discuss challenges attendant to participation in a CoC's coordinated system, based on the different ways in which mainstream homeless providers and victim services providers define the terms "priority" and "urgency." As explained in the narrative, the HUD requirement to participate in a coordinated system is intended to ensure that programs focus on housing homeless persons who fit into HUD's highest priority categories: chronically homeless individuals and families and veterans with disabling conditions who have been heavy utilizers of emergency rooms, psych ERs, detox facilities, and/or public safety resources, and who need long-term supported housing. These coordinated systems were not intended to -- and don't necessarily -- assign high priority to survivors who were severely traumatized by their experience of domestic and/or sexual violence, or who are at risk of further abuse or violence. **There is nothing intrinsically "wrong" with HUD's priorities; they are just different from the priorities of the victim services providers that operate OVW-funded TH programs**, which is why it may make sense for providers operating TH

programs targeting specialized services for survivors of domestic and sexual violence to use a parallel coordinated entry system.<sup>3</sup>

The Section 2 narrative includes discussions about: (a) the relative size and stability of OVW versus HUD grants; (b) the similarities and differences in permissible uses for the funds; (c) the broader purpose underlying the OVW TH grant program (as described in the [OVW's annual solicitation for grant proposals](#)) as compared with the narrower focus of HUD RRH grants (as described in HUD's *Rapid Rehousing Brief* ([HUD, 2014c](#)));<sup>4</sup> and (d) some of the additional requirements attached to HUD grants, and their ramifications, for example: (i) requiring compliance with HUD's "Housing Quality Standards" and limits on the allowable cost of housing ("Fair Market Rent" or "Reasonable Rent" standards); and (ii) requiring compliance with the aforementioned written standards governing the amount, duration, and scope of housing assistance and services.

Another challenge associated with HUD RRH grants (which provide funding for tenancy start-up and rental assistance in privately owned housing, and can also fund case management and certain other client services) is the requirement that the lease be in the participant's name; in the case of CoC grant-funded programs, the lease must extend for a term of one year, and be renewable, except for "cause." As discussed in the narrative, being named on the lease can pose potential safety problems for a survivor (or heighten her anxiety about being stalked), or could simply be a responsibility that a survivor is not ready to assume, while she is still dealing with trauma and other issues. Even if a survivor is ready to have her name on the lease, getting a landlord to put the lease in her name can be challenging, if, as is often the case, the survivor has poor or no credit, a weak tenancy history or record of evictions (often caused by the perpetrator of abuse), and uncertain prospects for the employment she will need to sustain the tenancy once the rental assistance ends. If the rental assistance isn't guaranteed for the full year, obtaining a full-year lease is that much more of a challenge.

By contrast, OVW grant funding allows providers to put the lease in the agency's name, and then arrange for the landlord to transfer the tenancy to the participant when she has earned the confidence of the landlord. However, as discussed in [Chapter 3](#) ("Program Housing Models"), the prevalence of provider-leased housing is declining: over a two year period ending June 30, 2014, the number and percentage of OVW-funded provider-leased units steadily decreased from 273 (21.8% of the total OVW-assisted housing stock) to 183 (12.5%). Meanwhile, participant leased units increased from 655 (52.3% of the total OVW-assisted housing stock) to 917 (62.6%). As the number of programs utilizing provider-owned<sup>5</sup> or provider-leased housing shrinks, the options for survivors who don't want or can't get a lease in their name likewise dwindle.

As described in the narrative, although HUD's RRH model is increasingly replacing HUD TH grants supporting "traditional" congregate and clustered TH programs, the remaining "traditional" TH programs -- mostly now

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<sup>3</sup> Although several CoC grant-funded providers that we interviewed expressed interest in forming their own coordinated systems, the specifics of the requirement to be part of a CoC system or form a parallel system with other victim service providers were new at the time of our interviews, and none of those providers had yet developed such separate systems.

<sup>4</sup> The [FY 2016 OVW TH grant solicitation](#) states that, "Successful transitional housing programs provide a wide range of optional services that reflect the unique needs of victims and promote victim choice and autonomy. Transitional housing programs may offer support services, such as counseling, support groups, safety planning, advocacy, child care, employment services, transportation vouchers, and referrals to other agencies. Trained staff work with survivors to help them determine and reach their goals for permanent housing." (p.1)

By contrast, HUD's *Rapid Rehousing Brief* ([HUD, 2014c](#)) informs providers that, "An operating principle is that households should receive "just enough" assistance to successfully exit homelessness and avoid returning to the streets [or] emergency shelter;" (p.1) that "rapid re-housing is not designed to comprehensively address all of a recipient's service needs or their poverty. Instead, rapid re-housing solves the immediate crisis of homelessness, while connecting [participants] with appropriate community resources to address other service needs;" (p.2) and that taking a "crisis-related, lighter-touch (typically six months or less) approach allows financial and staff resources to be directed to as many individuals/households experiencing a housing crisis as possible." (p.5)

<sup>5</sup> Over that same two-year period, the number and percentage of provider-owned units experienced relatively little change, moving from 325 (25.9% of the total OVW-assisted housing stock) to 364 (24.9%).

funded by the OVW -- provide an important alternative for survivors who need or prefer on-site/nearby access to services and peer support, or who need the higher level of security that those program models can provide.

As discussed at greater length in [Chapter 4](#) ("Taking a Survivor-Centered/Empowerment Approach: Rules Reduction, Voluntary Services, and Participant Engagement"), OVW **requires** grant-funded projects to use a voluntary services model, whereas HUD **allows** grant-funded projects operated by victim service providers to use a voluntary services model. Theoretically, then, jointly funded projects should not face contradictory pressures with respect to the VAWA voluntary services requirement.

However, pressure to meet HUD program performance standards (defined in terms of the rate of participant housing placements and/or the rate of placement retention, whether or not such housing is the participant's top priority) combined with pressure to shorten the duration of assistance (typically to no more than a year, and to as close to six months as possible, whether that timeframe is realistic and adequate to address the survivor's needs, and compatible with the survivor's pace and state of mind) may conflict with OVW guidance to take a victim-centered, voluntary services approach that focuses on survivor-defined priorities, and that avoids pushing survivors in directions they aren't interested in or ready to take.

Specifically, the Section 2 narrative observes that a focus on survivor-defined outcomes is an integral part of the voluntary services model, and notes the conflicting pressures that arise when a survivor's highest or most urgent priorities are inconsistent with the priority outcomes that HUD asks each program to track using performance metrics reported on annually and in the provider's annual application for HUD grant renewal.

Although HUD's housing-, income-, and employment-related goals<sup>6</sup> are all important (and cited in the enabling statute of the OVW TH program), and although they may be longer-term goals of TH program participants, they may not be a survivor's top priority when she enters a program -- and it is the survivor's priorities that should, by definition, guide the efforts of a victim-centered program.

In addition to posing a problem when participant priorities don't align with funder priorities, a shortened program timeframe poses fundamental problems for any program serving an area of the country where affordable housing is in short supply, particularly if participants don't have the income and tenancy credentials to successfully compete for market-priced housing. As discussed in [Chapter 10](#) ("Challenges and Approaches to Obtaining Housing and Financial Stability"), there is a nationwide shortage of affordable housing, a widening gap between the need for and supply of housing subsidies, and a significant and widening gap between what low-skill workers can earn and what they need to sustain a tenancy anywhere in the country. The less time survivors have to transition to a tenancy, the less likely they will be able to make a sustainable transition, particularly if they enter the program with significant housing and income barriers.

Pressure to achieve a high percentage (80%) of "successful" outcomes can influence client selection processes, and discourage enrollment of survivors with significant barriers, who are less likely to achieve sustainable placements within the shorter timeframe. At the same time, such participant selection practices may put a jointly OVW/HUD-funded program at risk for ignoring OVW's warnings (in its [annual solicitation for TH grant proposals](#)) against "procedures or policies that exclude victims from receiving safe shelter, advocacy services, counseling, and other assistance based on their actual or perceived age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in

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<sup>6</sup> Indeed, developing a plan to achieve sufficient income to be able to sustain housing is cited by [Davies \(2009\)](#) as an essential element of safety planning, which helps a survivor avoid future dependence on an abusive partner. The potential conflict with the survivor's priorities is largely related to the timing: survivors may have other more urgent needs to address before they can begin thinking about income and employment. Given that many survivors enter their TH program with limited employment histories and/or barriers to employability, developing the kind of income they will need is not a short-term endeavor, but something that will take years.

the sex industry, or the age and/or gender of their children;" and against "requiring survivors to meet restrictive conditions in order to receive services."

Some providers that feel accountable to HUD or to the CoC or state/country/jurisdiction that administers their HUD grant, told us that they do, indeed, target "motivated" survivors who can "make good use of program resources," and in some cases, survivors who are employed or who are likely to obtain employment, in order to meet performance expectations.

These kinds of tensions illustrate the challenges of combining an OVW TH grant with a HUD RRH grant to fund a transition-in-place program, and arise from the fundamentally different conceptions of the OVW TH program and HUD's RRH model, as described in HUD's *Rapid Rehousing Brief* ([HUD, 2014c](#)):

- On the one hand, the OVW program anticipates serving survivors with potentially complex needs above and beyond housing and employment barriers, who, in some cases, have suffered years of physical, sexual, emotional, financial, and psychological abuse leading to their flight from violence and current homelessness. By contrast, the HUD program assumes that "the majority of families and individuals [who will be served by the RRH program] become homeless due to a financial crisis or other crisis that leads to the loss of housing. Addressing homelessness for these households primarily entails addressing their housing barriers to help them return to permanent housing." (p.1)
- On the one hand, the OVW approach emphasizes building a trusting, supportive relationship that will be central to the program's ability to offer the necessary assistance; walking alongside survivors; and staying engaged for up to the full two years allowed by statute. By contrast, the "operating principle [of the HUD RRH program] is that households should receive 'just enough' assistance to successfully exit homelessness and avoid returning to the streets ... and emergency shelters." (p.1)
- On the one hand, the [OVW's annual solicitation for TH grant proposals](#) states that its TH grants program "focuses on a holistic, victim-centered approach to providing transitional housing services that move survivors into permanent housing" and that:

*"Successful transitional housing programs provide a wide range of optional services that reflect the unique needs of victims and promote victim choice and autonomy. Transitional housing programs may offer support services, such as counseling, support groups, safety planning, advocacy, child care, employment services, transportation vouchers, and referrals to other agencies. Trained staff work with survivors to help them determine and reach their goals for permanent housing."* (p.1)

By contrast, HUD's *Rapid Rehousing Brief* states that:

*"The focus of services in rapid re-housing is primarily oriented toward helping families resolve their immediate crises, find and secure housing, and connect to services if/when appropriate. Case managers should monitor and provide ancillary services in the short run to promote obtaining and maintaining housing. . . . This crisis-related, lighter-touch (typically six months or less) approach allows financial and staff resources to be directed to as many individuals / households experiencing a housing crisis as possible."* (p.5)

Section 2 closes with a selection of provider comments on funding-related approaches and challenges.

Section 3 focuses on the opportunities and challenges attendant to partnerships and collaborations. The narrative begins by noting that no program has the resources to provide every service that survivors need. By requiring applicants for TH grants to enter into a funded memorandum of understanding (MOU) with at least one provider, the OVW has made linkages with mainstream providers an integral part of the TH program. And by basing more than 20% of an applicant's score on its description of the MOU collaboration and how it will benefit survivors, the OVW affirms the importance of the contribution that an MOU partnership can make.

The narrative and subsequent provider comments describe the broad range of collaborations and partnerships that OVW TH providers have put in place to meet needs that the TH program, by itself, would be unable to

address, and to enhance the cultural and linguistic competence of the overall package of services, enabling programs to reach and more appropriately serve distinct segments of the community.

After a brief overview, the Section 3 narrative discusses the privacy and confidentiality-related ground rules that underlie such partnerships and collaboration. That discussion is followed by providers' comments addressing their privacy- and confidentiality-related concerns and their approaches to addressing the challenges that arise when combining OVW and HUD funding.

The largest portion of the Section 3 narrative explores the nature of the collaboration between OVW TH programs and the mainstream homeless services system, offering a somewhat different perspective from a prior assessment ("Closing the Gap") by [DeCandia, Beach, & Clervil \(2013\)](#), which focused more on the relationship between DV shelters and the mainstream homeless services system. Whereas the prior analysis found little collaboration, the Section 3 discussion cites as strong evidence of collaboration the fact that 42% of the providers interviewed for this project are part of the mainstream system. The narrative further credits the OVW's requirement that every grant-funded project include a funded MOU with a partnering provider with promoting more extensive collaboration with mainstream providers. Furthermore, one of the expectations attached to the receipt of HUD funding is active engagement by the provider in their geographically relevant CoC; by virtue of that requirement, the integration of OVW and HUD funding sources ensures engagement between the victim services and mainstream provider communities. Indeed, many of the providers interviewed for this project cited their active participation in their local Continuum of Care.

The narrative observes that despite these elements of cross-system collaboration, there remain tensions arising from the conflicting philosophies and approaches described by [Baker et al. \(2010\)](#), and manifesting as pressures to define success and measure performance using standard metrics that fit the mainstream system better than the victim services framework; to shorten the duration of assistance; and to shift from the traditional transitional housing model using provider-owned or provider-leased housing, in favor of a transition-in-place model that is more compatible with rapid rehousing. That is, the relationship between the mainstream homeless system and TH providers targeting survivors of domestic and sexual violence isn't accurately described as entirely collaborative or entirely confined to silos, as was suggested by [DeCandia, Beach, & Clervil \(2013\)](#).

The Section 3 narrative next explores the roles and functions of each component of the mainstream system -- outreach, shelter, transitional housing, rapid rehousing, permanent supportive housing, and non-residential supportive services -- and concludes that (a) practically speaking, ***HUD-funded mainstream permanent housing projects -- rapid rehousing and permanent supportive housing not operated by victim services providers -- are largely unavailable to individuals or families running out of time in DV/SA-focused transitional housing programs or in unsustainable transition-in-place tenancies***, because such households will likely be deemed ineligible for such assistance, or will have low priority, as compared to the homeless and chronically homeless individuals and families in shelter or unsheltered situations.

Although survivors timing out of TH programs or unable to sustain transition-in-place tenancies may, on occasion, be able to access available units in mainstream TH and emergency shelter programs, subject to program-specific eligibility and prioritization criteria, competition for slots in these mainstream programs will be fierce, given that the high demand routinely exceeds the number of openings, so such safety net placements will not likely engender significant new collaborations between the mainstream and DV systems.

Looking at the "big picture," the narrative suggests that lack of additional collaboration between survivor-focused TH programs and mainstream homeless providers ***does not reflect poor coordination or poor intentions***. Rather, that lack of additional collaboration is a consequence of various other factors:

- the nationwide shortage of affordable housing and housing subsidies, and the resulting increased cost of tenancies, which combine to add time and expense to the cost of assisting participants in TH and RRH programs, further straining the capacity of ***both*** the mainstream system and the victim services provider-operated system, which are both ***under-resourced*** to meet the needs each system is funded to address;

- HUD's articulation of system priorities and policies that address HUD's goal of maximizing the numbers of households transitioning from homelessness to housing, but that allow **insufficient time** and have a **too-narrow focus** (on housing, rather than on addressing the adverse impacts on the survivor and her family of the physical, psychological, sexual, and financial abuse and violence) to **adequately** serve survivors; and
- mainstream providers' inadequate understanding of the profound impacts of chronic exposure to domestic and sexual violence, and **too-limited adoption of a trauma-informed approach**, so that the mainstream homeless system lacks the capacity to adequately address the needs of survivors.

In fact, rather than having the capacity to offer additional resources to support programs operated by victim services providers, the mainstream system could likely benefit from additional support from DV/SA providers:

- If specialized TH/RRH programs had additional capacity, many homeless survivors of domestic and sexual violence currently in mainstream shelters, TH, RRH, and outreach programs would probably benefit from referral to specialized programs offering trauma-informed housing and services.
- If the staff of victim service providers and/or state coalitions had the capacity, the mainstream system and the survivors it serves would likely benefit from (a) staff trainings to build the capacity of mainstream providers to better serve survivors; and (b) the provision of the specialized services that survivors of domestic and sexual violence may need, and that more generalist staff may not be prepared to offer.

Identifying such opportunities for collaboration is beyond the scope of this project, but is worth further study. (One agency interviewed for this project provided such training, as part of its collaboration with CoC partners.)

The Section 3 narrative cites the very positive vision that HUD has articulated in its *FAQ on Coordinated Entry and Victim Service Providers* ([HUD, 2015d](#)) for how implementation of coordinated entry could lead to broader-based collaborations that would be compatible with victim services providers' emphasis on trauma-informed, survivor-focused, culturally competent services. However, as long as HUD-funded homeless programs don't have the capacity -- given current funding levels, system priorities, and regulatory constraints -- to serve survivors who have been unable to resolve their housing and income needs while in "specialized" TH/RRH programs, a trauma-informed coordinated assessment/coordinated entry (CA/CE) process will likely be unable to find openings in appropriate programs to which these survivors can be referred for assistance.

On the other hand, a more trauma-aware CA/CE system will likely identify more individuals and families than the mainstream system currently knows about, whose homelessness is linked to domestic and sexual violence, and who -- if victim services providers had more resources and system capacity -- could benefit from referral to "specialized" TH/RRH programs.

A brief portion of the Section 3 narrative summarizing the benefits of participation in state coalitions of domestic violence and sexual assault providers, and some of the benefits and challenges attendant to participation in Continuums of Care, as described by the providers we interviewed, is followed by the actual provider comments about their experiences as CoC participants and as members of statewide DV and sexual assault coalitions.

The Section 3 narrative concludes with a more general discussion about the challenges and strategies for collaborating with mainstream providers, drawing, in part, from the rich experiences of several collaborations supported by OVW grant funding, which enabled the Vera Institute of Justice to provide staff support.

Chapter 12 ends with several sets of provider comments addressing partnerships and collaborations generally, and then more specifically, partnerships and collaborations to fill gaps in children's services, education and employment services, health and behavioral health services, housing and housing search services, legal services, and life skills and financial management training.

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