

[Podcast Interview with Safe Place, Austin, TX \(11/21/2016\)](#)

FB: We are speaking with Erin Goodison, Director of Supportive Housing at SafePlace. Erin, I'm going to ask you to introduce yourself properly, because your organization has a little bit of a different identity than I attributed.

E. Goodison: I'm Erin Goodison. I'm the Director of Supportive Housing at SafePlace, a partner agency of the SAFE Alliance in Austin, Texas.

FB: We're going to talk for a little while about some of the features of SafePlace, and how you deliver transitional housing, and your other housing services. I'm going to start by asking you to talk about the different kinds of housing that's used by the program, and a little bit about the advantages of having several different housing models.

E. Goodison: We're very fortunate here at SafePlace to be able to offer about 50 units of transitional housing. We do that through a couple of different models. We have a site based program, and this is our 20th anniversary of offering our HUD funded site based transitional housing program. Then, in addition, we have some scattered site units funded by an OVW transitional housing grant, and through donations. This allows us to increase our overall housing stock, increase the opportunities for survivors to access this desperately needed transitional housing, and to really meet the individualized need of survivors.

FB: How do you decide where the best place is for a survivor to live? Is it a survivor's decision whether they're in the site based program, or in the community? Is it a joint decision? How does that get made?

E. Goodison: It is a collaborative decision. With the site based program, where we are fortunate to own the housing, and that is our biggest segment of our housing. We have extremely low barriers, so we're able to serve those who won't qualify for housing anywhere else due to criminal history, negative rental history, or any other type of barriers that might be a challenge for them, having no income. We also have enhanced security for our site based services. It is a slightly lower security than our emergency shelter, but it is still more secure than what you would find at a regular apartment complex. We're really able to target those services to the people that need them most.

In our scattered site housing, we're able to help survivors that may not want to live on our campus, but would prefer to be in the community. Perhaps to be closer to their work, to school, to their child's school, to supportive family or friends, or church. Whatever that need may be. If they just feel safe and comfortable enough to get back out into the community, they just need some additional support as they make that transition. One of the real benefits of scattered site community based transitional housing is, for many survivors, they can transition in place. They put down those roots in a community. They have their children enrolled in school. At the end of their time in transitional housing, they have the opportunity to stay in their same unit, as long as they're able to maintain that rent on their own, or if they've been able to obtain some other type of subsidy.

Taking all of that into consideration, we participate in a victim services model of coordinated assessment. We use the same coordinated assessment tool that other homeless providers in the Austin community use, but we are able to protect survivor information by doing that in house, so that all of their information stays confidential. Then, we screen for their vulnerability, and need to prioritize referrals. Then, we also screen for eligibility. Again, we don't have barriers to accessing our own site based housing, but some of our housing partners may screen for certain types of criminal history, or rental history, or family size in a certain unit. We try and take all of their eligibility criteria into account.

FB: You mentioned that you have a donation based program in addition to the OVW, or maybe as part of the OVW program. Can you talk a little bit about how that works?

E. Goodison: It's a very small number of units, but we have two ways that we have been able to do that. Currently, we have three units that are essentially donated to us by a private landlord. They get the tax

benefit for the donation. Then, we are able to sublease these units on a transitional basis to residents. There's no cost to us for the housing, but we do have to find a way to provide the supportive services to those residents. Also, provide support, and coordination, with the landlord. In addition to that, we were fortunate to have a donor who essentially funds two units of transitional housing in the community, just by a cash donation.

FB: That's awesome.

E. Goodison: We are so fortunate.

FB: Should I assume that the units that are donated by the landlords are not transition in place?

E. Goodison: The landlord has been willing to work with us if a resident wants to stay in the unit, to try and find us another unit in the same property for donation. The truth is, the rents have gotten so high in Austin, even for these generous landlords, that it's been a number of years since any of our residents were able to afford to stay in place in one of these units.

FB: When we talked a little bit about your program, it sounded like you offer some clinical services for participants. In some programs, it's a little bit controversial. Some providers are concerned that by inserting clinical services, a program might be pathologizing domestic, and sexual, violence. When, at their basic level, they're about an abusive person exploiting, and exercising power and control, over another person. On the other hand, domestic violence and sexual assault are very traumatizing experiences. There are real consequences to the physical, emotional, and psychological health of the survivor, which can affect their ability in many aspects of their lives, including in their relationships with their children. How do you balance that?

E. Goodison: We try to keep in mind that we want to be very trauma informed, and always remember the role of the abused in perhaps creating, and definitely exploiting, any type of disability, disabling condition, or barrier. That is a very intentional tactic that an abuser, or perpetrator, might use to isolate and control a survivor. Then, we also want to recognize all the other barriers that might exist, not only to accessing help for safety, for shelter, to escape the relationship, but also in getting help with some of those impacts of trauma. We try to keep in mind that survivors may have had experience with all types of systems, governmental, non-governmental, as well as mental health and health systems, that may have been oppressive or abusive to them, or in some way complicit in the abuse by their perpetrator. Perhaps in not recognizing the dynamics of domestic or sexual violence, child abuse, or exploitation that was going on.

Taking all of that into account, we understand that the people we serve have been harmed and impacted by their traumatic experiences of abuse. That's going to impact them in all areas of their lives, but that they may not have found help, and support, in systems before. What we found that works well, is developing partnerships with systems to offer an on-site mental health clinic, and an on-site primary care clinic, to partner for well woman exams, and other types of health care to help address transportation barriers. Through that partnership, to educate the providers about the impacts of trauma, the barriers that folks can address when they're trying to get help, what those needs are going to be so that they can respond as supportively as possible. Then, on the other side, making sure that all of these services are completely voluntary. We're just trying to provide the opportunity to access really high quality care, and support, if that's something the survivor identifies that they need, but not to diagnose, not to require, not to tie strings into certain types of services.

FB: How would the subject get brought up? Would it be something that you mention that you offer? Would it be something that one of your staff might suggest that a person look into? How does it get brought up to the participant?

E. Goodison: The majority of the survivors that we serve in transitional housing are coming from our emergency shelter. Our emergency shelter is the site where our clinics are held. Many, if they were interested, have already established care at the time that they were staying in the emergency shelter. At shelter, it is just offered as, "If you have this need, we can help offer this service here, or if you prefer to see

another provider and you have that need, we'll try and help you safely access your preferred provider as well." When we're doing our transitional housing intakes, we try to do needs assessment, and then talk to folks about, "Here is the full menu of services that we offer either through our own staff, or through partnerships. Let us know if you're interested in this, or if you have questions, and we can provide more information."

If folks initially aren't interested in services, one of the most frequent ways that people later seek out additional support services is through their connection with peer support. We find that our peer support staff and volunteers often make a different type of connection with survivors, and in sharing their own experiences of surviving abuse, and moving forward with their lives. The things that they found helpful, and supportive. Sometimes that helps reduce the stigma in asking for help. It helps explain the context of all these different impacts that trauma can have, and that that's okay. It's normal that you would have a response to traumatic experiences. It would actually be strange not to have any responses, or impacts. Peer support has also been a really, really vital way that survivors feel confident asking for more help, and maybe linking to recovery support, mental health counseling, or treatment. As well as addressing any physical health issues that they have.

FB: Is that something that's also used by people who are in community based placements, or is that primarily a feature of the site based programming, the peer support?

E. Goodison: Our peer support program offers group services that are facilitated by our trained peer support volunteers, both in our shelter, and on site at our resource center. The groups are open to shelter, and transitional, housing residents no matter where they live. Then, our peer support staff person who trains and supervises all of the peer support volunteers, is also available to do outreach, and can connect with folks if they're not able to get here on site, can go do some home based work with our other transitional housing residents.

FB: Let me ask you one more topic about how you work with parents, and their children. There are some different opinions about the proper role of transitional housing programs, and addressing the needs of children of survivors. On the one hand, the parent is the gatekeepers services. In a program that embraces voluntary services, and survivor empowerment, it's important not to compromise the role of the parent in making decisions about her child's wellbeing, and participation in services. On the other hand, parents may not be aware of, or comfortable, acknowledging the impact of exposure to violence on their children, or the impact of that violence on their own ability to be as attentive and nurturing a parent as they might want to be. How do you, again, find a balance in supporting parents in their relationships with their children, and in exploring some of the impacts of trauma and exposure to violence that their children may have experienced?

E. Goodison: Some of our front line children staff who work with children in the after school program, or by providing therapeutic activities during life skills classes, or counseling groups for the adults, as well as our staff that work with the children attending our child development center, or our charter school, they are often a great person to make a connection with the parent. Talk about different things that are coming up for their child, and when a parent is expressing some struggle offering linkages to other resources. Parent coaches, classes, talking about, play therapy, or other types of therapeutic services for children. That can help let the parent lead. We always want to let the parent lead in identifying things, but make sure that we're providing lots of opportunities to have those conversations.

For the adult focus staff, it may be a primary point of contact with the parent, an advocate, a counselor, we always try to provide a lot of information. Again, normalizing the varied responses to trauma, and how in children that may come out in a lot of different ways. Physical and mental health, but also behavior, play interactions, sleep disturbances, bed wetting. Just the full range of things that might happen for a child, and understanding that's normal part of their processing, but offering that linkage and support so that it's always clear to the protective parent, to our survivors, it's nothing that you have done wrong. In fact, we understand you've done everything in your power to keep your child safe, and buffer them from any negative experiences, but that they are on their own path to healing along with you. Finding what works, finding the support that everybody needs, is just a part of figuring that all out.

FB: Erin, you just mentioned some amazing children's resources. How does your agency sustain those resources? They're not typically the kinds of programming that a domestic violence agency might be able to offer. How do you manage to sustain that kind of programming for children?

E. Goodison: Well, we've been very fortunate. We have a K-12 charter school that is a partnership with the University of Texas. They provide the staff for the school, and we provide the facility space. Then, we also provide, in addition, children's advocates and a school coordinator. There is some cost in staff time, but those liaison positions, and additional support positions, can be huge in helping teachers and educators understand trauma, and its impacts on children and on their parents, and some of the challenges that may come up in school. Also, connecting all the different support staff to best help that family to heal. Our child development center really grew out of that need. There is so much difficulty in navigating the legal ramifications of leaving an abusive relationship, particularly if you share a child with your abuser. It is very hard when there might be a risk to either the victim parent or the child, if they have to go out to a school, or to a child care center, where they could easily be reached by the abuser.

It was really important to us to have safe options for both parents and children, so that they can have as normal and enriched a life as possible, but when that level of safety concern was present that they would be able to stay safe, stay on our campus, where an abuser or perpetrator cannot get to them. We've used a mix of funding. Our child development center also doubles, it serves both staff children, and clients children. They really have to work that balance of how much space to reserve for staff children, where the staff then pay. Then, how much space for the children of our residents, and the children of our clients. Then, they work really hard with programs like work source solutions, and child care solutions, to access subsidies for resident parents. Then, we also just work miracles to keep the doors open, and keep enough staff, since many of our residents don't have the ability to pay.

FB: It sounds wonderful. Congratulations on having such a comprehensive resource to be able to offer to folks who need it.

E. Goodison: Thank you.