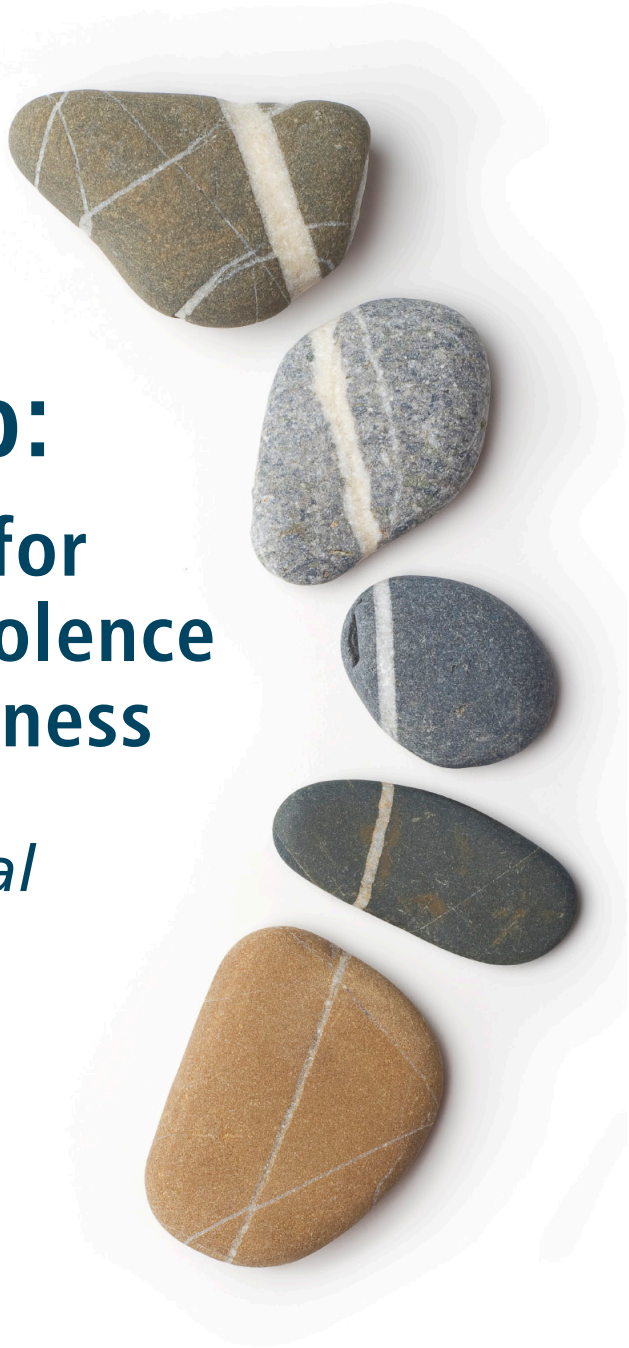

Closing the Gap:

Integrating Services for Survivors of Domestic Violence Experiencing Homelessness

A Toolkit for Transitional Housing Programs

THE NATIONAL CENTER ON
Family Homelessness
An Affiliate of American Institutes for Research

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Integrating Services for Survivors of Domestic Violence

A Toolkit for Transitional Housing Programs

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Table of Contents

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Introduction

The United States Department of Justice reports that one in four homeless women is homeless because of violence committed against her.[1] Whether families receive assistance from domestic violence (DV) or homeless service systems is often a matter of chance, availability of beds, and knowledge of services in a community.

Despite similarities in the population served, the DV and homeless service systems are generally not integrated, operate in silos, and are not connected to mainstream services in most communities. While there are well-established links in the literature on DV and homelessness, integration of the two systems in policy and practice is still emerging.[2]

This toolkit was created to address the gap between DV and homeless service systems. By laying the groundwork to understand the intersection between DV and homelessness, this toolkit offers practical strategies that providers can follow to improve service integration. The toolkit was informed by: **1) a comprehensive literature review** conducted to understand the extent and nature of the problem; **2) a national survey** of the field; and **3) in-depth interviews** of key stakeholders. Survey respondents were from all regions of the country and included both DV-focused programs and non-DV-focused programs. Based on the results of the survey, in-depth interviews were completed with 15 individuals. Interviewees included survivors of DV and homelessness, federal policy advocates, state and local level advocates and providers, research experts, and project consultants.

The literature review, survey, and interviews revealed three main levels for improving collaboration across DV and homeless systems: *Awareness and Understanding; Communication and Coordination;* and *Collaboration*. This toolkit discusses each level and highlights practical strategies that providers can apply in each. The toolkit also offers a framework for understanding levels of integration that will help close the gap between the DV and homeless service systems. The ultimate goal is to improve the lives of DV survivors who experience homelessness through enhanced service integration.

I. Understanding the Problem

The Relationship between Domestic Violence and Homelessness

Domestic violence (DV) and homelessness are deeply intertwined for women and their children. Although DV is common at all socioeconomic levels, it occurs disproportionately to women with incomes below the poverty levels.

Lifetime prevalence of DV among women in the general population is estimated to be between 23% and 30%;[3] while prevalence of DV among homeless women is over 60%. One-third report severe physical violence by their current or most recent intimate partner[4] in the form of physical abuse, rape, or stalking.[5] Compared to the general population, violence among homeless women is usually more severe and often accompanied by economic domination and threats.[6]

The impact of violence against mothers is staggering. Homeless mothers suffer from post-traumatic stress disorder (PTSD) at rates that are three times that of the general female population.[7] In addition, many become depressed and medicate their distress with substances.[8] These findings are especially concerning since a mother's emotional distress is a strong predictor of her children's mental health and behavioral problems.[9]

Overall, DV results in two million injuries and approximately 1,200 homicides among women each year.[10]

It is estimated that DV results in an estimated loss of nearly eight million days of paid work - the equivalent of more than 32,000 full-time jobs - 5.6 million days of household productivity, and results in $4.1 billion annually for direct medical and mental health care services.[11]

The U.S. Conference of Mayors Report states that 44% of the cities surveyed identified DV as a major cause of homelessness.[12] A major issue facing all families experiencing homelessness is a lack of affordable housing stock.[13] In addition, recent studies indicate that DV contributes significantly to repeat episodes of homelessness by decreasing a survivor's chance of receiving a housing voucher, decreasing job stability, and interfering with women's abilities to form supportive relationships.[14]

Women often flee their abusers to live in cars or motels, enter shelter, or double-up with family or friends. Those fleeing DV are more likely to have a problem finding housing because of their unique and often urgent circumstances, poor credit, rental and employment histories, and limited income due to inability to collect and/or enforce child support and alimony payments.[15] In addition, as batterers isolate their partners, women become increasingly vulnerable to social and economic isolation.[16] Lacking the social capital or supports to buffer stressful life events, survivors often find themselves on a pathway to homelessness.

Regardless of the pathway to homelessness, it has devastating consequences for families and children.

A home provides a safe haven as well as connection to family, friends, neighborhood, and community. Homelessness itself is intensely traumatic and often exacerbated by multiple losses, abrupt family separations, serious illness, and violent victimization.[17]

For many mothers, the experience of becoming homeless is just another major stressor amid many adverse experiences. Many homeless mothers do not have high school diplomas and face limited work opportunities that pay a livable wage.

Violence and homelessness among women also affects children. By age 12, 83% of homeless children have been exposed to at least one serious violent event and nearly 25% have witnessed acts of violence within their families.[18] An estimated three to ten million children are exposed to DV annually.[19] Problems for these children manifest in many areas such as lowered social competence, difficulty learning in school, and increased rates of post-trauma responses including anxiety and depression.[20]

Systems and Services: The Need for Integration

There is a strong connection between DV and homelessness,[21] however historically, services provided by the two systems have not been well integrated. While the two systems often serve the same population and aim to achieve similar outcomes for families (stability and safety, housing and recovery), they operate philosophically and practically under different principles.[22]

DV shelters arose in the late 1970's in response to the need for "safe havens" for survivors and have long represented a critical first step of moving away from an abusive situation into longer term stability.[23] In contrast, the main goal of the homeless service system has been to help those who have lost housing, or are living in places not appropriate for human habitation, obtain housing and achieve residential and economic stability. While homeless programs may offer support and referrals to facilitate emotional recovery from the factors associated with homelessness, they are not designed to address the immediate safety needs of those experiencing domestic violence.[24]

Domestic violence and homeless service providers face many of the same challenges.

Providers in both systems are confronted daily with families who have complex needs and must often operate in environments where resources are scarce. Both workforces must address individual and family trauma, DV, children's needs, and parenting issues, as well as assist families with employment, education, and housing. Whether DV survivors enter the DV system or the homeless system, they require safety and permanent housing.

While DV and homeless service systems have much in common, differences in workforce knowledge, funding sources, policies, and procedures create obstacles to systems collaboration. Differences in training and practice also persist. One study found that public assistance benefits workers were less likely to receive training on DV, and thus less likely to regularly screen clients for DV. This happened despite the fact that a high percentage of clients were DV survivors seeking assistance after fleeing abusive situations.[25] This absence of training can lead to a lack of awareness of client needs and an ineffective approach to service delivery.

Similarly, many homeless service providers have limited training and receive little supervision in formal intervention approaches.[26] As a whole, the homeless system is just beginning to integrate trauma-informed care into service models.[27] Homeless service providers would benefit from training on the dynamics of DV, screening and safety planning, and policies that impact survivors.[28]

Conversely, the DV workforce, while better trained in trauma, would benefit from becoming more knowledgeable about the dynamics of homelessness, housing policies and eligibility requirements, and housing resources in their community. Cross training has been recommended as an effective strategy to promote sharing of expertise and resources across service systems.[29]

Confidentiality and Safety

Survivors fleeing DV must cope with the problems of homelessness, poverty, and social isolation, within a context of relentless fear for their safety and that of their children. Confidentiality is often a major concern for DV survivors. Compromised confidentiality can increase the risk of violence re-entering a survivor's life. DV survivors are at greatest risk of homicide by the hands of their abuser at the point of leaving or after leaving the relationship.[30] Therefore, it is essential for providers to work closely with survivors to understand their particular safety risks and assist in planning for safety.

The Violence Against Women Act (VAWA) mandates that information can be shared only if the survivor provides informed, written, time-limited consent. "Simple form contracts and fine print" are not acceptable forms of client permission. In order for the consent to be "informed," survivors need to be educated about the requirements of disclosures of personal information and its purpose.[31]

The data collected and shared with the Homeless Management Information System (HMIS) is of particular concern when considering a DV survivor's confidentiality. HMIS is a nationwide database of people who access services from homeless shelters that receive funding from the U.S. Department of Housing and Urban Development (HUD). HMIS intends to provide an unduplicated count of people who are homeless, understand how they use shelters, and determine the effectiveness of stabilization and housing strategies. However, the data collected, if not protected, can place DV survivors in a vulnerable position.[32]

The reauthorization of VAWA in 2005 increased privacy protection for DV programs that are included in the HMIS system. Domestic violence service providers were no longer required to disclose personal information (as defined above) of their clients. In addition, the reauthorization of VAWA established safety provisions in data collection such that HUD could collect information only if it is de-identified, encrypted, or encoded. However, these provisions apply only to domestic violence service providers. Women who are staying in non-DV focused homeless shelters do not have the same protections, even if they have DV related safety needs. For these women, their information is entered into the HMIS database.[33] While this can present challenges to service integration, collaboration across systems while ensuring survivors' confidentiality and safety is still possible.

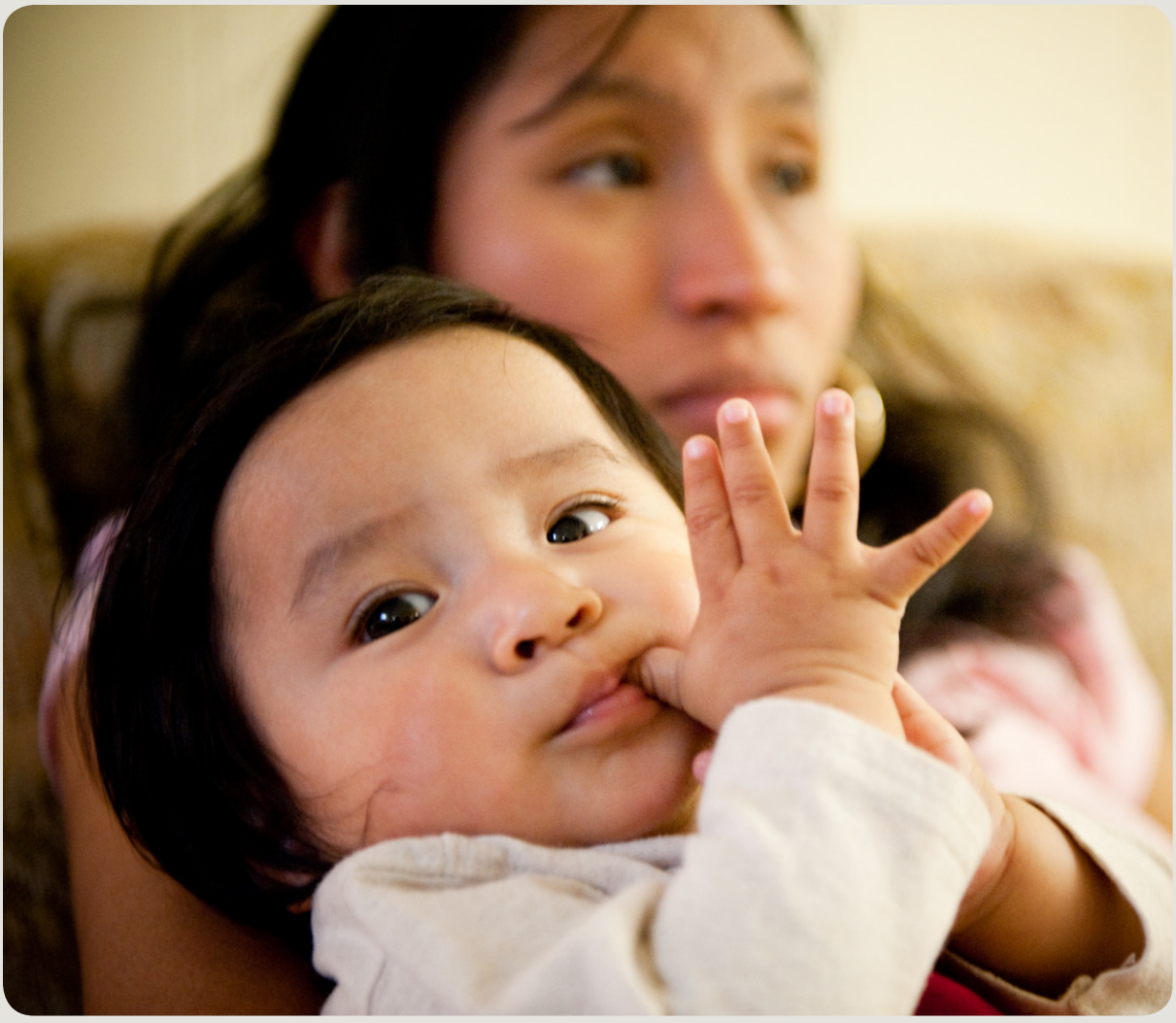
Practical strategies include:

1) Follow guidelines that protect confidential information.

2) Adjust policies and practices according to the needs of survivors.

3) Obtain the survivor's consent to share information with other organizations.

4) Establish Memorandums of Understanding between agencies that include provisions for ensuring safety and confidentiality.



II. Exploring the Issue

This toolkit was created to address the gap between the DV and homeless service systems, and provide practical concrete strategies for providers to enhance service integration. The toolkit was informed by three sources of information:

First, a **comprehensive literature review** was conducted to provide background information on the intersection of DV and homelessness.

Second, a **national survey** was completed of practitioners, policy advocates, and researchers.

Lastly, based on the results of the survey, **in-depth interviews** were completed with survivors of DV and homelessness, federal policy advocates, state and local level advocates and providers, research experts, and project consultants. The goal of the interviews was to follow-up on the concerns and gaps in the system identified by survey respondents and explore the underlying issues.

Several themes related to service integration and areas for improvement were identified by this inquiry:

1) Familiarity with service systems.
2) Types of services provided.
3) System collaboration.

Exploring the Issue

It is clear that progress towards increased service collaboration has been made. Providers in both the DV and homeless system reported a good level of familiarity with the other system, and were highly focused on helping survivors and their families search for and achieve housing stability. However, differences between programs were reported in the level of focus on DV related safety concerns, and understanding and incorporating trauma-informed care into program services.

Most striking was that despite the high familiarity with one another's programs; providers in both systems reported low to moderate levels of actual communication and sharing of resources and expertise. Reasons for this included challenges due to confidentiality and differences in policies and practices.

Lastly, both groups reported that their greatest need for training was within their own service system, but also reported a desire to learn about best practices to address both DV and homelessness. For more detailed information, see Appendix A.

Voices from the Field

To better understand the themes identified in the survey, individual interviews were conducted with survivors of DV and homelessness, policy advocates, service providers, and researchers. They were chosen to ensure adequate geographic representation.

Overall, interview data indicated that while many local agencies are collaborating in basic ways (i.e., making referrals), collaboration is generally not a system-wide effort. Interviewees reported a lack of awareness and understanding between DV and homeless systems about the needs of families and how issues of DV and homelessness intersect.

Challenges to collaboration were identified on both local and federal levels. Locally, providers reported difficulty coming together to cross-train or build relationships due to lack of time and resources, formal organizational mechanisms for collaborating, trust between systems, leadership that supported collaboration, and perceived differences in service philosophies and goals.

Exploring the Issue

On the federal level, integration was reportedly hampered by discrete and separate funding sources, policies that are not coordinated, and issues related to safety and confidentiality

Interviewees reported that confidentiality was a challenge in working across service systems.

Interviewees provided many recommendations for fostering collaboration:

1. Federal support of collaboration through policy and funding.

2. Adopting a consumer driven, culturally competent, and trauma-informed approach across both service systems.

3. Regular, ongoing cross-training between the two systems.

4. Sharing expertise across systems (i.e. DV providers train homeless providers on the specific safety issues faced by DV survivors).

5. Developing "woven interventions" such as team meetings between collaborating agencies that bridge services so everyone does not need to be an expert on everything.

"Meeting regularly, face to face, is important to building and maintaining collaboration. Both DV and homeless service providers' values and philosophies are driven by policy and legislation. Federal collaboration must increase, as this will make it easier to collaborate at the local level."
- Barbara Duffield, Washington, DC

The Need for Federal Leadership

One of the largest roadblocks to local collaboration identified from the field was conflicting policies and guidelines from the federal level. Competing values, policies, goals, funding streams, and definitions limit the extent to which community agencies can collaborate, even when there is a strong desire to do so. These conflicting factors may not necessarily reflect organizational differences at the local level, but rather differences between federal agencies. Actual services provided on the ground are often dictated by federal funding streams and regulatory structures.

Interviewees voiced that change is needed at the federal level to align policies and funding streams to support collaboration across local systems, while maintaining the safety and confidentiality of survivors.

This toolkit is designed for community organizations interested in integrating domestic violence and homeless services at the local or regional level. Strategies are offered to support these efforts. However, full systems integration requires a shift that is guided by federal leaders and policymakers.

III. Strategies to Improve Integration

Collaboration across service systems is increasingly common at this time of expanding service demands and reduced financial resources. Integrating services for survivors of DV who are experiencing homelessness has been achieved successfully in communities across the country. However, because of their historical roots, short-term missions, practical matters of safety, and funding streams, full integration of the DV and homeless systems remains a challenge.

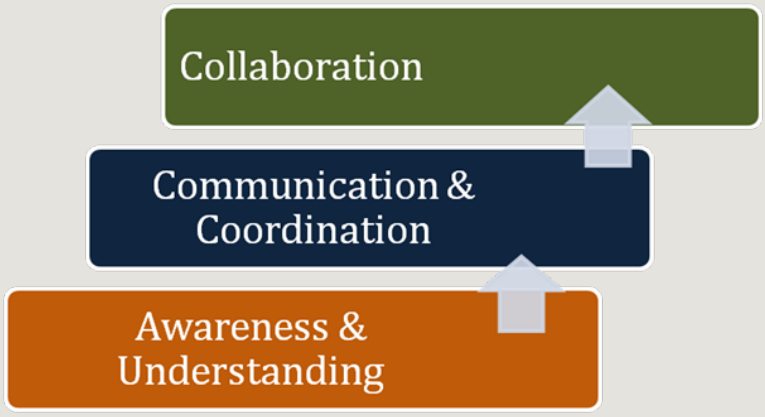
"There has been more community bridging in recent years, and part of that has to do with a greater awareness of the issues and realization that the systems need to work together."
- Sandra Park, New York

Based on the information gathered from the literature and the field, three levels of integration needed to improve service collaboration across the DV and homeless systems were identified.

The first level - **Awareness and Understanding** - focuses on the need for all providers to carefully assess the DV and homeless histories of the people they serve, organizational capacity to address both DV and homeless issues, and community resources and reasons for partnering to meet the full range of families' needs.

The second level - **Communication and Coordination** - outlines strategies to facilitate open communication and coordinate services across both systems for DV survivors experiencing homelessness.

Strategies to Improve Integration



Adapted from Burt & Anderson, 2006

The third level - **Collaboration** - identifies the most advanced stage of service integration where agencies set joint goals, adjust policies, and make joint organizational commitments to meet survivors' needs for safety while also working together to achieve residential stability and self-sufficiency.

Strong collaborations between service providers can have a significant impact on the quality of care available to survivors of DV experiencing homelessness. The three levels of integration should be considered by organizations who want to integrate services, while understanding that the level of integration in a community will depend on the goals of the organizations involved.

Level 1: Awareness and Understanding

Awareness and understanding provide the basis for successful collaborations. A lack of shared knowledge and misperceptions can lead to poorly coordinated services and working in silos. Those working in DV and homeless service systems sometimes use different languages, and may be unaware of the definitions, philosophy, policies, and procedures that guide each other's services. (See Appendix B for common definitions and terms).

Building awareness and understanding of the population served, organizational capacity, and community resources, as well as assessing current and past partnerships is the first step towards integrating services.[34]

Strategies to Improve Integration

Domestic Violence and Homeless Populations

Homeless and DV service systems often intersect. DV is often the immediate cause of homelessness among survivors in DV shelters and transitional housing programs. In addition, some survivors have past histories of homelessness that may or may not be associated with DV. Depending on the community, each system may provide housing and services to similar or the same populations.

It is important for providers in both systems to be aware of how DV and homelessness intersect, and how to access available resources. Knowing the population served helps providers better address survivors' needs, and helps organizations identify gaps in services, setting the stage for future collaborations and partnerships.

For DV providers, it is important to know survivors' histories of homelessness in order to offer appropriate housing options and services. For example, those who experience multiple instances of homelessness or extended periods of homelessness may require different supports than families who are experiencing a brief or first episode of homelessness

Likewise, it is imperative for homeless service providers to understand families' histories of DV to identify safety concerns and support recovery.[35] Understanding survivors' history with DV will help guide homeless service providers in their housing placement and service plans.

Organizational Capacity

Prior to initiating a collaborative relationship, DV, transitional housing and homeless service agencies should assess their capacity to meet the needs of the populations they serve. Partnerships should not be formed just for the sake of partnering. They should offer opportunities for improved or expanded programming and increased organizational capacity.

For example, DV providers may seek partners in the homeless service system that offer long-term housing options or expertise in accessing permanent housing. Homeless service systems may seek partners who specialize in DV, and can provide recovery counseling for survivors or consultation on how to address concerns on safety and confidentiality.

Strategies to Improve Integration

Collaborations work best when they evolve directly from the partnering agencies' complementary areas of expertise. Organizations should revisit their mission and goals, assess their strengths, and conduct a needs assessment of their current service capacity.[36]

Key points to explore include: 1) understanding how well the organization's current internal capacity aligns with the needs of the population; and 2) identifying where services can be enhanced through partnerships.

Integration Strategy: Assessment of Domestic Violence and Homelessness

Assessment is a critical process for identifying survivors' and their families' needs and appropriately targeting services. Not a one-time event, assessment is a process that begins upon arrival and continues throughout a family's stay in shelter or transitional housing. During the assessment process, providers should include questions that support a better understanding of a survivor's history of homelessness and DV. Questions should be framed to allow survivors to feel safe and comfortable sharing their stories. This may mean gathering information slowly over time, providing a confidential and safe meeting space, allowing for breaks, and pacing the assessment according to the survivors' needs. The goal of the process is to build a strong trusting relationship with the survivor, and obtain relevant information about DV and homelessness to inform and target services to each family's specific needs.

Sample Questions on Homelessness	Sample Questions on Domestic Violence
Have you experienced homelessness as a child? If so, how many times?	Were you exposed to domestic violence in your household as a child?
How many different places have you lived in the past year?	Do you have any past experiences with domestic violence as an adult?
Have you lived in a shelter, motel, campground, car, on the street, or with family or friends because you had nowhere else to stay?	When was the most recent instance of domestic violence have you experienced?
What were your reasons for moving?	Are you currently concerned for your safety or your child's safety?
What are your greatest concerns about your children's needs? [Or, "Do your children have special needs that are not met right now?"]	Have your children witnessed, been exposed to, or directly experienced violence? If yes, what type of violence? (e.g., domestic violence, sexual violence, community violence)

Strategies to Improve Integration

Integration Strategy: Organizational Needs Assessment

Identify and evaluate current services by asking the following questions:

Sample Organizational Capacity Questions
What are the organization's strengths?
What are areas that could use improvement?
What additional services could be beneficial to survivors?
What are the different types of services that can be accessed in-house?
Are there restrictions or regulations on who can access in-house services?
What services require a referral to an outside organization?
Are there any services that would benefit survivors that are not provided in-house or via referral?

"Collaboration is more challenging when shelters (any type) are required to enter data into an HMIS system. For domestic violence providers, the number one priority is always protecting the confidentiality of our clients."
- Leslie Payne, Mississippi

Integration Strategy: Construct Capability Statement

Families experiencing homelessness and survivors of DV often need a wide range of services.[37] A capability statement of the services and programs offered is a helpful way to present an organization's areas of expertise to potential partners. Capability statements should include an overview of the population the organization serves, and a summary of programs and supports provided. Potential partners can exchange capability statements to help identify whether or not collaboration will be mutually beneficial.

Strategies to Improve Integration

Service Delivery

Policies, procedures, and service delivery models vary between service systems and organizations. Partnerships and collaborations between organizations with different philosophies of service delivery, while not impossible, do pose extra challenges. The ability to communicate an organization's core principles will be important during the formation phase of integration.

For survivors of DV, confidentiality is of paramount concern to ensure safety. Policies and practices should be designed with safety and confidentiality in mind across organizations in both systems.

It would be interesting to see a unified continuum rather than two separate continuums (one for domestic violence and one for homeless shelters)."
- Katheryn Preston, Georgia

Integration Strategy: Outline Service Delivery Model

The way in which services are provided is an important part of organizational culture. Some DV organizations, transitional housing programs, and homeless service agencies may provide similar services, but in different ways. For example, all may provide services to address trauma and recovery, but with different frameworks. Be prepared to share information on service delivery models with potential partners during initial planning phases. This will help to ensure a solid understanding and awareness of each other's model of care, and work towards complimenting and not duplicating services.

Sample Service Delivery Questions

Has the organization adopted a specific case management model?
What is the goal of case management and how are services delivered?
What evidence-based practices are employed and why?
Do providers use a strengths-based approach to working with survivors?
Are services for directly addressing homelessness a core part of the program?
Are services for directly addressing domestic violence a core part of the program?
How are survivors' needs for culturally competent services addressed? (See Box, page 19)
Is the organization trauma-informed? How are issues of trauma addressed for survivors, children, and/or families? (See Box, page 20)

The Importance of Cultural and Linguistic Competence

Violence and trauma have different meanings across cultures; healing takes place within one's own cultural beliefs. Survivors of DV come from a wide range of backgrounds. It is important for providers in both DV and homeless service systems to recognize that each person's diverse experiences, values, and beliefs will impact how they access services. It is equally important to recognize that the cultural values of providers and service delivery systems have an effect on how services are delivered and accessed.[38]

Cultural competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by survivors and their communities. A culturally competent approach helps to create a respectful environment in which survivors can begin to rebuild a sense of self and a connection to their communities.[39]

To learn more about cultural competence and training opportunities, please see the Resources section of this toolkit.

"Cultural competency for both women of color and LGBT populations is very limited in shelters. Training and technical assistance is needed for all shelter settings on under-represented populations."
- Rebecca Balog, Pennsylvania

"Trauma-informed practice is a critical component of culturally relevant services, and provides a deeper and broader understanding of people's experiences of homelessness and violence. As more practitioners, across systems and issues, incorporate this approach, values and philosophy become more aligned and ultimately people are better supported."
– Anna Melbin, Maine

The Importance of Trauma-Informed Care

A traumatic experience involves an overwhelming threat to one's physical or emotional well-being and survival, and elicits intense feelings of helplessness, terror, and lack of control.[40] Many families have experienced trauma in the form of DV and the trauma associated with the loss of home, safety, and sense of security.[41] Given the high rates of exposure to traumatic stress among families experiencing homelessness, understanding trauma and its impact is essential to providing quality care.

Trauma-informed care is a "strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment."[42]

Trauma-informed care involves "understanding, anticipating, and responding to the issues, expectations, and special needs that a person who has been victimized may have…at minimum, trauma-informed service endeavors to do no harm – to avoid re-traumatizing or blaming [survivors] for their efforts to manage their traumatic reactions." [43]

Becoming trauma-informed means learning how traumatic experiences impact the ways that people think, feel, respond, and cope. It means viewing people's behaviors and responses through a "trauma lens."[44]

A trauma-informed program is a strengths-based service whose overall framework is based on an understanding of and responsiveness to the impact of trauma, emphasis on physical and emotional safety, and opportunities to rebuild a sense of control and empowerment.[45]

To learn more about trauma, trauma-informed care, and training opportunities, please see the Resources section of this toolkit.

Strategies to Improve Integration

Community Resources

Very few, if any, organizations can serve all of a family's needs. Referrals to services that are not provided in-house are an important component in both the DV and homeless service systems. Knowing what resources are available in the community, and expanding referral networks, is helpful for providers to connect families to appropriate services

For DV service providers, referrals may be made to homeless service systems for shelter or housing assistance. In the homeless service system, providers may make referrals to counselors that specialize in DV or to agencies that provide safe and confidential shelter or transitional housing. Both systems may make referrals for mental health care, job training, financial assistance, or a myriad of other services. Organizations should be clear about what types of service referrals survivors may need and where to access needed services in their communities.

Integration Strategy: Understand the Referral Experience

It is important to be aware of survivors' needs, but also of their experience with the referral process. Providers can learn from survivors what they liked or did not like about the referral process and partner with them to identify challenges in accessing referral services. Questions to ask include:

Are there services that are especially beneficial?
How comfortable do survivors feel at referral agencies?
Do they feel they have choice in the referral process and in receiving services?
How can this process be improved?

Getting feedback from survivors on their experiences with the referral process can help organizations identify strengths and weakness in their current network.

Integration Strategy: Awareness and Understanding of Community Capacity

An organization can conduct an environmental scan of the community to find additional supports for survivors. Start with current partners and ask them to share their experiences with other agencies in the area. Ask survivors about their experiences with other service organizations. Try to think outside of the "normal" DV and homeless systems. Schools, health care providers, and city/town governments may all have services to offer families. By scanning the environment, an organization can create a list of potential partners to work with in the future.

Domestic Violence and Homelessness: Impact on Children

More than 1.6 million children experience homelessness each year in the United States: one in every 45 children.[46] Most are part of single-parent, female-headed households,[47] and in the sheltered population, two-thirds of mothers have histories of DV.[48] Domestic violence is the immediate cause of homelessness among survivors living in DV shelters and transitional housing programs.

Many of these children have witnessed violence and are also victims.[49] Children exposed to DV are at high risk of developing emotional and behavioral problems[50] and damage to their self-regulatory skills.[51] Adverse emotional impacts of DV are compounded by the severe stress caused by housing instability and living in a chaotic shelter setting.[52] These dynamics may lead young children to form insecure attachments to their mothers[53] while school-aged children may react with self-blame, depression, anxiety, and aggression.[54]

Protective factors that facilitate resilience and promote recovery in children are self-regulation of emotions and behaviors, secure attachments to caregivers, and a solid social support network for the family.[55] Historically, DV and homeless shelters have focused on the needs of the mother. However, best practices in these systems are emerging for children, including practices around group and individual therapy, strengthening parent/child attachments, and mental health care.[56] Schools have a critical role to play in meeting the needs of children who are homeless as the result of domestic violence. Providers should make themselves aware of the educational rights of and services for these children, and include schools in their partnerships.

See the Resources section in this toolkit for more information on providing services for children who have experienced domestic violence and homelessness.

"Domestic violence is a devastating experience for all family members. Many mothers flee their abusive partners and end up on the streets. Their children witness the violence and often develop a range of post trauma responses that may have long-lasting impact. We must develop interventions that protect these families and most important, prevent the violence from occurring."
- Dr. Ellen Bassuk, Massachusetts

Strategies to Improve Integration

Current Partnerships

Lessons can be learned from an organization's current and past partnerships with other community agencies. Understanding what types of collaborations have worked well in the past can prepare an organization for future partnerships that may advance service integration.

Integration Strategy: Assessment of Current Partnerships

Sample Partnership Questions

What were the motives for partnering?
Does the partnership continue to support families of participating agencies?
How formal is the partnership?
What has been successful about the partnership?
What are the challenges? How are the challenges addressed?
What levels of staff are involved in the partnership?
How is the leadership structure set up?
Is the partnership or collaboration being evaluated in any way?
What could be done to improve the partnership?

Level 2: Communication and Coordination

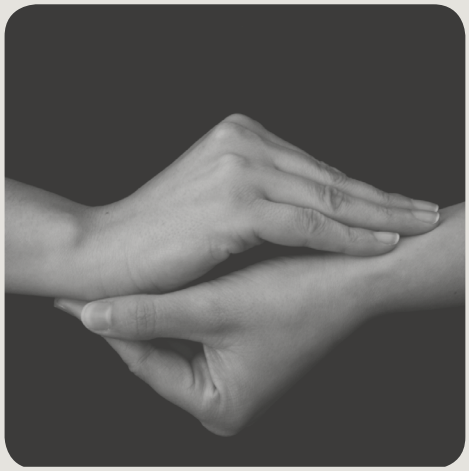
Successful integration across service systems requires extensive communication within and between partnering agencies. When moving towards service integration, the most important goal is supporting survivors' need for safety and stability. Once awareness and understanding of the population, organizational capacity, and community resources has been achieved, the next level of services integration is improved communication and coordination among potential partners. The following section outlines strategies to improve communication and coordination across service systems for DV survivors experiencing homelessness.

Communication

In many communities, homeless service and DV systems work in silos with minimal communication between agencies. Agencies are often underfunded, staff are overstretched, and there may be a feeling that forming partnerships takes time, a luxury that an agency cannot afford. Working alone, however, can impede a program's ability to provide essential services, impacting survivors' progress toward stability.

Opening communication channels can be a simple process that brings agencies to an initial level of partnership which can greatly benefit the families they serve.[57] This is especially true in the DV and homeless systems where many families have overlapping needs and challenges.

Sharing information in a helpful and open-minded way is important. Providers can start by approaching a potential partner agency and informing them of interest in learning about their services and resources. Potential partners that are not used to working with other community agencies may be apprehensive to share information at first. It is important in these initial encounters to maintain an open, learning, and flexible position, and be willing to find common ground to work together.



Strategies to Improve Integration

Integration Strategy: Meet with Agency Leadership

Integrated services coordination requires buy-in from agency leaders. Communication is an initial element of partnership; planned collaboration should begin at this level. Express interest in meeting with agency leaders to discuss opportunities for sharing information and resources. During the meeting, share capability statements and identify partnership areas of common interest.

Integration Strategy: Provide Staff with Information

Once agency leaders agree to work together, one effective next step is to start making referrals to one another for services. Provide all staff with information on services and resources available at the partner agency. Explain how the referral process will work and offer key names and contact information at the partnering agency. This presents a good opportunity to provide staff with resources about both homeless and DV service systems to start creating a culture of awareness and understanding of the two systems.

Integration Strategy: Organize a Joint Agency Meeting

It is important to ensure that all agency partners are on board and committed to agencies' collaborative goals. If possible, organize a joint agency meeting and invite all staff to attend. Given budget implications and understaffing in many agencies, it is important to have representatives from each agency discuss what they will bring to the partnership. Allow time for staff to ask questions about the partnership or referral process. This meeting does not have to be long, but should provide an overview of each organization and allow time for staff to meet one another to begin to forge more direct working relationships.

Spotlight: Transforming the Dialogue
Dorchester Women's Safety Network

Brookview House in Dorchester, MA, helps families learn the skills necessary to break the cycle of homelessness and poverty. In 2009, Brookview House established the Dorchester Women's Safety Network (Network) to transform dialogue, bridge systemic divide, influence practice development, and create a holistic pathway for families at the intersection of homelessness and DV.

The Dorchester Women's Safety Network created a practice model that connects community-based DV programs, homeless shelters, faith-based organizations, and medical, behavioral health, and youth development services with expertise in the dynamics of DV. Other Network partners include the state's Department of Children and Families and local police departments.

The Network infuses evidence-based best practices and policy recommendations that provide a template for how systems can impact outcomes for this population. This template includes, but is not limited to:

- Providing a full complement of services to both moms and children.
- Utilizing a strengths-based perspective and building on the principle of family engagement.
- Becoming culturally and linguistically competent providers.
- Sharing resources to maximize impact.
- Offering a menu of services based on individual need, including case management and assessments.
- Partnering with families and community members in policy development and building system capacity.

Learn more about the Dorchester Women's Safety Network by visiting www.brookviewhouse.org.

Strategies to Improve Integration

Coordination

Communication is a necessary step towards integrating services for survivors of DV experiencing homelessness. However, agencies interested in moving towards full services and systems integration need to move beyond basic communication and referrals.[58]

Coordination takes partnerships across systems to the next stage.[59] Partners working in coordination establish more formal relationships, create multi-agency teams where appropriate, and develop mechanisms for feedback on how the partnership is working.

For example, when a family enters a homeless shelter and presents a history of DV, staff may automatically connect the family with a mental health counselor from a partnering DV agency. A team of providers from both agencies then can then work together to meet the multiple needs of the family. Staff at both agencies have opportunities to provide feedback to leadership on how the partnership is supporting the family.

At this stage, partners do not have to make changes to their own policies or eligibility requirements, but they do need to agree on a plan to coordinate their work to address the unique needs of specific families.[60]

"Meeting together on a regular basis and understanding the requirements of each other's programs is very important for ongoing successful collaboration."
- Hank Hughes, New Mexico

Strategies to Improve Integration

Integration Strategy: Establish Formal Memorandums of Understanding

Memorandums of understanding (MOUs) formalize collaborations between agencies. Usually designed as a written, non-binding agreement, MOUs outline each agency's role in working towards a common goal. MOUs should be constructed by leadership from all partnering agencies, and include specific outcomes expected of each agency and the overall partnership. All parties should sign the MOU to make it binding.

Integration Strategy: Provide Cross-Training to Staff

Cross-site training is imperative for staff at partnering agencies once they reach the coordination level. Partnering to support specific families across both organizations requires a higher level of understanding of each organization's staffing and resources. Staff at all levels should participate in the training, with more detailed support given to those staff member who work directly with families and will be part of cross-site teams.

Integration Strategy: Form Cross-Site Teams

Consider forming cross-site teams to support survivors who will benefit from accessing services at both agencies. Designate staff to be part of these teams and establish a framework for staff to follow when working as part of the team. Identify how these teams will be coordinated and what leadership structure is needed to support participating staff.

Strategies to Improve Integration

Integration Strategy: Create Feedback Mechanisms

Schedule cross-site team meetings on a regular basis to support ongoing communication between agency staff members. This is a good opportunity for providers to identify challenges and work through them together as well as an opportunity to discuss successes. Leaders from both agencies should be available to moderate these discussions. Agencies should also consider setting up opportunities for families to provide feedback on their experiences of working within this partnership structure. Surveys, focus groups, or more informal meetings are some examples of ways to seek survivor input.

Integration Strategy: Coordinate Policies and Procedures

Organizations should examine current confidentiality policies and be able to discuss with potential partners what guides these practices. This will create a shared understanding from which to coordinate service delivery. Partners can then work together to explore opportunities to adjust current policies and institute procedures across systems to maintain safety while allowing for sharing of resources.

Spotlight: Coordination Across Systems
Missouri Coalition Against Domestic and Sexual Violence

The Missouri Coalition Against Domestic and Sexual Violence (MCADSV) is a statewide membership coalition of organizations and individuals working to end violence against women and their children through direct services and social and systemic change. Since 2003, representatives from the MCADSV have served on the Governor's Committee to End Homelessness (GCEH).

Through GCEH, MCADSV has established relationships with statewide homelessness-focused entities, including Missouri's Continuum-of-Cares, funders, and service providers. As a member of the Governor's Committee, MCADSV ensures that the safety concerns and needs of survivors of domestic and sexual violence are addressed.

The follow activities form the basis of MCADSV's approach to improving how homeless service systems work with survivors of domestic and sexual violence:

- Train homeless services providers about screening and referring individuals for DV services.
- Educate stakeholders at the state level about protecting survivors from experiencing isolation in homeless and domestic/sexual violence programs
- Participate in the GCEH Homelessness Awareness Day at the state capitol building.
- Develop online training for new Homeless Management Information Systems (HMIS) users about how to screen and refer individuals for DV services.
- Educate MCADSV members about the intersection of DV and homelessness.

Learn more about the Missouri Coalition Against Domestic and Sexual Violence by visiting www.mocadsv.org.

Level 3: Collaboration

"Our partners are clear about each other's policies and procedures. Given the longstanding collaborations here in the Mid-South, key partners are at the table to discuss systemic successes as well as issues; therefore all have a comprehensive understanding of partner policies and procedures."
- Julie Sanon, Tennessee

Built upon a solid foundation of awareness and understanding, effective collaborations develop from clear and open communication, and coordination of practices across organizations and service systems. At this level, agencies set joint goals, adjust their own policies and procedures to complement the collaboration, and evaluate outcomes and the partnership itself.[61]

Collaboration requires organizational commitment; it cannot rely on any one person or team. If key staff people are promoted or leave their positions, others must replace them—which entails buy-in from all levels of an agency.[62]

For DV agencies, transitional housing programs, and homeless service providers, collaboration will involve some level of system change. The following section outlines specific strategies to develop collaborations across systems that serve survivors of DV experiencing homelessness.

Integration Strategy: Develop Shared Goals

Prior to collaboration, organizations may have already coordinated some services to support individual agency goals. At the collaboration stage, agencies often create new programs or expand their services to better support survivors. For successful collaborations, leadership from all participating agencies must come together to jointly develop shared goals for the partnership. By creating a goal statement and a set of outcomes specific to the collaboration, leaders acknowledge the extent to which the collaboration is an opportunity to support both families and project stakeholders.

Strategies to Improve Integration

Integration Strategy: Align Policies and Procedures

In addition to developing shared goals, collaborating organizations should create protocols that complement the work of the partnering agencies.[63] At the beginning of a collaborative process, differences between participating agencies may be apparent. Policies and procedures and service delivery models will need to be considered, and possibly adjusted to create an environment in which the collaboration can thrive.[64] Partnering agencies will need to decide how they will deal with issues of confidentiality and differences in organizational culture. Staff from all levels should be consulted to make sure the new protocols are realistic on both mid- and ground- levels. Leaders should determine what form of collaboration will work best for their agencies.

Integration Strategy: Create a Leadership Structure

Collaboration is a partnership, but needs a leader. A team management structure, with co-leads or multi-agency managers, will allow DV, transitional housing programs, and homeless service agencies to feel confident their voice is being heard. However, a single representative should be considered for communicating with outside partners, such as funders or referral network agencies. This leader represents the interests of the project's leadership team. Additionally, proper mechanisms should be in place for teamwork and consensus-based decision-making. These decisions should be made prior to implementing the collaboration.[65]

Strategies to Improve Integration

Integration Strategy: Evaluate the Collaboration

More and more, funders are focused on measurable project outcomes. It is important to plan for evaluation of service outcomes and agency collaboration from the start. The development of a well-defined framework will help partners measure progress and make mid-course adjustments. When evaluating the collaboration itself, the approach should be structured to focus on the shared goals and set of outcomes that have been determined by partnering agencies for the collaboration. Establishing guidelines for data collection and analysis is a multi-step process that requires buy-in from all partners.[66]

Staffing structure for collaborations will vary. Depending on the type of collaboration, partnering agencies may want to consider providing extra supervision to those who will be implementing the collaboration and/or co-locating staff.

Integration Strategy: Staffing and Supervision

Once program parameters and staffing structures are determined, it is essential that all direct service and management staff understand their roles. Extra supervision may be required at first as staff become familiar with the collaborative program. Team members should be given authority over the service areas they know best, and encouraged to expand their own knowledge and skills by working closely with staff from the partnering agencies. Successful collaborations provide agency teams with opportunities for deeper staff engagement and professional growth.[67]

Integration Strategy: Co-Location

Co-locating staff from partnering agencies can benefit the collaboration in many ways. Staff can work even more closely together to support survivors and their families. Co-location could include one staff person from each agency working out of the partnering agency's office a few days a week. In other cases, co-location could involve setting up a new office where staff focuses solely on the collaborative partnership programs.

Advantages to Co-Location

Co-location fosters improved communication.

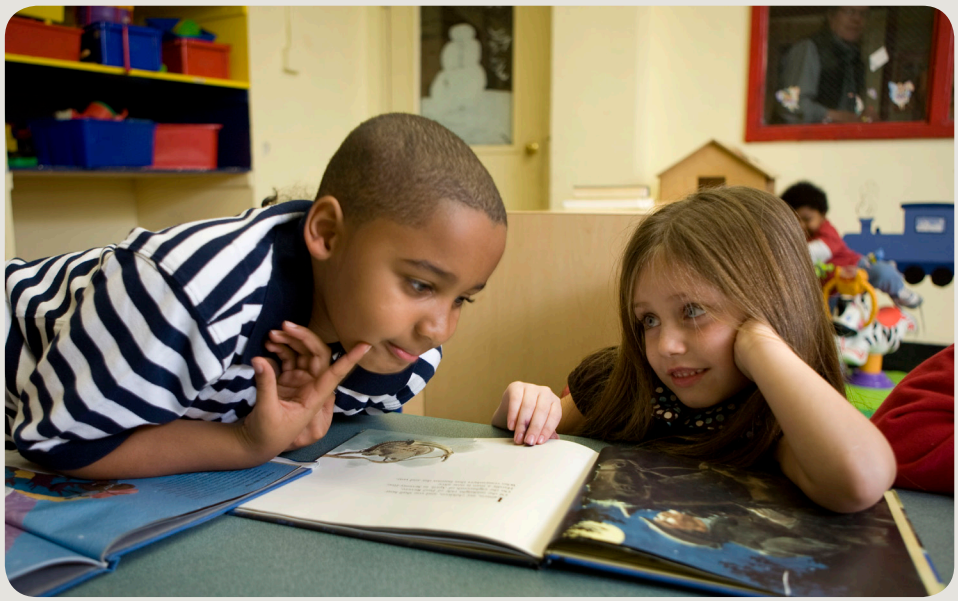
As staff build relationships, they feel more comfortable reaching out to one another for support, consultation, and resource sharing.

Co-location makes team meetings and case conferences easier to conduct, creating a more coordinated and responsive system of care.

When staff share a space and become more familiar with the policies and practices of the other system, they are more likely to develop a shared understanding of priorities (confidentiality, safety, addressing trauma), and practices (housing search and eligibility requirements), and are more apt to work together in the best interest of the family.

Co-location can improve service integration.

For survivors, co-location facilitates a more integrated service experience rather than a fragmented approach to addressing their needs.



Spotlight: Integration of "Housing First"

Home Free

Home Free, a program of Volunteers of America Oregon, has a long history of addressing the interlinked issues of DV, homelessness, and poverty. Founded as Portland's first shelter for women and children in 1926, Home Free has grown to become the Portland area's most comprehensive DV intervention program.

Home Free's housing services component is a nationally recognized best practice model that helps DV survivors secure safe and stable housing as the foundation of their health and well-being. The program uses a "Housing First" framework which emphasizes a rapid return to permanent housing or, in some cases, helps survivors stay in their current housing if it is safe. Home Free begins by working with survivors to identify barriers that may exist to obtaining safe housing, then advocates for housing on survivors' behalf. When housing is located, Home Free subsidizes survivors' monthly rent, utilities, and similar expenses on a "step-down" basis over six to nine months.

Home Free participated in the Centers for Disease Control and Prevention study *Safe Housing Assistance with Rent Evaluation Project* (SHARE). SHARE found that as survivors' housing instability decreases, their safety increases; PTSD and depression levels decrease; and general health and quality of life improve for both women and children.

Learn more about Home Free and SHARE by visiting www.voaor.org.

Conclusion

Domestic violence and homelessness are linked in complex ways. Efforts at improved integration across DV and homeless service systems have now begun. Continued efforts should ensure that providers in both systems fully understand the interplay between DV and homelessness, and are trained and prepared to address both issues simultaneously. Training, policies, and practices must support a holistic approach to addressing DV and homelessness. No one program or one system can address all the needs of these families. By working in partnership, sharing resources and expertise, and coordinating policies and practices, families will be better served by a more seamless, responsive, and coordinated system of care.

"I think the most powerful way to build collaboration is through the power of the human story, shared by people that know where to take the story."

Theresa M. Rankin

Quick Reference Guide: Integration Strategies

Level 1: Awareness and Understanding	
Assessment of Domestic Violence and Homelessness	During the assessment process, providers should move at the survivor's pace, include questions that support a better understanding of a survivor's history of homelessness and DV, and ensure safety and confidentiality.
Organizational Needs Assessment	Revisit organization's mission and goals; assess areas of expertise. Conduct a needs assessment to identify and evaluate current services.
Construct Capability Statement	Capability statements should include an overview of the population the organization serves, and a summary of programs and supports provided.
Outline Service Delivery Model	Prepare a description or outline of the service delivery models used.
Understand the Referral Experience	Obtain feedback from survivors on their experiences with the referral process to identify strengths and weaknesses in current referral network.
Awareness and Understanding of Community Capacity	Conduct an environmental scan of the community to find additional supports for survivors. Create a list of potential partners to work with in the future.
Assessment of Current Partnerships	Assess current partnerships to understand what types of collaborations have worked well in the past.
Level 2: Communication and Coordination	
Meet with Agency Leadership	Meet with leaders from both agencies to discuss opportunities for sharing information and resources.
Provide Staff with Information	Provide all staff with information on services and resources available at partner agencies. Explain how the referral process will work.
Organize a Joint Agency Meeting	Organize a joint agency meeting and invite all staff to attend. Discuss what each agency brings to the partnership.

Quick Reference Guide: Integration Strategies

Establish Formal Memorandums of Understanding	Construct written, non-binding agreements that outline specific outcomes expected of each agency and the overall partnership.
Provide Cross-training to Staff	Facilitate cross-site training to staff from each organization. Detailed support is given to those who work directly with families and members of cross-site teams.
Form Cross-site Teams	Form cross-site teams to support survivors who will benefit from accessing services at both agencies.
Create Feedback Mechanisms	Set up opportunities for both staff and survivors to provide feedback on how the partnership is working.
Coordinate Policies and Procedures	Adjust current policies and institute procedures across systems that allow for resource sharing.
Level 3: Collaboration	
Develop Shared Goals	Jointly develop shared goals for the partnership.
Align Policies and Procedures	Create protocols that respect the mission, values, culture, and work of partner agencies.
Create a Leadership Structure	Establish a leadership structure for the collaboration. Consider both internal and external implications.
Evaluate the Collaboration	Develop a well-defined framework to help measure and evaluate service outcomes and the collaboration.
Staffing and Supervision	Make sure all staff and supervisors understand their roles.
Co-location	Consider co-locating staff to improve communication and allow for a more coordinated and responsive system of care.

Appendix A: Exploring the Issue

The toolkit was informed by three sources of information:

First, a comprehensive literature review was conducted to provide background information on the intersection of DV and homelessness.

Second, a national survey of 552 respondents from the field including DV (54%) and homelessness (45%) practitioners, policy advocates, and researchers. Participants from both systems were surveyed to assess areas of agreement and overlap, and identify concerns, gaps, and areas where integration could be enhanced. Most respondents from DV-focused programs (87%) identified as working in DV shelters or transitional housing (TH) programs. Of the non-DV-focused programs, about 42% were shelter or TH programs, and the remaining 58% were community-based programs serving the population (schools, supportive services).

Lastly, based on the results of the survey, in-depth interviews were completed with 15 individuals. Interviewees included survivors of DV and homelessness, federal policy advocates, state and local level advocates and providers, research experts, and project consultants. The goal of the interviews was to follow-up on the concerns and gaps in the system identified by survey respondents and explore the underlying issues.

Outcomes

Familiarity

A majority of DV and homeless services providers reported equal familiarity with the policies and procedures of the programs in both systems (75% and 75.5% respectively). Community providers not working in either system tended to have little familiarity with either system.

Provision of Domestic Violence and Homeless Services

The majority of DV providers reported providing housing search support (87%) and rental assistance (68%) to address homelessness. While it is encouraging to see that 88% of non-DV homeless service providers screen for DV at intake, it appears that most do not provide

direct safety planning. Only 40% of homeless service providers (as compared to 94% of DV providers) reported engaging in safety planning to address DV. This may be due to the fact that some women entering homeless shelters have histories of DV, but are no longer in an immediate crisis, or that homeless service providers are unfamiliar with DV protocols. Generally, DV providers reported more familiarity with providing trauma-informed care than homeless service providers (69% vs. 41%), though neither system reported a full understanding of trauma-informed care.

System Collaboration

Despite reported familiarity with the systems, only 30% of homeless programs and 53% of DV programs reported communicating with one another to meet families' needs. It appeared from survey results that despite reported familiarity, actual collaboration was less frequent and possible opportunities for sharing expertise and enhancing service delivery might be lost. Both systems agreed that cross-trainings between systems were not commonplace, and that policy and service gaps impacted how DV and homeless programs interacted.

The most requested trainings from transitional housing DV providers were: 1) core skills to address DV and trauma-informed care; 2) understanding DV and; 3) best practices for addressing homelessness. The most requested trainings from homeless service providers (i.e. shelter, and transitional housing providers) were: 1) understanding child and family homelessness; 2) core skills in addressing DV and; 3) understanding best practices in addressing homelessness. It appears that providers in each system desire training relevant to the system they are currently working in, followed by training to expand their knowledge of best practices in the alternate system of care. For both systems, the fourth interest in training was collaborating across systems.

Appendix B: Common Terms and Definitions

Domestic Violence

Below is a list of common terms and definitions used in DV systems. Note that legal definitions vary by state.

Domestic Violence

"A pattern of abusive behavior that is used by an intimate partner to gain or maintain power and control over the other intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone."[68]

Sexual Assault

"Any type of sexual contact or behavior that occurs by force or without consent of the recipient of the unwanted sexual activity. Falling under the definition of sexual assault is sexual activity such as forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, and attempted rape. It includes sexual acts against people who are unable to consent either due to age or lack of capacity."[69]

Dating Violence

"Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such a relationship shall be determined based on a consideration of the following factors: the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship."[70]

Stalking

"A pattern of repeated and unwanted attention, harassment, contact, or any other course of conduct directed at a specific person that would cause a reasonable person to feel fear."[71]

Sexual Harassment

"Includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that affects an individual's work or school performance."[72]

Homelessness

There are two federal definitions of homelessness.

Department of Education

Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act

The Department of Education's definition of homelessness includes children and youth who lack a fixed, regular, and adequate nighttime residence. It includes children living in doubled-up situations, motels, hotels, campgrounds, or shelter. Children who are living in unsheltered locations or locations not meant for living are also defined as homeless.

More information:
U.S. Department of Education
http://www2.ed.gov/programs/homeless/legislation.html

Department of Housing and Urban Development (HUD)

HUD updated its definition of homeless on January 4, 2012 via the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act).

The new definition of homelessness includes people living in emergency shelters, transitional housing, places not meant for human habitation, and those exiting an institution where they temporarily resided if they were deemed homeless prior to entering the institution.

Under the HUD definition, people may be considered homeless if they are at imminent risk of losing their primary nighttime residence (includes motel, hotel, or doubled-up situations), are unstably housed and likely to continue in that state, or are fleeing domestic violence or other dangerous situations related to violence.

More information:
Federal Register Vol. 76, No. 233
https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

Appendix B: Common Terms and Definitions

United States Interagency Council on Homelessness
http://www.usich.gov/media_center/news/hud_tips_and_resources_on_the_new_homeless_definition/

Doubled-Up

Sharing the housing of other persons due to loss of own housing, economic hardship, or a similar reason.

Substandard Housing

Substandard is defined as "deviating from or falling short of a standard or norm or of a quality lower than that prescribed by law."[73] Substandard housing is determined as such if it falls below the legal standards for state and local health and safety codes.

At-Risk

People who are described as "at-risk" are those who are currently housed, but have individual or structural factors that make them at-risk for homelessness. Risk factors for homelessness include extreme poverty, mental health issues, substance use, family separations, and violence.[74]

Resources

Resource Kit #1: Homelessness
Resource Kit #2: Domestic Violence
Resource Kit #3: Trauma-Informed Care
Resource Kit #4: System Collaboration
Resource Kit #5: Cultural and Linguistic Competence
Resource Kit #6: Subgroups (Veterans, LGBT, Refugees/Immigrants)
Resource Kit #7: Training

Resource Kit #1: Homelessness

1.1	Author/Distributor:	The National Center on Family Homelessness
	Website:	www.familyhomelessness.org
	Language:	English
	Content:	The National Center is a leading resource for data and information on family homelessness. It offers training, consultation, and technical assistance opportunities.
1.2	Author/Distributor:	Homeless Resource Center (HRC)
	Website:	www.homeless.samhsa.gov
	Language:	English
	Content:	The HRC website is part of the Homelessness Resource Network (HRN), a collaboration to share a common digital library of over 9,000 resources related to homelessness, mental illness, substance use, co-occurring disorders, and traumatic stress. This website provides extensive technical assistance and training to homeless providers with a focus on trauma and trauma-informed care.

Resources

1.3	Author/Distributor:	The National Association for the Education of Homeless Children and Youth (NAEHCY)
	Website:	www.naehcy.org
	Language:	English
	Content:	The only professional organization specifically dedicated to meeting the educational needs of children and youth experiencing homelessness. They provide professional development, resources, and training support for anyone and everyone interested in supporting the academic success of children and youth challenged by homelessness.
1.4	Author/Distributor:	National Alliance to End Homelessness
	Website:	www.endhomelessness.org
	Language:	English
	Content:	The Alliance works toward ending homelessness by improving homelessness policy, building on-the-ground capacity, and educating opinion leaders.
1.5	Author/Distributor:	National Coalition for the Homeless
	Website:	www.nationalhomeless.org
	Language:	English
	Content:	The National Coalition for the Homeless is a national network of people who are currently experiencing or who have experienced homelessness, activists and advocates, community-based and faith-based service providers, and others committed to a single mission: To prevent and end homelessness while ensuring the immediate needs of those experiencing homelessness are met and their civil rights protected.

Resource Kit #2: Domestic Violence

2.1	Author/Distributor:	National Network to End Domestic Violence
	Website:	www.nnedv.org
	Language:	English
	Content:	NNEDV offers a range of programs and initiatives to address the complex causes and far-reaching consequences of domestic violence. Sample of consent forms: Website: http://nnedv.org/tools
2.2	Author/Distributor:	The Women of Color Network
	Website:	www.womenofcolornetwork.org
	Language:	English
	Content:	The Women of Color Network (WOCN), a project of the National Resource Center on Domestic Violence (NRCDV), is a national grassroots initiative dedicated to building the capacity of women of color advocates and activists responding to violence against women in communities of color. Through trainings, technical assistance, and advocacy, WOCN helps foster Women of Color in the advancement of their anti-violence work and leadership.
2.3	Author/Distributor:	Rape, Abuse & Incest National Network (RAINN)
	Website:	www.rainn.org
	Language:	English
	Content:	The nation's largest anti-sexual violence organization. RAINN created and operates the National Sexual Assault Hotline in partnership with more than 1,100 local rape crisis centers across the country and operates the Safe Helpline for the Department of Defense.

Resources

2.4	Author/Distributor:	National Center for Victims of Crime: Stalking Resource Center
	Website:	www.victimsofcrime.org
	Language:	English
	Content:	The Stalking Resource Center provides training, technical assistance, and information for professionals working with and responding to stalking victims and offenders.
2.5	Author/Distributor:	National Domestic Violence Hotline
	Website:	www.thehotline.org
	Language:	Assistance is available in English and Spanish with access to more than 170 languages through interpreter services.
	Content:	Hotline advocates provide crisis intervention, safety planning, information, and referrals to agencies in all 50 states, Puerto Rico and the U.S. Virgin Islands.
2.6	Author/Distributor:	National Center on Domestic and Sexual Violence (NCDSV)
	Website:	www.ncdsv.org
	Language:	English
	Content:	The National Center on Domestic and Sexual Violence designs, provides, and customizes training and consultation.
2.7	Author/Distributor:	National Resource Center on Domestic Violence
	Website:	www.nrcdv.org
	Language:	English
	Content:	The National Resource Center on Domestic Violence provides a wide range of free, comprehensive, and individualized technical assistance, training, specialized resource materials, and key initiatives designed to enhance current domestic violence intervention and prevention strategies.

2.8	Author/Distributor:	The Child Witness to Violence Project (CWVP)
	Website:	www.childwitnesstoviolence.org
	Language:	English
	Content:	A counseling, advocacy, and outreach project that focuses on the growing number of young children who are hidden victims of domestic and community violence and other trauma-related events.
2.9	Author/Distributor:	Safe Start Center
	Website:	www.safestartcenter.org
	Language:	English
	Content:	The goal of the Safe Start Initiative is to broaden the knowledge of and promote community investment in evidence-based strategies for reducing the impact of children's exposure to violence.
2.10	Author/Distributor:	National Child Traumatic Stress Network
	Website:	www.nctsn.org
	Language:	English
	Content:	The National Child Traumatic Stress Network (NCTSN) brings a singular and comprehensive focus to childhood trauma.

Resource Kit #3: Trauma-Informed Care

3.1	Author/Distributor:	The National Center on Family Homelessness
	Website:	www.familyhomelessness.org
	Language:	English
	Content:	*Trauma-Informed Organizational Self-Assessment: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness.*

Resources

3.2	Author/Distributor:	National Center for Trauma-Informed Care
	Website:	www.mentalhealth.samhsa.gov/nctic
	Language:	English
	Content:	A technical assistance center dedicated to building awareness of trauma-informed care and promoting the implementation of trauma-informed practices in programs and services.
3.3	Author/Distributor:	The Trauma Center
	Website:	www.traumacenter.org
	Language:	English
	Content:	The Trauma Center help individuals, families, and communities that have been impacted by trauma and adversity to re-establish a sense of safety and predictability in the world, and to provide them with state-of-the-art therapeutic care as they reclaim, rebuild and renew their lives.

Resource Kit #4: System Collaboration

4.1.	Author/Distributor:	The National Center on Family Homelessness
	Website:	www.familyhomelessness.org
	Language:	English
	Content:	The National Center offers training, consultation, and technical assistance opportunities on systems change and systems integration.
4.2	Author/Distributor:	ZERO TO THREE: National Center for Infants, Toddlers, and Families
	Website:	www.zerotothree.org
	Language:	English, Spanish
	Content:	ZERO TO THREE is a national, nonprofit organization that informs, trains, and supports professionals, policymakers, and parents in their efforts to improve the lives of infants and toddlers.

4.3	Author/Distributor:	Martha R. Burt, PhD and Brooke E. Spellman, MA
	Website:	http://aspe.hhs.gov/hsp/homelessness/symposium07/burt/index.htm
	Language:	English
	Content:	*Changing Homeless and Mainstream Service Systems: Essential Approaches to Ending Homelessness*

Resource Kit #5: Cultural and Linguistic Competence

5.1	Author/Distributor:	Sujata Warrier, Ph.D
	Website:	http://www.ncdsv.org/images/Warrier_EngagingCultureInDomesticAndSexualViolenceCases.pdf
	Language:	English
	Content:	*Engaging Culture in Domestic and Sexual Violence Cases*
5.2	Author/Distributor:	National Center for Cultural Competence (NCCC)
	Website:	http://nccc.georgetown.edu
	Language:	English, Spanish
	Content:	NCCC provides national leadership and contributes to the body of knowledge on cultural and linguistic competency within systems and organizations.

Resource Kit #6: Subgroups (Veterans, LGBT, Refugees/Immigrants)

6.1	Author/Distributor:	National Center on Domestic and Sexual Violence
	Website:	www.ncdsv.org
	Language:	English
	Content:	The National Center on Domestic and Sexual Violence (NCDSV) designs, provides, and customizes training and consultation, influences policy, promotes collaboration, and enhances diversity with the goal of ending domestic and sexual violence.

Resources

6.2	Author/Distributor:	Human Rights Campaign (HRC)
	Website:	www.hrc.org
	Language:	English
	Content:	HRC seeks to improve the lives of LGBT Americans by advocating for equal rights and benefits in the workplace, ensuring families are treated equally under the law, and increasing public support among all Americans.
6.3	Author/Distributor:	National Alliance to End Homelessness
	Website:	www.endhomelessness.org/pages/veterans
	Language:	English
	Content:	The Alliance works toward ending homelessness by improving homelessness policy, building on-the-ground capacity, and educating opinion leaders.
6.4	Author/Distributor:	The National Association for the Education of Homeless Children and Youth (NAEHCY)
	Website:	www.naehcy.org
	Language:	English
	Content:	The only professional organization specifically dedicated to meeting the educational needs of children and youth experiencing homelessness. NAEHCY provides professional development, resources, and training support for anyone and everyone interested in supporting the academic success of children and youth challenged by homelessness.

Resource Kit #7: Training

7.1	Author/Distributor:	The National Center on Family Homelessness
	Website:	www.familyhomelessness.org
	Language:	English
	Content:	The National Center provides training and technical assistance at the local and national levels, with particular expertise in trauma and trauma-informed care, including resources, training, and consultation to support organizations to integrate a trauma-informed approach into daily practice.
7.2	Author/Distributor:	t3 (think. teach. transform.)
	Website:	www.thinkt3.com
	Language:	English
	Content:	Innovative training institute founded by The National Center on Family Homelessness and the Center for Social Innovation. Through self-paced online units, advanced skills courses, and onsite trainings, t3 offers evidence-based, skills-focused training on trauma, trauma-informed care, motivational interviewing, and other relevant topics.
7.3	Author/Distributor:	National Center for Cultural Competence (NCCC)
	Website:	http://nccc.georgetown.edu
	Language:	English, Spanish
	Content:	NCCC provides national leadership and contributes to the body of knowledge on cultural and linguistic competency within systems and organizations.

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