

SAFETY PLANNING FOR SURVIVORS OF DOMESTIC AND SEXUAL VIOLENCE: A TOOLKIT FOR HOMELESS/HOUSING PROGRAMS

According to the Department of Housing and Urban Development's (HUD) Family Options Study, 80% of women and children experiencing homelessness have experienced domestic violence.

Introduction

It's no secret that survivors of domestic and sexual violence make up a large percentage of the families and individuals who seek help from the homeless/housing services system. Sexual and intimate partner violence often compels survivors to flee their homes to escape the abuse, or to distance themselves from the perpetrator or the site of a sexual assault. They may also lose their homes or be at imminent risk of losing their homes due to the abusive partner's behavior, or due to long-term impacts of trauma stemming from domestic violence, sexual assault, dating violence, or childhood sexual abuse.

Survivors face numerous barriers to keeping or establishing safe housing, often forcing them to devise unsafe housing arrangements, live in danger on the streets, or even to stay with or return to an abusive partner just so that they and their children have beds to sleep in. The victim services system offers life-saving support and resources to countless survivors, but in many communities those systems lack the capacity to help all survivors with their housing needs.

Survivors need options and seek many different pathways to safety and stability. As a homeless service provider, this often leads them to your door.

No one expects homeless/housing programs to become an extension of the victim services system. But the intersection between homelessness and domestic and sexual violence requires both systems to do their work with that reality in mind. The U.S. Department of Housing and Urban Development (HUD), in Notice CPD-17-01, established additional requirements for a Continuum of Care Centralized or Coordinated Assessment System (see <https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>). One of the 15 new requirements listed in the Notice is safety planning for victims of domestic violence, dating violence, sexual assault, and stalking. Additionally, Coordinated Entry policies and procedures must ensure that people fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to the Coordinated Entry process as well as to victim services.

These requirements reflect an increased emphasis on addressing the needs of persons fleeing or attempting to flee domestic violence who seek help through the Coordinated Entry process. For

homeless/housing providers receiving these referrals, working effectively with survivors - whose lives have been marked by danger, injury, chaos, fear, and sabotage - requires attention to some basics that can help them become and stay safer, and to safely participate in homeless/housing services. This, in turn, supports your program's goals, as survivors are more likely to be successful in retaining their housing when basic safeguards and supports are in place. When housing services are provided through a domestic violence (DV) and sexual assault (SA) informed lens, survivors have a better chance at healing, addressing trauma impacts, and taking the reins of their lives.

It's essential to note that in the field of domestic and sexual violence advocacy, safety planning typically goes hand-in-hand with a risk/lethality assessment that requires specific training to properly administer and analyze. Beyond the training required for this assessment, victim services advocates receive many hours of training and have deep experience working with the dynamics of domestic and sexual violence and can effectively and confidently discuss risk and options with survivors based on the particular dangers they are experiencing. **While this kind of comprehensive safety planning is best left to these experts**, homeless/housing program staff should be equipped to discuss safety as it revolves around survivors' participation in their programs. Examples of some of the kinds of planning necessary to ensure working together safely include:

- Information-sharing you may need to do: does that pose risks?
- Location of the housing unit: is it safe for the survivor?
- Visits and appointments: are there safety issues in coming or going safely?
- Phone messages/emails/texts: is an abusive person monitoring the survivor's devices?
- Being seen by someone the survivor knows during the course of services: how do they want to handle that possibility?
- Advocating with landlords: should you disclose DV to help explain rental history or damage to the housing unit?

This toolkit is designed to provide you with resources and information that can boost your ability to confidently offer housing services that are meaningful, safe, and grounded in best practices for a survivor population. It's not intended to ready you to replace the role of the victim services advocate, and it doesn't provide everything you need to work effectively with survivors. We strongly suggest that you seek additional training and work more closely with your local domestic and sexual violence program/s. Additionally, your state's domestic and/or sexual violence coalition (see <https://nnedv.org/content/state-u-s-territory-coalitions/>) may also be helpful; many are engaged in efforts to support local victim service programs address the need for safe housing options for survivors. Strong partnerships and collaborations will strengthen the work of both systems and maximize the benefits to survivors reaching out for help.

A FRAMEWORK OF SAFETY

A safety plan is an individualized set of strategies designed to reduce risks generated by a partner's or assailant's abuse and control. In looking at survivor safety, context is everything. Safety planning with survivors served in the homeless/housing system begins with ensuring that they have safe pathways into services. In the Coordinated Entry Notice mentioned above, HUD outlined a number of standing and new elements that must be included in all jurisdictions' Coordinated Entry (CE) processes to ensure that people fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to the Coordinated Entry process and to victim services. Within this larger, community-wide framework of access and safety laid out in your CE process, provider-level safety planning helps to ensure that individual survivors can receive tailored attention to their unique circumstances while participating in programs and services. Given the substantial over-representation of people of color among the country's homeless, this must also include focused attention to cultural, racial, and linguistic considerations. A recent study that examined HMIS records, took oral histories, and conducted focus groups in six U.S. communities found that more than 78% of the people experiencing homelessness were people of color – this in a country where the general population is 74% White (see <http://center4si.com/wp-content/uploads/2018/03/SPARC-Phase-1-Findings-MARCH-2018.pdf>). Domestic violence was a common thread in the lives of many respondents in this study. The reality that many survivors who seek housing assistance have experienced systemic racism, discrimination, and disparate treatment from society's institutions must consistently inform our efforts to provide meaningful services and support.

This toolkit is organized into five sections. Sections 1 through 3 each address an essential element of homeless/housing programs' role in providing safe and stable housing for survivors and in adapting policies and practices to better promote working safely and effectively with survivors. Section 4 responds to Frequently Asked Questions, and Section 5 provides helpful resources to supplement information provided in this toolkit.

ACKNOWLEDGEMENTS

The author of this toolkit is Kris Billhardt, M Ed, Ed S., Technical Assistance Specialist for the National Alliance for Safe Housing (NASH).

NASH and the author are indebted to the members of its Safe Housing Advisory Committee and the state and local programs who reviewed this document in its development and provided invaluable feedback. Additional thanks to the Office on Violence Against Women (OVW), the Special Needs Assistance Programs Office (SNAPS) of the US Department of Housing and Urban Development (HUD), and the US Interagency Council on Homelessness (USICH) for their review and helpful suggestions towards improving the Toolkit's usefulness to the homeless/housing field.

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OVW FUNDING

This project was supported by Grant No. 2015-SI-AX-K010 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

SECTION 1: POLICIES, PRACTICES, AND APPROACHES THAT PROMOTE SAFETY

Goal: Our homeless/housing program has implemented policies and approaches that align with best practices and demonstrate our agency's commitment to promoting safety for survivors of domestic and sexual violence.

Once survivors are referred to or matched with your housing program through the Coordinated Entry process, you can take steps to provide a safe environment from the moment they enter services and begin working with you to meet their housing needs. Applying a survivor-sensitive lens to both written and unwritten policies will help uncover practices and program rules that are based on potentially harmful assumptions or that may not adequately factor in the realities survivors face.

1. Safety right from the gate.

Adjust your physical space to better ensure a private conversation.

Intake areas can be busy places, with many conversations going on at once. Take a fresh look at your intake space and consider if it affords privacy to someone thinking about whether or not to share sensitive and/or difficult personal information. If it doesn't, consider both long- and short-term plans to improve the space. At the very least, consider using "white noise" machines and physical barriers between interview areas to ensure greater privacy.

Remember that assessment is a two-way process.

While you go about collecting information from survivors in the initial stages of your work, survivors entering your program will also be gathering information for themselves. "Is this a safe place?" "Is this a person I might trust with my private information?" "Is opening up about my life going to result in deportation/child welfare involvement/discrimination/being blamed for the abuse or sexual assault?" Survivors' experiences with other providers may

not have been positive; they will be looking for signs that this one might be ok.

So - demonstrate in your very first contact that safety is a key concern in your agency. Questions such as, "Is our location safe for you?" or "Are you safe to sit down and talk for a while?" not only help you gauge whether there may be a history of violence, but also provide the survivor with cues that you are attuned to such issues. When discussing their current living situation and/or their reason for seeking help, be sure that your questions include reference to knowing that sometimes people lose their housing because they had to leave a dangerous person in their household, or because they were being stalked or harassed. You can follow up as needed ("Is there someone here today who makes you feel unsafe?" "When we finish talking today, can you leave safely?").

Another way to assist the survivor in assessing whether to disclose is to spend a few minutes describing how the intake/assessment process works and what it entails. A quick orientation can help survivors to consider whether the process itself might increase their risk, and where they may need protection or support. This sets you up to include these elements in the safety planning process. Technical



assistance from your DV/SA partner can be extremely valuable in shaping your approach.

Set the stage for voluntary disclosure by conducting a brief DV/SA risk assessment with EVERYONE who enters services.

Survivors may not disclose that they have experienced sexual or domestic violence when they first talk with you about your housing services. There are many good reasons survivors choose not to disclose, which we'll discuss later. But not knowing whether an individual or family faces safety risks can leave you unsure about whether to provide DV/SA-specific resources and supports. Some survivors may still choose not to disclose, but by inviting them to share this information as part of your entry protocol, you're communicating that you are attuned to and care about sexual assault and domestic violence and that you're prepared to offer support.

Conduct separate interviews/intake processes with each member of a couple.

Except when referred by a victim service provider or disclosed in the CE process as the reason for homelessness, you may not know if people new to your program are survivors of domestic or sexual violence. Survivors sometimes present for services with their abusive partners; this can give you the impression that they wish to be served jointly, which may then prevent them from safely and openly answering your risk assessment questions. Conducting individual (one-on-one) intakes as a routine part of your protocol helps create the conditions that allow for safe disclosure of domestic or sexual violence. Separate intakes also give survivors the opportunity to consider whether they wish to be housed separately from the abuser and may pre-empt issues farther down the road, such as the need to bifurcate a lease (remove the abuser), provide a safety transfer, or respond to

neighbors' concerns about "fighting" after the couple is housed.

If, during this private interview, a participant signals that they would rather be housed separately from the person they came in with, you'll need to discuss with them the safest way to enact such a plan, and to consider together the logistics of the present moment. If that includes helping the survivor leave separately, it's usually best for the survivor to leave your offices first so they can be safely out of the vicinity when the person they have identified as abusive departs. If the survivor feels that leaving separately that day can't be done safely, help with sketching out the next steps (which could include contacting a victim service program), and plan to meet another time when the survivor can come alone.

If either person strenuously objects to being interviewed separately, this may be an indication that a power dynamic exists in the relationship or abuse is occurring. Stress that this is your agency protocol and that individual interviews allow the assessor to ensure they clearly understand each person's housing history and goals.

Remember: Domestic and sexual violence impacts people regardless of race, class, sex, sexual orientation, gender identity, age or ability. Because all kinds of people experience domestic and sexual violence, it's important not to make assumptions; sometimes it's not exactly clear which person in the household is the person causing harm. It's not always the person who talks the loudest who is the perpetrator, and it's not always the person who seems "meek and mild" who is the victim. Individual interviews can create a safe opportunity for survivors to open up about what's going on if they are ready to share. Technical assistance from your victim service provider partner can also be extremely valuable in these situations; they can help you sort out the power dynamics based on deep expertise in how coercive control may show up.

Ensure meaningful language access.

A thorough intake process, proper screening for DV/SA, and conversations regarding informed consent and safety planning can be stressful and nuanced exchanges that are extremely difficult when not in your first language. This requires ensuring meaningful language access for all participants. Organizations that receive federal funding are required to take reasonable steps to ensure meaningful access to their programs and activities by individuals with limited English proficiency (LEP). Similarly, it is important to ensure access for individuals who are deaf or hard of hearing.

For help with developing a language access plan, visit the National Latino Network's Limited English Proficiency (LEP) toolkit at <https://nationallatinonetwork.org/lep-toolkit-home>.

Examine your intake processes with a trauma-informed lens.

In a 2013 report by the Substance Abuse and Mental Health Services Administration, high rates of violence histories were found in women seeking support from the entire spectrum of public assistance, including public health, education, employment, family welfare supports, and supported housing ("*Trauma-Informed Approaches: Federal Activities and Initiatives*," Federal Partners Committee on Women and Trauma, A Working Document/ Second Report, 2013). While the focus of this report is on women, these issues can't be discussed without also considering the impact of trauma on men. It's a safe bet that many of the people who enter your program are coping with trauma – the trauma of homelessness, danger of being on the streets, addictions, untreated mental health issues, combat experience, fear of deportation, and a host of other contributors.

Understanding trauma and trauma-informed

approaches is not the primary focus of this toolkit, but as you develop your knowledge base about safety planning it's important to have a working understanding of these concepts. Sexual and domestic violence survivors are often coping with significant trauma caused by their abuse experiences. Domestic violence and sexual assault are overwhelming and life-threatening experiences; they create toxic levels of stress. Survivors' sense of power, self-efficacy, and well-being is diminished; this disequilibrium affects all areas of their lives. Trauma also has differential impacts on marginalized and vulnerable people and may recur within families and communities across several generations (known as historical trauma), especially when oppressive conditions are ongoing.

Connection to service providers is itself often re-traumatizing to survivors whose lives have become entangled in systems such as the courts, law enforcement, and child welfare. These experiences combined with the trauma resulting from abuse affects how people approach services and service providers.

It's critical that homeless/housing providers remember how trauma's impacts may show up in people's behavior and incorporate that awareness into the way staff approach survivors. It may be helpful to recall a time in your own life when you were in a crisis; were you confused or forgetful? Emotionally uneven? Was it hard to concentrate, follow complex directions, or make decisions? Did you have trouble sleeping, or experience aches, pains, or illness? Did images from your crisis event show up unexpectedly in the middle of the day, or in the form of bad dreams or nightmares? Did you sometimes "space out," or withdraw from contact with others?

All of these impacts may come along with survivors during your intake process. Bearing this in mind, take a critical look at how clients might be experiencing your process. Is it rushed and clearly focused on moving quickly through

your questions or paperwork? Do you take the time to explain why you're asking the questions you ask? Do you take cues from people when they appear anxious or lose track of what you're asking? It may seem that there is little you can do to slow down the process due to the volume of intakes that you must accomplish, but any modifications you can make to incorporate a more trauma-sensitive approach will be of great benefit to survivors (and others coping with trauma) who seek housing help. Some examples:

- Spend time establishing rapport before diving into questions.
- Allow for pauses, especially when you get cues that things are getting difficult.
- Check in periodically to allow the person to indicate distress or confusion.
- Consider offering to make a second appointment if the survivor has difficulty finishing in one sitting.
- Encourage the survivor to bring a supportive person who can help them stay grounded.

Establishing yourself as someone who is sensitive to trauma is key to developing the trust that will help you really understand the household's circumstances and tailor your response accordingly. And as previously mentioned, even survivors who choose not to disclose are looking for signs that it might be safe to do so in the future.

Have a ready response when sexual or domestic violence is identified.

When DV or SA is identified at screening, finding out more from the survivor as to whether the threat of harm is current and whether they have a safe place to stay right now is an urgent matter. When threat of danger is imminent and the survivor has no safe

temporary housing arrangement, you can work with your DV/SA partners to identify any safe emergency housing options that might be available and support the survivor in accessing them.

In all cases, the presence of DV or SA signals the need for:

- Meeting the person where they are; listening for and acknowledging their wishes, choices, and ideas about safety.
- Conducting an informed consent process with the survivor so that they may carefully consider the possible safety impacts of your customary protocol around data collection and information-sharing (see below);
- Offering options for services and supports (such as linkage to the domestic violence/sexual assault (DV/SA) provider system);
- Service-matching that takes location of services and/or housing into account;
- Priority placement on housing list (due to high risk of further assault and injury); and
- Individualized safety planning (see Section 3).

2. Confidentiality Boosts Safety: Protecting Personally Identifying Information

The Office on Violence Against Women (OVW, within the U.S. Department of Justice) and the Family Violence Prevention Services Administration (FVPSA Program, part of the U.S. Department of Health and Human Services) **prohibit** victim service providers (VSPs) who receive OVW or FVPSA funds from entering identifying information into shared databases. VSPs are also prohibited from ever disclosing personally identifying information (PII) without obtaining a written, signed, and time-limited

Release of Information (ROI) from the survivor, following a thorough conversation that helps the survivor consider the safety implications of releasing such data, as described below (see also Section 5 for links to model ROIs). In accordance with the Violence Against Women Act of 2013 (VAWA), HUD holds service providers whose primary mission is to serve survivors of domestic or sexual violence to these same prohibitions.

While homeless/housing providers are not bound by the same restrictions, best practice recommends adoption of protocols that allow survivors to control whether and how their PII is recorded, stored, and shared.

Implement alternatives in your data management and customary information-sharing practices.

For survivors of sexual and domestic violence, inclusion of PII in a shared database can lead to discovery of their location by the abuser, pose grave risk to safety, and compromise their ability to escape the abuser. It may also become part of the record that an abuser may use against a survivor in child custody cases or other civil or criminal legal matters. The release of PII across providers or programs, even though intended to streamline service delivery, can lead to the same consequences.

Adopt an “opt-in” approach rather than an “opt-out” approach and offer it routinely.

All persons entering homeless/housing programs that receive federal funding have the right to decide whether they agree to have the information they provide during intake/assessment processes included in the CE’s shared database. An “opt-in” approach with signed informed consent documentation moves away from assuming agreement just because the person hasn’t signaled objection. Additionally, an “opt-in” process reduces the potential fears a survivor may have that by

“opting out” they could be excluded from services. Survivor safety is better protected when all clients are informed of this option.

An informed consent process that offers information about where data is stored, with whom it may be shared, and who has access to the database allows people to think through the implications of participating in your usual process – even if they have not disclosed that they are survivors. It also allows people to safety plan for the risks that may follow being entered into a database. Be clear about information you need to determine eligibility for various forms of housing assistance, and about any information-sharing you may need to do as part of their program participation.

Time is often of the essence, data is important, and paper-and-pencil alternative methods may feel clunky. However, best practice recommends letting survivors know that they have a choice as to how their private information is treated, ideally through an “opt-in” approach that includes an informed consent process.

Be clear about the information your agency is obligated to ask about.

Information is power! Transparency promotes people’s ability to make their own choices and is in keeping with a trauma-informed approach. If you are a HUD grantee, explain that there are questions you are required to ask, and be clear about any information your agency may be legally required to disclose. Let people know that choosing not to answer a question will not result in being denied services.

Let survivors know how you will protect confidential information.

Once your agency has implemented policies and procedures around collection, storage, and sharing of survivors’ PII, take the time at the beginning of services to inform survivors of

those policies. This gives them a chance to ask questions and think through possible implications of disclosure to their safety.

(For more information about confidentiality please see the National Network to End Domestic Violence (NNEDV) Coordinated Entry: Confidentiality Requirements in Practice <https://safehousingpartnerships.org/sites/default/files/2018-04/Coordinated%20Entry.pdf>).

3. Time may tell: When abuse is uncovered post-housing placement.

When domestic and sexual violence history is disclosed post-intake.

Survivors may wait to disclose that they have experienced domestic or sexual violence until after they have entered services. Despite your best efforts at intake, survivors may not open up about their abuse experiences right away. They may have many reasons not to, including previous bad experiences with systems involvement, fears that they could be denied services or diverted to another system, fears stemming from their immigration status, lived experiences with systemic racism and discrimination, or concern about potential child welfare reporting. In addition to this host of reasons, interpersonal violence is simply not an easy thing to reveal to others; sometimes it's difficult to acknowledge even to ourselves that what we have experienced is abuse – especially for those who've had a lifetime of it. Disclosure must take place on the survivor's timetable and when sufficient trust has been established.

Failure to disclose should not be cause to judge a person's honesty or trustworthiness. Honor survivors' choices and let them know that you are an ally. Disclosure, even when it comes later in the process of working together, is helpful information and allows you to tailor your response. Safety planning (see Section 3), referrals to requested supports, and caution around information-sharing all come into play,

and you can listen to the survivor's needs and goals and plan together with a new understanding.

“Problem tenants:” Responding when domestic and sexual violence is reported by others.

Your program may hear from a landlord, neighbor, or property manager about “fighting,” raised voices, police presence, or other indications that a couple you have housed or sheltered could be in an abusive relationship. This situation requires careful intervention. The survivor may be at risk of further assault and the abuser may be at risk of arrest; both could be at risk of losing their housing. Assure whoever contacted you that you will follow up, but don't promise to provide information that could violate a survivor's confidentiality or safety.

Set up separate meetings with the couple to ascertain what happened and make a plan to address the issues that triggered your awareness that someone may be unsafe. If you find that there is an active abuse situation, have policies and protocols ready to go. Know the federal, state, and local protections available to survivors (see below), and how your local DV/SV programs can help. With the survivor's wishes in the foreground, you can offer a transfer, lease bifurcation, referrals to domestic and sexual violence services, help with accessing civil legal remedies, or simply ongoing support if the survivor is not interested in separating from the abuser.

Avoid any intervention that might give the impression that a survivor should avoid calling 9-1-1 or otherwise seek help when in danger. Bring in your DV/SA partner if possible here, as they are best equipped to read subtle signs correctly and offer options. Most importantly, reach out to ensure the survivor knows you are a resource if they want to make a change in their housing arrangement. If one of the

tenants involved in this kind of complaint scenario acknowledges their own abusive behavior, be ready with resources and encourage them to seek help (see Section 5 for more information).

Know the federal, state, and local laws and ordinances that provide housing protections for survivors.

Under VAWA, survivors of domestic violence, sexual assault, dating violence and stalking have a number of legal protections that are extremely helpful to know about. These apply to many types of HUD-funded housing, including those funded through your Continuum of Care. VAWA protections can provide for removal of the abuser, porting a voucher from another affordable housing program, seeking an emergency transfer to a new unit, staying in a unit despite DV/SA-related violence, and several other rights (for more information on VAWA protections, see Section 5).

There are additional federal protections as well as state and local protections that should be part of the agency-wide training provided routinely for staff in your homeless/housing agency. These protections are often more expansive than VAWA and are important for your agency staff to understand so that information can be provided to survivors - and to help ensure that your agency complies with the federal, state and local laws.

If an abuser leaves or is evicted, offer to help them with a new housing placement.

When the intervention results in the abuser being evicted or moving out, the survivor's problems may not be over. With nowhere to go, the likelihood is high that the abuser may try to move back in once the heat has died down, or to enact some form of retaliation that could be dangerous to the survivor. Helping the abuser find new housing - and/or asking the housing provider to bar the abuser from the property -

can reduce this possibility. Whenever possible, separation should not result in re-entry into homelessness for either party.

Survivor safety in the aftermath: If the abuser leaves or is evicted, help the survivor determine the best strategy for staying safe.

If the survivor feels the only way to be safe is to move to a new location, offer help with a new placement. If the survivor is a tenant of a VAWA-covered housing provider (as noted above, CoCs are VAWA-covered housing providers) your organization should have an emergency transfer plan in place. Some survivors may opt for some combination of strategies to increase safety without having to relocate. These could include installing new locks, getting a security camera, asking a trusted friend or relative to live with them, and/or obtaining a protection order. Some states or localities have protections for survivors in private housing as well (including early lease termination, lock changes, and anti-discrimination protection; see Section 5 for more information).

4. Policies and requirements: Out with the old, in with the new.

Each time, every time: Safety planning as a routine element at all stages of service provision.

From a policy and practice standpoint, safety planning is a crucial element. Survivors' circumstances are not static, and housing-focused safety planning is not a one-time proposition. Once an initial plan is discussed with the survivor, it's important to check in each time the agency has contact with the survivor throughout the time you are serving them to be sure the plan is serving them well, or to modify the plan to account for new situations – such as starting a new job, or the abuser being released from custody.

An added benefit of consistent attention to survivor safety is that it also better ensures the safety of the staff who are working with them. Full detail about how to conduct safety planning is provided in Section 3 of this Toolkit.

Eliminate or reduce mandates.

One of the most fundamental harms of domestic and sexual violence is the loss of a sense of control over your own life. Survivors may enter your program with prolonged and dehumanizing experience of living under someone else's thumb, with little control over even simple day-to-day decisions. This loss of a sense of control is equally harmful for survivors of sexual assault, whose choices were not any part of the violence they experienced.

In the domestic and sexual violence service provider field, funders expect providers to offer a very different experience by providing all services on a voluntary rather than mandatory basis (Note: Use of a voluntary service model is also a core aspect of a **Housing First** orientation, which HUD has long promoted). Survivors have much more expertise in their own lives and experience than we do; best practices align with the recognition that once given information about their options, survivors are better equipped to discern what services will be helpful. While counseling, for example, can be a helpful tool for many victims of traumatic experiences, making it a requirement rather than an option does not allow people to assess for themselves whether now is the best time, or if "talking it out" is what would be helpful or healing for them.

Note that even safety planning is a voluntary service (see Section 3 for more guidance on this point).

Ensure intent lines up with impact.

In the name of safety, some programs implement requirements that they think will

protect survivors but that may actually be harmful - and could even violate federal, local and state laws. Below are some examples of such requirements, **which should NOT be part of your program's requirements or expectations.**

- **NEVER require a survivor to file for a protection order.** Unless you require every single tenant to apply for a protection order, there are legal protections prohibiting this practice and/or policy. Even apart from legal consideration, whether a protection order is a good idea should **always** be the survivor's call. Some abusers react badly when served with a restraining order and may retaliate in any number of ways, including escalation of stalking behavior, threatening to take the children, or re-assaulting the survivor. Based on knowing the abuser's tactics and tendencies, the survivor has a keen sense of whether this will be a good direction to take at this time. Further, many survivors don't wish to look to the legal system for help due to their lived experience with systemic racism, fears of deportation, or concern about court involvement triggering a child welfare report.
- **NEVER bar a survivor from having contact with the abuser.** Survivors often have children in common with their abusers and may have no choice but to see the abuser to exchange the children for court-ordered visits. Having contact may also be a way to appease the abuser and is part of a plan to more safely manage being separated. In other cases, contact may be something the survivor is freely choosing as part of their ongoing assessment of the relationship from a safe home base. Forbidding contact with the abuser ensures that the survivor won't feel

safe coming to you for help with safety planning or for emotional support related to any contact they may have with the abuser, and thus increases isolation and vulnerability. Barring contact is a sure way to be crossed off the list of trusted resources when the survivor needs support or help down the road.

- ***NEVER impose consequences affecting tenancy if a survivor “fails to control their guest.”*** If a disturbance or damage to the unit results from the abuser being on the premises, it’s important not to interpret the event as something the survivor “allowed” to happen. The visit may not have been the survivor’s choice, and even if it was, it’s highly unlikely that they were the one at fault for the disturbance. Survivors typically have little to no control over the behavior and choices of their violent partners. Your policies and response to this kind of event must be built on that understanding.

Build in flexibility.

Are survivors washing out in your Rapid Re-housing program because they haven’t developed income quickly enough to assume their housing costs by the end of your rental subsidy period? Are survivors working on goals that don’t seem directly tied to housing stabilization?

If the answer to these or similar questions is “yes!” it might be time to step back and ask a different question: How can we aim toward positive housing outcomes for all households, including those for who domestic violence or sexual assault is part of the picture? Consider:

- CoC-funded programs are required by HUD to employ a Housing First approach, which moves away from old

models that hinged on pre-requisites such as employment, sobriety, and other presumptive indicators of “housing readiness.” With survivors, it’s important to ask, but not to ***assume*** that their experience of domestic or sexual violence necessitates an emergency shelter stay, mental health counseling, or some other precursor to housing placement.

- Effective Rapid Re-housing programs strive toward housing retention, with a rental subsidy that allows adequate time to ensure stabilization. Survivors need sufficient time to navigate the aftermath of their abuse experience, which often includes resolution of complex systems involvement as well as trauma impacts. A focus on income development must be woven into this larger picture, and this may require a deeper subsidy than is considered the community or agency standard.

Survivor-defined goals, flexible rental subsidy periods, and recognition of the impact of trauma are common elements in programs around the country having success with helping survivors establish and retain safe housing.

Develop clear written policy around DV/SA protocols that guides staff’s work.

In enacting your commitment to promote safety for survivors of domestic and sexual violence, you will be asking agency staff to make some changes in the way they provide services. Train on it, but also put it in writing. Add and/or rewrite policies to reflect best practices and ensure that staff refer to them until they become ingrained; busy staff working in this often-stressful field can easily revert to old ways of doing things.

5. Agency Culture

A trauma-informed approach.

Given the many forms of trauma with which homeless or precariously housed participants are coping, chances are that you are already looking at how to fully incorporate essential elements of becoming a trauma-informed agency. As discussed earlier, this will be of great importance to your work with survivors, who are typically dealing with high levels of post-traumatic stress, anxiety, and other psycho-emotional impacts of domestic and sexual violence. In all areas of your program, from receptionists to assessors to case managers to managers and administrators, staff should have training and support around enacting a trauma-informed approach. Becoming a trauma-informed organization also includes building awareness of and supports around vicarious or secondary trauma, which takes a toll on direct service staff as well.

There are many helpful resources about moving toward being a trauma-informed organization (see Section 5 for more information), and some may exist in your own community. Your local domestic and sexual violence program and state coalition(s) are also important partners.

Root out victim-blaming.

When the most common questions that domestic and sexual violence educators must answer are “Why don’t they just leave?” and “Why would she go out with him in the first place?” it’s easy to see that we live in a culture that holds victims of domestic and sexual violence responsible for what happens to them. It can show up in feelings of impatience, seeing the survivor as defective in some way, second-

guessing the survivors’ actions without finding out more about the context in which those choices are made, and in thoughts such as “I would never take that kind of treatment!” or “They must be partly to blame or they would press charges,” or “Why didn’t they do more to protect the children?” or “How can he still want to see him after all he’s done to him?”

Victim-blaming can be woven into decisions, policies, and the ways we interact with the people we serve. Resisting it takes rigorous attention and practice, as it is strongly embedded in our culture’s mythology about sexual and domestic violence. Survivor safety can be compromised when staff enact practices and expectations based on incorrect assumptions about the dynamics of interpersonal violence - or based on believing that they know better than survivors what the “right” choices should be. Victim-blaming robs survivors of the compassion they deserve and can sabotage delivery of effective services. Learning more about domestic and sexual violence is one of the best ways to counter victim-blaming.

Don’t Go it Alone!

Survivors may need both the internal supports your agency provides and external supportive services to assist their housing success and ongoing safety. Domestic and sexual violence are complex issues and survivors have multiple needs; both staff and survivors benefit from cross-system collaboration. Don’t be an agency that tries to do it all. Even large organizations with multiple services and programs can benefit from partnerships (see Section 2).

SECTION 2: PREPARING STAFF AND ENGAGING PARTNERS

Goal: Comprehensive training ensures agency staff have the tools, information, and support they need to work effectively with survivors. Further, our agency invests in cultivating relationships with community partners to inform our work and to facilitate survivors' connection with resources outside of our agency's scope.

Survivors don't come to homeless/housing programs so that you'll become their victim advocate; they come to access the resources and expertise you can bring to bear on their housing stabilization. However, having a solid understanding of domestic and sexual violence dynamics and impacts sharpens your ability to do just that. Informed attention to these issues, when layered in with your housing expertise, can be instrumental in helping survivors access the services and support they need to achieve and retain safe and permanent housing. And in cultivating relationships with your local domestic and sexual violence agencies, your state domestic and sexual violence coalition(s), and other community partners and systems with which survivors must often engage, you can broaden the impact of your housing services and promote safety and healing for survivors in your program.

Please note that this section isn't itself intended to serve as the recommended training, but rather to describe the elements of the training your agency should bring in. Links to good resources you can access through the internet can be found toward the end of this Toolkit, but there is no substitute for in-person training. Seek out (and budget for) subject matter experts who can work directly with your agency to provide training, answer questions, problem-solve real situations you have faced, and be available for follow-up consultation.

1. It's all about that base: Learning the fundamentals.

All-agency training is core to housing retention outcomes and to domestic violence and sexual assault survivor safety.

The intersection between domestic and sexual violence and housing instability is strong and has many aspects. The need for tailored services and a survivor-driven approach becomes clear when staff know more about survivors' lived experiences, the complex dynamics at play in abusive relationships, and the short- and long-term impacts of domestic

violence and sexual assault, including impacts on housing, employment, and credit. That knowledge base is also a great foundation for understanding the risks survivors face and supports they may need, and better equips housing staff to enact safer and more effective housing interventions.

Promote a consistently trauma-informed approach by providing all-agency training on trauma.

In all areas of your program, from receptionists to intake staff to housing locators to case managers to supervisors and administrators,

staff should have training and support around enacting a trauma-informed approach. Don't skip the front desk staff or your board on this one, or you'll create pockets of sensitivity to the needs of traumatized people rather than an overall climate, which results in an uneven experience for staff and participants alike. Instead, strive to ensure that survivors are met with a trauma-informed approach at all points of contact with the program.

Train and coach all staff on agency policies and protocols for working with survivors.

Follow up all-staff training with supervision and coaching to ensure staff understand the implications of policies and protocols to their particular roles. Front desk staff, helpline responders, navigators, housing locators, case managers, etc. have different kinds of contact with program participants, but each of these agency staff should understand that they play a vital part in responding to the safety concerns of program participants.

Key staff will need advanced training.

Staff who provide direct services need more in-depth training that includes all of the above, plus opportunities to build their skills and comfort with modifications to usual services when working with survivor households. This includes conducting safety planning, communicating effectively around trauma impacts, protecting confidentiality and using informed consent, knowing about legal protections, and working with landlords on issues specific to survivors and housing. They will also need a close working familiarity with community resources survivors may want to connect with to support safety, healing, and housing retention.

Not "one and done."

Perhaps the most challenging staff training will

be the first one you pull together, but don't let that one be your last. Be prepared to repeat training on DV and SA. Given staff turnover, training will need to be offered periodically – and refreshers or continuing education are a good idea for staff who've completed the baseline. Over time, real training scenarios can be drawn from your own experiences responding to domestic and sexual violence survivors.

2. Who Else Do You Need to Know? **Partners helpful to survivor safety.**

Domestic and Sexual Violence organizations can be trainers, consultants, and co-case managers.

These partners can provide a wealth of knowledge and deep experience that can increase your capacity to provide effective housing interventions for survivors – and transform the way you work. Depending on your community and the degree to which your two systems are already working together, this may be an easy task or a more complicated one. In some communities, silos persist, and you may need to work harder at making a connection. In other cases, you're already sitting at some of the same tables together and know one another well. Urban communities may have multiple victim service providers, while rural communities and tribal nations may be very under-resourced and reliant on victim services programs in the next town or county over.

Scope out your own community and take whatever next steps your situation calls for; ideally you can arrange some sit-downs to talk specifically about how your agencies can work together more closely to better serve survivors who enter through your doors. This may include cross-training, help with enacting your training goals, and the possibility of accessing victim service providers for case consultation.

Your state domestic violence and/or sexual

assault coalition(s) provides another potential avenue to training and information. These organizations exist in every state and territory and have a complete picture of the victim service providers operating in your area; this may be especially helpful if your homeless/housing program serves multiple counties and communities. Additionally, they may be available to assist with your training needs and/or augment what your local victim services partner can provide. *For help with identifying the coalition in your area, see <https://nnedv.org/content/state-u-s-territory-coalitions/>.*

Healthy, respectful collaborations, like healthy relationships, are reciprocal. Try to identify resources to pay for training and consultation or offer a skill and consultation exchange.

Establish avenues to ensure that survivors can reach across systems for help resolving issues that can compromise their housing success.

Connecting survivors to the services and support they need is instrumental to maximizing their ability to establish and maintain safe housing. For example, it's important to note that some immigrant survivors of domestic violence, sexual assault and trafficking may be eligible for specific immigration remedies under the Violence Against Women Act and Trafficking Victims Protection Act. Knowing how to connect them to knowledgeable advocates and attorneys who can assist with their cases will be critical in helping them and their children achieve safety and stability. Develop a strategy for building and maintaining cross-system relationships and referral processes with organizations and systems that bring a DV/SA lens to specific survivor needs. Your local domestic and sexual violence programs can be of great help in mapping out the services available to survivors in your area.

Depending on the resources available in your

community, this could include:

- Cultural or population-specific DV/SA programs
- Support groups, helplines, and drop-in services for survivors
- DV/SA-specific economic justice programs
- Survivor-focused recovery programs
- Rape crisis centers
- Cultural- or population-specific community-based organizations
- Rape Victim Assistance programs in prosecutor's office
- School-based resources
- Child-focused support or counseling in the community
- Parenting After Violence classes
- Nurse/family partnerships/Home visitors
- Legal Aid services
- Family Law attorneys
- McKinney-Vento Local Educational Agency liaisons
- McKinney-Vento Homeless State Coordinator
- Immigration legal services
- Specialized DV /SA units in police, prosecutors, and child welfare offices
- Restraining Orders/Family Court
- Family Justice Centers

Please note that these community resources are not presented to convey that every survivor must connect with all of them. Even in the most service-rich communities, some resources may be seen as unhelpful. As discussed earlier, some of these services and systems have been re-traumatizing, or are not viewed as viable options for survivors with lived experience of systemic racism and disparate treatment.

SECTION 3: SAFETY PLANNING WITH SURVIVORS PARTICIPATING IN SERVICES

Goal: A commitment to conduct safety-focused conversations with every survivor we serve is central to our agency's DV/SA population-specific protocol.

A survivor's entry into your homeless/housing services program represents a significant step toward safer lives for them and their children. For domestic violence survivors, it's important to keep in mind that the abusive person's reactions to that step can play a huge role in what happens next. Leaving an abusive home does not always eliminate the ongoing threat that an abuser may pose, and coercive control and/or violence often recurs or even escalates after the relationship ends.

In the case of sexual assault, survivors may need to relocate to leave behind the dwelling or neighborhood in which the assault occurred. Other sexual assault survivors lose their housing as a result of the cascading impacts of trauma on their ability to resume employment or access the income needed to retain housing. Staying as safe as possible in new housing is essential to healing and re-building their lives.

The goal of safety planning, simply put, is to reduce the abuser's or assailant's opportunity to continue the abuse, allowing the survivor to establish a firmer foundation on which to rebuild their life and heal from the trauma of victimization.

Note that safety planning isn't just for survivors who flee an abusive relationship or leave the vicinity of sexual assault. Some domestic violence survivors may continue to share housing or stay in relationships with abusers for many different reasons, from economics to co-parenting to hope that the abuse will stop. For some, domestic violence may be just one element of a complex set of issues which may include chemical dependency, mental health issues, or disability. Some may be slowly planning their exit; others might not identify their partner's behavior as cause for leaving but recognize the need for a plan to minimize its harmful impact.

1. The Fine Print

It's complicated.

In the domestic and sexual violence advocacy field, safety planning typically includes conducting an evidence-based lethality assessment that helps to identify the level of danger a survivor may be facing. This risk assessment is best left to skilled advocates with deep expertise in having these conversations and who can confidently help the survivor understand their risk. Your safety-focused conversations should not attempt to go to this

depth unless you have this training and background or are working with a community partner who does. That said, if a survivor discloses that they are afraid the abuser will kill them or their children, take this information seriously; a survivor's own assessment of the danger they face is a critical component of every evidence-based lethality assessment. In these cases, it is best practice to involve a DV/SA advocate as soon as possible.

Working with a DV/SA partner.

As emphasized throughout this toolkit, an active

partnership with your local victim services program is invaluable. These experts can assist survivors with the comprehensive, holistic safety planning and decision-making that your housing-specific safety planning can supplement. If DV/SA advocacy is not available in your community, or if the survivor you are working with opts not to connect with an advocate, there may be other community resources that can be helpful (see Section 2). Remember, though, that DV/SA are complex issues and the wrong intervention can be dangerous or even deadly. If a survivor's situation is leaving you stumped, it's ok for you to suggest that the two of you contact a local advocate or helpline or call the National DV Hotline (1-800-799-SAFE; Spanish, Deaf/Hard of Hearing, and Native American-specific lines also available). You can also contact these resources for advice and consultation for yourself if the survivor chooses not to seek direct help.

The written word is no substitute for live, interactive training.

Having this toolkit in your hands or locating good websites does not negate the need for training by content experts. As was stressed in Section 2, contact your local victim services programs or state domestic and sexual violence coalitions for help with scheduling periodic trainings to supplement and give life to the reading material you make available to staff.

It's the survivor's plan, not yours.

In keeping with best practices, remember that the safety-planning process should be survivor-led, and that safety is survivor-defined. You may feel, for example, that it's best to assume that any safety plan would be built around the aim of having no contact with the abuser – but the survivor may not be able to avoid some contact or may not see that as the best way to guarantee their safety. Be open to understanding safety from the survivor's

perspective. If they need to see the abuser for purposes of help with child care or to exchange the children for court-ordered visitation, talk together about how to do that as safely as possible, such as meeting with the abuser in a public place. If the survivor wants to be in touch periodically because it appeases the abuser, trust their assessment that this serves to keep them safer. Safety planning around contact with the abuser may include thinking about emotional safety, such as how to avoid being guilt-tripped and manipulated. Recognizing the survivor as the expert on their own safety needs does not preclude you from asking questions, offering options the survivor may not be aware of, or giving feedback if something the survivor deemed safer doesn't work out very well and might need re-thinking.

Guard against complacency

Survivors have lots of inside knowledge on their abusers' patterns and tactics. But abusers can be unpredictable, especially when facing the loss of the person over whom they have worked so hard to maintain control. Plan well, but neither you nor the survivor should see the safety plan as fail-safe. It's important for the plan to help the survivor feel better prepared, but not to let down their guard to signs that new strategies may need to be added.

Sometimes safety comes at a cost.

Do locks need to be changed because the abuser has a key? Would an alarm system or outside lighting be helpful? Whether the survivor is residing in housing owned by your agency, the housing authority, or a private market landlord, you may need to access funds or community resources to make physical changes to the survivor's building or apartment unit. Be sure to investigate how you can access these kinds of resources on behalf of survivors. For example, many states offer Crime Victims' Compensation funds that cover home security



expenses related to the crime (see Section 5 for more information). You may also find that many community members, including contractors and security companies, are willing to work with you to increase survivor safety.

Survivor preferences and cultural considerations.

Housing location is a key consideration to survivor safety, and in many cases you and the survivor will work to identify an area of the community with reduced likelihood of contact with the abuser. But don't overrule survivors when they wish to remain in an area where they feel at home, even if it's known to the abuser. Survivors may have compelling reasons for this preference. Some may want to prevent the toll that transferring to a new school and being separated from friends and playmates can take on their children. Others prize the continuity, in a time of so much change, of a familiar path to their job, access to friends and neighbors, or being near to their place of worship. Still others don't feel that the many stressors of starting over in an unfamiliar area are worth whatever safety may be gained through physical distance.

The desire to stay connected to a familiar neighborhood may be particularly acute for survivors who would otherwise lose connection to their cultural community. Leaving a predominantly Latinx area, for example, to reside in a part of town where no one speaks Spanish, extended family is two bus transfers away, and groceries needed for traditional meals can't be found can quickly compromise the sense of safety a move should be designed to promote.

Cultural considerations, of course, can challenge housing location. When for example, a Native American survivor wanting to stay on Tribal land faces the scarcity of available units in Tribal housing, options may be limited. But planning that considers survivors' natural

support network should be standard procedure, whether the eventual housing location facilitates or challenges ongoing cultural connection. Maintaining ties to culture and community goes a long way toward truly establishing safety.

Promote the survivor's ability to build a safety network.

As survivors work to establish safe and stable housing in the context of ongoing risk, they may key in on the need for outside resources to shore up safety. These could include address confidentiality programs, civil legal tools such as protection orders, trauma counseling, law enforcement, support groups, immigration legal assistance, connection to culturally-specific services, etc.

It's helpful for you to develop an understanding of these supports and how they work so that you can provide information and connections if the survivor asks for your help. Remember, however, that each survivor's situation is different, that the larger system response to DV/SA varies across communities, and that not all survivors experience systems responses as helpful or welcome. There is no single formula for what resources a survivor should access, and this is another area where your local victim services program is a valuable partner. As they assist the survivor in identifying their options and navigating through these systems, you can be a key collaborator (remember that DV/SA agencies can only share specifics about the survivor's safety strategy following an informed consent process).

Cultural considerations factor in here as well. Building a safety network is not just about community resources, and you can help the survivor brainstorm about rebuilding or creating their own natural support network. Who are the safe and supportive people in their life, and in their new neighborhood? What about healing places and activities? Connection to others is a

huge boost and antidote to isolation and fear.

2. A Conversation, Not a Checklist or Handout

It's personal.

Safety plans are aimed at identifying potential threats to the safety of the unique survivor sitting across from you. While all safety plans may contain some of the same elements, each plan must be individually tailored to the survivor's activities and the abuser's patterns and tactics that could endanger the survivor and their children as they participate in your housing program.

It's voluntary - on the survivor's part.

It's not a conversation you should avoid initiating, but if the survivor is distracted, upset, or uninterested in engaging with you about planning, don't force it. It's more likely that you'll have a good exchange if you make it part of a natural interaction rather than starting by saying, "Now we are going to safety plan."

Take advantage of opportunities during your conversation to insert safety-related questions, such as:

- "Thinking about your safety, how have you been feeling since you moved into your new housing?"
- "Do you know what you would do if your ex showed up there? Who would you call? What would you tell your kids to do?"
- "What route can you take when you drop the children off at child care to minimize the chances that your partner might be waiting for you?"

You may find that making the plan is less anxiety-provoking for the survivor if it is woven into the conversation rather than broken out as a separate task. And be sure to validate all that

survivors have been doing to keep themselves and the children safe, and how helpful it is to draw on that expertise to problem-solve around new circumstances.

When survivors choose not to enter into safety planning conversations, convey compassion and understanding rather than judgement. It just may not be the right time, or the survivor may already be connected with a victim services provider who is working with them. You can still establish yourself as a person who cares and is taking the survivor's safety seriously.

- **Validate:** "It sounds like you have a lot going on. Do you have support people you can talk to, who know a little about what's been happening?"
- **Reality Check:** "I am concerned for you. What you told me about is serious, and it could happen again, or get worse. I just want to make sure you have the right kinds of supports, know what all your options are, and that your kids are safe, too."
- **Introduce ideas for possible next steps:** "Do you have a safe place to go (when you leave here, if you needed to be away from your partner, etc.)?" or "Do you know where you can get more information about options and resources if you needed it?"
- **Leave the door open:** "I'll be here if you want to do some more talking. Here's how to get in touch with me if I can ever be a resource." Or "I'm familiar with some DV advocates, if you want me to connect you."

Two heads are better than one.

A handout or brochure about safety planning may be helpful to the survivor, but talking it out with a supportive and well-trained person allows the survivor to think more deeply and strategically about vulnerabilities and how to

plan around them. It also helps bring the plan to life. For example, many safety planning tools suggest gathering all your important documents and leaving them somewhere safe. In conversation with you, the survivor can think about where that specific safe place might be for them. “Identify the safe people in your life,” another common safety planning suggestion, becomes a conversation about who exactly those safe people are and how the survivor can re-establish a connection with them if contact was limited by the abuser’s control.

Keep the dialog open.

The safety plan created in the early stages of working together may hold up and serve well over a long span of time. But safety plans are most useful if they are in sync with real time. Chances are good that as the survivor’s circumstances change, the plan will need to incorporate new elements. Maybe the survivor starts a new job and needs to take the bus through a neighborhood the abuser frequents. Or the children change schools and new school staff need to be alerted not to release the children except to designated people. Or the abuser or attacker is released from jail and could begin stalking. Or there’s a hearing coming up where they will see the abuser at the courthouse. Or the abuser’s brother sees the survivor at the grocery store nearest the apartment.

As can be seen from these examples, it’s a good idea to check in about safety each and every time you have contact with the survivor. When you hear of these kinds of events, ask questions:

- “Now that your brother-in-law has seen you, are you worried about your ex-finding out where you are?”
- “How are the custody exchanges going; are you and the kids feeling safe?”
- “Should we look at the bus schedules

together and see if we can map out the best route?”

- “I’m happy to connect you to the DV program to see if an advocate can accompany you to your hearing - is that something that would help?”

3. Essential Elements

Start with right now.

You’re sitting together with the survivor in the moment you begin this conversation. Questions such as, “Is this location safe for you?” or “Are you safe to sit down and talk for a while?” can help start the ball rolling. You can follow up as the situation calls for (“When we finish talking today, are there things we can put into place to be sure you can leave safely/be safe after I leave?”). Remember to ensure that you’ve established a private space for this conversation and have discussed confidentiality (see *Section 1* for more guidance).

Be ready to spark the survivor’s thinking.

Survivors have often been living in crisis, and their safety planning has been instinctual and moment by moment. Ask them about more about that. “What have you done in the past that has worked? Maybe we can apply that now.”

You can also bring in other examples of actions survivors might take.

I’ve heard from other people who:

- Carry around a 9-1-1 cell phone.
- Rehearsed a safety plan with their children.
- Set up signals with neighbors.
- Changed daily routines.
- Parked their car where abuser can’t block it in.

- Taught their children how to call the police.¹
- Shared the abuser's photo with safe people.

Be sure to normalize how difficult the emotional aspect of surviving DV can be and recognize the resourcefulness and strength they have shown so far.

Project forward in small chunks.

What will tomorrow look like for the survivor? How might their location, errands, destinations, or plans create vulnerability to potential harm? Together, walk through the survivor's immediate future and problem-solve the "what ifs?" As time goes on, extend forward to anticipate upcoming events, change, and activities. Incorporate discussion around things in the survivor's environment that could be triggering or scary, such as coping with neighborhood violence or the frequent shouting in the next apartment over.

If the survivor is co-housed with an abusive person.

Limiting contact with an abusive person is less of an option when the survivor is co-housed. Your conversation may be more focused on what actions they can take if something were to happen, and what preparation they can make ahead of time just in case they want to leave temporarily or permanently. This may include:

- Safely storing a small bag packed with clothes, spare keys, and essentials (including for children).
- Making copies of important documents

(identification, prescriptions, account information, etc.) and keeping them in a safe place or with a safe person.

- Identifying places in the home where they can best buffer against the violence if it breaks out (avoiding kitchens and bathrooms especially).
- Thinking through where they could go if they had to leave quickly.
- When possible, having a small stash of money or separate bank account.
- Identifying safe people they can reach to and in whom they can confide, and phone numbers they may need.
- Obscuring their intentions to leave the abusive person.

When separating from the abusive person.

Leaving is often the most dangerous time for the victim because abusers tend to double down on power and control tactics when they sense the victim pulling away. Planning for safety, especially at this stage, should include a trained DV/SA advocate who can draw on their experience and expertise to help the survivor tailor the plan based on such circumstances as:

What led to the separation? Was the abuser arrested? Did the survivor flee? Did the abuser leave the home, or seemingly disappear? Below are some examples of safety planning elements to consider at this stage:

- If the abuser was arrested, register to be notified about their release from custody.
- Change locks, install lighting, heavy-

¹ Recognize that some survivors from immigrant communities or communities of color may not readily consider the police as a safety resource except in the most extreme situations. Reasons may include fear of deportation, lack of confidence/trust in the police, fear of the abuser's reaction/retaliation, or unwillingness to see the abuser enter the criminal justice system.

duty door and deadbolts, or security system.

- Notify trusted neighbors and ask them to call police if abuser shows up.
- Seek new housing in area the abuser is unlikely to frequent.
- Enroll in an address confidentiality program.
- Be sure the children's schools know not to release the children or to send communications to and share school records with the abuser or anyone other than the list of safe people the survivor provides (note that schools may require a copy of a protection order or custody papers).
- Vary travel routes, avoid places the abuser may know about.
- Consider getting a new phone and ditching the old one; location can be tracked through the phone's GPS feature, and phone messages may be accessed for information about the survivors' activities. It may also be necessary to get a new phone plan if the old one was shared with the abuser.
- Weigh the pros and cons of obtaining a protection order.
- Consider whether to alert the survivor's employer.
- Identify safe people and resources and access them when needed.

Survivors of non-intimate partner rape or sexual assault

When the assaultive person is not the intimate partner, there are many variables that survivors face as they determine how best to go forward and make decisions about their housing. Consider:

- The perpetrator may be an acquaintance whose whereabouts and patterns are sketchy to the survivor, causing a kind of vigilance that is difficult to shed.
- The perpetrator may have been a stranger whose identity is unknown, and the survivor may be feeling a generalized fear of the people around them.
- The assailant may or may not be in custody, leaving the survivor to cope with the fact that now or at some point they are or may be moving about freely somewhere in the world.
- The survivor may or may not have reported the assault, both of which leave a difficult aftermath.
- If the assault was reported, the survivor's emotional well-being and time commitments will be periodically interrupted over a lengthy period of time as the case works its way through the justice system. This could include seeing the assailant in court.
- Some sexual assaults occur in the home, making for a terrifying and triggering turn of the key every day if the survivor is unable to move to new housing.
- A large percentage of sexual assaults take place within a mile of the survivor's home, and their usual familiar surroundings can become triggering and emotionally unsafe.
- Rape or sexual assault history may precede the survivor's entry into services or could occur while housed with your program's assistance.

Depending on the circumstances, home may feel like a safe refuge or a terrifying setting. Survivors may want help with relocating to new housing or hanging on to their current housing

during a time of uneven ability to function day-to-day. Assuming the survivor has disclosed the sexual assault, be sure to follow best practices and let the survivor lead the safety planning.

Safety planning for children.

As hard as survivors work to shield their children from the fear and harm that comes from living with an abusive person, children often have a keen sense of the danger. Keeping the topic off-limits can add to their own sense of vulnerability and helplessness. Children should know:

- How to get help (call 9-1-1, run to a neighbor's house, etc.).
- Where they can hide (under the bed, behind the couch, etc.).
- Not to get in between the adults when fighting is happening.
- How to answer the abusive person if asked for information (about their new address, whether there is a new dating partner, etc.).
- The violence is not their fault and it's not their job to try to stop it.
- The non-offending parent is taking steps to keep them safe.

In your safety planning conversations with the survivor, ask whether they have spoken with the children and how equipped they feel to have this conversation. You may want to offer to connect them with your local victim services provider, who can provide information and coaching on talking to the children about safety.

Help the survivor address emotional safety.

New locks, a security door, and all the planning in the world may not easily resolve the hypervigilance, sleep disturbances, startle reactions, and unease that can mark a survivor's life for a very long time after getting to safety.

Additionally, the survivor may experience periodic re-traumatization when, for example, seeing the abuser in court, receiving a threatening voicemail, etc. Normalize how difficult the emotional aspect of surviving victimization can be. "For a lot of survivors, trauma can be triggered by everyday things - it can be alarming and exhausting. Has this been happening for you?"

You are not playing the role of trauma counselor, but you can use your training in trauma-informed care to help the survivor identify triggers and how to manage them as part of their safety plan. "What have you been able to do for yourself in that moment or afterwards?" You can rehearse a self-care response with survivors for things such as seeing the perpetrator in public, or having to interact during scheduled contacts such as visitation exchanges, court, etc. And be sure to encourage survivors to identify and include emotionally healing supports in their plan as part of promoting overall safety, and to provide referrals to trauma counseling or other supports if requested by the survivor.

About putting it in writing: advantages and caveats.

As mentioned, safety planning is a conversation and doesn't need to result in a written plan. Like a fire drill, we hope for the plan to become embedded enough in the survivor's mind that they will be able to act on it when needed. However, trauma can impact memory and compromise the ability to process complex ideas. Given the high levels of trauma that survivors may be coping with as you work with them, writing down the details of the plan may be extremely helpful. Keep it as simple as possible and be sure to discuss where the plan can be safely kept from being discovered by the abusive person.

NEVER keep the details of the plan in your client files. Limit your case notes to a simple

entry that safety planning was discussed. All written documentation that you maintain is subject to subpoena and thus discoverable by the abuser's attorney. Well-crafted safety plans discussed in open court could mean starting from scratch with identifying safe housing.

4. Working together safely.

Talk with the survivor about any information-sharing you may need to do with other agencies or providers as part of their program participation.

While this aspect of service provision may be routine for you, it's important to take some time to describe it to the survivor and offer them the opportunity to share any red flags or safety concerns that it may raise. Survivors can be easily tracked through just a few pieces of personally identifying information, so err on the side of caution.

Safety during home visits.

If your service model includes visiting

participants in their housing, there are some precautions you can take to protect the survivor's safety – and your own.

- Confirm the safety of the visit – every time you visit.
- Check out whether it's safe to call the survivor and/or to leave a message.
- Be sure someone at your agency knows where you are.
- Keep your cell phone charged and at hand.
- Travel light so you can leave quickly if necessary – and so you don't give away who you are to the survivor's neighbors.

Safety in the community.

If your service provision model includes mobile advocacy or community-based services, protect the survivor's safety and privacy by discussing ahead of time how they want you to handle the chance encounter with someone they know – including the abuser - if you're meeting in a public location.

SECTION 4: FREQUENTLY ASKED QUESTIONS

1. **As homeless/housing services providers, our primary focus is on helping households lease up and move into their new housing. We're not DV/SA experts; is safety planning really part of our role?**

Yes! Safety planning is a vital aspect of ensuring the housing placement is safe and a good fit, which is key to housing retention for survivors. When working with a survivor, thinking through together where the housing is located, how the survivor can best live safely in their new neighborhood, and what services they will need to support stabilization are all part of making a good housing match. Keep in mind that learning good safety-planning skills doesn't make you a DV or SA advocate, who have deep expertise and can be looked to for even more support. But homeless/housing providers are on the front lines for survivors who come to your system for housing help, and having confidence in your safety-planning skills around housing-specific issues is essential. Safety planning is like first aid: everyone should know the basics.

2. **What is meant by "DV/SA-informed services?" How is it different from "DV/SA advocacy services?"**

DV/SA advocates are specialists in domestic and sexual violence and its impact on the safety and well-being of people who experience it. They are also well-versed on the resources and applicable legal protections and remedies available to survivors. They train over a sustained period of time to develop the skills and knowledge necessary to provide expert emotional and instrumental support to survivors and their children who experience the crisis, trauma, and aftermath of DV/SA. They must be prepared to help survivors navigate their way through numerous systems and challenges with which they may become involved due to DV/SA; these may include law enforcement, child welfare, mental health, addictions, employers, debt collectors, schools, immigration issues, and the court system. They must also understand how racial discrimination, language barriers, disabilities, and dynamics within cultural communities may interplay with how DV/SA is experienced and responded to systemically.

Housing/homeless advocates do not need to become DV/SA advocates to respond sensitively and effectively when working with DV/SA survivors. You have your own expertise, likely in many of the same areas named above - except with people experiencing homelessness as the key population. Survivors come to your program so they can benefit from the resources that you can bring to bear on their safety and well-being. A solid understanding of DV/SA dynamics, trauma, and the barriers to housing caused by or related to DV/SA sharpens your ability to help survivors with their housing issues.

3. **Does training in DV/SA basics lessen the need for partnerships with DV/SA providers?**

Developing confidence in the ability to conduct safety planning with survivors is a key element in your effective response. It also contributes to a survivor's ability to be successful in obtaining and retaining safe housing. Partnership with your local DV/SA program is a great idea even if you become a skilled and experienced safety planner. Your DV/SA partner is likely to be the best

resource for ongoing training and technical assistance. And becoming familiar with its services allows you to link survivors you're working with to a wide range of DV/SA-specific support that survivors may wish to receive.

4. We know that that honoring clients' choices is an important part of a Housing First approach. If a survivor's safety plan sounds a bit sketchy to me, can I make a suggestion about a better option?

Bringing your expertise into the conversation is always a good idea – what matters is how you do that. Survivors are the experts on their own lives and situations; inviting and tuning in to that expertise is a great starting place. As you work together, you may hear ideas that don't immediately make sense to you. *Be curious.* Ask respectfully for more information. Knowing more about the survivor's reality will help you know how your own expertise might be helpful. Living daily in a crisis situation inspires great inventiveness and resiliency on the part of survivors, and your ability to bring in new information and resources can introduce new possibilities to survivors used to being on their own. A team approach – you and the survivor - brings in the best of both.

5. My new client wants to be housed in the neighborhood where she lived with her abuser - and where she runs the risk of seeing him on the street on a regular basis! How do I respect my client's choice when it seems to contradict the whole purpose of safety planning?

There may be times when a client's self-assessment of what they need will challenge your idea of a good safety plan. Again, *be curious.* A survivor certainly wouldn't be making this choice so that they can flirt with danger, so what really underlies their decision? Often at the heart of this kind of situation is the survivor's desire to maintain their support network, which includes familiar people, places, community-based organizations, places of worship, and activities. It may also say a lot about how connection to their culture and community can outweigh some of the potential risk that comes with it – especially for survivors whose racial, ethnic, or cultural identity includes historical trauma. In honoring the client's needs and right to self-define safety, you can look together at how these connections and supports can be part of the safety plan. Displacement from a familiar neighborhood relies on geographical distance from the abuser as a mechanism for safety, but the caring network that comes with staying put can also work to a survivor's advantage.

6. There's so much to think about at the front end of working with someone, and with survivors I want to be sure I'm not missing something. Is there a standardized safety plan I can use so that I can be sure I'm doing it right?

Along with the information presented in Section 3, there are many good tools accessible over the web that can help shape your conversations about safety. But what's really important is to be sure it's an ongoing *conversation*. Safety planning together allows you and the survivor to begin developing rapport, trust, and an authentic relationship; those things can be tough to do when your exchange hinges on filling out a form or completing a checklist. Each survivor's experience is unique and is not static. Talking through the elements of how their household's living situation could best be safeguarded can help signal to the survivor that you want to truly understand and help. That may be a foreign - and welcome - experience for survivors who have been blamed for their own victimization and isolated from support.

7. Once the safety plan is made, where should it be kept?

Ask yourself whether a written safety plan makes sense or is needed. Safety planning conversations don't need to result in a written document. For one thing, they are subject to change as the survivor's circumstances change, so the written plan may not hold up for long. For another, it's the process of thinking things through *while not in immediate crisis* that will likely provide more protection to the survivor, not a written plan. Think of a fire drill; we're more likely to rely on rehearsal undertaken while not coping with an actual emergency than we are to consult a piece of paper if an actual fire breaks out.

That said, sometimes a written plan can be helpful to survivors who are coping with trauma impacts and may find written reminders helpful. Important phone numbers, such as a hotline or their advocate's cell phone, tasks that need doing, appointment times, important contact people, and other details that may be part of the conversation you've had are definitely handy to have in writing. Some survivors may like to see their plans in writing as affirmation of their goals and intentions for themselves and their children.

Anytime things are put into writing, be sure to speak with the survivor about where it may be safely stored to avoid its discovery by the abuser. And remember **NEVER** to make it part of your client records; if it's subject to information-sharing or subpoena, it could present danger to the survivor and their children. A note in the file that safety-planning was conducted is all that's needed.

8. How often should the safety plan be revisited?

If you are in regular contact with the survivor, it's not a bad idea to check in on safety each time. If the survivor expresses concern about living safely in their housing that hadn't been raised before, you can work together to update the plan. Sometimes the survivor's circumstances have changed or are about to, and you can offer to problem-solve. For example, if the survivor is leaving shelter to move into an apartment, starting a new job, taking a class, or has reason to believe that the abuser knows where they are staying, it could present new safety concerns or affect their safe participation in your services. If the survivor is working with a DV advocate, they may be handling these updates to the safety plan. If not, be sure to check in with the survivor about whether they'd like to work with you to revisit the plan or offer to help connect them to a DV/SA advocate. Remember, safety planning is voluntary for the survivor, and the survivor is not obligated to report these types of events to you. Your role is to communicate your commitment to safety and your availability to help.

9. If I'm using a mobile advocacy approach and doing home visits with a survivor we've helped house, am I putting myself in danger?

It's important to remember that it's the survivor who is the most at risk in an intimate partner violence dynamic, but it's not unusual to be concerned about your own safety when you enter their lives as a helper. The good news is that if you work together to construct a safety plan that looks at how the survivor can safely participate in services, that will also protect you. A good starting point is to talk about the home visiting approach and whether it feels comfortable for the survivor. Be as sure as you can that it's a welcome approach; while its intent is to reduce transportation and logistical barriers to services, some survivors may prefer to meet at a nearby location such as a

library, coffee shop, or park – or to come to your office. As a general rule, avoid home visits if the abuser is actively stalking the survivor, or if there is reason to believe that the abuser could show up during the visit.

Regardless of where your visits take place, discuss beforehand how to do so as safely as possible. This should include establishing the understanding that you'll call just prior to the meeting to be sure it's still a good time; that provides a chance for the survivor to let you know if they have any reason to believe that the abuser could interfere with meeting safely. Ask the survivor how they'd like you to handle a chance meeting with a neighbor, friend, their partner, or other person during the course of the visit. Be mindful of how you are dressed and what you carry with you to minimize the possibility that you'll be identified as a "social worker" in order to preserve the survivor's privacy. Be sure your cell phone is charged and close-by during the visit and be aware of where your closest exits are – just in case. Stay attuned to your environment and to your intuition during the visit.

10. We keep a "by-name" list and are required to comply with HMIS requirements. We're trying to make the appropriate adjustments when working with survivors. What's the difference between an "opt-in" approach and an "opt-out" approach?"

All persons entering homeless/housing programs that receive federal funding have the right to request services regardless of whether they wish to provide the information normally collected during intake/assessment processes. An "opt out" approach generally requires the participant or client to let you know that they would rather not participate in your usual information-gathering and data-related protocol. An "opt-in" approach moves away from assuming agreement simply because the person hasn't signaled objection. It requires that clients be informed that they have options prior to proceeding with information-gathering in the usual way.

Some programs haven't yet adopted the practice of routinely letting clients know that they have this option or may refer to it in a manner that gives clients the impression that it's just a formality and that compliance is routinely expected. Time is often of the essence, data is important, and paper-and-pencil alternative methods may feel clunky. However, best practice recommends letting clients know that they have a choice as to how their private information is treated, ideally through an "opt-in" approach that includes a true informed consent process.

11. What is "informed consent?"

A true informed consent process requires a conversation. Asking a survivor – or any participant in your services – simply to check a box or sign a statement in the course of getting your paperwork done may not allow the survivor to really consider their options. For survivors, disclosing personally identifying information (PII) that will be entered into a database or shared with others can lead to discovery of their location by the abuser, pose grave risk to safety, and compromise their ability to escape the abuse. It may also become part of the record an abuser may use in child custody cases or other civil or criminal legal matters - even months or years into the future.

While these possibilities may seem remote, they are very real for many survivors – real enough that there are federal and sometimes state and local protections prohibiting victim service providers from entering identifying information into shared databases, or from ever disclosing PII without a

written, signed, and time-limited Release of Information (ROI) resulting from a thorough conversation that helps the survivor consider the implications of “opting in.” While homeless/housing providers are not bound by the same restriction, best practice recommends adopting a protocol to allow survivors to control how their PII is recorded, stored, and shared, to and to use ROIs that conform to the standards of VAWA (see Section 5 for more information and a link to a sample ROI form).

12. Transparency is key to good partnership. Why do our DV partners not share information more freely when we have clients in common, and why don’t they help us measure collective impact through participating in HMIS?

The simple answer: they aren’t allowed to. As mentioned in Section 1, victim service providers receiving federal funding through the Office on Violence Against Women or HHS’s Family Violence Prevention Services Program must follow stringent requirements when it comes to storage and sharing of personally identifying information (PII). Many state and local funders of victim service providers have adopted these requirements as well, as they are considered best practices for serving this population. Additionally, most states have testimonial privilege laws that protect communication between survivors and advocates, many only allowing for disclosure through time-limited ROI between advocates and third parties.

When it comes to data-sharing, DV providers can share information on an aggregate basis, but providing client-level information that could identify a survivor “to a person” is not allowed.

In accordance with the Violence Against Women Act of 2013 (VAWA), HUD holds service providers whose primary mission is to serve survivors of domestic or sexual violence to these same prohibitions. Some jurisdictions have found solutions to the HMIS challenges by “de-identifying” the data sufficiently for DV providers to use the same database, or by establishing a comparable separate system for DV programs whereby the same metrics can be used and tracked. While these compromises do not eliminate the possibility of duplication across the homeless and DV/SA systems, they are the best available means of tracking incidence, demographics, and outcomes while still allowing victim service programs to meet legal obligations.

When it comes to information exchange on behalf of a particular survivor, that’s entirely possible when the survivor wishes. The DV/SA agency can obtain a written, signed, and time-limited Release of Information from the survivor, who will have the opportunity to consider what information they wish to have the programs share after thinking through the implications.

13. When I suspect DV/SA is occurring in one of my housing units, what’s the best and safest approach to addressing it?

Each situation is different, but in all cases, survivor safety should be your foremost concern. Openly airing your suspicions with both parties present is unlikely to uncover the truth, and could result in a dangerous aftermath once you leave the scene. Find a time to speak privately with both parties, particularly the person you think may be in danger. Share your agency’s belief that everyone should be able to be safe in their homes, and that checking in about that is part of your role. Identify yourself as a resource should they have any safety concerns, whether it comes to safety in the neighborhood or safety within their own household. Make it clear that people who share that they

feel unsafe will not lose their housing. If the survivor is ready to ask for help, this creates an opening, and you can take your cues from them as to where to go next in the discussion. Try not to push if the survivor seems uninterested in opening up; you've made it clear that you are available down the road.

Sometimes it's not exactly clear which person in the household is the primary perpetrator. This is the kind of situation where technical assistance from your DV/SA partner can be extremely valuable. They can help you sort out the power dynamics; it's not always the person who seems to yell the loudest who is the perpetrator, and it's not always the person who sports marks or injuries who is the victim.

14. A DV survivor in our program told the abusive ex-partner where they live. It didn't go well, and now the survivor is requesting a transfer. How do I know it won't happen again if I move the survivor to a new unit?

It may be hard to make sense of why a survivor would disclose the location of their housing to the abusive partner – but the first order of business here is to suspend judgment. There are any number of ways the housing location may have been revealed. For example, it's possible that the survivor was coerced into disclosing the address after persistent telephonic- or cyber-harassment convinced them that disclosure was a better option than risking the repercussions of defying the abuser's threatening insistence. Sometimes survivors are stuck with few options around the logistics of transferring the children to the abuser to comply with court-ordered parental visits. It's also possible that the abuser discovered the housing location through stalking, pressuring the children for information, getting the word out to friends that they should help look for the survivor, or through a breach in confidentiality by service providers or court records. Additionally, it is not uncommon for an abuser to ask for forgiveness and promise they will change, and for the victim to later realize that the danger remains the same or has gotten worse.

In any case, if the survivor is no longer safe in current housing due to the abuser's knowledge of its location, your agency's emergency transfer policy (required by HUD for all CoC and/or ESG-funded programs) should kick in and the survivor should be assisted with moving to a safe unit as soon as it can be arranged. From a safety planning standpoint, checking in with the survivor about how they believe they were found will be important. You may discover a need for support around some of the dynamics described above and can also provide reassurance that you are available to help prevent another round of becoming unsafe in the housing unit.

SECTION 5: RECOMMENDED RESOURCES

Center for Social Innovations study on Homelessness and Race: <http://center4si.com/wp-content/uploads/2018/03/SPARC-Phase-1-Findings-March-20181.pdf>

Coordinated Entry: Confidentiality Requirements in Practice
<https://safehousingpartnerships.org/sites/default/files/2018-04/Coordinated%20Entry.pdf>

Culturally Specific trauma-informed approaches: http://nationallatinonetwork.org/images/Trauma-Informed-Principles-through-a-Culturally-Specific-Lens_FINAL.pdf

DV/SA-Related FAQs re CE : <http://safehousingpartnerships.org/node/329>

Federal requirements for Limited English Proficiency (LEP): www.LEP.gov.

HUD CE Requirements: <https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>

HUD Family Options Study: <https://www.huduser.gov/portal/sites/default/files/pdf/Family-Options-Study-Full-Report.pdf>

Language Access Toolkit: <https://nationallatinonetwork.org/lep-toolkit-home>

Laws and protections for DSV survivors: <http://womenslaw.org/>

State Victim Compensation programs: <http://www.nacvcb.org/index.asp?sid=6>

Trauma-Informed Care:

<http://www.nationalcenterdvtraumamh.org/publications-products/creating-trauma-informed-services-tipsheet-series-for-advocates/>

<http://traumastewardship.com/inside-the-book/>

<http://nasmhpd.org/content/national-center-trauma-informed-care-nctic-0>

VAWA-Compliant Release of Information (ROI) Template (English): <https://nnedv.org/mdocs-posts/client-notice-of-rightsconfidentiality-form/>

VAWA-Compliant Release of Information (ROI) Template (Spanish): <https://nnedv.org/mdocs-posts/client-notice-of-rightsconfidentiality-form-spanish/>

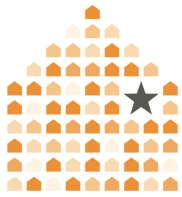
VAWA Confidentiality: <https://nnedv.org/mdocs-posts/confidentiality-vawa-fvpsa/>

Questions? The Consortium TA Team provides individualized technical assistance and training to communities interested in expanding the array of safe housing options for domestic and sexual violence survivors. We can support domestic and sexual violence advocates, homelessness and housing providers, and other allied partners interested in building stronger community collaborations.

Visit SafeHousingPartnerships.org to access the Consortium's comprehensive collection of online resources and to request TA, training and other support.



SAFE HOUSING
PARTNERSHIPS



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Coordinated Entry: Confidentiality Requirements in Practice

This document provides guidance on coordinated entry (CE) model best practices. The guidance was developed based on feedback from practitioners in the victim services field who are currently participating in HUD Continuums of Care (CoCs) and are in compliance with the confidentiality-related legal requirements of the Violence Against Women Act (VAWA) and the Family Violence Prevention and Services Act (FVPSA). These insights aim to adhere to federal confidentiality requirements that were created to ensure safety by protecting the identities of victims of domestic violence, while simultaneously ensuring that those victims have access to the type of housing they need in their community of choice.

Overview

The Coordinated Entry process through the U.S. Department of Housing and Urban Development (HUD) is a process *to increase the efficiency of local crisis response systems by improving fairness and ease of access to resources, including mainstream resources*. The [HUD Notice on Coordinated Entry](#) describes how the entry processes “are intended to help communities prioritize people who are most in need of assistance. They also provide information to CoCs and other stakeholders about service needs and gaps to help communities strategically allocate their current resources and identify the need for additional resources.”¹ HUD CoC grantees and HUD Emergency Solutions Grants (ESG) grantees across the country are in the process of developing coordinated entry policies and procedures to ensure compliance by HUD’s required timeline of [January 23rd, 2018](#).

Creating a coordinated entry process to ensure that domestic violence survivors have access to homeless housing resources presents multiple challenges for the victim services field. Consistent with HUD guidance, homelessness systems are increasingly data-driven, using the federally mandated Homeless Management Information System (HMIS) database as a tool to help increase efficiency and effectiveness. Many HMIS databases include [by-name lists](#)² which are used to allocate housing resources to households, including emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing. This presents a significant challenge to victim service providers (VSPs) who are prohibited by law – the Violence Against Women Act (VAWA), the Family Violence Prevention and Services Act (FVPSA), and McKinney-Vento* – from entering the personally identifying information of the victims they serve into HMIS or any other by-name housing registries. Without a clear pathway for overcoming the conflict between VAWA prohibitions and the increasing use of by-name lists as a method of determining access to housing, many communities have struggled to reconcile how survivors can be prioritized for housing resources.

This document should be used as a start to a conversation and as a reference point. Each community will develop their own coordinated entry model based on the national guidelines. In order to enact the practices outlined in this document, communities must invest in the relationships necessary to develop and

* Please see Violence Against Women Act (VAWA) Section, 34 USC §12291(b)(2); The Family Violence Prevention and Services Act (FVPSA) 42 USC 10401 et seq; McKinney-Vento/HEARTH Act 42 U.S. Code § 11363. For further information, see [Confidentiality in VAWA FVPSA and VOCA](#).

implement a safe and confidential practice for survivors. The full collaboration and participation of VSPs in the development and implementation of coordinated entry is critical to meeting the federal confidentiality and survivor-centered safety requirements.

Key Elements for Effective, Confidential Coordinated Entry

A number of communities and states across the country have built effective coordinated entry processes that are in compliance with VAWA and FVPSA, prioritizing the safety and confidentiality of the survivors. While NNEDV does not endorse a specific model or models, this document highlights innovative coordinated entry practices that adhere to confidentiality requirements. HUD is encouraging CoCs to work with the victim service providers in their community to establish either a process for their participation in the CoC's coordinated entry process or to establish their own coordinated entry process outside of the HMIS. NNEDV encourages communities to create an aligned or parallel coordinated entry process that is both effective and responsive to vulnerable populations and the unique needs of individual communities. The examples highlighted below describe foundational elements of coordinated entry that are inclusive of confidentiality best practices and in compliance with VAWA and FVPSA.

The coordinated entry homelessness and VSP partners provided critical feedback for the purposes of creating this best practices document and shared with us key elements to their on-going success. These are outlined in the following subsections.

Partnership and collaboration across systems

In order to create a homelessness system that is responsive and equitable in prioritizing the most vulnerable households across populations, the following strategies have been employed by communities demonstrating a strong coordinated entry process:

- Ongoing relationship building across agencies and systems, as demonstrated through:
 - A foundational commitment to continued communication and collaboration between CoCs, homeless service providers, and VSPs;
 - Mutually agreed-upon shared principles, goals, and values that ensure equitable cross-system access for survivors;
 - Agreed-upon assessments specifically for survivors, and attention to trauma-informed approaches to assessment that includes safety planning;
 - Coordinated housing protocols designed to prioritize ongoing investment in relationship building;
 - Shared leadership on CoC boards with meaningful involvement across the VSP and homelessness systems;
 - Cooperation between state agencies, homeless coalitions, domestic violence and sexual assault coalitions, and local VSPs working together to develop coordinated entry processes;
 - Regular meetings between leadership of VSPs and homelessness and housing service providers; and
 - VSPs' active investment and participation in CoC or Balance of State (BoS) statewide coordinated entry.
- Prioritizing ongoing, cross-systems training for housing and victim service providers, including:
 - Training for victim advocates on administering coordinated entry screening tools; and

- Training for housing advocates on the unique needs of domestic violence, sexual assault, and stalking survivors and the complexities they face when rebuilding their lives.
- A commitment to prioritizing ongoing technical assistance (TA) for homeless and victim service providers.

Model coordinated entry practices regarding shared referrals

How do we provide safety and protect a domestic violence survivor's identity while also ensuring that the survivor has access to the type of housing they need, in their community of choice? Here are a few coordinated entry protocols and models for consideration:

Coordinated Entry Protocol Scenario:

1. **Assessment:** A domestic violence survivor completes a trauma-informed and survivor-centered assessment, as determined by the community, with a domestic violence advocate.
2. **Scoring and data collection:** The result (often also known as a "score") is collected and the completed screening tool is destroyed to protect the domestic violence survivor's confidentiality. (It is considered best practice to keep as little information as necessary in a domestic violence survivor's client file while they are accessing VSP services.)
3. **Referral:** According to VAWA and FVPSA, no personally identifying information can be shared outside of the referring VSP in a shared database such as an HMIS or an Excel file or Google document. As outlined below, only minimal information (and no personally identifiable information) should be provided to enable the survivor to be added to a **by-name list**. Drawing from the information received in the scoring and data collection stage, the domestic violence advocate completes a de-identified referral form without any personally identifying information included. The non-personally identifying data entry fields (see listed below) can be sent to the coordinated entry point of contact and entered into the by-name list. The following recommended data entry fields provide samples that are in compliance with VAWA and FVPSA requirements:

| Data Entry Field | Description of Field |
|---|--|
| Referral Date (not program entry date) | Date the domestic violence survivor's unidentified information was sent to coordinated entry. <i>A referral date could be identifiable information if an abuser has access to this information. It is necessary to change the referral date or leave it blank if the domestic violence survivor communicates safety and housing concerns related to documenting it.</i> A program entry date could potentially be personally identifiable if coupled with other demographic information. |
| Location (where survivor seeks placement) | Enter the geographic area(s) in which the domestic violence survivor is seeking housing. |
| Coordinated Entry Assessment Tool Result | The result the domestic violence survivor received from the coordinated entry screening conducted by the VSP. |
| Household Type | The number of bedrooms the domestic violence survivor will need given their family size. <i>This data field is very important, as number of bedrooms is not a personally identifying piece of information about a domestic violence survivor. <u>Do</u></i> |

| | |
|--|---|
| | <i>not capture number of children in this category, because it is personally identifying information and would not be in compliance with VAWA/FVPSA.</i> |
| Chronically Homeless | Is the domestic violence survivor chronically homeless by HUD's definition? Yes/No |
| DV-specific Vulnerability | Is the domestic violence survivor identified as having higher needs or higher vulnerabilities specifically associated with fleeing a domestic violence situation (e.g., serious danger and other vulnerabilities related to the abuse such as housing insecurity and polyvictimization)? Many communities have chosen to prioritize domestic violence survivors who are in high-risk situations and in serious danger. Others have developed unique tools to specifically assess DV survivors' housing needs. |
| Point of Contact (DV advocate at VSP agency) | The point of contact is the person who processes the domestic violence survivor's application. They should provide their email and phone number so that the designated homeless system lead can contact them when a unit becomes available. |
| Unique Client ID# | This number is assigned by the point of contact and given to the designated homeless system lead. This number is a unique client identification number that the stand-alone VSP creates. It is not in any way identifying and cannot be decoded by the designated homeless system lead. |

A note on assessments: Some communities have developed a DV-specific assessment tool and some communities use their main assessment tool and use a separate tool to determine DV eligibility. There are pros and cons to both methods. More guidance is forthcoming on assessing vulnerability of DV survivors.

Alternative to using by-name referral lists: To help facilitate the coordinated entry process, a live/shared list (which does not include personally identifying information) can be kept between two points of contact to ensure referrals are not missed. Below is an example of a shared live Excel document from a partnership between the Connecticut Coalition Against Domestic Violence and the Connecticut Coalition to End Homelessness (not entered into HMIS):

| Client Unique ID# | Referral Submission Date | Housing Acceptance Date | Coordinated Entry Network Location | Notes |
|-------------------|--------------------------|-------------------------|------------------------------------|---|
| DVAgency1 | 12/21/2016 | 12/21/16 | Lakeview | Score: 7 Household type:2 High Risk |
| DVAgency2 | 01/03/2017 | 1/5/17 | Lakewood | Score: 10 Household Type:2 or 3 High Risk |

Case conferencing:

When housing becomes available, community agencies come together in a group case conferencing process to negotiate and advocate for their program's participants to receive housing placement and resources. During this process, a domestic violence survivor working with a VSP may choose to have the VSP share time-limited information with the group through the use of a time-limited consent to release their information. [Time-limited](#) is typically defined as the amount of time needed to achieve a DV survivor's goal in having the information released. This would include information that the DV survivor consents to share related to their assessment and housing needs, including geographic location, housing type preference

(Permanent Supportive Housing, Rapid Rehousing, Transitional Housing), and vulnerability tool results. However, if a domestic violence survivor chooses not to share their information due to safety or confidentiality reasons, it should not negatively impact their access to housing resources during the group decision-making process. Their assessment tool(s) results can assist in prioritizing their need.

Coordinated Entry Mainstream Access for Survivors:

A domestic violence survivor who is receiving services from a VSP can also access the mainstream homelessness system's housing resources by being referred directly to the CoC's determined point of entry. If a DV survivor is referred directly and would like to receive mainstream homeless services through the CoC, VSPs should consider the following areas and work with the CoC to ensure that each area is addressed by the CE process.

- **Informed consent:** Through an informed consent process, the VSP should ensure the survivor understands the related risks and potential benefits of having their name listed in the system and how this may impact their safety plan. It is also important for the mainstream coordinated entry point to have cross-training from VSPs so that they can establish trauma-informed protocols that support domestic violence survivors who opt-in to mainstream coordinated entry and HMIS.
- **Training:** Mainstream agencies and CoCs can request trainings from VSPs or their state domestic violence coalitions on trauma-informed domestic violence screening, assessments, and safety planning while assisting DV survivors with their housing search. This is recommended to address any safety concerns that may arise for a domestic violence survivor who was referred by a VSP or who came directly from the community at large.
- **Opt-out Options:** Per continued guidance set forth by HUD, any individual has a right to refuse to share personally identifying information *and* must still have access to homelessness and housing resources. If the individual chooses this option, the CE intake worker should be able to work with the individual to enter an anonymous entry, similar to what is outlined in Model Coordinated Entry Practices listed above.

Recommended Resources

- [*SNAPS In Focus: Addressing the Needs of Persons Fleeing Domestic Violence*](#)
- [CoC Contact Information](#)
- [Coordinated Entry Process: Frequently Asked Question for Domestic Violence and Sexual Assault Victim Service Providers](#)
- [HUD Exchange- Coordinated Entry CoC Responsibilities](#)
- [HUD Exchange- Coordinated Entry Notice](#)
- [HUD Exchange- Coordinated Entry Self Assessment](#)
- [HUD Exchange- Coordinated Entry Core Elements](#)
- [Safe Housing Partnerships](#)
- [Trauma-Informed Domestic Violence Services: Understanding the Framework and Approach](#)
- [Confidentiality in VAWA FVPSA and VOCA](#)
- [Confidentiality Templates for Agencies Working With Survivors](#)

Thanks to the following organizations for input on this document

[Connecticut Coalition Against Domestic Violence](#), [Collaborative Solutions](#), [End Domestic Abuse Wisconsin](#), [Indiana Coalition Against Domestic Violence](#), [Multnomah County Domestic and Sexual Violence Coordination Office](#), and [Texas Council on Family Violence](#).

The National Network to End Domestic Violence (NNEDV), a social change organization, is dedicated to creating a social, political and economic environment in which violence against women no longer exists.

<http://www.nnedv.org>



This project was supported by Grant #2015-AX-K009 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women

More Questions? The Consortium TA Team is available to provide individualized TA and training to communities interested in expanding the array of safe housing options for domestic and sexual violence survivors. We can also provide support to domestic violence and sexual assault advocates, homelessness and housing providers, and other allied partners interested in building stronger community collaborations.



**SAFE HOUSING
PARTNERSHIPS**

Visit SafeHousingPartnerships.org to access a comprehensive collection of online resources and to request technical assistance and support.

Domestic Violence and Housing Technical Assistance Consortium

The Consortium, launched in 2015, provides training, technical assistance, and resource development at the critical intersection between domestic violence/sexual assault services and homeless services/housing. Funded by a partnership between the U.S. Department of Justice, the Department of Health and Human Services, and the Department of Housing and Urban Development. This multi-year Consortium supports a collaborative TA Team that includes the National Alliance for Safe Housing (a project of the District Alliance for Safe Housing), the National Network to End Domestic Violence, the National Resource Center on Domestic Violence, and Collaborative Solutions, Inc., to build and strengthen technical assistance to both housing/homelessness providers and domestic violence/sexual assault service providers. The Consortium aims to improve policies, identify promising practices, and strengthen collaborations necessary to enhance safe and supportive housing options for sexual and domestic violence survivors and their children.

¹ <https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>

² <https://www.hudexchange.info/resources/documents/Coordinated-Entry-and-HMIS-FAQs.pdf>

7. Safety measures in women's shelters

The safety and security of victims needs to be at the core of all measures to combat VAW and DV in general as well as in providing specialised women's support services. Women victims of violence may face a high risk of femicide and children are also at risk of being murdered by their violent father when their mother tries to leave, especially if there has been a pattern of violence and abuse. Women victims of stalking and victims of human trafficking can also be affected by escalating violence.

Safety and security comprise four different levels, all of which need to be taken into account and managed, with detailed standards:

Technical safety and security precautions of women's shelters

- Confidential address (if possible)
- High security standards and systems (alarm system and video monitoring)
- Security staff, available 24/7, at least in the phases of elevated danger
- Safety regulations for victims, visitors and staff
- Alarm system connected to the police.
- Secured yard and/or garden.
- Secured ground floor windows, no living rooms facing the street.
- Safety as a core standard in the access protocol for victims (process of entering and leaving the women's shelter).

Safety of the individual victim including her children

- Risk assessment and safety planning with every victim and her children, at the women's shelter, at least upon entering and leaving the women's shelter and in any situation of change or risk.
- Specific safety planning for women and their children.
- Assessment of elevated and lethal risk using, for instance, Jacquelyn Campbell's Danger Assessment Tool.
- Systematic risk assessment and safety planning as part of empowering support for victims.

Safety of staff at the women's shelter

- Development and implementation of a written safety plan for staff (paid staff and volunteers).
- Emergency safety plan for the organisation (what to do in dangerous situations, i.e., perpetrator attacking the shelter, taking of hostages).
- Cooperation with the police on safety plans for emergency situations in women's shelters.

Safety and security of victims as a core element of a coordinated community approach

- Safety and security of victims¹¹ must be the centre of multi-agency work.
- Representation of the victim's rights and interest by a counsellor/advocate of the women's shelter is a crucial element to guarantee the focus on victims' safety.
- Additional to these safety standards women's shelters must also meet general safety standards such as fire safety and evacuation regulations and electrical and technical structures regulations, etc.