

# Creating Permanent Supportive Housing to Meet the Needs of Survivors of Domestic Violence



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A Toolkit for Low-Income Housing Developers, Architects, Property Managers, and Housing Service Providers





The **Downtown Women's Center (DWC)** is the only organization in Los Angeles focused exclusively on serving and empowering women experiencing homelessness and formerly homeless women. DWC envisions a Los Angeles with every woman housed and on a path to personal stability. Our mission is to end homelessness for women in greater Los Angeles through housing, wellness, employment, and advocacy.

**For more information,** visit [www.DowntownWomensCenter.org](http://www.DowntownWomensCenter.org).

The **National Alliance for Safe Housing (NASH)** was established to ensure that survivors of domestic and sexual violence have access to a full range of housing options through improved access, increased resources, and innovative solutions, and to ultimately catalyze a safe housing movement. NASH's vision is to create a world where safe housing is a human right shared by everyone.

**Learn more at** [www.NationalAllianceForSafeHousing.org](http://www.NationalAllianceForSafeHousing.org).

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# Acknowledgements

## LEADS

Amy Turk, Suzanne Marcus, Kris Billhardt

## AUTHORS

Anita Vukovic, Adrienne Ullman Epstein, Amy Turk, Kris Billhardt, Suzanne Marcus, Larisa Kofman

## EDITORS

Anita Vukovic, Amy Turk, Suzanne Marcus, Kris Billhardt, Larisa Kofman, Adrienne Ullman Epstein, Elizabeth Lee, Cristina Cortes, Saba Mwine, LaRae Cantley, Pam Light, Sarah Geske, Karlo Ng, Jennifer Guerra, Nancy Lewis

## CONTRIBUTORS

Amy Turk, Suzanne Marcus, Kris Billhardt, Shanti Kulkarni, Elizabeth Lee, Cristina Cortes, Elizabeth Eastlund, Saba Mwine, LaRae Cantley, Pam Light, Sarah Geske, Jennifer Guerra, Nancy Lewis, Aracli Patino, Lorilyn Luong, Melissa Hernandez, Tannia Ventura, Elizabeth Sadlon, Greg Comanor, Alicia Rhoden, Dorothy A. Gohdes, Susan R. Kolkowicz, Suzette Shaw, Pamela Crenshaw, and the numerous other survivors of domestic violence and homelessness who contributed to the development of this Toolkit

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## Notes on Terminology

### **ADVOCATE/ADVOCACY**

The terms **advocate** and **advocacy** are used throughout this Toolkit to refer to direct service staff who work with survivors, participants, and/or residents in a Permanent Supportive Housing program and/or domestic violence program to provide services, support, information about and connections to resources, help with navigating systems and benefits, etc. While other agencies may use the terms **case manager** and case management, this Toolkit seeks to move the field and its practitioners beyond language that construes survivors as “cases” that need to be “managed.” In some instances, **advocate** has been modified to **staff advocate**, in order to differentiate between the activities of direct service staff and survivor or peer advocates.

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### **DOMESTIC VIOLENCE**

**Domestic violence** is used throughout this Toolkit to refer to the various forms of interpersonal violence, assault, and abuse that individuals may experience and that are also often a cause of their homelessness, including intimate partner violence, dating violence, sexual assault, human trafficking, and family abuse.



SECTION A

# Introduction



## Executive Summary

Despite growing research into the intersection of domestic violence and homelessness, there remains a lack of published guidance on permanent housing solutions that respond to survivors' unique needs in attaining housing and personal stability.

To address this gap, the Downtown Women's Center (DWC) and the National Alliance for Safe Housing (NASH) partnered in 2019 to develop this Toolkit as a best practice resource for housing developers, property managers, and service providers involved in building and operating Permanent Supportive Housing (PSH) for domestic violence (DV) survivors. As the first of its kind, the Toolkit also includes recommendations for involving survivors in the development of trauma-informed PSH programs, to better meet the need for effective permanent housing options in addition to shelter, transitional housing, and rapid re-housing models.

While intended as a reference for individuals building and operating PSH for DV survivors, the Toolkit's recommendations are applicable across PSH programs and partnerships that serve or will serve trauma survivors, even if units are not specifically designated for survivors of DV. It incorporates unique perspectives from architects, service providers, survivors, housing developers, and other key stakeholders, in order to serve those currently operating PSH as well as those exploring the creation of new PSH buildings and programs.

Most broadly, this Toolkit advances the need for expanding PSH's core principles to include safety planning as well as survivor-centered and trauma-informed advocacy and services. Central to this conceptualization is the principle of survivor voice and inclusion in the mindful design and coordination of all PSH operations.

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### Topics addressed in this Toolkit include:

1. The implementation of trauma-informed care in PSH building and program design.
2. Considerations around serving survivors of color and survivors with other intersectional identities.
3. Avenues for developing long-term, sustainable dialogues with survivors regarding PSH design and operation, in order to create programs that more effectively respond to their unique needs, challenges, and perspectives.
4. The cultivation of strategic partnerships and community support in PSH development, as well as the identification of key funding sources.
5. Considerations for responsive and effective property management, with information on leasing policies, legal housing protections, and safety, security, and confidentiality risks.

# Overview

## SECTION A:

### Introduction

This section provides an overview of the Toolkit in its entirety as well as the current state of the field. It offers insight into the intersection of DV and homelessness in order to “set the scene” for the recommended expansion of PSH’s core principles into safety planning and survivor-centered and trauma-informed advocacy and services.

## SECTION B:

### Models of Service Provision

This section identifies and explains current models of service and housing provision in the U.S. as they pertain to the unique needs of DV survivors and other vulnerable populations.

**Chapter 3: Coordinated Entry System (CES)** overviews key CES functions, its role in helping survivors access housing resources in the U.S., and barriers that survivors may face in the process.

**Chapter 4: Intersectionality & Racial Equity** offers guidance on how programs can be more reflective of and responsive to the historical inequities that shape contemporary experiences of race and gender identity, particularly as they relate to homelessness and interpersonal violence.

**Chapter 5: Trauma-Informed Care (TIC)** overviews growing sector-based knowledge and best practice in developing a trauma-informed approach to service provision, in order to maximize participant outcomes and empowerment.

## SECTION C:

### Considerations For Building & Managing Permanent Supportive Housing for Survivors

This section builds upon the knowledge established in Section B to suggest practical considerations for the development, design, management, and maintenance of DV PSH. It emphasizes the role of survivor voice, choice, and feedback in PSH design as a way of operationalizing intersectional TIC.

**Chapter 6: Learning from Survivors** suggests a number of practical avenues for foregrounding the interests and lived expertises of DV survivors throughout the PSH development cycle. The second half of the chapter identifies key takeaways from listening sessions held by the Toolkit’s authors with survivors regarding PSH building and program design.

**Chapter 7: Navigating the Five Stages of PSH** outlines methods for building and maintaining effective partnerships throughout all stages of PSH development, while integrating the perspectives and experiences of survivors into the process, too. This chapter offers advice on the development of new PSH buildings/units, as well as the acquisition and/or redevelopment of existing buildings for PSH usage.

**Chapter 8: Funding for PSH Development, Operation, and Services** overviews key federal, state, local, and private funding sources and considerations for PSH developers.

**Chapter 9: Community Engagement for PSH Success** shares tools for positively engaging the local community throughout the PSH development cycle, in order to create programs and spaces that respond to the needs of community members and survivors alike.

**Chapter 10: Designing the Physical Space of PSH** incorporates insight from architects, program managers, and DV PSH residents to offer best practice guidance on PSH design elements (i.e., lighting, security, decor, amenities) that address the unique barriers and needs survivors face in achieving housing and personal stability.

**Chapter 11: Property Management** suggests avenues for incorporating a trauma-informed lens in PSH property management practices in areas such as leasing, resident move-ins, unit inspections, and more.

**Chapter 12: Program Design** offers insight into developing PSH programs that incorporate the primary needs of survivors, including but not limited to voluntary and individualized programming, access to a variety of supportive services, practical skills-based learning and workshops, community-building and intergenerational activities, enhanced safety measures, and resources that empower residents to move on from PSH if desired.

**Chapter 13: Safety, Security, and Confidentiality** combines resources and best practice recommendations found throughout the Toolkit into one easily accessible reference on maintaining survivor security and confidentiality.

**Chapter 14: Housing Protections for Survivors in PSH** overviews key federal, state, and local housing protections that program operators should be aware of and remain in compliance with at all times.





## CHAPTER 2

# Background & Recommendations



30% of women and 10% of men in the United States “have experienced rape, physical violence, and/or stalking by an intimate partner and reported at least one measured impact related to these or other forms of violence in that relationship,” according to the *National Intimate Partner and Sexual Violence Survey*.<sup>1</sup> This rate increases significantly among women who are experiencing homelessness and especially among women with children. In 2019, the Downtown Women’s Center (DWC) conducted a community-based research project on the experiences of unsheltered women without children in Los Angeles, and found that 53.2% of women surveyed had experienced domestic or interpersonal violence in their lifetime.<sup>2</sup>

Domestic violence (DV) is also frequently cited as a critical factor in leading women both directly and indirectly into homelessness,<sup>3</sup> such that it continues to play a significant role in the cycle of housing insecurity in America. In fact, it is estimated that more than one-third (38%) of all survivors experience homelessness at some point in their lives.<sup>4</sup>

Yet, despite growing research into the intersection of DV and other forms of gender-based violence with homelessness, there remain few studies that consider how to build effective Permanent Supportive Housing (PSH) programs for this vulnerable population. So, too, have few organizations ventured into the realm of actually developing and operating DV PSH, even as they expand their programming to better meet DV survivors’ housing needs. Many opt instead to provide short-term emergency and/or transitional shelter, supplemented by **Rapid Re-Housing** assistance, often under the **Domestic Violence Housing First (DVHF)** model.



## Rapid Re-Housing

**Rapid Re-Housing** is an approach aimed at helping individuals quickly obtain housing and maintain it through the provision of short-term rental assistance and supportive services. Housing is typically provided without preconditions (e.g., employment, sobriety, etc.) and services are tailored to the unique needs of the individual in order to increase personal stability. The three components of Rapid Re-Housing include housing identification, rental and move-in assistance, and case management/advocacy. As a service model, it is proven to be especially effective for groups perceived as difficult to serve, including DV survivors.<sup>5</sup>



## Housing First

**Housing First** is an evidence-based solution to ending homelessness that prioritizes unconditional access to housing for individuals experiencing housing insecurity and/or homelessness. It is based on the belief that people require food, safety, and shelter before they can begin on the path to personal stability, and is proven to be particularly effective at ending homelessness for high-need populations, including the chronically homeless. Under a Housing First approach, housing is provided without preconditions and individuals are empowered to engage with supportive services on a voluntary basis. Common models include PSH and Rapid Re-Housing.



## Domestic Violence Housing First

**Domestic Violence Housing First (DVHF)** is a service approach that recognizes DV as a leading cause of homelessness among women and girls. It focuses on connecting survivors to stable housing as quickly as possible and then providing supportive services to empower them to rebuild their lives and achieve personal stability. Core components of the DVHF model include flexible financial assistance, community engagement, and survivor-driven, trauma-informed mobile advocacy.<sup>6</sup>



## What is Permanent Supportive Housing?

Permanent Supportive Housing (PSH) is long-term, service-rich, affordable housing that was initially designed to support those with complex needs, such as severe mental illness, history of substance abuse, and high risk of homelessness. Over time, the PSH model has been adapted for use with a range of vulnerable populations such as youth aging out of foster care and people living with HIV/AIDS.

### The Corporation for Supportive Housing (CSH)

articulates four key principles of PSH:<sup>7</sup>

#### Affordability

Residents pay no more than 30% of their income toward rent. Rental subsidy programs such as Section 8 and Shelter Plus Care are often utilized to finance PSH programs.

#### Safety and Comfort

Safety and comfort are provided through quality building maintenance and enhanced security, while soliciting resident input to inform program priorities and foster community.

#### Flexible and Accessible Support Services

Services are provided to residents on a voluntary basis, are usually offered on-site, are tailored to individual needs, and prioritize skills for maintaining housing stability (e.g., financial management and job training).

#### Empowerment and Independence

Residents are supported in making their own choices, engaging in services on their own terms, and achieving full independence if possible.

## Current State of the Research

Given that most PSH evaluation research continues to focus on the chronically homeless, there remains a relative dearth of research on the effectiveness of PSH for survivors. One major exception is the work of Andrea Hetling and Hillary Botein, who studied three DV PSH programs in the Northeastern U.S. using a feminist framework that centers survivor voice through long-form interviews and listening sessions conducted over an extended period of time.<sup>8, 9, 10</sup> Several key conclusions emerge from Botein and Hetling's research that can help inform the design and implementation of DV PSH programs.

**Survivors should be involved in the development of DV PSH program design.** They should be provided opportunities to collaborate with PSH program staff to foster community engagement.

**There is general consensus among survivors that PSH is fundamental to their healing and sense of safety.** By providing survivors with safe, long-term housing, PSH allows them to focus on addressing and healing from their trauma.

**DV PSH programs should offer a variety of voluntary services and be flexible enough to meet diverse needs.** Hetling and Botein's research suggests that DV PSH services should be offered both on- and off-site, and should focus on practical skills (such as job searches and financial counseling) as well as practical support (including transportation, childcare, and medical and legal services). Mental health support was also flagged as an important program element and an area of high need that could impact housing stability for a subset of the survivors interviewed.

**DV PSH programs should foster community, both literally and thematically.** This can be accomplished through physical design (e.g., common and accessible community areas like playgrounds and gardens, and flexible seating) and program design (e.g., voluntary support groups and tenant councils). Botein and Hetling found that those who identify as survivors are more likely to find solidarity in others with the same identity. PSH programs can play an important role in facilitating and sustaining these connections.

**Tenant support and building management responsibilities should be separated.** This delineation allows advocates and caseworkers to focus on survivor-driven goals, and management staff to focus on communicating tenant rights and responsibilities to survivors. Botein and Hetling's research suggests that communicating how these roles and responsibilities are divided between staff can also help prevent survivors from conflating the two.

**Staff training is critical,** particularly on the PSH program model and how program goals centered on achieving independence and self-empowerment differ from short-term housing program goals; and trauma-informed care.

**For a complete review and summary of Botein and Hetling's research, please see Appendix B.**

**Organizations like DWC have, however, seen success with survivor-specific PSH programs in both survivor outcomes and long-term housing retention.**

When combined with the demonstrated need, this success begs the question: *Why haven't more DV service providers moved to develop PSH options as part of their programming? Conversely, why haven't PSH housing providers sought to better integrate the unique needs of DV survivors into their program models?*

The answers are complicated, but one salient reason is the federal requirements tied to receiving U.S. Department of Housing & Urban Development (HUD) funding for PSH programs. HUD defines PSH as “permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.”<sup>11</sup> Eligible households in HUD-funded programs must therefore meet the federal definition of homelessness and have “written evidence of a severe or significant disabling condition.”<sup>12</sup>

As the single largest source of funds for PSH in the nation, HUD's restrictions on who is eligible for PSH often create barriers to survivors and the programs that serve them. While some survivors may have a diagnosable disabling condition such as post-traumatic stress disorder, depression, or addiction, many do not. In some cases, this is intentional: survivors may avoid seeking written documentation of such a condition for fear it will be used against them by their abuser, as in child custody cases. Practitioners in the field also have qualms about advocating for survivors to obtain clinical confirmation, particularly around mental health issues, as a prerequisite to housing. Though the DV services community broadly recognizes intersectionality as a powerful framework within which to articulate the complex trauma of domestic and sexual violence, it remains wary of contributing to the pathologization of survivors for fear of reinforcing long-held societal beliefs that the abuse is somehow the survivor's fault.

Furthermore, PSH models built around the needs of chronically homeless individuals with severe mental illness and/or chemical dependencies typically include addiction and medical support. These services may be unnecessary or too intensive for survivors, who nonetheless face long-term trauma, economic devastation, chronic health issues, and other severe impacts of abuse that are resistant to short-term resolution. In fact, histories of DV and sexual assault are often associated with chronic homelessness, as survivors fall through the cracks of systems largely built around temporary supports.<sup>13</sup> For these survivors, limited-term rental subsidies such as those provided by Rapid Re-Housing programs or short-term transitional housing programs do not always afford sufficient time or economic support to address their complex needs.



The Downtown Women's Center (DWC) has accumulated considerable experience in developing and operating PSH for single, unaccompanied women in downtown Los Angeles. Beginning in 1986 with 48 units, DWC was the first provider in the nation to provide subsidized housing and supportive services in a single building. In 2010, DWC expanded to 119 units across two sites. The program includes on-site services, extensive community outreach, and a deeply held commitment to a trauma-informed approach.<sup>14</sup>

DWC now supports up to 500 women at any given time in scattered-site housing across Los Angeles; many of these services are supported through DVHF funding provided by the California Office of Emergency Services and awarded broadly throughout California. Most recent data shows a 98% housing retention rate across DWC programs.

Learn more about DWC at [www.DowntownWomensCenter.org](http://www.DowntownWomensCenter.org).

## The Way Forward

As a result, DV programs are broadly moving to endorse the expansion of PSH service models to better fit survivor needs and experiences, by shifting away from traditional, medical- and addiction-focused PSH models to “service-enriched” housing instead. In Los Angeles, the need for such programming has become only more urgent following the passage of [Proposition HHH](#) in 2016, which provided a \$1.2 billion bond to increase the number of supportive housing units by 10,000 citywide. With other municipalities considering similar expansions in funding, this Toolkit aims to guide the development of PSH programs and partnerships to better serve trauma survivors, even if units are not specifically designated for DV survivors.

The recommendations offered here stem from the understanding that successful housing placement is only the first step towards achieving personal safety and stability for DV survivors. To ensure housing retention as well as personal healing and empowerment, integrated safety planning and survivor-centered and trauma-informed advocacy and services are critically needed. This Toolkit therefore offers best practice recommendations at all phases of project and program development, drawing on insight from architects, housing providers, housing developers, service providers, and DV survivors, as well as the broader community. While intended as a reference for individuals building and operating PSH for DV survivors, the Toolkit's recommendations on developing effective, trauma-informed services are applicable across service settings.

### Additional Resources

- Learn more about the DVHF model from the Washington State Coalition Against Domestic Violence [here](#).
- Read Rainbow Services and the University of Michigan's process evaluation of the DVHF model in California [here](#), and view a summary [here](#).

<sup>1</sup> Michele C. Black et al., *The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report* (Centers for Disease Control & Prevention, Atlanta, GA, 2011), 54, [https://www.cdc.gov/violenceprevention/pdf/nisvs\\_report2010-a.pdf](https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf).

<sup>2</sup> Audrey Kuo, *2019 Los Angeles City Women's Needs Assessment* (Downtown Women's Center, Los Angeles, CA, 2020), 24, <https://fz5.d4b.myftpupload.com/wp-content/uploads/2020/07/DWC-2019-Los-Angeles-Womens-Needs-Assessment.pdf>.

<sup>3</sup> Kris Billhardt et al., “The Intersection of Domestic and Sexual Violence and Homelessness” (Powerpoint presentation, 2017), [https://www.nationalallianceforsafehousing.org/wp-content/uploads/2018/06/NOFA-DV-and-Homelessness-101-Presentation\\_June-6\\_2017.pdf](https://www.nationalallianceforsafehousing.org/wp-content/uploads/2018/06/NOFA-DV-and-Homelessness-101-Presentation_June-6_2017.pdf).

<sup>4</sup> Laura L. Rogers, “Transitional Housing Programs and Empowering Survivors of Domestic Violence,” *Office on Violence Against Women* (blog), U.S. Department of Justice, November 1, 2019, <https://www.justice.gov/ovw/blog/transitional-housing-programs-and-empowering-survivors-domestic-violence>.

<sup>5</sup> “Rapid Re-Housing,” Solutions, National Alliance to End Homelessness, accessed October 2, 2020, <https://endhomelessness.org/ending-homelessness/solutions/rapid-re-housing/>.

<sup>6</sup> “Domestic Violence Housing First,” Policy & Research, Washington State Coalition Against Domestic Violence, accessed October 2, 2020, <https://wscadv.org/projects/domestic-violence-housing-first/>.

<sup>7</sup> Corporation for Supportive Housing, “Key Principles of Supportive Housing,” published March 2006, <https://www.csh.org/wp-content/uploads/2012/07/KeyPrinciplespdf.pdf>.

<sup>8</sup> Andrea Hetling, Amy Dunford, and Hilary Botein, “Community in the Permanent Supportive Housing Model: Applications to Survivors of Intimate Partner Violence,” *Housing, Theory and Society* 37, no. 4 (2020): 1-17, <https://doi.org/10.1080/14036096.2019.1624388>.

<sup>9</sup> Hilary Botein and Andrea Hetling, *Home Safe Home: Housing Solutions for Survivors of Intimate Partner Violence* (New Brunswick: Rutgers University Press, 2016).

<sup>10</sup> Hilary Botein and Andrea Hetling, “Permanent Supportive Housing for Domestic Violence Victims: Program Theory and Client Perspectives,” *Housing Policy Debate* 20, no. 2 (2010): 185-208. <https://doi.org/10.1080/10511481003738575>.

<sup>11</sup> “Continuum of Care (CoC) Program Eligibility Requirements,” Programs, U.S. Department of Housing & Urban Development (HUD) Exchange, <https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/>.

<sup>12</sup> HUD Exchange, “Suggested Checklist for Eligibility for Permanent Housing for those with HUD McKinney Vento Funds under The Supportive Housing Program, the Section 8 Single Room Occupancy Program, or Shelter Plus Care Programs,” [https://www.hud.gov/sites/documents/23021\\_ANNUALSHELTER-HSG.DOC](https://www.hud.gov/sites/documents/23021_ANNUALSHELTER-HSG.DOC).

<sup>13</sup> Linda Olsen and Kris Billhardt, “Homelessness and Domestic Violence” (Powerpoint presentation, October 30, 2014), <https://safe-housingpartnerships.org/sites/default/files/2017-01/JWI%20Homelessness%20and%20Domestic%20Violence%20Final%2010%2030%2014.pdf>.

<sup>14</sup> “Permanent Supportive Housing Program,” Housing, Downtown Women's Center, <https://www.downtownwomenscenter.org/psht/>.



SECTION B

# Models of Service Provision

## CHAPTER 3

# Coordinated Entry System (CES)



The task of navigating homelessness and housing services systems is frequently complicated by the fact that different cities, counties, and states use different systems and platforms. Insofar as survivors also face unique barriers to systems intake and access, it is generally recommended that regional coordinating entities partner with domestic violence (DV) experts to develop protocols that provide enhanced confidentiality and access.<sup>15</sup>

Using the Los Angeles area as a case study, this chapter explores the systems and processes by which DV survivors experiencing homelessness are matched to Permanent Supportive Housing (PSH) units, as regulated by the U.S. Department of Housing & Urban Development (HUD). Despite the regional and thematic focus, the chapter's insights into systemic barriers and best practices alike are applicable to agencies working with a variety of vulnerable populations nationwide.

## Continuums of Care, CES, and HMIS

Housing placements and services for families and individuals experiencing homelessness are coordinated by distinct regional or local planning bodies known as **Continuums of Care (CoC)**,<sup>16</sup> each of which is mandated by HUD to operate and fund a **Coordinated Entry System (CES)** and a **Homeless Management Information System (HMIS)**.

Although each CoC is required to implement a CES in order to maintain its eligibility for HUD funding, HUD does not regulate how that CES is administered. As a result, CES systems vary widely across the U.S. While the individualization of each geographic region's CES provides for greater flexibility and innovation, it also makes navigating these systems in different locations complex.

## HMIS Confidentiality Concerns for Survivors

Though designed to streamline and coordinate care, HMIS can pose serious risks to clients (such as DV survivors) for whom the confidentiality of their PII is integral to personal safety.

In 2005, the Violence Against Women Act (VAWA) amended the McKinney-Vento Homeless Assistance Program to specifically protect survivors' PII by ensuring that **Victim Service Providers (VSP)** do not enter PII into any shared database, including HMIS. VSPs must instead use an alternative to HMIS, specifically a Comparable Database, that complies with HMIS requirements.<sup>17</sup> Comparable Databases allow VSPs to enter survivor information securely, and help ensure VSPs are in compliance with confidentiality requirements.<sup>18</sup>

Where PSH providers are permitted and choose to utilize HMIS or a shared database, it should be equipped with adequate security and protection to prevent data breaches. Staff with HMIS or shared database access should also be trained on data sharing prevention; survivors should be provided with informed consent and a release on the risks associated with inputting their PII into systems like HMIS, as well as alternative options (e.g., creating private profiles or opting out). Indeed, when working with survivors, it is generally advisable to adopt an "opt-in" vs. "opt-out" framework, in order to give survivors greater control over their PII.<sup>19</sup> Survivors are entitled to the same services regardless of whether they choose to opt in or out with some or all of their information.

## GLOSSARY

**CES** is used to manage local housing resources and "match" them with unhoused individuals.<sup>20</sup>

**HMIS** is a shared database that operates within and supports the respective CES. It is used by service providers within a CoC to enter case notes, track program and client outcomes, and maintain critical client documents and personally identifying information.

**VSP** is defined as "a nonprofit, nongovernmental or tribal organization or rape crisis center, including a State or tribal coalition, that assists or advocates for domestic violence, dating violence, sexual assault, or stalking victims, including domestic violence shelters, faith-based organizations, and other organizations, with a documented history of effective work concerning domestic violence, dating violence, sexual assault, or stalking."<sup>21</sup> Victim services can include "telephonic or web-based hotlines, legal advocacy, economic advocacy, emergency and transitional shelter, accompaniment and advocacy through medical, civil or criminal justice, immigration, and social support systems, crisis intervention, short-term individual and group support services, information and referrals, culturally specific services, population specific services, and other related supportive services."<sup>22</sup>

A LOS ANGELES CASE STUDY:

# The Four Steps to Service Provision and Housing Assistance



The Los Angeles Homeless Services Authority (LAHSA) is the principal coordinating agency in the Los Angeles CoC. It is responsible for overseeing its respective CES and HMIS, and regularly works with smaller CoCs throughout Los Angeles County on CES design and implementation.

A CES Policy Council, composed of county service departments, community-based service providers, and individuals with lived experience of homelessness, is responsible for developing CES policies and guidelines for the Los Angeles CoC. The Council also includes a DV appointee, to help integrate the viewpoints and unique experiences of survivors into CES functionalities.

According to these policies, people experiencing homelessness (PEH) are matched via CES with local housing resources in four steps: access, assessment, prioritization, and matching. To be considered eligible for assistance, an individual must be over the age of 18,<sup>23</sup> make 50% or less of the average median income (AMI), participate in an assessment survey, and qualify under one of HUD's definitions of homelessness.



## Access

The Los Angeles CoC CES is designed to serve PEH at various entry points, ranging from outreach teams and crisis housing to access centers and more.<sup>24</sup> For DV survivors, there also exist multiple entry options (e.g., outreach teams and local DV agencies) to help facilitate access regardless of whether a survivor is still living with their abusive partner, is making plans to leave, or has already left.



## Assessment

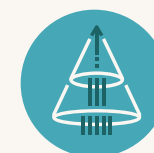
Once contact is made, individuals' needs are evaluated and prioritized via a standardized survey called the **Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)**, which includes DV screening questions.<sup>25</sup> Surveyors are required to explain the VI-SPDAT to participants, discuss privacy rights, offer a private HMIS profile, and receive informed consent prior to commencing the survey process.

Each individual is then categorized into one of the four HUD-defined categories of homelessness based on their survey responses:<sup>26</sup>

1. People experiencing literal homelessness [highest priority].
2. People in imminent risk of homelessness.
3. People who are considered homeless under other federal statutes.
4. People fleeing or attempting to flee DV.

Individuals are also assigned a numeric acuity score that is used to prioritize and standardize access to local housing resources, as well as determine the most appropriate intervention for each individual. Higher scores generally indicate higher need and priority.

There also exists a longer version of the VI-SPDAT that is generally considered more accurate, due to its observational component. Since this version requires respondents to share about their traumatic experiences, respondents should be instructed in the pros and cons of both.



## Prioritization

PEH with higher VI-SPDAT acuity scores are subsequently prioritized for the most intensive housing interventions, such as PSH.



## Matching

Regional Matchers connect prioritized participants to a limited supply of housing options. These options are selected from the **Resource Management System (RMS)**, wherein housing providers list units as they become available as well as all relevant information and eligibility guidelines (e.g., Section 8). Once a listing is complete, **Regional Matchers** are notified and work to connect it with an eligible, prioritized CES participant.

To ensure the best match, Regional Matchers frequently engage in case conferencing with multiple advocates — a process that is also considered best practice for DV survivors, whose unique safety and acuity needs often require greater coordination.

### LAHSA DV SYSTEM ALIGNMENT

In 2017, LAHSA launched an initiative to align and enhance coordination between CES and DV service providers to ensure better and more sustainable survivor access to available housing resources. Led by eight regionally based DV coordinators and one DV CES coordinator at LAHSA, the initiative has thus far accomplished the implementation of a DV/ Intimate Partner Violence (IPV) Rapid Re-Housing (RRH) Pilot; expanded the regional Point-in-Time Count demographic survey to identify PEH due to DV; increased DV housing access via the Bridge Housing for Trauma Survivors program; developed and implemented a [VAWA Interim Emergency Transfer Plan \(ETP\)](#);<sup>28</sup> and

established a strong partnership with the Domestic Violence & Homeless Services Coalition (DVHSC), co-led by the Downtown Women’s Center (DWC) and Rainbow Services.

On-going efforts include the development of a non-HMIS Comparable Database for survivors and the development and implementation of a CoC-funded DV Transitional Housing (TH)-RRH Program.<sup>29,30</sup> The program’s early successes also helped to usher in two years of HUD CoC DV Bonus Funds for RRH and enhanced system coordination.

## DV Survivor CES Barriers

CES requirements and processes pose unique challenges for DV survivors experiencing homelessness, whose heightened need for privacy and confidentiality may preclude them from accessing certain resources. Survivors often receive inaccurate acuity scores and thus deprioritized housing access, too, due to the trepidation they might feel in disclosing intimate traumas via the VI-SPDAT as well as possible racial and gender biases therein.<sup>27</sup> Although thorough, the VI-SPDAT must be administered by surveyors who are trained in trauma-informed care and intersectional complexities in order to be effective.

The dynamics of financial abuse also preclude some survivors from qualifying for CES resources. For survivors with higher-income partners, for example, the 50% or less AMI requirement may prove prohibitive, even if they are unable to access their partner’s finances or if the partner has saddled them with extreme debt. It is therefore recommended that CES policies accommodate survivors in relationships with partners whose income exceeds 50% AMI, in order to account for economic abuse.

### Additional Resources

- View the National Alliance to End Homelessness’ presentation on “Improving Services to Survivors in Coordinated Entry Systems” [here](#).
- View HUD’s definitions of homelessness [here](#).
- Read the National Network to End Domestic Violence’s (NNEDV) factsheet on “Engaging with Domestic Violence Survivors: What CoCs Need to Know” [here](#).
- Read NNEDV’s fact sheet on “Partnering with CoCs on the PIT Count: What Domestic Violence Providers Need to Know” [here](#).
- Read NNEDV’s policy brief on “Creating Access for Survivors: Category 4 HEARTH Homeless Designation: Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking and Human Trafficking” [here](#).
- View NNEDV’s guidance on “Coordinated Entry: Confidentiality Requirements in Practice” [here](#).
- Read a special report on “Assessing Vulnerability, Prioritizing Risk: The Limitations of the VI-SPDAT for Survivors of Domestic & Sexual Violence” from Safe Housing Partnerships (SHP) [here](#), and their FAQs on CES for VSPs [here](#).
- Read a special report on “Assessing for & Appropriately Responding to the Housing Needs of Domestic & Sexual Violence Survivors: A Decision Tree as an Alternative to a Scoresheet (SH)” [here](#), and watch the accompanying webinar [here](#).

<sup>15</sup> Kris Billhardt, “Improving Services to Survivors in Coordinated Entry Systems” (Powerpoint presentation, 2015 NAEH National Conference on Ending Homelessness, Washington, DC, July 16, 2015), <https://safehousingpartnerships.org/sites/default/files/2017-01/Improving%20Services%20to%20Survivors%20in%20Coordinated%20Entry%20Systems.pdf>.

<sup>16</sup> Billhardt et al., “The Intersection.”

<sup>17</sup> Violence Against Women Act 2005 Reauthorization, Pub. L. No. 109-162, § 605, 199 Stat. 2960.

<sup>18</sup> In Los Angeles, a CES-compatible, non-HMIS portal is being piloted by the Los Angeles Homeless Services Authority to keep survivor PII anonymous. This new system will enable DV service providers — otherwise precluded under VAWA and federal funding requirements from entering PII into HMIS — to help survivors access housing resources through the CES, even though they are not entered into HMIS.

<sup>19</sup> Billhardt, “Improving Services.”

<sup>20</sup> “About CES,” Coordinated Entry System, Los Angeles Homeless Services Authority (LAHSA), <https://www.lahsa.org/ces/about>.

<sup>21</sup> 42 U.S.C. § 13925(a)(43).

<sup>22</sup> 42 U.S.C. § 13925(a)(44).

<sup>23</sup> For youth under the age of 18, a separate CES is utilized.

<sup>24</sup> Marina Flores, Josh Hall, and Will Lehman, “Coordinated Entry System (CES): What’s New and What to Expect” (Powerpoint presenta-

tion, April 23, 2018), [http://file.lacounty.gov/SDSInter/dmh/1037110\\_AllPopsPresentationforDMHSummit.pptx](http://file.lacounty.gov/SDSInter/dmh/1037110_AllPopsPresentationforDMHSummit.pptx).

<sup>25</sup> Each of the three recognized sub-populations that LAHSA serves (i.e., single adults, families, and transition-age youth) also has its own individualized version of the VI-SPDAT.

<sup>26</sup> HUD Exchange, “Homeless Definition,” [https://files.hudexchange.info/resources/documents/HomelessDefinition\\_RecordkeepingRequirementsandCriteria.pdf](https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf).

<sup>27</sup> See, for example, the recent article “Invisible intersectionality in measuring vulnerability among individuals experiencing homelessness — critically appraising the VI-SPDAT” by Courtney Cronley in the *Journal of Social Distress and Homelessness* (2020), available [here](#).

<sup>28</sup> For more information about the LAHSA VAWA Interim Emergency Transfer Plan, please see Chapter 14.

<sup>29</sup> Peter Lynn to the Honorable Members of the Los Angeles City Council, February 2, 2018, “Measure H Funding for Domestic Violence Programs,” Los Angeles City Clerk, Council File No. 17-0408-S2, [https://clkrep.lacity.org/online/docs/2017/17-0408-s2\\_rpt\\_HSA\\_02-02-2018.pdf](https://clkrep.lacity.org/online/docs/2017/17-0408-s2_rpt_HSA_02-02-2018.pdf).

<sup>30</sup> Cristina Cortes, “Aligning with the Coordinated Entry System to Best Serve Survivors” (Powerpoint presentation, DV-HS Community Connection Summit, August 8, 2019), [https://www.downtownwomenscenter.org/wp-content/uploads/2019/08/Aligning-with-the-Coordinated-Entry-System-to-Best-Serve-Survivors.Final\\_.pdf](https://www.downtownwomenscenter.org/wp-content/uploads/2019/08/Aligning-with-the-Coordinated-Entry-System-to-Best-Serve-Survivors.Final_.pdf).

## CHAPTER 4

# Intersectionality & Racial Equity



General recognition is growing of the manner in which historical socioeconomic disparities along race, gender, and class lines contribute to the unique barriers some communities face in accessing services and achieving personal stability and improved economic status. The disparate rates at which underrepresented groups and BIPOC (Black, Indigenous, People of Color) experience crime, violence, incarceration, non-communicable disease, un/under-employment, housing insecurity, and homelessness are also increasingly understood within the nexus of systemic dispossession.

To build and run effective programming for survivors of domestic violence (DV), operators must be aware of and actively incorporate knowledge of such dynamics into their service provision approach. This chapter offers key recommendations for doing so. It draws heavily on the emergent frameworks of **intersectionality**, **anti-racism**, and **cultural humility**, each of which are integral to the trauma-informed approaches to service provision explored in-depth in Chapter 5.

## Intersectionality

First coined by the Black feminist scholar Kimberlé Crenshaw in 1989 to explore the oppression of women of color, **intersectionality** today represents a theoretical framework within which different aspects of individuals' identities (e.g., their gender identity, the color of their skin, their socioeconomic position, their political affiliation, their ability, their citizenship status, and their physical body) can be situated to understand the unique forms of oppression, privilege, erasure, and dispossession they face.

### EXAMPLE:

A Black transgender woman with a physical disability might face greater employment discrimination not just because of her race, her gender identity, or her ability, but because of the combination of all three.

## Anti-racism

Brought to light by the 2020 Black Lives Matter protests against police brutality, **anti-racism** is described by Robert J. Patterson as “an active and conscious effort to work against multidimensional aspects of racism” by understanding racism as an institutional structure that is perpetuated as much by overt actions as it is by unintentional ones.<sup>31</sup> This understanding is expanded upon by Ibram X. Kendi, who emphasizes the opposite of racist not as non-racist but as anti-racist — a position from which “nothing is [seen as] behaviorally wrong or right — inferior or superior — with any of the racial groups ... To be antiracist is to deracialize behavior, to remove the tattooed stereotype from every racialized body. Behavior is something humans do, not races do.”<sup>32</sup>

### EXAMPLE:

A social worker overhears a colleague chastising their Black client for being “lazy” and “not working hard enough” to find gainful employment. Instead of ignoring the situation, the employee recognizes the implicit racial biases and discourse present in their colleague's speech, and confronts them about why such speech does more harm than good to the client and society as a whole.

## Cultural Humility

**Cultural humility** represents a shift from the paradigm of cultural competency to one that acknowledges others' authority over their own lived experiences and life-worlds, and accepts one's own knowledge as being therefore limited to one's own experience. The concept holds unique importance for all sectors involved in service provision, in positioning the provider not as the “expert” but rather as a collaborator and a student of the client's or patient's needs and experience. This shift can and should be facilitated by a lifelong exploration of and reflection upon one's internal biases and perceptions, to help identify the attitudes, beliefs, and behaviors that may be preventing a true understanding of and responsiveness to clients' needs.<sup>33</sup>

### EXAMPLE:

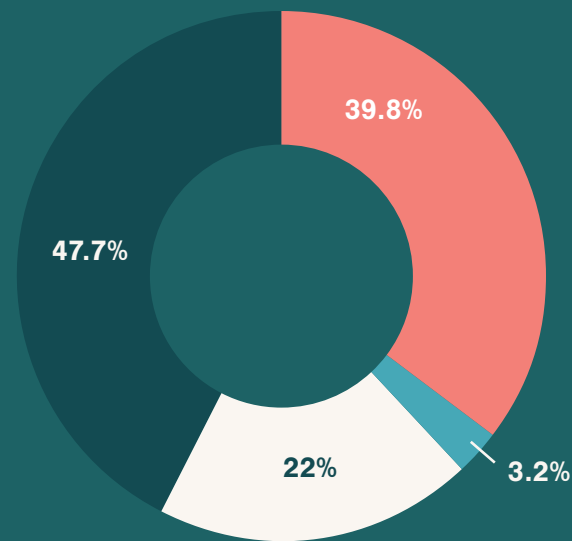
A housing navigator is trying to persuade an adult child of a family experiencing homelessness to seek independence away from the family through education and separate housing, instead of recognizing that the family's cultural practice is to stay together.



# Racial Disparities in U.S. Housing & Homelessness Outcomes

An important place for service providers to start is to recognize and educate staff on the disproportionate rates at which BIPOC in the U.S. experience housing insecurity and homelessness. Key trends to note include the following:

## National Homeless Population by Race



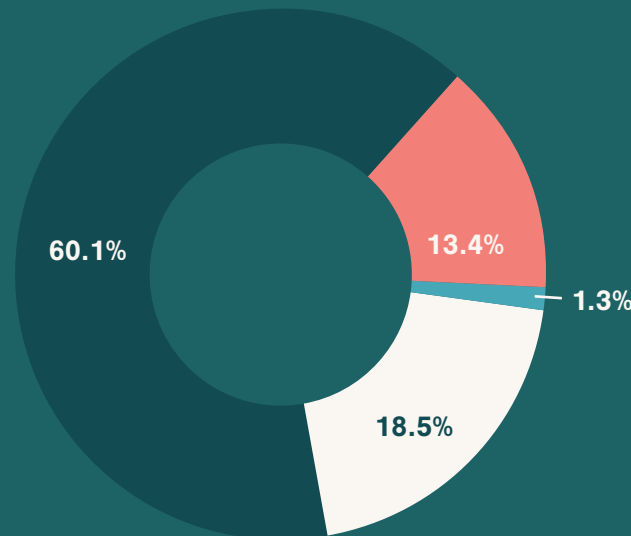
Black and African American individuals represented 39.8% of the national homeless population in 2019<sup>34</sup> but only 13.4% of the general population.<sup>35</sup>

American Indian and Alaskan Native individuals represented 3.2% of the national homeless population in 2019<sup>36</sup> but only 1.3% of the general population.<sup>37</sup>

Hispanic and Latinx individuals represented 22% of the national homeless population in 2019<sup>38</sup> but only 18.5% of the general population.<sup>39</sup>

Conversely, White Americans represented 47.7% of the national homeless population in 2019<sup>40</sup> but 60.1% of the general population.<sup>41</sup>

## National Population by Race



### KEY

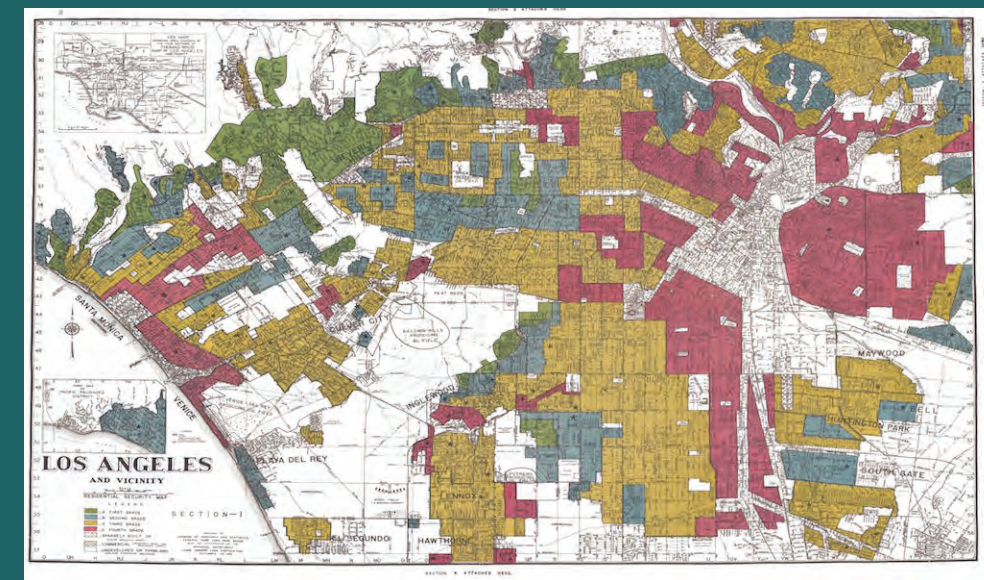
- White Americans
- Black and African American
- Hispanic and Latinx
- American Indian and Alaskan Native

## The Importance of a Historical Perspective

Equally important is the task of educating staff on the reasons that such disparities persist. When situated within a historical context, this knowledge can promote cultural humility and help staff take steps to address the root causes of homelessness. These include gaps in generational wealth and property ownership; environmental racism; disparate rates of policing and incarceration; and differential access to healthcare, food, education, and job opportunity.<sup>42</sup>

The historical context of racial inequity in the U.S. can be traced primarily through the following institutions:

- **Slavery**, which dispossessed Black communities of capital and land for centuries; it was abolished by the **13th Amendment** in 1865, which also set the pretext for the disproportionate incarceration of Black and Brown communities today.<sup>43</sup>
- **Jim Crow Laws**, which mandated the racial segregation of public schools, transportation, housing, and facilities such as hotels, restaurants, water fountains, and restrooms. Codified post-slavery, these intricate laws continued to restrict Black peoples' freedom of movement and justify the ongoing exploitation and inhumane treatment of those who violated them via incarceration, assault, torture, and death.
- Discriminate banking and insurance practices known as **redlining**, which effectively prohibited the sale and resale of homes to Black individuals in certain areas.
- The replacement of U.S public housing programs with **Section 8** subsidies in 1974, which enabled discriminate rental and property management practices.
- The progressive **deinstitutionalization of mental health services** throughout the 20th century, which left many former patients homeless and/or in prison.
- The **“War on Drugs” and subsequent prison boom**, which continue to disproportionately affect Black and Latinx communities today.<sup>44</sup>



Redlining map of Los Angeles in 1939. Photo credit: Mapping Inequality

## Race, Gender Identity, and Sexual Orientation at the Intersection of Domestic Violence & Homelessness

For housing and homelessness services providers working with DV survivors, it is critical to note and address the intersection of DV and homelessness with race, gender, sexual orientation, and gender identity/gender expression. Understanding these intersections can help program staff better identify signs of trauma, appreciate their clients' needs, provide resources to assist with redressing disparities, and work with them towards long-term healing and empowerment.

The following selection of key trends draws primarily on regional data available for the Los Angeles area. Although rates will vary according to geographic location, the general conclusions drawn here are largely applicable across the U.S.

- In the U.S., Black women are **three to four times** more likely to be murdered by an intimate partner than women of other racial groups, due primarily to the disparate socio-economic effects (e.g., unemployment, poverty, and substance abuse) of systemic racism itself. <sup>45</sup>
- **57%** of all women experiencing homelessness in the U.S. report DV as the immediate cause of their homelessness. <sup>46</sup>
- **49%** of unsheltered adult women in the Los Angeles Continuum of Care (CoC) report having a lifetime history of domestic, intimate partner, or other sexual violence. <sup>47</sup> That figure rises dramatically to **60%** for unsheltered transgender individuals. <sup>48</sup>
- According to the Downtown Women's Center (DWC) 2019 Los Angeles City Needs Assessment, **60.2%** of women experiencing homelessness in Los Angeles had experienced some form of violence within the last year while **25.7%** had experienced frequent violence within the last year. <sup>49</sup>
- LGBTQIA+ women experiencing homelessness are more likely than average to experience sexual assault or sexual violence. More than **one-third (35.7%)** of LGBTQ+ women surveyed by DWC in Los Angeles had experienced sexual assault in the last year. <sup>50</sup>



# Recommendations for Service Providers

The below recommendations, sourced from the Corporation for Supportive Housing,<sup>51</sup> provide some practical avenues for incorporating active anti-racism and cultural humility across service settings. Although they may require significant investments of time and expertise, such training and resources are critical to decreasing service barriers, redressing systemic disparities, and maximizing participant outcomes, by minimizing the risk of re-traumatization and developing programs that actively respond to participants' unique needs. The importance of such provisions cannot be overstated for housing providers that work with DV survivors.

**Staff should be adequately educated on modern-day racial disparities.** Workshops, trainings, and resources should enable staff to put individual client issues in a broader social context, think about systemic levels of oppression when working with clients of color, and practice cultural humility in all their work.

**Leadership and supervisors should be ready to talk about race on a regular basis.** Having open conversations about race on an organizational level can help prepare staff to have similar conversations with their clients.

**Know who you are working with.** A critical analysis of target population demographics combined with testimony from a representational group of survivors can lead to culturally competent programming that better meets the needs of the local community and is, in fact, informed by that community.

**Practice a trauma-informed approach to service provision** that acknowledges and responds to the long-term impacts of individual and **generational trauma** alike. More information on trauma-informed care can be found in Chapter 5.

**Build inclusive programming by encouraging connection through a broad array of offerings,** like music, art, dance, storytelling, theater, and other common interests.

**Staff and leadership of color should be intentionally recruited, meaningfully supported, and provided with clear paths to leadership positions.** Such practice is critical to ensuring not only organizational equity, but also client comfort in engaging with and soliciting help from direct service staff and advocates.

**All program materials, art, and brochures should accurately represent the diversity of a program's clients, participants, and/or residents.** Representative materials are equally critical to ensuring that individuals in need feel comfortable approaching and engaging with service providers and asking for help.

## GLOSSARY

**Generational trauma** refers to the accumulation of traumatic experiences, emotional responses, and patterns of behavior that recur across multiple generations as social cues, subconscious messages, and stories are transmitted from parents and other caregivers to children. Oftentimes, these responses become embedded in a child's neural networks, resulting in hormonal imbalances (e.g., high cortisol levels), behaviors, and symptoms like anxiety and depression that mirror those of their parents and inform their development as adults. Instances of generational trauma are especially prevalent during and after experiences of domestic violence, war, famine, and disaster.<sup>52</sup>

## Additional Resources

- Read the *Report & Recommendations of the LAHSA Ad Hoc Committee on Black People Experiencing Homelessness* [here](#).
- Read the *Report & Recommendations of the LAHSA Ad Hoc Committee on Women Experiencing Homelessness* [here](#).
- Read the full *DWC 2019 Los Angeles City Women's Needs Assessment* [here](#).
- View the National Alliance to End Homelessness' Racial Equity Network Toolkit [here](#).
- Read the UCLA Luskin Institute on Inequality & Democracy's collection *Black, Brown, and Powerful: Freedom Dreams in Unequal Cities* [here](#).
- View the Safe Housing Partnerships' animated infographic on "The Intersections Between Domestic and Sexual Violence, Racism, and Homelessness" [here](#).
- View the report on homelessness and racism from Supporting Partnerships for Anti-Racist Communities (SPARC) [here](#).
- Read the National Network to End Domestic Violence's fact sheet on "It Matters! How Defining Sexual Violence Defines Advocacy Programs" [here](#).
- [The National Center on Domestic Violence, Trauma, and Mental Health](#) provides many additional resources for survivors and advocates to help address trauma impacts.

<sup>31</sup> Hillary Hoffower, "What it Really Means to be an Anti-Racist, and Why It's Not the Same as Being an Ally," *Business Insider*, June 8, 2020, <https://www.businessinsider.com/what-is-anti-racism-how-to-be-anti-racist-2020-6>.

<sup>32</sup> Ibram X. Kendi, *How to be an Anti-Racist* (New York: One World, 2019), 105.

<sup>33</sup> Robert M. Ortega and Kathleen Coulborn Faller, "Training Child Welfare Workers from an Intersectional Cultural Humility Perspective: A Paradigm Shift," *Child Welfare* 90, no. 5 (2011): 27-49, <https://pubmed.ncbi.nlm.nih.gov/22533053/>.

<sup>34</sup> Meghan Henry et al., *The 2019 Annual Homeless Assessment Report (AHAR) to Congress* (U.S. Department of Housing & Urban Development, 2020), 10, <https://www.huduser.gov/portal/sites/default/files/pdf/2019-AHAR-Part-1.pdf>.

<sup>35</sup> U.S. Census Bureau (Quick Facts; accessed August 19, 2020), <https://www.census.gov/quickfacts/fact/table/US/PST045219>.

<sup>36</sup> Henry et al., 2019 AHAR, 10.

<sup>37</sup> U.S. Census Bureau.

<sup>38</sup> Henry et al., 2019 AHAR, 10.

<sup>39</sup> U.S. Census Bureau.

<sup>40</sup> Henry et al., 2019 AHAR, 10.

<sup>41</sup> U.S. Census Bureau.

<sup>42</sup> Lindsay Kerby, Saba Mwine, and Tristina Sinopoli, "Supportive Housing Institute Training: Day 2" (Powerpoint presentation, 2019).

<sup>43</sup> Good learning resources on the latter include *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* by Michele Alexander (2010) and the 2016 feature film documentary *13th* by Ava DuVernay.

<sup>44</sup> Kerby et al., "Day 2."

<sup>45</sup> Nkiru A. Nwawulezi and Cris M. Sullivan, "Oppression Within Safe Spaces: Exploring Racial Microaggressions Within Domestic Violence Shelters," *Journal of Black Psychology* 40, no. 6 (2014): 563-591, <https://doi.org/10.1177/2F0095798413500072>.

<sup>46</sup> HUD Exchange, "Partnering with CoCs on the PIT Count: What Domestic Violence Providers Need to Know," <https://files.hudexchange.info/resources/documents/PIT-and-DV-Partnering-With-CoCs.pdf>.

<sup>47</sup> LAHSA, "Greater Los Angeles Homeless Count 2020" (Los Angeles, CA, June 12, 2020), 26, <https://www.lahsa.org/documents?id=4558-2020-greater-los-angeles-homeless-count-presentation>.

<sup>48</sup> Ibid.

<sup>49</sup> Kuo, *Needs Assessment*, 24-26.

<sup>50</sup> Ibid.

<sup>51</sup> Kerby et al., "Day 2."

<sup>52</sup> Rebecca Frank, "Generational Trauma – Implications and Steps to Healing," *Courage to Connect Counseling*, published July 20, 2018, <https://www.courage2connect.com/generational-trauma-implications-and-steps-to-healing/#:~:text=Generational%20trauma%20is%20a%20accumulation,the%20chains%20are%20to%20break>.

## CHAPTER 5

# Trauma-Informed Care (TIC)



Trauma-informed care (TIC) is quickly becoming a new standard in the design of Permanent Supportive Housing (PSH) programs. TIC is a service approach that acknowledges the widespread, long-term impacts of trauma, and responds by integrating knowledge about trauma into all program policies and practices. Implementing TIC means that everyone – from maintenance staff to the executive director, to advocates and PSH residents themselves – has a role to play in healing. As a result, this model requires TIC training at every level of staffing.

Although TIC can require significant investments of time, resources, and expertise, this specialized knowledge and practice lens is particularly important when working with survivors of domestic violence (DV). By creating safe spaces in which survivors can address their trauma and begin to heal, TIC has been proven to increase residents' long-term success while also reducing the likelihood of re-traumatization. For this healing process to occur, TIC education must be an on-going process with trauma-informed supervision for all staff members.

Using the Substance Abuse and Mental Health Services Administration (SAMHSA) TIC model as a framework, this chapter provides guidance on implementing trauma-informed care in PSH for DV survivors.

## The “Four R’s of TIC”

To practice a trauma-informed approach, an organization’s staff must acknowledge “The Four R’s” of TIC, which are:<sup>53</sup>

1. **Realize**
2. **Recognize**
3. **Respond**
4. **Resist re-traumatization**

In practice, this means that:

“A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to **resist re-traumatization.**”<sup>54</sup>

### WHAT IS TRAUMA?

There is no one type of trauma or a universal cure for healing trauma. According to the American Psychological Association (APA), “trauma is an emotional response to a terrible event like an accident, rape, or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea.”<sup>55</sup> Physical, psychological, social, historical, complex, on-going, and vicarious/secondary trauma are different types of traumas that often manifest differently, too.<sup>56</sup>

## SAMHSA's Six Key Principles

In addition to “The Four R’s,” DV PSH programs should actively integrate SAMHSA’s six key principles of TIC into all aspects of programming.<sup>57, 58</sup>



### Safety

SAMSHA’s first principle of TIC is safety. Safe and secure housing allows survivors to address their trauma — often for the first time — instead of focusing on their immediate survival. Feeling safe does not, of course, preclude the occurrence of trauma “triggers” that survivors must daily face as they learn to heal.

Program and property managers of both DV-specific and non-DV-specific PSH should provide adequate training for all staff on the dynamics and impacts of abuse. Staff who are trained in the complexities of abusive relationships will be able to recognize and respond appropriately to resident safety concerns, and will be more likely to use compassion when addressing resident behaviors that might otherwise be perceived as difficult or negative. Positive relationships between staff and residents are also more likely to develop in such settings.

### Trustworthiness & Transparency

PSH program operators must make building and maintaining trust a priority. They should set clear expectations for residents from the start, by providing information about all operations and decisions in order to help tenants better anticipate future outcomes. For example, staff should clearly inform survivors about their obligations as mandated reporters, in case they are ever required to call Adult Protective Services or Child Protective Services. Clearly disclosing staff obligations to tenants at the beginning can significantly reduce the likelihood of tenants feeling betrayed and/or re-traumatized by their advocate in such instances.

Staff should also be knowledgeable about resources available to DV survivors, including but not limited to protective orders, safety plans, police reporting procedures, civil court interventions, therapeutic modalities, advocacy opportunities, and group support resources. Sharing such information and soliciting insight and feedback from residents on PSH operations can help build trust and increase organizational transparency.

### Peer Support & Mutual Self-Help

It is broadly accepted that there are three stages of trauma recovery: feeling safe; processing and sharing traumatic experiences; and connecting with others.<sup>59</sup>

Once a sense of safety is established, survivors should feel supported in processing their trauma and connecting with others. To facilitate this, PSH programs can offer groups, classes, and other opportunities for residents to gather, connect socially, learn together, and support one another. Examples include therapy or support groups and shared recreational opportunities, such as crafts, movement (like yoga or dance), and meditation.

It is also helpful to offer opportunities for survivors to engage in advocacy as a part of their healing. Creating opportunities for survivors to bring their lived expertise to the work of rape crisis centers and DV agencies, for example, not only teaches essential leadership skills but also fosters networks of mutual support among their peers and their community.

### Collaboration & Mutuality

All direct service staff and especially resident managers should be trained in the dynamics of power and abuse in order to identify potential triggers and re-traumatizing effects associated with common DV interventions. Instead of directly instructing survivors in personal matters, staff should express concern about their well-being and aim to co-create safety plans<sup>60</sup> that are driven by the expressed needs of the survivor.

Helping survivors feel independent, worthy of care, and in control of their choices is necessary for survivor empowerment. Curfews and other rules that limit resident movement or social contact should be examined to ensure their necessity, since such controls often mimic experiences of abuse.

#### GLOSSARY

**TRIGGERS** are external events or stimuli that recall a traumatic event, induce feelings of trauma or re-traumatization, and may or may not provoke a reaction. Triggers need not be large in nature — just a word, a smell, a color, or even a slamming door can prompt a “flashback” to the traumatic event(s). Triggers are often difficult to anticipate and reactions to them may appear overblown to observers without knowledge of the trauma. The experience of triggers is especially prevalent for individuals with post-traumatic stress disorder.

### Empowerment, Voice, and Choice

Residents should feel empowered to voice their perspective and make active, positive choices in their path to healing. Facilitating such opportunities is especially vital for survivors whose abusers made all decisions for them.

Staff should also acknowledge and uplift residents' strengths to help them grow in new areas by creating and offering opportunities for survivors to engage in activism and advocacy.<sup>61</sup> Activism can be an excellent outlet for healing and empowerment by taking the focus off survivors' personal experiences while allowing them to take an active role in their own healing as well as the broader fight to end DV and homelessness. Such programs can be both internally- and externally-facing, by, for example, encouraging survivors to submit public comment on relevant topics and/or join program-specific PSH advisory boards that provide staff with resident feedback on program services and delivery.

### Acknowledging Cultural, Historical, and Gender Issues

Marginalized populations and people of color who are already over-represented among unhoused populations are more likely to have histories of trauma, which may affect how they engage with different services. Negative experiences with law enforcement, for example, may discourage Black survivors from filing for protective orders or seeing the criminal justice system as a route to safety. Likewise, immigrant survivors may be wary of any interaction with social services for fear of being reported as undocumented. Educating staff around social justice issues promotes their ability to work with survivors to create viable options and provide additional emotional support that honors their experiences.

Staff should also be cognizant of stereotypes of victimhood and how these can impact survivors' interactions with others. For example, a survivor who openly expresses anger or whose appearance does not fit traditional gender norms may be less likely to be believed or treated with the same level of support as a traditionally feminine heterosexual White survivor. Survivors of color may also be less likely to report instances of DV to law enforcement if they are concerned with the perception of their community and/or the livelihood and safety of their community members.

Although anyone can experience DV, stereotypes around race, class, gender, and sexual orientation can decrease survivors' ability to access services and increase feelings of shame. Staff acknowledgement of this intersectionality is critical to creating a positive foundation for healing. PSH programs must acknowledge, discuss, and celebrate different identities and different modalities of healing in order to push back against common stereotypes. Cultural humility training should also be prioritized and combined with staff training on how to recognize and address the impacts of historical and intersectional trauma. Such steps are especially important for DV survivors whose perpetrators may use negative stereotypes and marginalization as tools of oppression.

**For more information on intersectionality and cultural humility, please see Chapter 4.**



*DWC Advocate Amiyoko at the 2016-17 Los Angeles Mayor's Budget Signing*

## DWC Advocates Program

The Downtown Women's Center (DWC) [Advocates Program](#) was launched in 2016 to put the lived experiences of DWC residents and participants at the forefront of the organization's work. The five-month program provides women with the tools and training to become successful, confident advocates for themselves, for other women experiencing homelessness, and for DWC.

DWC Advocates participate in a six-hour foundational course that covers the basics of advocacy and storytelling before choosing one of three specialized tracks in:

1. Public speaking and media interviews.
2. Lobbying meetings.
3. Written advocacy.

Each group then meets individually to continue training, which includes active participation in press interviews, public policy meetings, lobby visits with legislators, fund-raising events, and press conferences.

Throughout the years, DWC Advocates have had the special opportunity to meet and speak with public figures like California Senator Holly Mitchell, Former U.S. Secretary of Housing & Urban Development Julián Castro, Former Texas Congressman Beto O'Rourke, Los Angeles Congresswoman Karen Bass, and California Congresswoman Maxine Waters. Many participants have also joined the [Domestic Violence & Homeless Services Coalition](#) (DVHSC) Advocates Program to advocate for support for trauma survivors. Advocates use the power of their personal stories to effect systems change through presentations at conferences, meetings with elected officials, engagement in press conferences, and interviews with media outlets.



## Applying TIC in Practice

Even where DV survivors are placed in non-DV-specific PSH, property and program managers can and should apply a TIC-informed approach to their interactions with these residents.

Examples of doing so include the following:

### Resident Concerns

A tenant is extremely upset about slamming doors in the building; the strength of her reaction seems exaggerated. Rather than downplaying this, staff should recognize that loud noises may be triggering to that resident.

### Safety Plans

A tenant is reluctant to leave an abusive relationship. Rather than pressuring her, staff should work with the resident to co-create an individual safety plan. Adverse pressure could damage her relationship with service providers and increase the likelihood that she will not seek support in the future.

### Pet Policies

PSH property managers considering a “No Pet” policy should recognize that such policies can be harmful to tenants with histories of DV and trauma and serve as a barrier to healing. Survivors often stay in abusive situations for fear of harm to their pets and because their pets are a vital part of managing trauma.

### Resident Disputes

A verbal dispute and/or physical altercation takes place between residents. Staff should move quickly to address the issue, while making a clear effort to hear survivors’ perspectives by co-creating a safety plan or agreement that addresses the source of conflict. Staff should reassure all residents of their support in navigating disputes.

### Cultural Representation

Staff should make a clear effort to celebrate resident diversity by including art and decorations from different cultures around the PSH property, and by offering prayer or ceremony unique to residents’ cultures to nurture familial and spiritual methods of healing.

### Welcoming Residents

Moving into a new home, although exciting, can be an overwhelming and challenging experience for trauma survivors. Providing them with a warm welcome that lets them know they are cared for is important. PSH staff should also orient tenants to their new environment as soon as possible to help ease the transition, by providing program guidelines, site tours, education and literature on local resources and activities, and information on emergency contacts and protocols.

## PROJECT 100

[Project 100](#) is one of DWC’s newest programs, launched in October 2019 in coordination with the Los Angeles Office of the Mayor, the Los Angeles Homeless Services Authority (LAHSA), Enterprise Community Partners, and other homeless service sector partners. It aims to provide culturally responsive services to 100 unhoused women living in Skid Row who have experienced long-term homelessness and have been historically underserved by traditional housing programs. Project 100 is equally dedicated to implementing the recommendations of the [LAHSA Ad Hoc Committees on Black People Experiencing Homelessness](#) and [Women Experiencing Homelessness](#), which together found

that education, housing, healthcare, and employment policies over time have led to deep inequities among people experiencing homelessness.

Women housed through Project 100 have access to a variety of wrap-around supportive services to enhance retention, including housing specialists, peer specialists with lived experience and knowledge of community resources, employment coordinators to alleviate barriers to gainful employment, and clinicians trained in cultural humility.

### Additional Resources

- Click [here](#) to watch DWC’s TIC training video.
- View DWC’s *Trauma & Resiliency Informed Care Toolkit for Service Providers* [here](#).
- Read SAMHSA’s *Concept of Trauma and Guidance for a Trauma-Informed Approach* [here](#).
- Learn more about the CSH Speak Up! Program [here](#).
- Learn more about the DWC Advocates Program [here](#).
- Learn more about DVHSC [here](#).
- Learn more about Project 100 [here](#).
- Read the National Network to End Domestic Violence’s (NNEDV) “Tips for Active Listening” [here](#).
- View NNEDV’s tipsheet on “Listening to Survivors – Essential Steps for the Intake Process” [here](#).
- Learn more about a voluntary services approach from NNEDV [here](#).
- Read “Long-Term Housing and Intimate Partner Violence,” a qualitative study showing how TIC and PSH principles align to support survivors’ healing, [here](#).

<sup>53</sup> Larke N. Huang et al., *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach* (Substance Abuse & Mental Health Services Administration, Rockville, MD, 2014), 9, [https://ncsacw.samhsa.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf).

<sup>54</sup> Ibid.

<sup>55</sup> “Trauma,” Psychology Topics, American Psychological Association, <https://www.apa.org/topics/trauma/>.

<sup>56</sup> Downtown Women’s Center, “Trauma Informed Care Training,” YouTube video, uploaded April 18, 2019, [https://www.youtube.com/watch?time\\_continue=201&v=s59R5AAWMgo&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=201&v=s59R5AAWMgo&feature=emb_logo).

<sup>57</sup> Moving forward, trauma-informed organizations may also want to consider adding stability as a principle, per Hetling, Dunford, Lin, and Michaelis’ recommendations after interviewing ten residents in a DV PSH program in 2018 that linked stable long-term housing to their ability to heal from trauma.

<sup>58</sup> Huang et al., *SAMHSA’s Concept of Trauma*.

<sup>59</sup> Judith L. Herman, “Recovery from Psychological Trauma,” *Psychiatry and Clinical Neurosciences* 52, no. 1 (2002): 98 - 103, <https://doi.org/10.1046/j.1440-1819.1998.0520s5S145.x>.

<sup>60</sup> Please see Chapter 12 for guidance on co-creating safety plans with survivors.

<sup>61</sup> See, for example, the Corporation for Supportive Housing’s [SpeakUp! Program](#), which trains residents in housing and homelessness policy while simultaneously coaching them in impactful storytelling.



SECTION C

# Considerations for Building & Managing Permanent Supportive Housing for Survivors



## CHAPTER 6

# Learning From Survivors



Permanent Supportive Housing (PSH) for survivors of domestic violence (DV) that is trauma-informed requires a continual and conscious dialogue between program and property management, staff, and residents to create a living environment that is most conducive to healing and self-empowerment. Survivor voice, choice, and empowerment – as dictated by the fifth principle of trauma-informed care (TIC) – should be sought, valued, and incorporated in every aspect of PSH, from building design to daily program operations.

The first half of this chapter establishes practical avenues for foregrounding the interests and lived expertises of DV survivors in PSH settings in a sustainable way. The second half outlines existing precedents and key takeaways from listening sessions with survivors regarding PSH building and program design.<sup>62</sup>

## Areas for Engagement

Early engagement with survivors (i.e., prior to PSH design and construction) is critical. Survivors should feel empowered to voice their opinions and ideas about every aspect of PSH design, from the physical space of the building(s) to the wraparound services the program enfold. A trauma-informed approach further emphasizes that no element is too small to warrant attention, and survivor feedback should be solicited on elements like building layout, exterior spaces, and even entryways and doorways. Such a process is instrumental to building spaces in which survivors can rest, heal, and thrive.

## Questions to Explore

To start the process, good questions to explore with survivors include:



What will feel safe and welcoming?



What kind of lighting and other security elements would they like to see?



What is the right amount of gating and fencing to support a sense of safety without making them feel “fenced in?”



What interior colors will be most soothing?



What kind of window coverings can best offer privacy?



How can seating arrangements nurture connection and natural conversation?



What type of on-site services would support them most?

## Effective Methods for Seeking Survivor Input

Soliciting survivor feedback and input should be a continuous process in which survivors, program managers, and property managers are equally engaged. The methods listed below present practical avenues for doing so in both the short- and long-term, and they can be combined and amended as needed according to the specific needs of each DV PSH program and space.

### Focus Groups

Hosting multiple focus groups is an easy way to solicit survivors' diverse opinions to create the most inclusive PSH community possible. Focus groups should tap into a mix of experiences and perspectives, and participating survivors should be compensated for their time.

### Survivor Liaison

Identifying a survivor to serve as a Liaison between management and residents can help the former feel that their voices are being heard in high-level decision-making processes. Liaisons would ideally host periodic community dialogues with other residents to develop rapport and gather input for program and PSH design.

### Strategic Partnering & Hiring

Choosing partners with previous experience working alongside survivors is an effective way to develop PSH that is responsive to survivors' needs. Survivor-driven organizations often have great insight into the process of using trauma-informed frameworks to imagine and design living spaces, whether by displaying survivor artwork, organizing community murals, inviting survivors to choose their furniture, or even offering survivors the opportunity to choose their specific unit.

### Survivors as Staff Advocates

Hiring survivors with lived experience in the development, decision-making, and operation of PSH is not only good for inclusion and representation, but can also help build trust between PSH management and residents by providing the latter with a role model with whom they can positively identify.

### Survivor-Driven Supervision Practices

Building long-term relationships with staff advocates based on mutual trust and reliability is crucial to the healing process. To facilitate this, PSH management should strive to prevent staff burnout and turnover by ensuring appropriate compensation and sustainable caseloads. Advocates should work with their clients to co-create individualized safety and service plans, in order to foster survivors' sense of choice and ownership.

### Resident Advisory Boards

Establishing a resident advisory board is a great way to simultaneously empower survivor voices and develop formal leadership opportunities. At the Downtown Women's Center (DWC), a 10-member resident advisory board composed of program staff and resident liaisons is tasked with holding resident listening sessions to make program and service recommendations to DWC leadership.<sup>63</sup>

### Informal Avenues

Not all resident feedback needs to be collected formally. Other examples include gathering resident input via anonymous suggestion boxes; implementing "open door" policies among property management, to encourage residents to voice their concerns freely; conducting annual or bi-annual resident surveys to gather both quantitative and qualitative feedback; and hosting periodic staff-resident listening sessions to further foster an atmosphere of mutual support.

### Transparency Around Resident Rights

PSH operators and managers should also note that they are required to have structured and clearly communicated formal grievance procedures for residents.

## Survivors' Primary Needs & Concerns

The existing research as well as the listening sessions conducted by the National Alliance for Safe Housing (NASH) and DWC with survivor advocates<sup>64</sup> agree on several main areas of survivor need and concern regarding PSH building and program design. These include but are not limited to the items below.

### Privacy & Independence

Survivors need both privacy and independence to facilitate healing and empowerment simultaneously. In a 2010 study conducted by Boetin and Hetling, DV survivors living in PSH listed privacy and increased space among their top priorities.<sup>65</sup>

### Safety & Comfort

Although survivor safety should be a priority at every stage of PSH development and operation,<sup>66</sup> it is critical to strike a balance. Architects and program operators should bear in mind that while some residents may find increased security to be conducive to healing,<sup>67</sup> others may find such measures invasive.<sup>68</sup> Survivors who participated in the listening sessions discussed frequent triggers they faced in their living situations and asked that staff integrate trauma-informed practices into their work to help survivors achieve short- and long-term goals. It is therefore recommended that decision-making processes regarding the implementation of PSH safety and security features always involve survivors.

### Community Spaces

A common theme in the literature is that of the importance of shared spaces to survivor healing and empowerment. Hetling, Dunford, and Botein, for example, write about physical space as one aspect of community formation,

facilitated through the availability of landscaped yards, playgrounds, gardens, and common rooms where residents can expand their interactions by holding meetings and special events.<sup>69</sup>

### Amenities

DV survivors are often quick to note amenities they would like to see included in PSH design, i.e., those beyond social services and healthcare access. According to Botein and Hetling's research in Connecticut, key amenities to include in PSH design include access to transportation, childcare, medical and legal services, computers with internet, a work-out room, and on-site laundry.<sup>70</sup>

### Continued Support

Another consistent theme in the listening sessions conducted by DWC and NASH was that of feeling "housed yet abandoned." Survivors noted a need for greater staff and property management engagement in providing emotional support and safety planning beyond housing assistance and on-site services.

### Additional Resources

- Watch a webinar on "Meaningful Incorporation of Survivors & People with Lived Experience" webinar [here](#).
- Read the National Network to End Domestic Violence's (NNEDV) "Tips for Active Listening" [here](#).

- While the Washington State Coalition Against Domestic Violence's Building Dignity website is intended as a resource for emergency DV shelters, many of its survivor-informed design tips apply to DV PSH. View them [here](#).

<sup>62</sup> Please see Appendices C and D for detailed summaries of the listening sessions.

<sup>63</sup> More information about the DWC Advisory Board can be found in DWC's *Trauma & Resiliency Informed Care Toolkit for Service Providers* [here](#).

<sup>64</sup> For summaries of these listening sessions, please see Appendices C and D.

<sup>65</sup> Botein & Hetling, "Permanent Supportive Housing."

<sup>66</sup> Survivors rated neighborhood and personal safety among their top

concerns in the same study by Boetin and Hetling.

<sup>67</sup> See, for example, Hetling, Dunford, Lin, and Michaelis' 2018 study "Long-Term Housing and Intimate Partner Violence: Journeys to Healing."

<sup>68</sup> In a study published in 2020, Hetling, Dunford, and Botein noted mixed reviews of increased security measures among DV survivors in a New York-based PSH facility.

<sup>69</sup> Hetling et al., "Community."

<sup>70</sup> Botein & Hetling, "Permanent Supportive Housing."

## CHAPTER 7

# Navigating the Five Stages of PSH



Effective partnerships are integral to the development and success of any Permanent Supportive Housing (PSH) program. Early planning should be followed by close coordination between property management, program service providers, building developers, and lived experience experts at nearly every step of the process. This chapter uses information from the Corporation for Supportive Housing on building effective partnerships throughout all stages of PSH development. As a general rule, it is essential that developers actively see domestic violence (DV) survivors as key stakeholders and enfold their perspectives and experiences throughout the process.

## The Five Phases of Developing PSH

The Corporation for Supportive Housing (CSH) describes five stages in the development of any affordable housing project: **concept, feasibility, dealmaking, construction, and operations.**

Successful completion of all five requires a clear vision, an understanding of the target population, knowledge of the development cycle, and an ability to build a team.<sup>71</sup> The five phases are not strictly linear and may overlap; for example, new partners brought on during the dealmaking phase (Phase 3) should also engage in and complete their own vision-planning and feasibility testing (Phases 1 & 2).

When building PSH for DV survivors, it is equally critical to engage individuals with lived experience at every phase and level of decision-making in order to develop the most effective, trauma-informed development plan possible. Developers may want to consider hosting focus groups and/or establishing a Survivor Liaison position to help guide the process.<sup>72</sup>

## Team Roles

CSH lists the following as major team roles in the development of PSH:<sup>73</sup>

**Project sponsor(s)**, who lead the team throughout the project by conceptualizing the project, recruiting and picking partners, convening said partners, creating a timeline, monitoring team progress, ensuring tenant participation, spearheading funding efforts, and shaping the overarching vision while trying to rally community and political support for the project.<sup>74,75</sup>

**Owner(s)**, who often manage the physical building and its assets.

**Developer(s)**, who oversee financing and construction.

**Service provider(s)**, who are responsible for coordinating and providing supportive services to residents.

**Property manager(s)**, who oversee day-to-day operations and maintenance.

**Housing manager(s)**, who monitor tenant selection and relations.

It is critical that all stakeholders and team members clearly understand their roles and responsibilities, and maintain frequent communication throughout each stage of development to create a successful PSH experience for their tenants.<sup>76</sup>

## Concept & Feasibility Phases

In the first phase, project sponsors develop their internal plans and visions for the project and make key decisions about project development and operations based on organizational capacity (see the infographic below, for some considerations on building vs. leasing PSH buildings). When crafting a vision statement, it is recommended to begin by asking: *What is our ideal? What does “good” look like? Why do we do what we do?*<sup>77</sup>

Assessing project feasibility must then be done both physically and financially, with the former requiring site identification and selection, the building of community relations, the establishment of site control, and the development of architectural design.<sup>78</sup> A useful tool for developers in this phase is CSH’s “[Commitment to Quality Checklist](#),” which can be used to ensure that all partners agree on certain expectations prior to PSH construction.<sup>79</sup>

### Advantages and Challenges Of Building New PSH

#### Advantages

Permanent expansion of available housing to support communities in need

Built-in control over PSH operations and maintenance allows designers and developers to ensure that the building and its units respond effectively to target population’s needs

Units remain affordable for long periods of time

#### Challenges

Lengthy waiting period until units are move-in ready

Requires significant upfront funding and technical expertise

Local community may oppose the project and/or its intended site

Tenant choice of units may be restricted to one building or neighborhood

## Dealmaking Phase

Once a project has been conceptualized and its feasibility tested, PSH developers enter the “dealmaking phase,” which involves finding partners and establishing team roles. Key criteria for assessing potential partners can include:

- The extent to which they prioritize the inclusion of individuals with lived experience in formal and informal decision-making processions.
- How (and how effectively) they practice and plan to practice community engagement.
- The success of prior work with vulnerable communities.
- Background checks, as appropriate.

When assessing potential partnerships, it is recommended that developers critically examine internal and external capabilities and relationships by asking the following questions: <sup>80,81</sup>

- What is my organization’s interest in this specific PSH project? What are the interests of other organizations involved in the project?
- Who are the potential partners in this collaboration?
- What outcome does my organization want from this collaboration?
- What resources can my organization bring?
- What does my organization need from others?
- What can other organizational partnerships provide that we cannot?
- Who will represent us and others in collaboration?
- What are my team’s collective strengths?
- Has my organization collaborated with any of the potential partners before? How did those experiences go?
- What obstacles to implementing the Housing First model may my team/partnerships encounter? If any, what steps must be taken to overcome these obstacles?

Public agencies that are considering a partnership with PSH developers or in-kind or financial contributions to a local development should also think critically about potential negative consequences, reputational risks, and community perceptions. Questions to raise and address can include the following:

- Does this project address a priority need in my community?
- How experienced is the developer? The property manager? The supportive services provider?
- How “good” is the location? Is it close to public transit options? Does it have parking?
- What other program goals are being met with this project?
- Is the project controversial? If so, how and why?
- How quickly can the project start? When will it be move-in ready?
- What is the cost per unit?
- How much subsidy is needed?
- How much other funding is leveraged?
- How will the project achieve long-term financial sustainability?

Interested partners should then enter into a Memorandum of Understanding (MoU) with each other that concretely defines key terms as well as each parties' responsibilities, roles, and deliverables. At the same time, MoUs should be iterative and adaptable over time as new situations arise. Having a clear and detailed MoU from the beginning will also increase transparency and foster better working relationships among all partners throughout the duration of development. It is also at this stage that financial responsibilities should be laid out, other necessary contracts drawn up, and bidding processes finalized to identify the best contractor for the job.<sup>82</sup>

### Fostering Cohesion

Beyond clearly defined MoUs, every successful partnership requires its stakeholders to have similar missions and goals, to contribute substantively to the partnership, to engage in clear and consistent communication, to show mutual respect and trust, to share and to collaborate, and, most basically, to be in it "for the long haul."<sup>83</sup>

Shared PSH vision-planning (as discussed in Phase 1) is therefore essential to fostering cohesion among stakeholders throughout the development process. Property management, developers, and service providers should all share their ideologies, motivations, ambitions, and goals as they are brought onto the project prior to construction, in order to establish shared values to drive the work. Partners should put the "vision into a tangible practice" by developing a mission statement that describes how the partnership will achieve the shared vision, and establish shared guiding principles to define what their partnership and work stand for.<sup>84</sup>

## Construction & Operations Phases

The final phases of development include the finalization of tenant selection, rental, property management, and programmatic policies and procedures. This phase also includes the acquisition of furniture and supplies, the hiring and training of staff, and the organization of initial tenant orientation processes.<sup>85</sup>



### Additional Resources

- View CSH's "Supportive Housing Quality Toolkit" [here](#).
- View CSH's "Commitment to Quality Checklist" for PSH projects in the pre-development phase [here](#).
- View CSH's "Dimensions of Quality Supportive Housing" [here](#).
- View CSH's "Public Housing Agency Toolkit" [here](#).
- Click [here](#) to access the U.S. Department of Housing & Urban Development's (HUD) website, which provides hundreds of resources to PSH developers and partners.

<sup>71</sup> Lindsay Kerby, Saba Mwine, and Tristina Sinopoli, "Supportive Housing Institute Training: Day 5" (Powerpoint presentation, 2019).

<sup>72</sup> Please see Chapter 6 for suggested avenues for involving survivors throughout all phases of DV PSH development.

<sup>73</sup> Kerby et al., "Day 5."

<sup>74</sup> Ibid.

<sup>75</sup> Kerby et al., "Day 2."

<sup>76</sup> Kerby et al., "Day 5."

<sup>77</sup> Kerby et al., "Day 2."

<sup>78</sup> Kerby et al., "Day 5."

<sup>79</sup> Corporation for Supportive Housing, "Commitment to Quality Checklist," <https://cshorg.wpengine.com/wp-content/uploads/2019/06/Commitment-to-Quality-Checklist-2019.pdf>.

<sup>80</sup> Kerby et al., "Day 5."

<sup>81</sup> Kerby et al., "Day 2."

<sup>82</sup> Kerby et al., "Day 5."

<sup>83</sup> Ibid.

<sup>84</sup> Kerby et al., "Day 2."

<sup>85</sup> Kerby et al., "Day 5."

## CHAPTER 8

# Funding for PSH Development, Operation, and Services



Financing the development of Permanent Supportive Housing (PSH) usually necessitates multiple funding sources, each with their own separate and unique application process, population focus, funding cycle, and regulation and compliance requirements. Unlike other affordable housing projects, PSH requires both public capital funding as well as operating and service funding, which increases the number of partners and funding sources required. It is typically accomplished through a combination of bank loans, public funding sources, rent payments from tenants and public agencies, and equity from private investors and donors.<sup>86</sup>

## Phases and Types of Funding

PSH development requires funding for capital costs, operating costs, and provision of supportive services.

### Capital Funding

**Capital funding** finances land purchases and the construction or renovation of brick-and-mortar buildings. It typically occurs in three phases, each of which correlate with a stage in the development cycle of PSH itself.

**Predevelopment financing** is needed early in the process to pay pre-construction and pre-development costs, including land acquisition, design costs, application fees, and appraisals. Sources of funding often include developers' own working capital and loans from non-profit lenders or private organizations, as public agencies are typically unwilling to take pre-development risk.

**Construction financing** typically consists of short-term loans, soft loans, and investor equity that repay pre-development loans and fund the physical construction of the project itself. After construction completion, the short-term loans may be repaid with permanent loans.

**Permanent financing** includes long-term, amortized loans that replace and repay prior construction loans. It also includes soft loans and investor equity, as discussed below.

The different types of capital funding are typically acquired through a combination of "hard loans," "soft loans," grants, and/or equity investments.

**Hard loans** are often secured from private lenders and are repaid on a fixed schedule.

**Soft loans** are usually provided by public agencies and have more flexible, long-term payment terms and more favorable interest rates than hard loans.

**Grants** are available from a variety of private foundations as well as local, state, and federal agencies, like the U.S. Department of Housing & Urban Development (HUD) [Supportive Housing Program](#) (SHP).

**Equity financing** for PSH development is typically secured through private investors under the [Low Income Housing Tax Credit](#) (LIHTC) Program. Since the amount of soft loans and equity that a project can utilize is regulated, the terms and conditions of loans and/or equity are key to financing a PSH project.

### Operating Funding

Operating funding provides PSH developments with the capital to operate and pay monthly debts and services, including PSH business operations, expenses, and overhead.

Since the rent payments that PSH tenants can afford is usually very low, additional operating funding is often needed to finance PSH expenses and to repay hard loans incurred during pre-development and construction.

Operating subsidies come in two forms:

**Project-based vouchers (PBVs)** provide long-term vouchers for a specific unit.

**Tenant-based vouchers (TBVs)** are offered to specific tenants for a unit of their choosing.

In addition, HUD Section 8 rental subsidies are granted based on the number of rent-restricted units in a PSH project.

### Services Funding

Services funding finances program services for PSH residents. It is typically acquired through a combination of PSH rental payments and other project cash flows, joint ventures with service providers, financial support from foundations and private donors, and a variety of governmental agencies and programs like HUD, the U.S. Department of Health & Human Services, the U.S. Department of Labor, and the U.S. Department of Veterans Affairs, as well as state and local entities.

# Sources of Funding

Most PSH programs qualify for federal public funding through HUD SHP, although the amount of funding may be limited. Other common sources of funding for PSH include those made available through state and local jurisdictions, as well as a combination of tax credits, equity financing, and private grants and contributions. See the following infographic for an example of how PSH projects are typically financed in Los Angeles County with federal, state, local, and private support.

## Federal Funding

Beyond HUD SHP, PSH developers may qualify for funding through other HUD programs such as:

- [The HUD Housing Opportunities for Persons with AIDS \(HOPWA\)](#).
- The [HUD HOME Investment Partnerships Program](#), which is administered through local jurisdictions.
- The [HUD Community Development & Block Grants Program \(CDBG\)](#), which is administered through local jurisdictions.
- [HUD Section 811](#), Supportive Housing for Persons with Disabilities.
- [The HUD-Veterans Affairs Supportive Housing \(HUD-VASH\) Program](#).

## State & Local Funding

Each state has a department for housing and community development through which PSH funds are frequently made available under different programs. In California, PSH developers are typically eligible for funding through various agencies including the California Department of Housing & Community Development (HCD), which provides funds for supportive housing projects through the [No Place Like Home Program](#).

Local funding is also often available through locally controlled HUD programs, including HOME and CDBG, and locally generated funding specific to each jurisdiction. In Los Angeles, examples of the latter include the Los Angeles County Development Authority Affordable Housing Trust Fund as well as [Proposition HHH](#), which was approved by voters in 2016 to provide a \$1.2 billion bond to increase the number of supportive housing units by 10,000 citywide.

## Tax Credits

PSH developers and operators may be eligible for federal and state tax credits, which reduce an investor's tax liability on a dollar-to-dollar basis. Developers typically form a limited partnership with an investor who contributes cash in exchange for the tax benefits. Investors will pay a negotiated price-per-credit, which provides the traditional equity for the PSH project.

Such tax credits are secured through the LIHTC. Governed by the IRS rather than HUD, the LIHTC is administered on a state-by-state basis through designated tax credit allocating agencies. Some states may also have similar tax credit programs themselves.

## Grants

Grants for PSH development are available via federal, state, local, and private entities and foundations. Since grants don't necessitate repayment and typically offer flexible terms, they are an ideal source of funding for PSH development, in combination with other funding sources.

While the nature and availability of grants will vary with locality, the Federal Home Loan Bank (FHLB) [Affordable Housing Program](#) is a great place to start.

# Peer-to-Peer Learning

New PSH developers should also consider pursuing peer-to-peer learning opportunities and relationships with more experienced developers who can offer guidance on the various sources and combinations of PSH funding streams. In addition to technical expertise and assistance, such partnerships may add further credibility to the PSH project itself.



## FUNDING FOR PSH IN LOS ANGELES COUNTY

<p><b>Local Funding</b></p> <ul style="list-style-type: none"> <li>• Home</li> <li>• City</li> <li>• County</li> <li>• Community Development Block Grant</li> <li>• Proposition HHH</li> <li>• Measure H</li> </ul>	<p><b>State Funding</b></p> <ul style="list-style-type: none"> <li>• CALHFA</li> <li>• EHAP-CD</li> <li>• Multifamily Housing Program</li> <li>• Mental Health Services Act Housing Program</li> <li>• Infill Infrastructure Grant</li> <li>• Affordable Housing and Sustainable Communities</li> <li>• State Dept of HCD</li> </ul>	<p><b>Grants</b></p> <ul style="list-style-type: none"> <li>• Foundations</li> <li>• AHEAD</li> <li>• Affordable Housing Program</li> </ul>
<p><b>Tax Credit Equity</b></p> <ul style="list-style-type: none"> <li>• State Credits</li> <li>• Low Income Housing Tax Credit</li> </ul>	<p><b>General Partner (GP) Equity</b></p>	<p><b>Federal Funding</b></p> <ul style="list-style-type: none"> <li>• HUD</li> <li>• National Housing Trust Fund</li> <li>• Section 8 Project Based Vouchers</li> </ul>

## Additional Resources

- View the Corporation for Supportive Housing's (CSH) "Guide to Service Funding in Supportive Housing" [here](#).
- See the section on financing in CSH's "Supportive Housing Quality Toolkit" [here](#).
- Learn more about the HUD Supportive Housing Program [here](#).
- Learn more about the HUD HOME Investment Partnerships Program [here](#).
- Learn more about the HUD CDBG Program [here](#).
- Learn more about the HUD-VASH Program [here](#).
- Learn more about the LITC Program [here](#).
- Read more about what domestic violence, sexual assault, and human trafficking advocates should know about the LIHTC and watch webinars developed by the National Alliance for Safe Housing and Regional Housing Legal Services [here](#).
- Learn more about the California HCD No Place Like Home Program [here](#).
- Learn more about the FHLB Affordable Housing Program [here](#).

<sup>86</sup> This chapter uses information from Nancy Lewis Associates, Inc., a housing development consulting firm based in Los Angeles, and Daylight Community Development, a Los Angeles-based affordable real estate development company.

CHAPTER 9

# Community Engagement for PSH Success



Local community support is key to ensuring that a Permanent Supportive Housing (PSH) project passes all regulatory requirements. Communities should be engaged from the early stages of development and informed of all plans, including architectural design and target populations. Unlike for-profit development, PSH projects require a great degree of public transparency, which can open the door to long-term community support and allow for a robust response to potential opposition. This chapter shares tools for positively engaging local community members and civic leaders to ensure that trauma survivors find the support they need to heal through PSH.

## Creating and Controlling the Message

All PSH stakeholders should agree upon a central message to control the narrative as early as possible.

This message should do the following:



**Positively highlight** stakeholders' reputations, histories, and expertise.



**Emphasize** the potential of PSH to change community members' lives and drive positive local development.



**Reiterate** stakeholders' long-term commitments to the community, even after construction is finished.<sup>87</sup>



**Educate** on the factors driving homelessness, as well as the evidence backing PSH solutions.



**Emphasize** that most unhoused individuals are from the local area — a message that is particularly important to communicate in areas with severe affordable housing shortages like Los Angeles.

Best practice suggests that a manager or other senior-level member of the development and social services team serve as the “public face” of the project, in order to build greater consistency and trust across community presentations and communications. The ideal spokesperson(s) is “friendly, non-confrontational, [and a] good listener(s),”<sup>88</sup> and is supported by staff who have been adequately trained on the project’s messaging. Individuals with lived experience of homelessness and trauma should also be brought on as public representatives of the project.

Where possible, large changes to project plans should be avoided, insofar as such changes can undermine existing community trust and support.



## Identifying Key Relationships

Successful PSH projects require the support of civic leaders and local public officials as much as they do the support of community members, and each should be actively pursued. Where local officials offer their public support of a PSH project, their constituents are more likely to do so as well, and vice versa. For this reason, it is prudent to encourage local leaders and community supporters alike to go “on the record” in support of a PSH project and offer public comment at meetings, in order to address and alleviate other members’ potential concerns.<sup>89</sup> Engagement with early supporters should be sustained to build a foundation of long-term volunteers and donors.

Unfortunately, some of the loudest community voices often come from those who oppose a project. Providing these individuals with exclusive, dedicated time (i.e., outside of public comment periods and civic meetings) to speak with members of the project’s development team is critical. By ensuring they feel heard while also providing an opportunity for management to dispel common myths and misunderstandings of homelessness, these sessions can help turn opponents into valuable allies and public spokespersons.



Volunteers contribute over 30,000 hours of service annually at DWC

## Community Events and the Media

Town hall-style events should be avoided to limit misunderstandings and exposure for opposition voices. Good alternatives include open houses with “co-design opportunities” where attendees can offer input into architectural design or suggest ways that the local community can get involved or volunteer in support. Such opportunities are crucial to making individual community members feel heard and included in the PSH design and development process.

Another option is to host individual “table talk” sessions that feature different PSH project leaders. Such events can help prevent large gatherings of project opponents by allowing community members to ask questions and provide feedback directly. Where possible, moderators and hosts should be selected among trusted community members who have come out in support of the PSH project.

Regardless of event type, outreach should always be targeted towards community members with positive or neutral feelings toward the project. Individuals with lived experience of homelessness should also be included, as their voices are often the most powerful in helping community members see the PSH project in a positive light.

Other useful ways of engaging the local community and media include the following:

- Offering tours of completed PSH sites to dispel fear or myths associated with PSH.
- Creating attractive, easy-to-understand outreach materials (e.g., flyers, mailers, and posters, as well as web-based options on agency websites) that answer frequently asked questions and feature high-quality pictures showing the PSH project and other local PSH projects in a positive light.
- Using social media, online/print media, and community meetings as additional outlets to help contextualize the project for the community. Negative comments or responses that appear on social media should be addressed calmly and clearly to avoid conflict.
- Identifying and monitoring opposing community members both online and in the real world, in order to help resolve conflicts directly and effectively.



### “WISDOM HOLDERS” MEETINGS AT DWC

The Downtown Women’s Center (DWC) developed 71 new units of PSH for unaccompanied female survivors of trauma in 2008. To cultivate local support, they coordinated a series of “Wisdom Holders” meetings for community residents and local civic leaders to solicit project details, share input, and ask questions. All feedback was then folded into the overall PSH design, which not only made community members feel heard but also made the PSH project more responsive to community needs in general. As a result of this process, DWC decided to preserve and refurbish a historic building developed by the pioneering architect Florence Cassler in 1927 for its PSH site — a design commitment that reflected neighborhood aesthetics and also led to a lasting relationship with the Los Angeles Conservancy.

## Addressing Negative Feedback

Community members frequently cite crime rates, property values,<sup>90</sup> traffic and parking congestion, proximity to parks and schools, and overall lack of knowledge of social services in their opposition to PSH projects. It is therefore imperative that PSH development teams locate and provide factual information in response to each of these potential concerns from the beginning to debunk common myths and limit the influence of opposing community members.

### Additional Resources

- Read “The Impact of Supportive Housing on Surrounding Neighborhoods” from the NYU Furman Center for Real Estate & Public Policy [here](#).
- Read “The Impact of Affordable Housing on Communities and Households” from the Minnesota Housing Finance Agency [here](#).
- Read the “Who Wants Affordable Housing in their Backyard? An Equilibrium Analysis of Low Income Property Development” in the *Journal of Political Economy* [here](#).
- See the section on building community engagement in the Corporation for Supportive Housing’s “Supportive Housing Quality Toolkit” [here](#).

<sup>87</sup> Kerby et al., “Day 5.”

<sup>88</sup> Ibid.

<sup>89</sup> Ibid.

<sup>90</sup> There is no evidence that low-income housing can lead to overall property value decline in a neighborhood, as noted in a study of the country’s 20 least affordable housing markets in 2007 prior to the subsequent market collapse. Read the report on *Trulia* [here](#).

## CHAPTER 10

# Designing the Physical Space of PSH



Community mural at the Downtown Women's Center

Permanent Supportive Housing (PSH) that effectively incorporates resident- and trauma-informed design and safety elements into its physical layout can promote and increase healing for survivors of domestic violence (DV). This chapter offers best practice guidance on designing PSH spaces that address the unique barriers and needs survivors face in achieving housing and personal stability. It incorporates insight provided by academics, state administrators, architects, developers, and program operators across the country during a national call hosted by the Downtown Women's Center (DWC) and the National Alliance for Safe Housing (NASH).<sup>91</sup> It also draws heavily on the expertise of Pam Light, Sr. Vice President of [HOK](#), and Sarah Geske, Interior Design Professional at HOK.<sup>92</sup>

For more technical insight into the design elements listed, please see Appendix A.

## DV PSH Design Priorities

Top survivor needs to which PSH design should be responsive include privacy and independence, safety and security, connection/community, and on-site amenities. Resident safety in particular must be a priority across all stages of PSH development and operation. Designing PSH with residents' safety in mind prior to construction can not only prevent injury and costly fixes later on, but can also help promote healing for residents once in their new homes.

At the same time, PSH designers and architects should strive to strike a balance between establishing a sense of security and a sense of personal freedom; while some residents may find increased security reassuring, others may find such measures invasive and punitive.

### Lighting

Lighting plays a critical role in making spaces inviting, warm, and safe. Incorporating well-lit spaces inside units, hallways, and outside of the building can advance safety and resident well-being. Architects should integrate at least three different lighting sources into each room (e.g., exterior lighting, lamps, ceiling lights, etc.) while avoiding fluorescent lighting and maximizing the amount of natural light available to create a more peaceful environment. Resident rooms and community areas should also offer residents control over functional lighting like reading lamps.

To further enhance a sense of personal safety for residents, dark rooms and corners should be minimized, buzzing/flickering lights should be avoided, all common areas should be lit at night, and walkways should be kept well-lit and up to code at all times. Any additional outdoor lighting should be focused downward to prevent light pollution.

### Power & Signal

In addition to providing ample electricity for lighting, buildings should provide adequate power and signal to all inhabitants. Modern communication and information needs require that residents and staff alike be provided access to wireless internet throughout a building. Resident rooms and community spaces should also be equipped to charge multiple devices at once. For older buildings, electrical panels may need to be upgraded to support these connectivities.



HOK Design, Fife House  
(photographer: Karl Hipolito)



## Furniture

When buying and arranging furniture, PSH program operators must keep cleanliness, safety, accessibility, and inclusivity in mind. Furniture must be maintained and cleaned frequently, a task that can be made easier by choosing healthcare industry standard furniture; such furniture typically features adjustable seat heights, armrests, and crumb catchers. Plastic, hard surface, silicone, polyurethane, vinyl, metal (for chair legs), and/or faux leather furniture materials are durable, easy to clean, and more resistant to stain and smell. In contrast, PSH designers and managers should avoid buying furniture made of cloth and/or featuring sharp corners. Aesthetics play in as well: designers should strive for a homelike appearance and avoid selecting furniture that looks institutional.

Trauma-informed design also applies to furniture arrangements. For example, seats in common areas should be placed in corners and should not directly face one another to invite organic conversation; arranging seats against walls also reduces the likelihood of a resident being caught off guard by an unwanted guest. Furniture should be spaced adequately with clear sightlines so that residents can clearly see everyone in the space. For PSH with children on site, toy boxes can reduce the risk of tripping. Property management may also consider designating certain areas as quiet or common spaces to empower residents to choose how they want to spend their time.

It is also advisable to purchase ample storage for residents as well as rearrangeable furniture that will allow them to choose where and with whom they'd like to spend time. Another way to facilitate independence is to allow residents to choose furniture for their units, which will provide a welcome contrast to the limited opportunity for personalization of space they may have faced in shelters and other temporary housing.

## Flooring

Special consideration should be paid to flooring to select the most durable, easily maintainable, and cost effective option. Program managers and developers should also consider the needs of residents with disabilities when choosing flooring.

## Walling

Architects and designers can accommodate survivors' need for safety and privacy by sound-proofing walls and/or adding wall decor or acoustic panels to mitigate reverb, echo, and other ambient sound. Such wall choices will also allow residents and staff alike to engage in private conversations without worrying about being overheard.

## Color

Color can bring unique energy to indoor spaces, and architects and designers should be mindful of how color choices can affect residents' moods. This is especially important for tenants that have survived traumatic experiences like DV.

Leading environmental psychologist Sally Augustine considers relatively bright, unsaturated colors to be best practice.<sup>93</sup> For example, colors like pale orange, peach, beige, and off-white reflect light to create a happier mood; cooler colors like lilac, light blue, and green can also have a calming effect. Conversely, dark blues and/or deeply hued warm reds, yellows, and oranges can cause agitation; stark white walls should be avoided as well.

## Biophilic Design

Design touches that increase residents' connectivity to the natural environment, such as the addition of plants and green spaces, can improve the mood and health of residents and foster a sense of peace while making spaces seem larger, too. Plants should be easily maintainable by residents, and it is recommended that exterior spaces incorporate as much green space as possible (for example, by building a community garden). Plants in a PSH facility should not, however, pose any risk of injury to residents or children, as in the case of sharp cacti, thorny shrubs, etc.

Where live plants are not available for incorporation into PSH spaces, artificial plants and even paintings, images, and other decor featuring plants and landscapes can be utilized. Natural materials like wood, stone, and earth can make spaces feel warmer and more welcoming. Glass walls and windows are another good option for bringing more of the outside in.



*Elevated outdoor patio at DWC*

## Amenities

Amenities such as access to transportation, child care, medical and legal services, gyms, and on-site laundry are important to helping DV PSH residents feel at home. Adding a library or reading room with reading materials at a broad range of literacy levels is also recommended. Residents should have access to individual mailboxes to promote independence and self-responsibility; mailbox exteriors should not, however, contain any personally identifying information.

Where possible, PSH facilities should provide computer access to residents who may be applying for jobs and other services online. At DWC, for example, learning center computers, printers, and a job/vocational opportunity bulletin board are readily available for resident use, in addition to staff-led computer skills workshops. Such access is often critical to helping survivors find greater economic security.

## Program Elements

Program operators and architects must coordinate from the beginning to ensure that design elements incorporate all aspects of service provision, such as an on-site first-aid nurse area.

Trauma-informed design also suggests separating property management offices from program services offices, so that tenants struggling to pay their rent can comfortably continue to access services without having to interact with property management in the process. Architects may want to strategically position office spaces in a manner that fosters community while at the same time facilitating building management functions. The inclusion of trauma-informed office spaces and break rooms is further critical to helping on-site staff feel comfortable and productive.



On-site women's health clinic at DWC



Community kitchen for DWC residents

## Community Spaces

Community spaces should promote cleanliness, health, and openness, while allowing residents to explore personal interests. Spaces like craft rooms, workshop rooms or work sheds, meditation rooms, or even jigsaw puzzle rooms and bike-fixing stations can help boost morale by providing positive outlets, encouraging residents to work with their hands, and allowing them to generate additional income.<sup>94</sup> Artistic opportunities and shared artistic spaces in particular (e.g., chalkboard walls and murals) can promote healing as well as a greater sense of community among residents.

If possible, community spaces should be designed in a way that allows individuals to see all parts of the room and adjoining spaces to increase personal security. Allowing residents to rearrange and co-create these spaces can also foster a greater sense of community ownership and investment.

Finally, PSH facilities that serve families and/or mothers with children should consider building outdoor playgrounds or other child-friendly spaces, which help children interact with one another and feel at home. These spaces have the added benefit of being useful while staff are engaging with residents.

## Signage

PSH signage should be clearly labeled and include maps, directories, and other visual representations to make the building(s) as accessible as possible to all residents. Translation into languages required by the resident population should be provided.

Signage should feature positive, agreement-oriented language (i.e., “do” instead of “don’t”), and PSH managers should consider creating signs in different sizes so that residents can more easily identify those of importance (e.g., emergency exit signs). Finally, bathroom signs should avoid gendered language and images, to make all individuals feel welcome.

## Entries & Exits

Where feasible, maintaining a single secure door for entering and exiting the PSH site can limit the possibility of unwanted guests accessing the premises. Although fire codes require two exits, these exits should be secured with interior locks, as exterior locks can inadvertently trap those inside during a fire.

## Safety Codes & ADA Accessibility

PSH buildings must incorporate a number of other safety codes and features, and should comply with the U.S. Department of Justice’s [2010 ADA Standards for Accessible Design](#) in order to serve differently abled individuals (i.e., those who are wheelchair-oriented, blind, deaf, etc.). Architects should incorporate ramps, elevators, curb ramps, chair rails, and other accessible features from the beginning,<sup>95</sup> and should be sure to refer to local safety and accessibility codes as well. Water fountains, restrooms, and community spaces should also be designed with accessibility and inclusivity in mind.

## Reception Areas

A reception area and building security is critical to promoting a safe atmosphere for DV PSH residents while also providing natural and frequent opportunities for staff and resident engagement and supportive relationship-building. Design of the main entry and exit area(s) should therefore enable staff to greet guests throughout the day and night. If a sign in and out system is required, the list should be kept confidential from other residents and building guests.

## PSH Locations

PSH site location also plays a critical role in resident healing. Locations should be picked according to their safety and should minimize the potential for neighborhood trauma triggers. For example, while proximity to a police station may at times be helpful, property and program managers should also recognize that police presence and sirens may be triggering to some residents.

## Medical Treatment Areas

PSH management should consider establishing critical care meeting areas that can serve as private emergency spaces to triage resident emergencies quickly and effectively; implementing such a system can also limit disruption and exposure to triggering situations for other residents. While some PSH facilities host an on-site nurse and first-aid clinic for residents, architects and program operators should include medical accessibility based on the program’s specific needs.

## Building Security

DV PSH providers should consider how to best use fencing to increase resident privacy and confidentiality. It is critical to consult with residents on the type of fencing and security that is least likely to re-traumatize them or create a sense of exclusion from the rest of the neighborhood. Alternatives to the use of fencing may be feasible depending on the building site and other security features included in the design.

All outdoor spaces should also be built and designed in a way that prevents unwanted guests or strangers from being able to freely enter or hide in them; outdoor lighting can help mitigate this possibility.

Facility doors that swing outward can make it easier for residents and staff to exit the building quickly in case of emergency. Security cameras should also be included throughout the building and especially at entry/exit points. Across single-site programs in particular, it has become best practice to place cameras on unit doors. Lock change capability is also important for residents, especially those living in scattered-site programs.

Finally, duress buttons and/or emergency call boxes should be installed throughout the PSH facility, and particularly at the reception area. The number of duress buttons and/or emergency call boxes should, however, be discussed among property and program managers and residents, to avoid creating an intimidating environment.



### Additional Resources

- To learn more about mindful design, please read Sally Augustine's book *Place Advantage: Applied Psychology for Interior Architecture* (2009).
- Review the U.S. Department of Justice's *2010 ADA Standards for Accessible Design* [here](#).
- While the Washington State Coalition Against Domestic Violence's *Building Dignity* website is intended as a resource for emergency DV shelters, many of its survivor-informed design tips apply to DV PSH. View them [here](#).
- See the section on design in the Corporation for Supportive Housing's "Supportive Housing Quality Toolkit" [here](#).

<sup>91</sup> Please see Appendix D.

<sup>92</sup> Pam Light and Sarah Geske, personal conversation with author Adrienne Epstein, April 1, 2020.

<sup>93</sup> To learn more about mindful design, read *Place Advantage: Applied Psychology for Interior Architecture* by Sally Augustine (2009).

<sup>94</sup> For an example, check out [Piece by Piece](#), a Skid Row-based social enterprise that offers art installation workshops for PSH residents in order to build self-confidence and provide an additional source of income.

<sup>95</sup> U.S. Department of Justice, *2010 ADA Standards for Accessible Design* (September 15, 2010), 3-5, [https://www.ada.gov/2010ADAstandards\\_index.htm](https://www.ada.gov/2010ADAstandards_index.htm).

## CHAPTER 11

# Property Management



Property management staff who are trained in the dynamics and needs of their residents are critical to the success of any Permanent Supportive Housing (PSH) program. For PSH that houses survivors of trauma and domestic violence (DV), management training should extend to topics like voluntary survivor-driven services, survivor-led safety planning, and trauma-informed care (TIC). When accompanied by the implementation of key evidence-based and trauma-informed practices, such training can boost tenant satisfaction and lease compliance while minimizing evictions and other negative outcomes.

## Property Management Roles

Existing research as well as listening sessions conducted by the Downtown Women's Center (DWC) and the National Alliance for Safe Housing (NASH) with PSH program operators from across the country<sup>96</sup> shows that a clear separation of property management staff from supportive services staff is critical to PSH success. Differences in roles and responsibilities should be clearly communicated to residents<sup>97</sup> and should be modeled through staff behavior and expectations. At the same time, clear communication protocols and channels must be established between property management, maintenance staff, and direct service staff in order to enhance coordination as well as identify opportunities for collaboration.<sup>98</sup>

## Resident Move-Ins

### Resident Support

Individuals experiencing homelessness may have a number of anxieties about moving into a new unit. The property management team can help alleviate these by anticipating frequently asked questions, providing informational materials, and engaging in caring conversations on property rules, resident responsibilities, and resident expectations. Supporting the move-in process in this way is also critical to setting the tone for positive outcomes. Key items to communicate to residents prior to and upon move-in include:

- Copies of the lease and all related rules, responsibilities, and expectations.
- Monthly rent collection processes.
- Lease violation policies and procedures.
- Copies of fire and health department standards and requirements.
- Information about cleaning and pest control processes.
- Annual recertification processes, wherein residents must agree to recertify their income at least once a year or as requested by property management.
- Unit inspection requirements.
- Safety and communication protocols in the case of an unwelcome or potentially harmful person showing up at the PSH site, which must also be understood by all PSH property management and site staff.

### Preparing the Unit

Prior to move-in, property management should complete all unit-specific repairs and schedule a deep clean. All furniture should be cleaned and mattresses must be changed. Adding décor, personal flourishes, and hygiene products and collaborating with tenants on furniture choices can also help make new residents feel welcome and comfortable in their new space.

### Flexibility

A successful move-in requires flexibility and patience, and more than one meeting is usually needed. Moving into a new unit may be a highly emotional event for residents who have experienced trauma; providing the opportunity to reschedule the move-in date can help ease the process.

## Cleanliness

Property management should continue to inspect and maintain all units after move-in while also empowering residents to care for their new home by providing access to sanitation and cleaning supplies.

Implementing a monthly room inspection can help ensure that all tenants are living in safe and habitable conditions. However, because “clean” can mean different things to different people, management should enact objective standards in a way that is understood by all residents and frames the conversation around health and safety instead of “tidiness” and “cleanliness.” Such conversations and standards could, for example, reference cleanliness as a way of preventing pest infestations.

Property management and maintenance staff should also bear in mind their responsibility for keeping shared spaces and staff spaces clean. Trash cans in enclosed spaces must be cleaned daily to avoid pests, and landlords should contract a registered pest control company to provide services on a regular basis. When these services occur, property management must provide advance notice in writing to all residents regarding any pesticides that will be used.



## Collecting Rent

Rent collection can be a sensitive topic for new PSH residents who may be struggling with finances due to circumstances beyond their control. To make the process easier for everyone involved, property management can send gentle reminders to residents about ten days prior to payment due dates. Property management should also be prepared to work with residents who, for example, may be receiving the bulk of their income in the form of Supplemental Social Security benefits, by implementing flexible payment grace periods. Such a system can help maintain predictability for management while also alleviating some of the stress residents contend with when receiving benefits (which are typically dispersed in the first nine days of the month) by delaying the issuance of late fees until after the tenth. When late fees must be levied, they should be reasonable in amount, in order to avoid overburdening residents.

Proper TIC training can also help property management navigate and contextualize payment issues that do arise. If, for example, a resident loses their benefits, property management should be prepared to implement different payment plan options that allow the resident to repay outstanding balances over time. It may also be helpful to offer representative payee services, wherein a third person or organization is appointed to manage a resident's benefits if they are unable to do so independently, by assisting in the budgeting and management of all bills, rent payments, and leftover pocket money.

## Legal Protections

It is critical that all PSH property management receive annual training on the range of tenant protections to ensure compliance. For more information on federal, state, and local protections most typical to PSH residents and especially DV survivors, please refer to Chapter 14.

## Lease Violations

To prepare for cases in which residents violate their lease or other building rules, property management should create detailed housing retention policies and procedures that clearly outline all consequences and subsequent actions. Residents should be supplied with this information upon move-in and their understanding should be confirmed to manage and set clear expectations.

Clearly defined policies and procedures can help management navigate potential violations, especially where an eviction and/or appeal to an internal Evictions Review Board becomes necessary. Eviction should, however, be considered the very last resort, and should only be used after all other options are explored.

## Communications

Property management must maintain clear communication with all PSH stakeholders (including housing compliance entities, lenders, and other funders), with whom long-term, stable relationships are critical. Management must also track all work orders received and completed by maintenance staff, as compliance entities usually ask for maintenance records and work order documentation during audits.



HOK Design, Fife House (photographer: Karl Hipolito)

### Additional Resources

- View the Corporation for Supportive Housing (CSH) and Coalition Homes' *Best Practices Manual: Integrating Property Management and Services in Supportive Housing* [here](#).
- See the section on property and housing management in CSH's "Supportive Housing Quality Toolkit" [here](#).

<sup>96</sup> Please see Appendix D for more information.

<sup>97</sup> Botein & Hetting, "Permanent Supportive Housing."

<sup>98</sup> While some PSH programs directly employ property management, maintenance staff, and service providers, others contract these responsibilities out to different entities. In the latter case, it is even more important for partners to understand and align on the program's mission and core values.

## CHAPTER 12

## Program Design



Program design that incorporates the needs of different populations is important for any Permanent Supportive Housing (PSH) program for survivors of domestic violence (DV). A sustainable and trauma-informed way to do so is by involving survivors in program choices from the beginning and in a continuous manner thereafter to prevent recreating abusive and triggering power dynamics between staff and residents. The following information and recommendations are drawn from a national listening session hosted by the Downtown Women's Center (DWC) and the National Alliance for Safe Housing (NASH).

For a detailed summary of the session, please see Appendix D.

Key program design elements recommended by survivors and the current research include:

- The voluntary<sup>99</sup> and individualized<sup>100</sup> nature of all programming, which should be made available both on- and off-site.
- Access to a variety of supportive services, such as advocacy and systems navigation, childcare, and medical, legal, and transportation assistance.
- Practical skills-based learning and workshops for things like job applications and financial budgeting.<sup>101</sup>
- The availability of community-building and intergenerational activities.
- Measures to ensure residents' confidentiality, safety, and security.
- Empowering residents to move on from PSH if desired.

## Choosing the Right PSH Program: Site-Based vs. Scattered-Site

Although this Toolkit is predominately focused on developing and operating **site-based PSH**, it is important to note that **scattered-site PSH** is also an option. In communities where prospective PSH residents have a choice, it is important to share the strengths and challenges of both models to help them make an informed housing choice.

### GLOSSARY

PSH is **site-based** (or single-site) when all residents live in the same building, with some level of staffing and supportive services provided on-site.

PSH is **scattered-site** when residents are located throughout the community, i.e., in various apartment buildings, instead of one singular building or site. Supportive services are provided in the community and through home visits. DV survivors living in scattered-site PSH should note that some locations may offer greater security than others. Security features to look for when choosing a unit include property gates, covered parking areas, security cameras, lock change capabilities, window security bars or security windows, and the presence of on-site maintenance or concierge staff.



## Strengths and Challenges of Site-Based PSH

### STRENGTHS

- 24/7 on-site security and support (advocacy, medical, emergency, etc.)
- Centralized services
- Enhanced sense of community and community identity
- Monitored entrances and exits
- Trauma-informed property managers and staff on-site
- More flexibility with rent and property damage
- Easy access to on-site services
- Increased consistency of service provision and programming
- Less commuting time for advocates
- Safer and more predictable parking

### CHALLENGES

- Visitors may not always be accommodated, and families and/or children may not be eligible
- Stricter, more controlled community
- Mixed populations on-site may require more rules and guidelines
- Rules may be triggering to some residents
- Moving or changing locations is more difficult, especially with location-based housing vouchers
- More perceived/real stigmatization
- May be difficult to access for survivors actively fleeing DV
- Curfews and strict house rules can be challenging for employees

## Strengths and Challenges Of Scattered-Site PSH

### STRENGTHS

- More choice in location/neighborhood
- Increased sense of independence, empowerment, and choice
- Easier to blend into community without stigma
- Fewer rules
- More accommodating of visitors and families
- Easier to move to a new location
- Less likely to be triggered by behaviors of other PSH residents
- Less monitored by staff

### CHALLENGES

- No on-site staff
- Most services are off-site
- Potential transportation barriers to accessing services
- Security may be limited
- Less opportunity to foster relationships with landlords and property managers
- Less social connection with people with shared experiences
- Fewer opportunities for community-building
- Less flexible rent arrangements
- Neighbors and/or landlord may not understand mental health problems and DV-specific challenges
- Greater need for staff vigilance during home visits

## Supportive Services

A diversity of on-site PSH programming should be augmented by referrals to trusted community partners. In order to facilitate these connections, residents should be oriented to their surrounding neighborhood and provided with information on local childcare, school enrollment, transit options, etc.

### Mental Health Services

Mental health services, treatment, and emotional support are important to DV recovery and should be offered on-site where possible to mitigate obstacles associated with obtaining private care. Multiple options should be offered and critical attention paid to culturally responsive interventions.

Counseling/therapy, peer or paraprofessional support, and advocacy can also provide the opportunity to include an element of psychoeducation. Relevant topics include information on types and dynamics of abuse, how to spot red flags, healthy relationship dynamics, and survivors' legal rights. In order to build co-collaborative relationships and empower survivors to take charge of their healing, counselors and therapists may use "motivational interviewing." Such a practice helps staff identify how willing a survivor may be to change potentially harmful behaviors at a certain point in time and then make tailored behavioral recommendations to accommodate them.

For a list of therapeutic models frequently practiced with DV survivors, please see Appendix E.

### Holistic Healing

At least one large room should be made available in site-based PSH for classes, workshops, and groups involving more than eight participants, such as martial arts training, self defense classes, and/or yoga. Offering survivors the opportunity to participate and even lead wellness workshops in group or one-on-one settings (such as mindfulness, meditation, or other self-regulation techniques)<sup>102</sup> can help empower survivors in their healing journey.

## Skills-Based Learning & Support

Extra-curricular services should center skills-based learning to reduce stigma and build an empowered community. Offering support in areas such as financial recovery, job training, and educational attainment is particularly important, as financial abuse and employment sabotage are common tactics of control in abusive relationships. Staff should make training and support available to residents in moving toward economic stability and should be ready to connect them to services for GED classes, job placement and training, and credit repair.

Please see Appendix F for a full list of financial considerations for DV survivors developed by [FreeFrom](#), a Los Angeles-based organization that trains service providers to help survivors create sustainable income, savings, and credit in order to build wealth and advance individual, intergenerational, and community healing.



## Community-Building and Intergenerational Activities

Intergenerational programming and the provision of family- and child-friendly activities can decrease barriers to participation and increase community-building opportunities in PSH programs. Examples include:

- Involvement in online community/support groups.
- Group events during February (Teen Dating Violence Awareness Month), April (Sexual Assault Awareness Month), and October (DV Awareness Month).
- Opportunities for survivors to contribute to public awareness efforts by sharing their stories, through channels like [Voices Over Violence by Peace Over Violence](#).
- Art therapy<sup>103</sup> and dance movement therapy,<sup>104</sup> as well as non-formal therapeutic programming like spa days, karaoke, bingo, and singing groups.



## Confidentiality, Safety, and Security

### Storing Confidential Documents

Documents related to experiences of DV and mental health diagnoses and treatment should be stored in files separate from property management and case management/advocacy to ensure confidentiality. Information on these processes and best practice is provided in detail in Chapter 13.

### Dynamics of Abuse & Safety Planning

During tenancy in a PSH program, it is possible that a survivor may choose to return to a previous abusive relationship or enter a new relationship with similar dynamics. Information, individualized safety planning, and therapy or other emotional support can help survivors identify alternatives, but they do not guarantee that survivors will never again partner with someone who causes them harm. It is critical that providers resist sitting in judgement when this occurs, or implementing policies that punish survivors in such cases. Program staff should strive to remain supportive at all times to ensure that survivors continue to feel comfortable reaching out for help.

### Legal Support

Staff should also be trained and prepared to assist residents with any required legal support, including facilitating connection to low-cost legal services, immigration lawyers, the protection order process, and law enforcement, should survivors choose to press charges. Survivors should be provided with a safe place to store all important documents, which should never be part of the program's client files as all program documentation is subject to subpoena and public use in court cases.

Finally, staff should assist survivors in staying informed about their abuser's release dates if incarcerated, and in updating the safety plan should release occur or become imminent. Release dates are not provided automatically, and can be requested from the relevant District Attorney. Survivors may also choose to register with [VINE](#), which provides automated, timely, and reliable updates about offenders and criminal cases in U.S. jails and prisons.

### Community Connections

Connection to the surrounding neighborhood and the wider world can promote a survivor's sense that they are part of a community and are regaining control of their lives. Providers should foster survivors' linkages to activities, resources, and social supports outside of the program. Examples include offering support in a job search<sup>105</sup> and facilitating connections to cultural or faith communities, counselors, peer advocates, friends, and family.

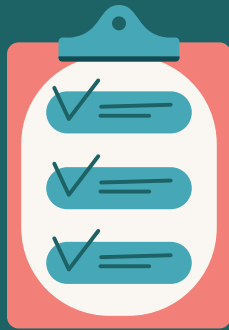
### Safe Communications

Electronic surveillance is a common control tactic employed by abusers. Survivors may need assistance with replacing an old cell phone to which the abuser may still have access, or with establishing a new email address. It is also helpful for staff to have working knowledge of tech safety so that they can help survivors avoid communication devices or platforms that are easily hacked or surveilled. Survivors may want to consider creating code words for use with trusted friends or neighbors they can call for immediate help instead of 911.

### Relationships Between Residents

PSH staff should be prepared for the possibility of relationships between residents, which in some instances may be abusive or nonconsensual. Managing individual safety needs under these circumstances can be especially complex and can spill over to impact the entire PSH community. It is critical that staff maintain a trauma-informed approach at all times.

Best practice suggests that each partner in a resident couple sees a different staff advocate and therapist to assure trust and privacy. Not having to juggle the interests of both partners can also decrease staff strain, minimize conflicts of interest, and mitigate the distraction of contradicting narratives. Each advocate can then work toward healing with each resident, without bias. When power and control is part of the couple's dynamics, couples therapy and mediation are contraindicated and should not be part of the approach undertaken by the PSH program.



## Creating an Individualized Safety Plan

Whether the PSH program is operated by a victim services provider (VSP) or a housing provider, it is critical to ensure that DV survivors are assisted with crafting a safety plan. This is best done early in the service provider's contact with the survivor, with the goal of empowering the survivor to stay as safe as possible in the PSH program. If the survivor is already working with a DV program, they likely already have a plan which can be modified to include the survivor's new living arrangements and location. If the survivor enters their new housing without a plan in place, the staff or peer advocate with whom the survivor is working should discuss the particular risks the survivor may be facing as well as the ways that risk can be reduced.

Here are some considerations to keep in mind:

**Leaving an abusive relationship doesn't guarantee safety.** Danger is often heightened when a survivor makes plans to exit the relationship and can remain elevated for a period of time after they have left. Strong and specific safety planning is important to safely residing in PSH whether or not the abuse is recent.

**Advocates and survivors should discuss the purpose of the safety plan and affirm that the survivor is the expert.** Together, they should explore how the survivor defines safety and, with the survivor in the lead, identify what actions and precautions the survivor thinks will be most effective in reducing the abuser's opportunity to cause further harm.

**Led by the survivor, a plan to reduce the abuser's opportunity to cause future harm can then be co-created.** Advocates can lend their expertise on services and help the survivor explore and identify the best options for them, but should avoid directing the survivor. Rather, survivors should be encouraged to build the plan based on their own experience.

Below are some key questions to guide the conversation:

- Survivors take many actions to keep themselves and their children as safe as possible. What has worked in the past? What hasn't?
- Taking into account their current circumstances and knowing their partner, what particular vulnerabilities does the survivor see now? What actions might be taken to prevent their partner's ability to cause future harm?
- Safety planning is a conversation, not a checklist. The conversation should be strengths-based and trauma-informed, and include elements such as safely leaving and returning to the survivor's new home, navigating the surrounding neighborhood safely, and identifying people who the survivor trusts to know their new location.
- Safety planning is an ongoing process. The advocate should revisit the plan periodically as circumstances in the survivor's life change.

## Moving on From PSH

Although PSH programs should allow residents to live on-site indefinitely, some survivors note the desire to "move on" from PSH into more independent housing. Survivors should be supported and empowered in this decision by staff as well as programming that helps residents achieve financial stability and literacy in public benefits. PSH providers should consider budgeting to support residents with move-out costs as well as short-term rental assistance to support survivors' move towards more independent living.



### Additional Resources

- View the National Resource Center on Domestic Violence's Safety Planning & Danger Assessment Tools [here](#).
- View *Safety Planning for Survivors of Domestic and Sexual Violence: A Toolkit for Homeless/Housing Programs* from NASH [here](#).
- Learn more about the Danger Assessment and how to become certified to use it [here](#).
- View the National Network to End Domestic Violence's (NNEDV) tipsheet on *Comprehensive Services for Survivors of Sexual Violence* [here](#).
- View NNEDV's "Financial Abuse Toolkit" [here](#).
- Learn more about a voluntary services approach at NNEDV [here](#).
- To learn more about VINE, click [here](#).
- See the section on supportive services in the Corporation for Supportive Housing's "Supportive Housing Quality Toolkit" [here](#).

<sup>99</sup> These concepts are highlighted in the literature on PSH for DV survivors. In "Community in the Permanent Supportive Housing Model: Applications to Survivors of Intimate Partner Violence" (2020), authors Hetling, Dunford, and Botein suggest that programming should be made optional for survivors.

<sup>100</sup> In "Long-Term Housing and Intimate Partner Violence" (2018), authors Hetling, Dunford, Lin, and Michaelis discuss how and why programming should be individually designed in order to meet the needs of residents.

<sup>101</sup> In "Exploring the Experiences of Domestic Violence Survivors with Permanent Supportive Housing: Focus on Progress Towards Self-Sufficiency" (2015), authors Hetling, Botein, and Steeber discuss the need for programming that centers around economic resources and community building for survivors.

<sup>102</sup> Breathing exercises and general body awareness can help a survivor better assess safety risks in the event that something in the PSH triggers past trauma. For example, a loud door bang could be triggering; however, with practice of mindfulness, a survivor may be able to take a few breaths and realize that they are physically safe in that moment.

<sup>103</sup> Los Angeles-based PSH programs interested in offering art therapy may consider partnering with *A Window Between Worlds*, an organization that trains, supports, and collaborates with staff at human service organizations to provide safety and healing through hands-on art workshops.

<sup>104</sup> Service providers in the Los Angeles area can refer their residents to *LASTing Impressions*.

<sup>105</sup> If a survivor is employed or seeking employment, staff advocates should discuss with them whether or not they feel safe talking to their employer about abuse. DV survivors have many legal employment protections, but employers must be informed in order to invoke these rights. A survivor should carefully weigh the pros and cons of informing their employer about the abuse prior to making a decision.

## CHAPTER 13

# Safety, Security, and Confidentiality



*Security fencing at the Downtown Women's Center*

Standard sector knowledge, current research, and survivor feedback all emphasize the heightened need for confidentiality, security, and safety planning in Permanent Supportive Housing (PSH) for survivors of domestic violence (DV). This chapter combines resources and best practice recommendations found throughout the Toolkit into one easily accessible reference for PSH developers and program operators. It details strategies for increasing security and confidentiality from the first building blueprint and point of contact with a survivor.

## Legal Protections & Funder Requirements

DV PSH providers must adhere to a number of federal, state, and local privacy and confidentiality laws.

The Violence Against Women Act (VAWA), Family Violence Prevention Services Act (FVPSA), and Victims of Crime Act (VOCA) prohibit programs funded by VAWA, FVPSA, and VOCA from sharing personally identifying information (PII).<sup>106,107,108</sup> There are a few limited exceptions: VAWA, FVPSA, and VOCA funded programs can share PII information with a third party if the survivor provides informed, written, and reasonably time-limited consent, or when required by law or court mandate. VAWA, FVPSA, and VOCA funded programs are additionally restricted from sharing PII to comply with federal, tribal, or state reporting, evaluation, or data collection requirements.<sup>109</sup> This includes the Homeless Information Management System (HMIS).

Other state, local, and/or private funding sources may have privacy and confidentiality policies or protocols that need to be maintained by grantees and subgrantees, including testimonial privilege laws that protect certain communications between a survivor and an advocate.<sup>110</sup>

For more detailed information on housing protections, please refer to Chapter 14.

### Client Information Management

All PSH programs funded fully or in part through the U.S. Department of Housing & Urban Development (HUD) must utilize an HMIS and comply with all data collection and reporting requirements.

Victim Services Providers (VSP) whose primary mission is to provide services to DV or sexual assault survivors,<sup>111</sup> are, however, prohibited from disclosing personally identifying information (PII) to third parties, including via HMIS. This includes names and addresses, with limited exceptions.<sup>112</sup> As an alternative to HMIS, VSPs can utilize a Comparable Database that complies with HMIS requirements but does not collect PII to generate aggregate reports.<sup>113</sup> Such systems allow VSPs to enter survivor information securely and utilize numbers in place of survivors' names, for example.

PSH providers that don't fall under VSP confidentiality law are encouraged to adopt data collection and sharing protocols that afford survivors with maximum privacy protections, including an "opt-in" policy, a robust informed consent process, and provisions for alternative data collection and storage. Please see Chapter 3 for more information on ensuring the security of survivor PII.

# Safety & Security in PSH

DV PSH operators are often challenged to strike the proper balance between fulfilling the program's commitment to and responsibility for resident safety and promoting residents' need for independence; the issue can be especially complex when working with families.

Program operators should establish policies and guidelines that best fit their target population(s), an endeavor that can be greatly assisted by engaging in ongoing dialogue with survivors and other individuals with lived expertise. Once guidelines are set, staff and residents alike must be adequately educated and informed about PSH safety provisions and procedures. To avoid confusion, it is recommended that programs create policies that anticipate how survivor safety and/or confidentiality concerns will be addressed in unusual or emergency situations (e.g., medical emergencies).<sup>114</sup> Having such policies in place before an emergency occurs can be grounding for staff and residents, and prevent the need to invent an appropriate response during an actual crisis.

## Recruitment & Intake Procedures

PSH program operators must bear in mind the safety needs of their target resident population(s) when choosing how to advertise their programs and conduct resident recruitment and intake (e.g., via CES or other appropriate pathways). While the location of PSH programs is not confidential, that of DV housing programs may be. Key considerations for DV PSH providers include offering multiple avenues and locations for assessment and systems intake, and partnering with other local organizations to establish decentralized and separate CES processes for survivors of DV and sexual assault.<sup>115</sup>

Survivor input is also important to determining whether to keep the location of a DV PSH program confidential. Survivors may find rules and restrictions associated with maintaining the confidentiality of a DV program to be oppressive and isolating from friends and family. Thus, it is advisable for DV PSH programs to have a discrete but not confidential location, and to promote safety and survivor confidentiality through thoughtful physical and programmatic design as described below while adhering to VAWA as it relates to protecting survivor data and confidentiality.

## Design Elements

Many DV PSH providers opt to include **fencing** to increase resident privacy and confidentiality. It is critical to consult residents on the type of fencing and security that best meets their safety needs while also blending well with the neighborhood and communicating "home" rather than "facility."

All **outdoor spaces** should be built and designed to prevent unwanted guests or strangers from being able to hide in them; **outdoor lighting** can help mitigate this possibility.

**Facility doors** that swing outward can make it easier for residents and staff to escape unwanted situations. Security **cameras** should be included throughout the building and especially at entry/exit points; across single-site programs, it has become best practice to place security cameras on unit doors. **Exit routes** should be clearly marked and kept unobstructed at all times.

**Unit doors** and **mailboxes** should not display names or other identifying information. **Lock change capability** is important for residents, especially those living in scattered-site programs. Other key safety considerations for survivors living in scattered-site PSH include property gates, **covered parking areas**, security cameras, **secure windows**, and the presence of on-site maintenance or concierge staff.

**Duress buttons** and/or **emergency call boxes** should be installed throughout a PSH site, particularly at the reception area; having access to on-call help on the main floor can further enhance safety. The number of duress buttons and/or emergency call boxes should be discussed among property and program managers and residents to avoid creating an intimidating environment.

## Safety Considerations for Advocates on Home Visits to Scattered-Site PSH

Safety strategies and policies are equally important when operating scattered-site PSH. Survivors living in scattered-site housing should receive support in developing safety plans that consider potential risks and vulnerabilities, including those posed by the neighborhood as well as the person who has caused them harm. Advocates conducting home visits with survivors living in scattered-site PSH programs should receive training in effective home visiting and be guided by agency home visiting/mobile advocacy safety protocols. Such protocols should contain, at minimum, the following elements:

- Confirm the safety of the visit with the survivor ahead of time, each and every time.
- Consider whether roommates or children may be present and work with the survivor to ensure the visit can be private.
- Be sure someone at the advocate's agency knows their exact destination when conducting visits.
- Equip advocates with agency cell phones, and ensure they are charged and at hand.

### Additional Resources

- Please see [here](#) for HUD's guide on using Comparable Databases.
- For more information on Comparable Databases, please refer to the National Network to End Domestic Violence (NNEDV) and Collaborative Solutions' "[Comparable Database 101: What Victim Service Providers Need to Know.](#)"
- Learn more about "Victim Confidentiality Considerations for Domestic Violence and Sexual Assault Programs When Responding to Rare or Emergency Situations" from NNEDV [here](#).
- View guidance from NNEDV on "Coordinated Entry: Confidentiality Requirements in Practice" [here](#).

- Avoid wearing items that identify the advocate or their agency (e.g., ID badges and logos), and travel light in case a quick exit becomes necessary.
- Be flexible: honor the survivor's preferences if they would like to meet off-site rather than in their unit.

Staff should be mindful of **exit routes** upon entering a survivor's home and should be aware that abusers may try to interfere, especially if they are monitoring the home. If such concerns are present, helpful precautions include **parking in well-lit areas**, removing all PII from the advocate's car, and asking the survivor for a picture of the abuser to enhance recognition. If an advocate suspects they are being followed, they should arrange to meet the survivor in a **public place**, take alternative transportation, or cancel/reschedule the meeting altogether. Good safety planning benefits both the survivor and the advocate, and should be a consistent element in offering community-based and home-based services.

- For a compilation of DV advocate confidentiality statutes by state, please see this [2014 report](#) from the Battered Women's Project and the National Center on Protection Orders and Full Faith & Credit.
- View the National Alliance for Safe Housing's presentation on "Safety and Coordinated Entry with Domestic and Sexual Violence Survivors in the Homeless/Housing System" [here](#).
- View NNEDV's confidentiality tools and resources [here](#).
- Learn more about mobile advocacy and home visiting [here](#).
- See an example of a home visiting safety protocol [here](#).

<sup>106</sup> 34 U.S.C. § 12291(a)(20), (b)(2).

<sup>107</sup> 42 U.S.C. § 11363.

<sup>108</sup> Family Violence Prevention and Services Act, 42 U.S.C. § 10406(c) (5).

<sup>109</sup> "Confidentiality: VAWA, FVPSA, and VOCA," Technology Safety, National Network to End Domestic Violence, published 2016, <https://www.techsafety.org/confidentiality-in-va-wa-fvpsa>.

<sup>110</sup> For a compilation of DV advocate confidentiality statutes by state, please see this [2014 report](#) from the Battered Women's Project and the National Center on Protection Orders and Full Faith & Credit.

<sup>111</sup> For a complete definition of VSPs, please see Chapter 3.

<sup>112</sup> 42 U.S.C. § 11363.

<sup>113</sup> HUD Exchange, "Homeless Management Information System (HMIS) Comparable Database Decision Tree," updated January 21, 2020, <https://files.hudexchange.info/resources/documents/HMIS-When-to-Use-a-Comparable-Database.pdf>.

<sup>114</sup> Confidentiality Institute and National Network to End Domestic Violence, "Victim Confidentiality Considerations For Domestic Violence and Sexual Assault Programs When Responding to Rare or Emergency Situations" (2010), [http://sdcedsv.org/media/sdcedsvfactor360com/uploads/Articles/NNEDVField\\_EmergenciesCrimesConfidentiality\\_2010.pdf](http://sdcedsv.org/media/sdcedsvfactor360com/uploads/Articles/NNEDVField_EmergenciesCrimesConfidentiality_2010.pdf).

<sup>115</sup> Kris Billhardt and Christie Bevis, "Safety and Coordinated Entry with Domestic and Sexual Violence Survivors in the Homeless/Housing System" (Powerpoint presentation, 2018), [https://www.nationalallianceforsafehousing.org/wp-content/uploads/2018/06/Final\\_NOFA\\_Safety-and-CES-Webinar.pdf](https://www.nationalallianceforsafehousing.org/wp-content/uploads/2018/06/Final_NOFA_Safety-and-CES-Webinar.pdf).

## CHAPTER 14

# Housing Protections for Survivors in PSH



Federal, state, and local laws provide housing rights for survivors of domestic violence (DV), sexual assault, dating violence, and stalking. In some states and localities those protections extend to human trafficking survivors as well.<sup>116</sup> Permanent Supportive Housing (PSH) program operators and any organization administering PSH funds must be aware of these protections and remain in compliance with them to promote the safety of survivors, program staff, and other program participants, and to limit PSH provider liability. This chapter provides an overview of key federal, state, and local housing protections that apply to survivors living in PSH as well as to programs administering PSH funds.

## Federal Protections

### Violence Against Women Act (VAWA)

Protections under the Violence Against Women Act (VAWA) apply to survivors of DV, sexual assault, dating violence, and stalking who are applying for or living in federally assisted housing; this encompasses McKinney-Vento Act homeless assistance programs, which include PSH. The law applies to survivors (actual or perceived) regardless of sex, gender identity, sexual orientation, disability, or age.

#### Survivors have a right to:<sup>117</sup>

- Not be denied admission or have their assistance terminated because of the violence committed against them.
- Receive a Notice of Occupancy Rights ([Form HUD-5380](#)) upon admittance, eviction, termination, or denial of admission or assistance.
- Self-certify, if documentation regarding the violence is requested by the PSH program ([Form HUD-5382](#)).<sup>118</sup>
- Request a lease bifurcation, i.e., to remove an abuser from the lease and/or housing unit.
- Request reasonable safety accommodations, such as lock changes.
- Seek an emergency transfer to another unit for safety reasons.<sup>119</sup>
- Stay in the unit, even if there is (or has been) criminal activity that is directly related to the violence.
- Strict confidentiality of information about the DV, dating violence, sexual assault, or stalking, including their survivor status. Such information can only be shared if it is requested by the survivor in writing for a time-limited disclosure, required for use in an eviction or termination proceeding, or otherwise required by law, such as a court order.

### Fair Housing Act (FHA)

DV survivors are protected under the federal Fair Housing Act (FHA) from housing discrimination regardless of the funding source, i.e., whether or not the PSH program receives government funding.

#### Survivors have a right to:<sup>120</sup>

- Be free from discrimination when seeking, applying to, or living in a unit.
- Be protected from termination because of the violence committed against them.
- Be protected from termination if they call 911 or emergency services for safety reasons.
- Receive the same treatment as other tenants or occupants.
- Request reasonable accommodations, so that differently-abled residents can enjoy equal opportunities.

### LAHSA EMERGENCY TRANSFER POLICY

In 2018, the Los Angeles Homeless Services Authority (LAHSA) contracted with the National Alliance for Safe Housing (NASH) to develop an official VAWA Emergency Transfer Policy (ETP) for housing providers contracted through LAHSA and to provide associated training and technical assistance. When the COVID-19 pandemic hit the U.S. in March 2020, LAHSA and NASH began modifying the VAWA ETP draft to respond to the immediate and growing needs of survivors and LAHSA-contracted programs and service providers. An [Interim Emergency Transfer Policy \(IETP\)](#) was developed and published in September 2020 alongside a number of accompanying materials, including a [VAWA Housing Rights Q&A](#), [Survivor Brochure](#), [Notice](#), and [Release of Information](#), all of which will be translated into 10 other languages (Spanish, Armenian, Korean, Japanese, Mandarin, Cantonese, Tagalog, Vietnamese, Indonesian, and Khmer). [A landing page](#) was also added to LAHSA's website to provide accessible information and resources to survivors regarding VAWA policies.

**Rehabilitation Act, Section 504**

Section 504 of the Rehabilitation Act prohibits federally funded housing providers from discriminating against survivors with disabilities.

**Survivors have a right to:<sup>121</sup>**

- Be free from discrimination.
- Confidentiality.
- Reasonable accommodations (e.g., guide dogs and other enhanced/alternative services and supports for residents who are deaf or hard of hearing).

**Americans with Disabilities Act (ADA)**

The Americans with Disabilities Act (ADA) prohibits discrimination against individuals with disabilities living in public accommodations. It applies to private shelters as well as shelters that use government funding, including PSH.<sup>122</sup>

# State and Local Protections

Many states and localities have enacted protections for survivors living in rental housing, regardless of subsidies. These laws typically protect against discrimination and include provisions for early lease termination, lock changes, and protections when seeking emergency and/or police assistance, among other items.

In addition to federal, state, and local housing protections, the Continuum of Care (CoC) or Balance of State (BoS) responsible for administering PSH funds may enact a VAWA policy that provides further guidance or more expansive protections to survivors in the CoC/BoS or in programs funded through Emergency Solutions Grants (ESG). CoCs can, for example, extend protections to human trafficking survivors, waive documentation requirements, and outline an expedited process for providers to request and use funds for moving expenses, furniture storage, lock changes, and other safety measures.

**LAHSA COC SUPPLEMENTARY POLICIES & PROTECTIONS**

LAHSA is an example of a CoC that provides clear and comprehensive policies for all of the programs in its continuum regardless of funding stream to ensure survivors have access to and are able to maintain safe housing.

In January 2017, LAHSA partnered with NASH and the National Housing Law Project (NHLP) to develop a policy on housing protections for survivors in the Los Angeles CoC, as well as a checklist on VAWA obligations for housing providers. This policy, titled “[Housing Protections Under the Violence Against Women Act \(VAWA\) in the Los Angeles Continuum of Care](#),” extended protections to survivors of human trafficking and required all LAHSA-contracted permanent and transitional housing providers, regardless of funding source, to ensure “safe housing environments” for participating survivors of DV, dating violence, sexual assault, stalking, and/or human trafficking.<sup>123</sup> Key protections under the policy include: (1) the provision of a notice of occupancy rights under VAWA to all new residents; (2) compliance with all VAWA protections and non-discrimination regulations; (3)

compliance with all confidentiality requirements under the policy, which specifically prohibits the entry of any information regarding reported experiences of violence into a shared database like HMIS; (4) the development of an ETP unique to each housing provider and modeled on the [LAHSA Model ETP for Victims of Domestic Violence, Dating Violence, Sexual Assault, Stalking, and/or Human Trafficking](#); (5) the right of the survivor to request and receive a lease bifurcation, should they share a unit with their abuser; and (6) that the provision of a written self-certification by the survivor be considered sufficient evidence to establish their eligibility for housing protections under the policy.<sup>124</sup>

The accompanying checklist, “[Obligations of Los Angeles Continuum of Care Housing Providers Under the Violence Against Women Act and Related California Laws](#),” provides an overview of the obligations of housing providers funded by HUD (including the CoC and ESG program) under VAWA and California law.<sup>125</sup>

**Additional Resources**

- For more information on federal housing protections for survivors, please refer to NASH and NHLP’s *Community-Based Advocates Toolkit: How to Make Sure Your Clients Have Safe Housing* [here](#).
- Please also refer to NHLP’s *Housing Rights of Domestic Violence Survivors: A State and Local Law Compendium* [here](#).
- View the Violence Against Women Reauthorization Act of 2013 [here](#), and HUD’s 2016 final rule [here](#).
- Please see [here](#) for Forms HUD-5380: Notice of Occupancy Rights Under the Violence Against Women Act; HUD-5381: Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking; HUD-5382: Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation; and HUD-5383: Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking.

<sup>116</sup> Some survivors of human trafficking would also be considered survivors of domestic violence, sexual assault, dating violence, or stalking, and would therefore be protected under those categories of violence.

<sup>117</sup> Violence Against Women Act 2013 Reauthorization, Pub. L. No. 113-4, 127 Stat. 54.

<sup>118</sup> Providers may ask for additional documentation when presented with conflicting information.

<sup>119</sup> Under VAWA, CoCs are required to have an emergency transfer policy. PSH providers can adopt the respective CoC’s emergency transfer policy and revise it in accordance with internal processes and staff roles.

<sup>120</sup> Fair Housing Act, 42 U.S.C. §§ 3601-19.

<sup>121</sup> Rehabilitation Act of 1973, 29 U.S.C. § 794.

<sup>122</sup> 8 C.F.R. § 36 (2016).

<sup>123</sup> LAHSA, “Policy: Housing Protections Under the Violence Against Women Act (VAWA) in the Los Angeles Continuum of Care” (Los Angeles, CA, January 26, 2018), <https://www.lahsa.org/documents?id=1833-housing-protections-under-the-violence-against-women-act-in-the-los-angeles-continuum-of-care>.

<sup>124</sup> Ibid.

<sup>125</sup> LAHSA, “Obligations of Los Angeles Continuum of Care Housing Providers Under the Violence Against Women Act and Related California Laws” (Los Angeles, CA, September 21, 2020), <https://www.lahsa.org/documents?id=4810-vawa-obligations-checklist-for-housing-providers>.

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## APPENDIX A:

# Designing the Physical Space of PSH

This appendix contains technical information regarding the domestic violence (DV) Permanent Supportive Housing (PSH) program design elements discussed in Chapter 10.

## LIGHTING

- In California, LED lighting is required.
- Best practice recommends a color temperature of 2700k. This light setting makes spaces feel warmer and more welcoming.
- For buildings with on-site nursing areas, a 3000-5000k color temperature may be more conducive to examination.

## POWER & SIGNAL

- Adding USB charging ports next to headboards in residents’ units can help make charging their devices easier.

## FLOORING

- Nylon carpet is recommended for carpeted rooms and units due to its greater durability, antimicrobial nature, and enhanced cleanability (i.e., compared to polyester carpets). Cotton-based carpets are another good option, although they tend to cost more.
- Hard, easy-to-clean, resilient surfaces like wood, laminate wood, and tile are recommended for high-traffic areas.
- Flooring design should be minimal.
- [Altro Walkway 20](#) is a good flooring option that can help prevent elderly residents from slipping.

## WALLING

- Bathroom walling should be resilient, easy-to-clean, and resistant to bacterial buildup. Tiles are a good option.

## COLOR

- Painting one wall of a room in color is a good way to open up a space.
- Painting all ceilings white also facilitates greater light exposure.

## OUTSIDE SPACES & SECURITY

- Different fencing materials have different strengths and weaknesses. For example, while rod iron fencing is more aesthetically pleasing than wood, wood fencing provides greater privacy.
- Using hedges to fence properties may help create aesthetic boundaries, but does little to ensure security.

## APPENDIX B:

## Literature Review

**Andrea Hetling, Amy Dunford, and Hilary Botein, “Community in the Permanent Supportive Housing Model: Applications to Survivors of Intimate Partner Violence,” *Housing, Theory, and Society* 37, no. 4 (2020): 1-17, <https://doi.org/10.1080/14036096.2019.1624388>.**

In this article, the authors explore ways in which a 41-unit Permanent Supportive Housing (PSH) program called The Anderson in New York City, operated by New Destiny Housing, provides community for 13 survivors of intimate partner violence (IPV) who live there and participated in the study. The authors use a three-fold conceptualization of the formation of community: (1) community as space, or the built environment; (2) community as place, or the geographical locale, such as the neighborhood; and (3) community as *face*, or the interactions and relationships among individuals. The authors’ guiding analytical questions are (1) how do survivors understand community in relation to the residence at The Anderson (i.e., “community as space”), and (2) how do survivors experience community in relationship with other residents (i.e., “community as face”)?

In terms of “community as space,” the building has more common areas than a typical apartment building, including a common room for resident meetings and special events, a landscaped backyard, and a playground. Women described their apartment as a safe haven and many found the increased building safety features to contribute to their sense of safety. Others found the surrounding neighborhood to feel unsafe and the safety features of the building to feel “controlling or invasive.” Residents liked the playground and other common areas but were frustrated by the limited access to these spaces imposed by staff schedules.

In terms of “community as face,” the researchers found that the degree to which residents identified as survivors influenced their connections to other women, and there was a sense of solidarity around safety. Survivors connected through shared identities, such as the sub-group of young, working mothers. At the intersection of “face” and “space,” some residents reported feeling a sense of family with the other residents, sharing babysitting responsibilities, and providing emotional support to one another. Other women in the study did not find community at this intersection, and preferred to keep to themselves.

The authors maintain that it is misguided for a PSH provider to assume that all women will have the same means or desire to build community. Opportunities for creating community in PSH should be understood within the context of race and class privilege, and the authors are critical of the concept of “community involvement” as a desirable outcome of PSH. For example, some residents of The Anderson reported feeling fearful of the surrounding neighborhood and thus were not involved in what are typically understood in a white, middle-class context as community activities, such as the PTA or community gardens.

The authors suggest three approaches to creating opportunities for community-building for survivors living in PSH:

1. Facilitate a support group for those who choose to become involved in building community. Findings indicate that informal interactions alone do not result in close, trusting relationships between residents; a support group can facilitate and sustain these connections.
2. Increase interactions and shared experiences in the building through physical space, such as truly accessible playgrounds, flexible seating arrangements, and communal rooms that foster a variety of interactions.
3. Create inclusive models of participation based on trust and shared identities; women expressed great satisfaction when provided opportunities to work closely with staff toward a common goal.

**Andrea Hetling, Amy Dunford, Sarah Lin, and Emily Michaelis, “Long-Term Housing and Intimate Partner Violence,” *Affilia* 33, no. 4 (2018): 526-542, <https://doi.org/10.1177/0886109918778064>.**

In this article, the authors explore how Permanent Supportive Housing (PSH) can help survivors of intimate partner violence (IPV) heal from trauma. While the principles of trauma-informed care (TIC) and PSH align, and even as more domestic violence (DV) service providers are beginning to offer long-term housing programs, research remains scant on how survivors themselves perceive and experience PSH programs. The authors conducted a series of focus groups and interviews with ten residents of a PSH program for DV survivors in New Brunswick, NJ to determine how long-term housing can best support journeys to healing.

Women in the study unanimously agreed on the critical importance of long-term housing to their ability to recover from abuse and build independent lives. Four themes emerged that underscore the emotional support long-term housing facilitates: (1) immediate relief from stress and worry; (2) the time and space to continue the healing process; (3) the opportunity to feel safe and secure, especially in a program specifically for DV/IPV survivors; and (4) a foundation for healing and the ability to think beyond immediate survival.

Because service needs differ, common themes did not emerge between the women in regards to their experiences with programs, case management/advocacy, and the sense of community provided through or by the program. Some women felt the PSH program met their social and emotional needs; some found the material support the program offered allowed them to focus on their own needs; and some also found the help they received from caseworkers to be key in supporting their healing.

The case study goes beyond the established research linking housing to safety and financial stability, to suggest that survivors experience a strong relationship between long-term housing and recovering from and healing from trauma in a holistic way. Thus, the authors assert that stability should be a core component of coping and recovering from trauma, and should be added to TIC models.

The authors highlight two practical implications of the case study:

1. Programs should focus on casework and advocacy that meet the individual needs of residents.
2. PSH providers and staff should train in and adopt trauma-informed practices as much as possible.

**Hilary Botein and Andrea Hetling, *Home Safe Home: Housing Solutions for Survivors of Intimate Partner Violence* (New Brunswick: Rutgers University Press, 2016), <http://www.istor.org/stable/j.ctt1ht4v4t>.**

In this book, the authors draw on their case studies of domestic violence (DV) Permanent Supportive Housing (PSH) programs — including those conducted in Connecticut at Rose Hill, and in New York City at The Anderson — to (1) flesh out the core components and impact of the DV PSH model, and (2) situate them within a historical and political context.

The authors begin by providing a history of shelters and transitional housing for survivors, followed by the evolution of longer-term housing solutions for survivors. They explore how these new housing models are being adopted and implemented across the nation and offer survivor perspectives on program design and implementation (from studies summarized in detail in this literature review). The authors conclude that there is no one housing model that can meet the needs of all survivors, and thus a variety of approaches (i.e., scattered-site, project-based, Housing First, etc.) is required. They highlight the need for organizations to have deep and broad expertise on intimate partner violence, and to offer flexible, voluntary services which, the authors assert, larger organizations can more easily achieve using economies of scale. Finally, in looking at the ways in which the broader policy context informs the proliferation of housing responses, the authors point to possible policy changes that could sustain longer-term housing solutions for survivors.

**Andrea Hetling, Hilary Botein, and Annelisa Steeber. “Exploring the Experiences of Domestic Violence Survivors with Permanent Supportive Housing: Focus on Progress Towards Self-Sufficiency” (Research brief, New Destiny Housing, 2015), [https://newdestiny-housing.org/wp-content/uploads/ResearchBrief\\_FSP\\_Feb2015.pdf](https://newdestiny-housing.org/wp-content/uploads/ResearchBrief_FSP_Feb2015.pdf).**

This qualitative research study examines the degree to which 13 survivors at the New Destiny Housing domestic violence (DV) Permanent Supportive Housing (PSH) program in New York City did or did not make progress in the following 11 domains: Income, Credit History, Employment, Adult Education, Safety, Food, Child Care, Healthcare, Mental Health, Family/Social Support, and Community Involvement.

The largest area of improvement was Mental Health, followed by Community Involvement, Family/Social support, and Income. The areas with the smallest amount of improvement were Food, Safety, and Healthcare. While residents displayed the highest level of stability in terms of Safety, Safety was also one of only two domains that saw decline (alongside Employment). These results are attributed to two participants who regressed in the area, while all other residents progressed in some way.

The study has several limitations, but can offer insight for future DV PSH program development in the following ways:

1. Economic needs as indicated by the low scores in the domains of Credit, Employment, and Food were significant, and programs should consider providing increased support in these areas.
2. Mental health resources are equally important to make available and widely accessible; mental health needs presented challenges to self-sufficiency for a small group in this study.
3. High averages in the Safety and Community Involvement domains were connected to women feeling strongly that the PSH program was a warm, supportive, and safe environment.

**Hilary Botein and Andrea Hetling, “Permanent Supportive Housing for Domestic Violence Victims: Program Theory and Client Perspectives,” *Housing Policy Debate* 20, no. 2 (2010): 185-208. <https://doi.org/10.1080/10511481003738575>.**

This article examines potential adaptations required to apply the Permanent Supportive Housing (PSH) model, as defined by the Corporation for Supportive Housing (CSH), to the needs of domestic violence (DV) survivors. Conclusions are drawn from the authors' research on the development of Rose Hill, the first PSH program for survivors in Connecticut, and at Prudence Crandall Center, another DV organization in Connecticut. Through interviews with staff, board members, advocates, and survivors, the authors identify several elements to consider incorporating into a PSH model for DV survivors; they also analyze the extent to which the opinions of administrators and survivors on these elements align and diverge.

CSH emphasizes four key principles of PSH for single adults: affordability, safety and comfort, flexible and accessible support services that target residential stability, and empowerment and independence. Rose Hill's program goals borrows some of these elements with modifications that administrators believed were important and unique to DV survivors, such as the need to develop independent and permanent housing, provide safe and affordable housing, keep women connected to optional services, and offer women the support they need to move on from PSH if desired.

Interviews with Rose Hill residents echoed these four main program goals in the following ways:

1. Women desperately wanted affordable, safe housing.
2. The vast majority of women felt that living with other survivors would encourage a supportive community, although a strong dissenting opinion was also present that the environment would be depressing or “gossipy.”
3. Women stressed (1) personal and neighborhood safety as a critical program element, as well as (2) increased space and privacy and (3) affordability as top program priorities.
4. In response to what supportive services should be included in the PSH program model, survivors mentioned services that might be considered amenities rather than social services, including transportation, child care, medical and legal services, computers with internet access, a work-out room, and on-site laundry.

5. Survivors were in near consensus that the length of stay needed to be flexible and contingent on when the survivor reached stability, but that survivors should plan on moving out at some point.
6. Survivors were not in consensus about program rules on male visitors: some thought the presence of men would be traumatizing, while others felt it was important that residents have the ability to date if desired.
7. Women unanimously felt that they would like to be involved in program design and also felt that some services should be mandatory for participants.

Researchers also found that residents' and administrators' priorities fell on opposite ends of the spectrum. Administrators prioritized permanent housing and independent living, while the majority of survivors prioritized services, guidance, and rules. In terms of a practical application of this case study, the researchers put forth four considerations for DV program administrators:

1. Input from survivors should be ensured, as all the women in the study had strong opinions on program design and wanted to be more involved.
2. Program staff should receive comprehensive training on program goals, to prevent confusion at the staff level between expectations for residents in short-term supportive housing vs. permanent independent housing.
3. Administrators should consider separating property and program management roles.
4. Implementation of a confidential system for collecting participant data to support ongoing evaluation is needed, given the newness of DV PSH programs in general.

**APPENDIX C:**

# Summary of Survivor Listening Session

On December 4, 2019, Shanti Kulkarni, Ph.D. and Suzanne Marcus of the National Alliance for Safe Housing facilitated a listening session with 12 survivor advocates at the Corporation for Supportive Housing in Los Angeles. The purpose of the listening session was (1) to validate data Dr. Kulkarni was gathering on survivors' cyclical experiences of housing instability;<sup>126</sup> and (2) to develop insight on the ways in which Permanent Supportive Housing (PSH) could be uniquely responsive to the needs of survivors.

The following themes, which emerged from the 90-minute discussion, all underline the fragility of many survivors' housing situations; the difficulty they face in becoming economically stable while maintaining permanent housing; and the need for ongoing support and services, even after survivors have accessed permanent housing.

## Theme 1:

### Housed & Abandoned

Many survivors talked about feeling “housed and abandoned” by service providers:

- “I was done jumping and moving around, so I gave my Section 8 up. So now I pay full rent and they raise it. They ended up getting it raised again and I don't want to lose my house. I don't want to lose what I got and I'm in Compton and it's kind of like they housed me and then just kind of, I felt like abandoned ... like where's my help?”
- “I just had somebody break my window, my front window [someone threw] a pipe through my window and I'm like, I don't know what the heck's going on ... Then I have no heat ... All those things, the struggles, but they're good struggles because I still have a roof over my head. But still I don't know where to turn to.”
- “I don't have support or support from somebody who's already been homeless. Why don't we have groups for that? You know what I'm saying? For those of us who want it, it's not easy being housed.”
- “But it gets very hard when you're trying to get that help. There's nobody there. There's no set list that says, okay, if you went through domestic violence, this is where you can go get help for this.”
- “I would like to have more supports around the family dynamic, around the employment, around the transitioning in your finances, around the transitioning in the living situation.”

<sup>126</sup> For more information on this research, please see the recent paper “Understanding the Cycle of Housing Insecurity for Marginalized Survivors of Domestic and Sexual Violence” published by Dr. Kulkarni with Evelyn Hill at Safe Housing Partnerships (2020). The authors draw upon data from 14 listening sessions held with Black and Latinx survivors to develop a model of housing insecurity, draw attention to survivors' barriers in getting housed and staying housed, and make recommendations for program and policy changes to redress these barriers. Read more [here](#).

## Theme 2:

### Economic Stability vs. Housing Eligibility

Many survivors noted the difficulty of achieving economic stability while maintaining their eligibility for Section 8 (or other subsidized housing) and other public benefits:

- “Whether we want to go back to a job part-time or whether we want to be a grassroots advocate, whatever, support us where we're at ... I'm constantly having people in the system say you got to be careful, you're going to lose your housing and you're going to lose this. You're going to lose that.”
- “I almost said to myself, well maybe I should give it up, but then I can't give it up. Yeah, I work, but it gets hard sometimes it gets the fear of, okay, you're telling your Section 8 worker what you're making ... They are raising your rent higher and higher and higher. You know? And that gets very stressful. And then I get told, well if you didn't work, you wouldn't have an issue. I don't have the choice. I have to work. I have the disability, yes, but I still have to work. I have to pay bills, I have to pay high rent, I have to pay lights and gas.”
- “I am in a building that's like New Jack City. I'm capable of going back to work, but because of my health, I'm terrified of losing my medical. I can't afford to lose my medical, I almost died. I had to learn how to walk again. I've had extensive rehabilitation. I don't have any help ... But my thing is where do I get help? I don't want to be in that building. That building traumatizes me.”
- “There's so many things I'm capable of doing, but ... the whole SSI thing, you make an extra dollar and they're going to dock you.”

## Theme 3:

### Managing Stress & Triggers

Many survivors also noted the detrimental effect that the stress of finding and maintaining housing had on their physical and mental health:

- “But like I said, being there by myself, trying to juggle the bills and trying to keep up, it's been really stressful for me. It's made me sick ... I had kidney diseases, I was in the hospital for a while. And it made me think and made me think about the things that, what, I definitely don't want to come back out in the street. It's hard, hard out there for me.”
- “When I was living with the abuse, I was diagnosed as functional bipolar. And then when I got my own house, my own stable space where I was able to create what I considered a healing opportunity, I was diagnosed with paranoid schizophrenia. Because I had lived with these conditions for so long, even though now I'm in the safe place I was constantly like hypervigilant. When we look at how that impacts how a person continues to go off into the world and then they still have to be pressing up against systems ... We're now no longer able to receive government assistance and then they don't help me in the transition and they're just, ‘Oh you cut off ... Figure your life out – like medical, and like food.’ Like there was no transition in that at all.”
- Even when experiences were not overtly negative, survivors noted struggling with post-traumatic stress disorder (PTSD) and related triggers: (1) “I was just in a Shelter Plus Care [program] for four and a half years and I just moved, it is traumatizing all over again because it's pulling up ... the last time I had [to move, I was homeless] and this is supposed to be a positive experience for me and it's not.” (2) “You're being in touch with the PTSD doesn't start until you're inhaling and exhaling in your apartment

and you're able to take the time to heal and build cause you feel safe enough, then it hits you, then you need help."

- Survivors also noted the manner in which community violence can trigger PTSD: "You can make your inside of your home as safe as you possibly do it. But I've had two of my children in their senior year attempt suicide at school first because the schools didn't understand it and I had to go and I had to say to them, my children are survivors of domestic violence. Not only that, but we live in a neighborhood, we're on our way to school we see a dead body in the middle of the street on Mother's Day. They had six of their friends being murdered. Like all these things are occurring in our lives and it's, this is like the re-triggering of what we've experienced due to the impacts of domestic violence."

## Theme 4

### Survivor-Specific Housing

Survivors talked about the need for PSH that is reserved specifically for survivors and designed to meet their unique needs:

- "PSH is a blessing, but then it can also be a nightmare and it's very re-traumatizing to live where I have a person on top of me that's on drugs that drops a bowling ball in the middle of the night because he's tweaking. And then my neighbor thinks it's me bangs on my wall and I think it's an earthquake and I'm traumatized."
- "I want to be able to say what my needs are and have the resource come to me ... The things that we will be dealing with as formerly homeless, right. We should all be in some kind of setting and then the resource people are just there for us."

## APPENDIX D:

# Summary of National PSH Listening Session

On February 18, 2020, Amy Turk of the Downtown Women's Center and Kris Billhardt and Suzanne Marcus of the National Alliance for Safe Housing hosted a national call-in listening session to learn more about how the Permanent Supportive Housing (PSH) model is currently or could be adapted for domestic violence (DV) survivors. A total of 18 participants joined the call, including academics, state administrators, architects, developers, and program operators from across the country.

Below are key insights that emerged from this 90-minute listening session.

## Theme 1

### Amending Eligibility Requirements

Participants noted how PSH eligibility requirements that prioritize certain experiences of homelessness (e.g., persons with medical disabilities and persons experiencing chronic homelessness) limit access for survivors, who may not qualify under such requirements. Participants recommended implementing less restrictive eligibility requirements to help make services and housing more accessible to survivors:

- "ESSHI<sup>127</sup> looks at who is in the homeless system and who is at risk of homelessness rather than just someone with medical disabilities, so there's leeway for funding."
- "[In LA] the definition for PSH is broad – only 50% has to be chronically homelessness [to qualify for PSH]. So PSH is a catch for people at risk for homelessness ... So like NY, there are voucher programs through the county health services department that will provide vouchers for frequent users of health services. The question for DV is how do you identify people using county health services with this experience."

## Theme 2

### DV PSH Service Needs

Participants emphasized the need for DV PSH services to be trauma-informed, survivor-driven, voluntary, and flexible in nature; examples of tailored services may include:

- The need for "neutral" programming (i.e., programming that focuses on community building, community events, neighborly relations, and other neutral topics) in addition to that which directly relates to DV; such programming can help mitigate feelings of stigmatization.
- Encouraging referrals for certain services to trusted community partners.
- Service approaches that understand and address the nuances of safety planning, including education on financial recovery and personal budgeting.
- Goal planning around economic stability and financial/credit repair, including the

<sup>127</sup> The [Empire State Supportive Housing Initiative \(ESSHI\)](#) is an initiative of the New York State Governor's office to spur the development of 6,000 PSH units statewide. It calls out DV survivors as a population served through the program in a manner consistent with HUD's definition for permanent housing.

identification of intermediate steps (e.g., obtaining a GED, learning English, enrolling in a vocational training program, etc.).

- Well-communicated and understood PSH community protocols regarding working with mixed populations in the same program.
- Formal orientation programs for new residents, including information sessions on local childcare resources, school enrollment procedures, transportation options, and other neighborhood features.
- Increased connections to local resources, to facilitate community integration and increase housing retention for survivors.
- Family-friendly activities that can be attended by children as well as parents.
- Secondary housing options and timelines for survivors who no longer feel safe in a home: “There’s a need to establish a secondary timeline related to HUD in helping survivors feel safe and secure before pushing them into PSH. We noticed in our shelter that a person may check all the boxes for HUD’s definition for being ‘housing ready,’ but unlike other populations, there’s an extra layer for folks who felt robbed of safety in their home previously ... so to put them back into an apartment complex can be noisy and lonely. We need to make sure we’re not pushing people too quickly. There’s an extra layer between pushing someone who feels safe in shelter to doing this all on their own without having a staff person there.”

### Theme 3

#### Staff Compatibility & Training

Participants noted that while having property management and building operations staff directly on-site is helpful, roles should be clearly bifurcated from those of direct service staff and supported by training in trauma-informed care (TIC):

- Communication protocols are necessary to delineate how operations and program staff can work together efficiently while maintaining survivor safety and confidentiality.
- Property management can have a helpful role to play when abusive partners come on-site.
- Property management and building operations staff should be trained in TIC, in order to increase understanding of resident behaviors and avoid potential conflicts and misunderstandings. Property managers should, for example, be educated on the importance of allowing pets and supported in pursuing eviction only as a last resort.

### Theme 4:

#### Strengths and Challenges of Single-Site PSH

Participants noted the following as strengths and challenges of single-site DV PSH:

- Single-site PSH offers greater consistency in terms of service provision and programming, which is important for high- and low-need populations alike: “If we’re talking about supportive housing, there is no way to compare the advantage of having site-based services, even if you have folks who are high functioning and don’t need as many services. Just the lack of consistency, and all of that really matters. That’s one of the issues around service functionality – having the consistency.”
- Advocates and staff spend less time commuting from one site to another to meet with survivors.
- Mixed-population, single-site PSH (e.g., sites that house DV survivors and individuals

experiencing homelessness) can offer benefits to survivors, including increased community integration and greater diversity amongst residents without the look and feel of a program. However, additional program policy guidance is needed to help manage potential conflicts between residents.

- Confrontations with landlords and/or property management staff who do not understand the dynamics of DV are mitigated or eliminated altogether.

### Theme 5:

#### Strengths and Challenges of Scattered-Site PSH

Participants noted the following as strengths and challenges of scattered-site DV PSH:

- Clustering scattered sites can help limit the amount of time program staff spend traveling between sites: “We had scattered-site, but we geographically restrict within a 5 to 10-mile radius. We’d rent apartments in the same complex to limit time spent going to see the clients. The only problem was properties having issues with the participants, which was a problem with scattered-site.”
- In scattered-site PSH, survivors in recovery for substance abuse are also less likely to be triggered by active users: (1) “Clients success is greater with scattered sites due to the triggering that comes as a result of their trauma.” (2) “It’s also harder for people trying to overcome substance in single-site; in the scattered-site, being away from the program has enhanced their independence and they make the effort to come see us. Scattered-site has proven to be really effective.”
- Living in the community can enhance survivors’ sense of independence.
- Measures can be taken to enhance safety in scattered sites, including regular police check-ins at the request of survivors. There is also no guarantee that survivors will feel safe in PSH, regardless of the model: “We have both – single-site and scattered-site – from a safety perspective [scattered-site] has provided an enhanced sense of safety. We have clients have their abusers coming on property [of the single-site building] at a regular basis.”

### Theme 6:

#### Safety & Confidentiality in Program Recruitment & Operation

Among participants, perspectives varied on the extent to which a DV PSH program should account for the safety and confidentiality of survivors in program recruitment strategies and program operations alike:

- Some program operators may recruit directly through DV shelters/programs, the Continuum of Care (CoC), and the Coordinated Entry System (CES), while others may not publicize their program and intentionally stay “under the radar,” recruiting through referrals, only.
- Providers also suggested finding permanent housing for abusers in order to mitigate survivor safety concerns; this process can be initiated through a CoC CES case consultation.
- PSH permitting and site control processes typically require public meetings that include discussion and documentation of the PSH target population, thereby creating safety concerns for potential residents. Housing developers and community organizers should be educated on ways to combat NIMBY sentiments and mitigate confidentiality breaches while participating in these meetings.

- While PSH programs should ensure survivors' safety, the parameters and expectations of PSH programs also require that survivors bear ultimate responsibility for their personal safety: "There's additional supports, but it's not like shelter, so safety planning is important and working with families around those issues is really important."

## Theme 7:

### PSH Design & Safety Considerations

Participants noted a number of design and safety elements as critical for developers to consider when designing the physical space of DV PSH programs:

- Community spaces that allow individuals to see all parts of the building(s).
- Pervasive lighting, and especially well-lit walkways.
- High fencing and established entry/exit points, including through a secure main door.
- Connected units and fewer corners between buildings, where multiple buildings exist on-site.
- The placement of emergency call boxes at regular intervals.
- Security camera placement, throughout the site and at unit doors (i.e., in single-site PSH).
- Lock change capabilities, which are especially important for survivors living in scattered-site PSH.

## Theme 8:

### Policy & Guidance Needs

Participants noted the following as areas requiring enhanced program policy and guidance, regardless of PSH type:

- Communication protocols between building operations staff and service staff.
- Recruitment and screening of potential tenants.
- The extent to which DV PSH programs can be advertised while maintaining residents' confidentiality.
- Ways to prevent the stigmatization and pathologization of DV survivors, insofar as a chronic health condition is a condition of living in PSH.
- Screening protocols that take into account the unique barriers survivors face (e.g., background checks and credit checks).
- Practices concerning mixed populations in PSH.
- Ways to infuse greater resident choice into the selection of furniture and the housing unit itself.
- When eviction is necessary, ways to do so that are safe, confidential, and trauma-informed.

## APPENDIX E:

# Therapeutic Models for DV Survivors

## Seeking Safety (individual or group support)

Led by a paraprofessional or a professional (i.e., no specific degree is required beyond a [Seeking Safety certification](#)).

**Practice size:** 1-50 people

- This practice helps survivors understand what is and is not safe, with the goal of teaching concrete skills (vs. engaging in therapy). It aims to help them understand which parts of a relationship are about love and which parts are about violence.

### Good for:

- Treating PTSD and substance abuse.
- Identifying triggers, developing coping skills, and increasing understanding of physical and emotional safety.

### Additional information:

- Greater accessibility, insofar as a licensed therapist is not required to lead it.
- Sharing personal stories is discouraged in a group setting; skill building, rather than processing emotions or experiences, is the goal.

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## Dialectical Behavior Therapy (DBT)

Must be led by an individual with clinical training and DBT certification (i.e., Master's or Doctorate degree in a therapeutic field, in addition to DBT certification).

**Practice size:** 1- 7 people

- DBT is extremely structured and focused on boundaries, mindfulness, and coping. It focuses on developing methods for emotional regulation and distress toleration.

### Good for:

- Individuals with PTSD who are looking to develop positive coping, gain insight into triggers, and learn about the impacts of trauma on relationships.

### Additional information:

- Originally developed for treatment of borderline personality disorder, DBT has also been shown to be effective in treatment of eating disorders, substance abuse, major depressive disorder, relational issues, and post-traumatic stress disorder (PTSD).

## Eye Movement Desensitization & Reprocessing (EMDR)

Must be led by an individual with clinical training and EMDR certification (i.e., Master's or Doctorate degree in a therapeutic field, in addition to EMDR certification).

**Practice size:** 1-on-1

- The purpose of EMDR is to work on processing traumatic experiences through an eight-phase treatment model, using talk therapy in addition to external stimulation like hand tapping or audio-visual guidance.

**Good for:**

- Individuals with single-incident or compound trauma, particularly PTSD that has not been responsive to traditional talk therapy.

**Additional information:**

- EMDR operates under the assumption that, due to the way the brain stores traumatic memories, these memories become rigid and difficult to access. EMDR gives the participant greater access to these memories and allows for increased ability to intervene in negative behaviors or experiences caused by trauma.
- Can be used in conjunction with psychotherapy.
- There exists a great deal of scientific evidence in support of EMDR, although its effectiveness is still being researched.<sup>128</sup>

## Somatic Experiencing Therapy

Led by a mental health professional or paraprofessional, body worker, or other helping professional (i.e., no specific degree is required beyond a Somatic Experiencing certification).

**Practice size:** 1-on-1 or group settings

- Somatic Experiencing therapy aims to heal trauma by focusing on and healing its impact on the body.

**Good for:**

- Helping survivors reconnect to their physical experiences and physical sense of self.
- Individuals who are not interested in healing from trauma through traditional talk therapy.

**Additional information:**

- Research suggests that Somatic Experiencing therapy may be particularly effective for transgender populations.
- *Waking the Tiger: Healing Trauma* by Peter Levine with Anna Frederick (1997) is a helpful primer for anyone interested in Somatic Experiencing.
- For another helpful resource, please refer to *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* by Bessel van der Kolk (2014).

<sup>128</sup> Please see [here](#) for an overview of the research and evidence supporting EMDR as a therapeutic modality.

## Trauma-Informed Yoga

Led by a certified yoga instructor with trauma-informed training, or a certified therapist with trauma-informed yoga training.

**Practice size:** small and large groups

- Trauma-informed yoga is a form of yoga that involves psycho-education on coping skills prior to physical yoga practice, which acts to supplement the former.

**Good for:**

- All trauma survivors who are physically able to participate, and particularly those who are not interested in traditional talk therapy.

**Additional information:**

- Instructors are trained to use trauma-informed language.
- All touch is optional and requires active consent by participants.
- Can be used in conjunction with counseling/therapy and/or other forms of healing.

## Self-Defense & Martial Arts

Led by a certified self-defense instructor in possession of all appropriate equipment (i.e., no specific degree is required outside of self-defense or martial arts instruction certification).

**Practice size:** small and large groups

- Instruction in self-defense and martial arts can facilitate group healing, increase individuals' sense of safety and security in their bodies, and empower them to feel more in control. Physical instruction for survivors is often paired with lessons in assertiveness and boundary-setting.

**Good for:**

- Survivors of trauma, in particular those not interested in traditional talk therapy.
- Individuals with cultural backgrounds in which therapy is distrusted and/or stigmatized.

**Additional information:**

- Can be used in conjunction with psychotherapy and/or other forms of healing.
- Often hosted by local rape crisis centers.
- Training workshops specifically tailored for those with different levels of physical ability can be found at [Peace Over Violence](#) in the Los Angeles area.



## Peer Counseling

Led by individuals with shared lived experience (i.e., no specific degree is required).

**Practice size:** 1-on-1

- Peer counseling is an empowerment-based approach to healing in which the peer counselor acts as a support system while their client navigates life situations and any problems that arise, vs. engaging in traditional therapy. Peers add lived expertise, serve as role models, build trust and rapport, and/or share their personal experience throughout the process.

**Good for:**

- Survivors of trauma.
- Survivors with negative experiences of or lack of interest in traditional talk therapy.
- Building trust and rapport.

**Additional information:**

- Counselors typically have a certification in peer counseling (not required) and have similar lived experiences of trauma and healing.
- 

## Advocacy

Led by Domestic Violence & Sexual Assault Advocates who have completed required advocacy training (standards vary from state to state).

**Practice size:** 1-on-1

- Advocacy is an empowerment-based approach to healing in which the Advocate provides information on resources, legal options, and services based on survivor-identified needs. Advocates help with navigating complex systems, facilitate connection to resources, and, if requested, accompany survivors as they pursue remedies and supports (e.g., filing a restraining order, going to court or a Child Welfare meeting, attending medical appointments related to trauma, etc.). In addition to providing emotional support and information that helps survivors determine the best pathway to healing, Advocates help ensure that their rights and dignity are honored in institutional interactions.

**Good for:**

- Survivors of sexual assault, stalking, or domestic violence.
- Survivors with active systems involvement.
- Survivors interested in exploring their options for legal or medical support around gender-based trauma.

**Additional information:**

- Can be used in conjunction with counseling/therapy and/or other forms of healing.

## Group Therapy (process-focused)

Led by a licensed or unlicensed therapist, typically co-facilitated with two clinicians.

**Practice size:** 2-8 people

- Traditional group psychotherapy focuses on processing trauma with other survivors and can be specifically tailored to domestic violence or other experiences shared by participants.

**Good for:**

- Trauma survivors.

**Additional information:**

- Can be used in conjunction with individual counseling/therapy and/or other forms of healing.
- 

## Support Groups

Led by trained advocates and/or people with lived experience, typically with two facilitators.

**Practice size:** 2-10 people

- Peer support groups may take a wide variety of forms: they may be drop-in or closed (once a core group is formed), open-ended or time-limited (such as 8-week cycles), and general or targeted (such as for LGBTQIA+ survivors). Often facilitators provide some structure, such as exercises, activities, or information about a topic to generate discussion. Survivors are invited to share their experiences, look to one another to give and receive support, and ask for information they identify as helpful to processing their experiences.

**Good for:**

- Survivors looking for support from others with lived experience rather than or in addition to therapy.
- Survivors who want to augment 1-on-1 advocacy and break the isolation they have experienced in their relationships.

## Activism & Peer Programming

Led by any individual within an agency or activist group (i.e., no specific degree is required)

**Practice size:** individual, small, or large group settings

- Activism supports healing through empowerment and action while providing a safe outlet for survivors to talk about the systems that worked against them at a macro level, without having to share intimate traumas.

**Good for:**

- Survivors working toward a sense of empowerment.

**Additional information:**

- Activism can be done privately through calls or letter-writing, or as part of a larger group effort. Examples of well-known activism events and outlets for survivors include [Take Back the Night](#), [Denim Day](#), [SpeakUp!](#), and the [Clothesline Project](#).
- Activism events like marches or public rallies can be enormous — survivors should be made aware of the event size in advance.
- Can be used in conjunction with counseling/therapy and/or other forms of healing.

## APPENDIX F

# Wealth-Creating Techniques from FreeForm

Economic empowerment is critical for survivors, given the pervasive nature of financial abuse<sup>129</sup> that often accompanies violent and/or abusive relationships. Insofar as financial insecurity is also a primary reason that many survivors return to or enter new abusive relationships, it is highly recommended that Permanent Supportive Housing (PSH) program operators implement programming for economic empowerment.

The following guidance is provided by [FreeFrom](#),<sup>130, 131, 132</sup> which recommends that programming include education and support at each level of a survivor’s journey to financial recovery using the FreeFrom Survivor Economic Experience Model.

These levels include the following:

### Level 1

#### Crisis

A survivor has no income/assets, has no savings, and has debt.

### Level 2

#### Survival

A survivor has some income but not enough to cover expenses, has no savings, and often has debt.

### Level 3

#### Growth

A survivor has income that exceeds expenses and has limited savings.

### Level 4

#### Thriving

A survivor has income that exceeds expenses and then some, has savings and investments, and has the ability to leverage credit.

<sup>129</sup> According to FreeFrom, financial or economic abuse occurs when a harm-doer exerts or maintains control over a survivor’s financial resources in order to render the survivor financially dependent on the harm-doer. Economic abuse can take many forms, including: preventing the survivor from obtaining or maintaining employment, taking a survivor’s paycheck and putting the survivor on an allowance, heavily monitoring spending, or taking out credit cards in the survivor’s name and saddling the survivor with debt in order to damage the survivor’s credit.

<sup>130</sup> “Our Programs,” FreeFrom, accessed October 8, 2020, <https://www.freefrom.org/about>.

<sup>131</sup> “COVID-19 Response Guide,” News, Freefrom, published April 16, 2020, <https://www.freefrom.org/news/covid19responseguide>.

<sup>132</sup> “Releasing Our Survivor Safety Banking Guidelines,” News, Freefrom, published July 15, 2020, <https://www.freefrom.org/news/2020/7/14/releasing-our-survivor-safety-banking-guidelines>.

To help survivors move from a state of crisis (Level 1) to one of thriving (Level 4), FreeFrom recommends the following:

- **Partnering with FreeFrom to integrate a “train the trainer” model**, wherein staff and peer advocates are taught how to build and rebuild their credit, open bank / accounts, increase savings, invest, etc., so that they can support themselves and their clients more confidently.
- **Making financial intervention the norm**, in part by helping survivors create and execute an individualized financial safety plan.
- **Demystifying credit**, by helping survivors obtain credit reports and take concrete steps to address credit fraud and/or repair their credit history.
- **Helping survivors find employment that fits their unique needs and skills** (e.g., flexibility for medical appointments, court appointments, etc.), by encouraging them to consider social enterprises, non-profits, and shared economy employment options in addition to traditional routes of employment.
- **Providing financial empowerment and education that is trauma-informed and survivor-centered**, wherein the impacts of economic abuse are taken into account, information is accessible and easy to understand, survivors are trusted and seen as experts in their own experience, and survivors are given options and choices that help rebuild their financial autonomy.

FreeFrom also recommends that survivors take the following steps — if and when it is safe to do so — to build financial independence and stability. Survivors are the best people to decide which of these options are safe for them as well as the timeline in which they can happen:

- **Create a new email address** that only they have access to; many survivors use [Proton Mail](#) because it is encrypted and adds extra security to emails.
- **Protect their identification documents** (e.g., ID’s, passports, social security card, green card, etc.) by putting them in a safe place if possible. If a survivor cannot take physical control of these documents, they should take pictures of them when it is safe to do so. Images should be kept in a Dropbox or a Google Drive that only they have access to.
- **Change their passwords/addresses/emails** for bank accounts, credit cards, or savings accounts if it is safe to do so. Before changing anything, survivors should check which email/phone number is listed in the account as the “recovery email” or “recovery phone number.” Whoever is listed as the owner of the recovery email or phone number will be notified of any changes. If someone who is causing them harm is listed as the recovery number/email, the survivor should notify the company that they are experiencing domestic violence by the person listed on the recovery account, and ask if there is a way to change that recovery information without notifying them. Some companies are better at helping in this situation than others, and speaking to a manager or branch manager may be necessary.
- **Start a new bank account through an online bank** if changing passwords/addresses/emails is not a safe option. A good digital banking option is [Ally Bank](#). Survivors should opt for paperless statements so that no bank statements are mailed to their home address.
- **Acquire a P.O. Box** or ask a trusted friend/family member to use their address insofar as survivors need a safe place to send and receive mail.
- **Check their credit report** if they suspect any credit fraud on [AnnualCreditReport.com](#). Survivors should verify that there are not any accounts listed that they did not open. If an unknown account is listed, they should contact FreeFrom for a guide on addressing and preventing fraud.

