

N A S H  
NATIONAL ALLIANCE FOR SAFE HOUSING

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*“We work to establish positive, open, honest relationships that lead to partnerships beyond the time span of the current client assistance. We have landlords who we rely on over and over with clients so it becomes a mutually beneficial situation. They support [us] and our survivors in various ways including waiving, reducing or splitting up deposits, allowing them to move in before we have the check in hand, changing locks on doors/windows, adding garage door openers and deadlocks and more. We support them by bringing them clients that are in need of housing and paying them for a period of time.”*

*-Domestic and/or Sexual Violence Organization Advocate*

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## Background

The National Alliance for Safe Housing (NASH), a project of the District Alliance for Safe Housing (DASH, Inc.), is a national technical assistance and training provider whose mission is to create a culture where safe housing is a right shared by everyone, through improved access, increased resources, and innovative solutions for survivors of violence. Our main goal is to ensure that survivors of domestic and sexual violence have access to a full range of housing options as they seek to establish homes that are safe and independent from abuse through the provision of training and technical assistance. NASH is part of the Domestic Violence and Housing Technical Assistance Consortium (Consortium), launched in 2015, which provides training, technical assistance, and resource development at the critical intersection between domestic violence/sexual assault services and homeless/housing services. Funded and supported by a partnership between the U.S. Department of Justice (Office on Violence Against Women and Office for Victims of Crime), Department of Health and Human Services (Division of Family Violence Prevention and Services program), and Department of Housing and Urban Development (Office of Special Needs Assistance Programs), this multi-year Consortium<sup>1</sup> also brings together four national organizations: the National Network to End Domestic Violence, the National Resource Center on Domestic Violence, Collaborative Solutions, Inc., and NASH to build and strengthen technical assistance to both homelessness/housing providers and domestic violence/sexual assault service providers. The Consortium aims to improve policies, identify promising practices, and strengthen collaborations necessary to enhance safe and supportive housing options for sexual and domestic violence survivors and their children.



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The results of this assessment are being used to provide organizations and communities with the tools, strategies, and support necessary to improve coordination between domestic violence/sexual assault and homeless and housing service providers, so that survivors and their children can ultimately avoid homelessness, achieve housing stability, and live free from abuse.

### ASSESSMENT GOALS:

- Gather input from community service providers, coalitions, and Continuums of Care on a variety of topics at the intersection of housing and domestic violence/sexual assault;
- Identify any barriers that may hinder/prevent collaboration among organizations;
- Identify promising practices among the organizations' collaboration methods.

## Methods

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Representatives from eight different stakeholder groups relevant to work at the intersection of domestic and sexual violence and homelessness were invited to complete an online survey. These groups included:

- State/Tribal/Territory Domestic and/or Sexual Violence Coalitions
- Rape Crisis Center/Sexual Assault Service providers
- Residential domestic violence shelter and/or housing programs (includes organizations that have any of the following: emergency shelter, transitional housing, rapid re-housing, permanent supportive housing)
- Non-residential domestic violence service providers (provides support services which include housing counseling/advocacy)
- Homeless shelter and/or housing programs (includes organizations that have any of the following: emergency shelter, transitional housing, permanent supportive housing, rapid re-housing)
- Homeless Coalitions
- Homeless Management Information System (HMIS) Lead Agencies
- Continuum of Care Collaborative Applicants

Moving forward in the overview, Residential and Non-Residential Domestic Violence Service Providers, and Rape Crisis Center/Sexual Assault Service Providers will be captured as Domestic and Sexual Violence (DV/SA) organizational respondents. Homeless shelter and/or housing programs will be captured as Homelessness and Housing (H/H) organization respondents.

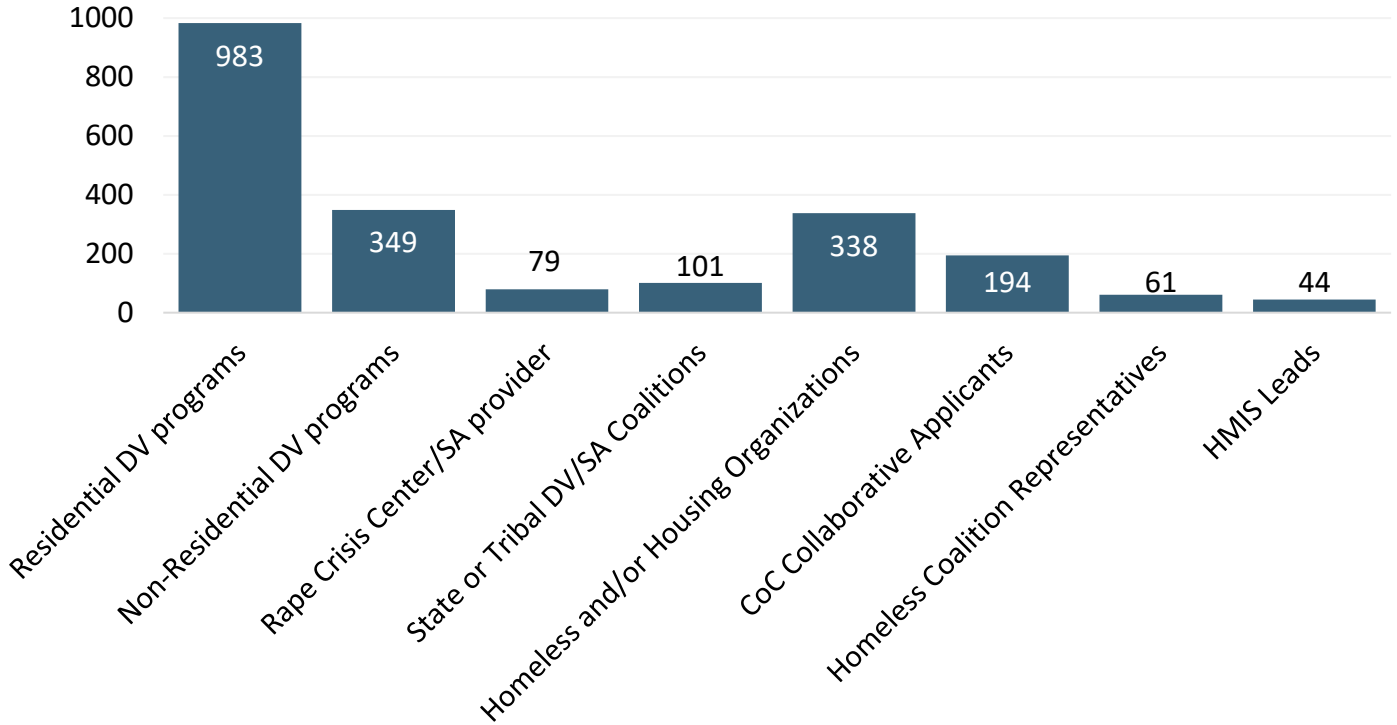
## LIMITATIONS

The results of the assessment were drawn from a convenience sample of organizations that participated in the survey, and therefore may not be representative of all such organizations nationwide. Likewise, to maintain anonymity respondents were not required to reveal their organization's name or their own name; therefore, multiple people from the same organization may have participated and individuals could have participated more than one time. Additionally, every question was not answered by all respondents, a skip pattern was utilized so that respondents answered questions that applied to them. When looking at the percentage, note that the total number of respondents for each question varied.

REPRESENTATION

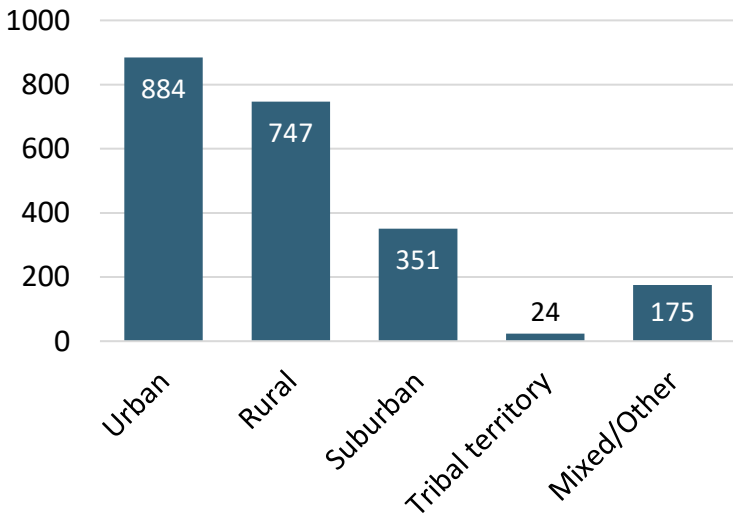
Respondent Type:

2,149 respondents indicated what kind of organization they represented

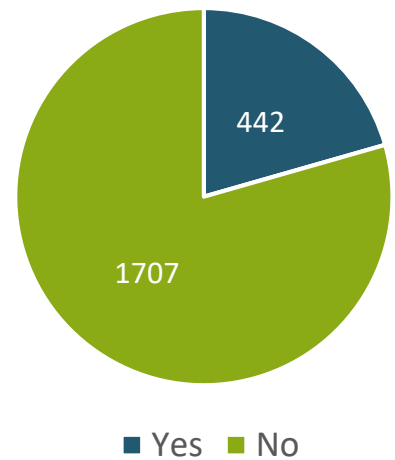


Geographic Representation:

A total of 2181 respondents from all 50 states, DC and Puerto Rico completed all or part of the survey. These individuals represented programs from a variety of geographic locations



Culturally Specific Organizations



### ASSESSMENT QUESTIONS & TOPIC AREAS

Based on the type of organization they represented, respondents were directed to a set of questions. The questions posed to the various respondent groups were either identical or similar in scope. The only significant variations in question scope were for respondents that identified themselves as HMIS Leads or CoC Collaborative Applicants. The survey also provided definitions for key concepts and terms. The questions were a mix of quantitative and qualitative focused on the following key topics and issues:

- Collaboration & Partnerships
- Training
- Coordinated Entry, Confidentiality, Homeless Management Information System & Comparable Databases
- Housing Approaches
- Housing Legal Protections for Survivors
- Funding

The key findings will highlight the quantitative and qualitative results, focusing on common themes within the topics and issues. Drawing on this data, we provide recommendations to policy makers, funders, advocates, and service providers across both fields to help inform system-level and programmatic efforts to effectively respond to the safe housing needs of survivors.

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*“Identifying resources and building strong community collaborations in the 19 rural counties we serve provides the foundation for our practice model that focuses on justice, autonomy, restoration, and safety for victims of domestic and sexual violence. Without safe, affordable housing, we cannot be effective in assisting survivors in their transition from a violent home to a safe home. Thus, our advocates visit housing offices and landlords to build relationships so that when a housing resource is needed, they will not only have the resources available through our CoC but will have local people with whom they can work.”*

*-Domestic and/or Sexual Violence Organization Advocate*

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## Key Findings

### Collaboration & Partnerships

Respondents were asked about the degree to which they partnered to enable survivors to access safe housing within the mainstream homeless and housing (H/H) systems.

#### COMMON THEMES

**Communication channels needed:** 52% of DV/SA organization respondents reported having an open communication channel to share their questions or concerns with H/H organizations; 31% said they had some connections with H/H organizations, but the connection differed depending on the organization.

65% of H/H organization respondents and 63% of DV/SA organization respondents reported that the top barrier to knowledge of the scope of the other system's programs was not enough communication with organizations from that system. Culturally specific respondents also reported this as the main barrier (69%).

**Coordination on the front lines vital:** 78% of both DV/SA and H/H organization respondents said their organizations had ongoing relationships with staff from the other system.

41% of DV/SA organization respondents and 45% of culturally specific respondents reported that their organization had one or more formal agreements with H/H organizations to allow for better coordination between their organizations.

77% of respondents from DV/SA organizations reported that their organization advocates for survivors in the H/H system.

55% of DV/SA organization respondents reported being involved with H/H systems meetings in their areas, with half reporting they were very involved.

CoC Collaborative Applicant respondents said DV/SA organizations were participating/engaging in the following CoC-related activities: 75% were making referrals to the Coordinated Entry (CE) process; 63% engaged in ongoing planning and evaluation of the CoC; 63% received referrals from the CE process; and 55% operated as an access point into the H/H system.

**Shared staffing useful:** 14% of DV/SA organization respondents and 16% of culturally specific respondents said their organization had staff co-located at one or more H/H organizations. 77% of all DV/SA organization respondents and 76% of culturally specific respondents with co-located staff members felt that this practice assisted survivors with their housing needs.

42% of DV/SA organization respondents reported that their clients worked with H/H organization caseworkers at H/H programs, and 89% felt this approach was helpful.

**Consideration of survivors' needs important:** Out of all the DV/SA organization respondents who were involved in H/H meetings at any level, 53% reported their participation and feedback was valued most of the time. Only 37% reported DV/SA survivors' needs were frequently discussed during H/H meetings, and just 30% reported DV/SA survivors' needs were adequately addressed. When survivors' needs were discussed, 47% felt DV/SA issues were usually resolved in a positive way at these meetings. The results for culturally specific program respondents were comparable.

**Representative governance key:** CoC Collaborative Applicant respondents were asked if representatives from certain groups were included in their governance bodies: 39% reported including culturally specific organizations, 36% reported



including consumers from historically marginalized groups, and only 20% reported including consumers who are DV/SA survivors.

64% of CoC Collaborative Applicant respondents said representatives from the DV/SA system were included in their CoC governance bodies.

### RECOMMENDATIONS

1. **Establishing a community-wide DV/SA-H/H coalition or taskforce is a promising strategy that can help facilitate collaboration and deepen communication and partnerships across sectors.** Co-leadership by H/H and DV/SA stakeholders can help enable a robust focus on shared values and a vision for creating alignment between systems.
2. **Formalizing co-location arrangements and Memorandums of Understanding (MOUs) between DV/SA and H/H programs can break down silos encountered by survivors seeking housing access and safety.** While few survey respondents reported utilizing co-located staff, the clear majority of those who do stated that co-location was a useful practice for assisting survivors. In addition, utilizing MOUs is an important practice that can help strengthen relationships between sectors.
3. **Incorporating representation from DV/SA programs in H/H system meetings, including survivors with lived experiences.** H/H system meetings should ensure that ideas to address survivors' needs are not just being stated but are also enacted. Strategies for meaningful partnership-building must include DV/SA leadership as well as culturally specific and marginalized group representation within the H/H system meetings (i.e. representation on the CoC Board of Directors).

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*“We have been at the table at as many meetings addressing housing/homelessness as possible... We attend our state's Council on Homelessness meeting regularly as well as participating on the Board of our Balance of State CoC. We have a member program that attends the other CoC meetings and our (DV) Coalition attends when needed... We have done our best to ensure that survivor's voices are raised at these meetings and that when we are not there, people from other systems recognize issues pertaining to survivors and raise them.”*

*-Domestic and/or Sexual Violence Coalition Staff member*

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**Training**

Respondents were asked about whether cross-training was occurring between the two systems, and if so, on what topics and how often it was conducted.

often “as needed” rather than offered on a regular basis. According to H/H organization respondents, 68% have received training from DV/SA organizations, like DV/SA organization and culturally specific respondents, the training was most often conducted on an “as needed” basis.

**COMMON THEMES**

***Inconsistent Training:***

Only 40% of DV/SA organization respondents, and comparably 39% of culturally specific respondents, reported that their organizations had received training from H/H organizations. The training was

***Limited Training Resources:***

Only 35% of DV/SA coalition respondents and 21% of H/H coalition respondents reported receiving training, the key barrier to providing trainings being insufficient resources.

**RECOMMENDATION**

**Dedicate resources to support state coalitions and local DV/SA and H/H organizations to routinely cross-train staff.** Cross-training is foundational to building and maintaining the relationships and shared understanding needed to address survivors’ housing and safety needs. Training topics requested by DV/SA organization respondents often mirror the topics H/H organization respondents believe DV/SA staff should be trained on, and vice versa.

**HOMELESS/HOUSING TRAINING TOPICS**

	<b>% of DV/SA organizations who want to receive training by the H/H community in these topics:</b>	<b>Training topics/issues H/H respondents believe DV/SA organizations <i>should</i> be trained on:</b>
<b>Homeless/housing system</b>	55%	81%
<b>Scope and work of homeless/housing agencies</b>	52%	76%
<b>Coordinated entry and assessment</b>	52%	72%
<b>Housing First</b>	45%	65%
<b>Rapid Rehousing</b>	52%	59%
<b>Building relationships with landlords</b>	52%	57%
<b>Services for marginalized communities</b>	53%	53%

DV/SA TRAINING TOPICS

	% of H/H organizations who want to receive training by the DV/SA community in these topics:	Training topics/issues DV/SA organization respondents believe H/H organizations <i>should</i> be trained on:
Domestic violence 101	56%	87%
Sexual violence	56%	78%
Safety planning	61%	83%
Confidentiality	79%	79%
DVSA Screening Assessments	55%	70%
Understanding legal housing protections	69%	76%
Services for marginalized communities	50%	65%
Survivor-centered voluntary service	49%	59%
Trauma informed care	50%	79%
Unique barriers to housing for survivors	59%	81%

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*“Even though providers all agree to inform clients of their rights, I am concerned about implementation and consistency across the Continuum. I would love to have a system-wide curriculum to train employees as they enter and annual recertification. If there is something that already exists, I would love to see the resources and assistance in the first implementation.”*

*-HMIS Lead*

## Coordinated Entry (CE), Confidentiality, Homeless Management Information System (HMIS) and Comparable Databases

Respondents were asked about the systems used to facilitate individuals' and families' access to homeless services and data collection.

### COMMON THEMES

**Knowledge gaps in Coordinated Entry:** Only 42% of DV/SA organization respondents believed their community had implemented a CE System, while 79% of H/H organization respondents believed that was the case.

Promisingly, 61% of DV/SA organization respondents and 58% of H/H organization respondents agreed that their CE addressed the needs of survivors; 59% of DV/SA organization respondents (a similar percentage for culturally specific respondents) and 56% of H/H organization respondents reported that CE staff were adequately equipped to assess when an individual or a family would benefit from housing in a DV/SA program rather than a general homeless assistance provider.

Approximately 30% of DV/SA organization respondents and H/H organization respondents believed that their community struggled with CE safety and confidentiality.

**Survivor confidentiality compromised:** 73% of DV/SA organization respondents and 79% H/H organization respondents reported that survivors who accessed their community's CE system did have the option to withhold consent to share data via any database without feeling that their housing options would be compromised. However, 33% of H/H organization respondents and 42% of DV/SA organization respondents stated that survivors gave consent to share data to avoid compromising their housing options. The rest of those respondents were either not sure or had no opinion regarding

whether survivors gave consent to avoid compromising housing.

Strikingly, the vast majority of DV/SA organization/coalition respondents and H/H organization/coalition respondents did not know how survivors were triaged within CE when they have multiple needs (i.e. older victims, Limited English Proficiency).

**Misconceptions about HMIS:** 35% of DV/SA organization respondents indicated that their community CE system used HMIS, while 42% indicated that they were not sure.

61% of H/H organization respondents indicated that their Continuum of Care (CoC) recognized that Victim Service Providers (VSP) were prohibited from entering client data into HMIS, while a significant number, 36%, indicated they were not sure, and 3% indicated that their CoC did not recognize the prohibition.

When offering survivors the choice of opting-out of participation in HMIS questions, HMIS Lead respondents stated that this information was most commonly shared in the following ways: written consent forms that clients were asked to read; via a verbal consent process on the phone; when clients signed a general release of information form; and on notices posted in shelters, interview rooms, and/or given to clients in their materials.

74% of HMIS Lead respondents said organizations that were funded through the CoC systematically provided information to consumers about survivors' right to opt out of HMIS; however, only 45% of H/H organization respondents said their CE provided this information.

71% of HMIS Lead respondents and 57% of the CoC Collaborative Applicants said the CoC systematically provided information to H/H organization staff about federal laws/regulations and the HMIS exclusion requirements.

**Comparable Database confusion:** Only 25% of the H/H organization respondents indicated that their CoC/CE developed an HMIS-comparable database for DV/SA organizations that allowed tracking of the same metrics, while 54% were not sure.

36% of HMIS Lead respondents indicated that their CoC had implemented a comparable database.

DV/SA organization respondents who did NOT believe that their HMIS ensured survivor safety overwhelmingly indicated that it does not ensure survivor safety and confidentiality and this concern was the major hurdle in reaching consensus on obtaining data from DV/SA organizations.

35% of DV/SA organization respondents indicated that their organization had faced pressure during program monitoring/audits to inspect client files or databases without redacting personally identifying information.

**Survivor safety fundamental:** DV/SA organization respondents who participated in a local CE system noted the following as the top barriers to addressing the needs of survivors: lack of resources (37%); lack of knowledge (26%); lack of coordination (22%); confidentiality concerns (21%); and funding streams not being conducive to survivors' needs (46%). H/H organization respondents identified lack of coordination (50%) and lack of knowledge (42%) as top barriers.

DV/SA organization respondents that used HMIS or a Comparable Database believed the following data practices promoted survivor safety and confidentiality: entering non-identifiable information into the shared database with contact details of the program (53%) and offering a verbal/in-person prioritization system that allows survivors to withhold identifying information from HMIS (34%).

HMIS Lead respondents cited the following strategies that worked when implementing Comparable Databases to protect survivor safety: 1) coordinating all of the data with state agencies; 2) consistency; and 3) creating a separate but identical module and outputs for DV/SA organizations, which system allowed data to be discussed from common ground despite not being directly shared.

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*“Our community came up with multiple entry points to coordinated entry. We created a flyer which is available and visible all over the community, especially at social service organizations. The ‘access site’ poster encourages clients to ‘contact the agency you most closely identify with for an initial screening and to receive referrals to appropriate services and housing resources,’ - therefore, clients can choose which access site they feel most comfortable reaching out to. The types of agencies include: us (a victim service agency), a veteran’s agency, a youth agency, a community action agency, a homeless shelter for families, and a seasonal homeless shelter for men. So we allow clients to self-select the appropriate entry point for them.”*

*-Homeless/Housing Organization  
Advocate*

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**RECOMMENDATIONS**

1. **Ensure that DV/SA organizations understand their community's Coordinated Entry System.** DV/SA staff need to be aware of the housing resources available to survivors through the H/H system because this could give survivors additional support or housing option access. Additionally, this awareness will help DV/SA staff understand survivor experiences when accessing the mainstream H/H CE system and help them better assist/advocate to address systemic challenges.
2. **Educate CoC and CE system staff on survivor safety and confidentiality and put clear protocols in place to ensure survivors are aware of their right to not share information without jeopardizing fair and equal access to housing or services.** While there is agreement between DV/SA and H/H organizations that survivors in many communities can withhold consent to share data that may jeopardize their safety, it is widely believed that many survivors still share data out of fear that they will lose access to housing if they do not. There is also a clear discrepancy between what HMIS Leads believe is happening versus what H/H organizational staff see happening in practice; specifically, that survivors are not consistently provided with information about the option to withhold data.
3. **Fully inform DV/SA providers and H/H programs about the restrictions on HMIS for survivor data and the prohibitions for Victim Service Providers specifically.** More communities should be utilizing a comparable database for survivor information. DV/SA organizations need to work with their CoC, CE system and HMIS Leads to determine how to craft and implement an alternative to HMIS to ensure survivor confidentiality is at the forefront when survivors access the homeless or housing system's CES.
4. **Develop partnerships amongst organizations that provide support and services to survivors that have intersecting identities (i.e. disabilities, unstable immigration status, limited English proficiency, older adults, etc.).** Notably, neither DV/SA or H/H organization respondents knew how survivors with multiple identities were triaged. Educating CE system staff is critical to address this significant issue as well as developing protocols with the support of community partners with expertise, to ensure survivors with multiple identities are supported in the H/H system.
5. **Clearer federal guidance on victim service provider comparable databases, confidentiality protocol for CES and client's options to opt out of information sharing. Based on responses from both sectors there is confusion regarding how to appropriately address confidentiality and safety, in accordance with applicable law.** This guidance would help provide more clarity and help ensure survivors have access to housing resources and options without compromising their confidentiality and safety.

## Housing Approaches: Domestic and Sexual Violence Organization Practices

DV/SA organization and coalition respondents were asked to provide information about the types of housing approaches and interventions being used with survivors and their relative success.

### COMMON THEMES

**Rapid Rehousing (RRH) timeframes vary:** DV/SA organization respondents indicated that the average length of time that assistance is provided to survivors enrolled in RRH was 6 to 12 months (29%), followed by 3 to 6 months (24%), less than 3 months (18%) and 12-24 months (13%). Close to 15% noted not being sure or other.

According to culturally specific respondents, DV/SA organization respondents and coalition respondents, the top barriers to implementing RRH were that subsidies were too short-term and HUD documentation too onerous.

**Advocacy and services essential:** Those DV/SA organization respondents who reported a 75%+ average retention rate following the end of RRH financial subsidies said that the major contributors to this success were: advocates conducting mobile/home-based advocacy (75%); strong relationships with landlords (59%); and strong community partnerships to enhance/provide support services (56%).

**Few RRH options for survivors:** 53% of DV/SA organization respondents indicated that their organizations did not provide RRH, citing the following reasons: Not having funding (50%); not part of our program mission (42%); and unable to access RRH funding (18%) (which could include not apply for or receiving a funding award).

55% of culturally specific respondents reported that they do not provide RRH, while 28% said their organization did provide RRH.

64% of DV/SA organization respondents said they would provide RRH if more designated RRH funding for survivors existed, while 30% were unsure if they would provide RRH even if more funds existed for it.

**Mainstream RRH access limited:** 50% of culturally specific respondents said survivors they served could access RRH through H/H service providers, while 11% said they could not and 39% were unsure.

53% of DV/SA organization respondents said survivors they served could access RRH through H/H service providers, while 11% said they could not and 36% were unsure. 92% DV/SA organization respondents and a comparable 90% of culturally specific respondents who said survivors were able to access RRH through H/H organizations, said 92% of their organizations continued to provide advocacy and support services to those survivors.

**Partial use of Domestic Violence Housing First and Housing First:** Only one-third (34%) of DV/SA organization respondents and a comparable percentage of culturally specific respondents said their organization utilized a Domestic Violence Housing First (DVHF) Approach.

DV/SA organization and coalition respondents identified the following barriers to adopting DVHF: inadequate affordable housing stock; inadequate subsidized housing/permanent supportive housing options for survivors with high needs; inadequate training; and lack of community support.

77% of DV/SA organization respondents and an equal percentage of culturally specific respondents felt HF was effective for survivors. These respondents reported similar major contributors to this success: respect for survivor choice; survivors' preference for living in their own housing unit as

opposed to shelter; and assistance with obtaining permanent housing for survivors.

**Narrow use of flexible funding:** 42% of DV/SA organization respondents said they used flexible funding for survivors, while 41% said they had not. DV/SA organization respondents who did not use flexible funds cited not having access to funding streams that allowed them to do this (59%), and not being familiar with this model/intervention (30%) as the main reasons they do not implement this approach.

95% of DV/SA organization respondents said that survivors who received flexible funding were also receiving or had the option of receiving further

advocacy and supportive services through their organization.

75% of DV/SA organization respondents offering flexible funding said it was effective as a homeless prevention strategy when compared to the other services they provide. DV/SA organization respondents resourced flexible funding through agency donations (65%) and local/state government (48%). Funds available for this purpose generally amounted to less than \$10,000/year (53%), with 18% of DV/SA organization respondents receiving \$10,000-\$20,000 to support flexible funding in the past fiscal year.

### RECOMMENDATIONS

1. **Fully implement RRH, DVHF and flexible funding approaches to address survivors' safe housing needs, along with training and support, to integrate these innovative practices into the DV/SA program context.** Key training topics must include the following program elements critical to successful outcomes: mobile advocacy, trauma-informed care and building strong landlord and community partnerships.
2. **Create more funding streams for RRH and flexible funding specifically for DV/SA survivors.** This should be paired with streamlined and user-friendly reporting and documentation guidelines that allow for maximum program flexibility and creativity in order to achieve successful safe housing outcomes for survivors and their families.
3. **Partnership across sectors is essential to ensuring survivors can access mainstream RRH programs that provide safety, stability, and affordability.** Additionally, the increasing scarcity of affordable housing in many communities must inform decisions about rental subsidy periods allowed within RRH guidelines. This promotes survivors' ability to adequately establish safety and housing security for the long term.
4. **Embrace flexible funding as a proven strategy for helping survivors address the myriad of barriers to housing stability.** Flexible funding should also be coupled with ongoing advocacy, support, and safety planning. Organizations should diversify their funding sources for flexible funding to include public and private support. Unrestricted funds can help survivors with a variety of needs impacting their housing stability, ranging from car repair, rental arrears, medical bills, and childcare expenses.



## Housing Approaches: Homeless and Housing Organizations

H/H organizations, coalitions and CoC Collaborative Applicant respondents were asked about approaches employed for survivors that addressed safety needs within mainstream homeless programs and systems.

### COMMON THEMES

**Inconsistent safety planning:** 61% of H/H organization respondents indicated that once a survivor entered the program, their organization conducted safety planning with them; while only 41% of CoC Collaborative Applicants believed this was the case.

43% of CoC Collaborative Applicant respondents and 47% of H/H organization respondents said their policies and procedures had been examined with survivor safety in mind, while the rest of these respondents were not sure if that was the case.

Promisingly, over two-thirds (68%) of H/H organization respondents said their intake included a question about consumers' current level of danger from other people, and 79% said survivors were in a safe location to disclose abuse during intake.

**Survivors' housing needs misunderstood:** 46% of CoC Collaborative Applicant respondents said their CoC coordinates with DV/SA organizations to prioritize survivors fleeing DV/SA for housing.

About half (48%) of H/H organization respondents believed they could help locate affordable units that were desirable and safe from the survivor's perspective.

62% of H/H organization respondents reported working with private landlords to assist survivors seeking privately owned housing.

47% of H/H organization respondents said their organization had a transfer or relocation policy so that a survivor could be moved to a new unit if their location became unsafe, 36% did not have a policy, and 18% were unsure.

**Insufficient resources:** The majority of H/H organization respondents (62%), Homeless coalition respondents (73%) and CoC Collaborative Applicant respondents (55%) believed that their communities did not have sufficient resources in place to execute RRH quickly with survivors and did not believe they could rehouse survivors in under 30 days.

Homeless coalition respondents indicated the biggest challenges to implementing RRH were: a lack of funds for implementing RRH to scale (75%); lack of effective landlord engagement practices (56%); and a lack of effective case management to help people stay in housing once it is obtained (53%).

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*"We have put a lot of time into connecting professionally and personally with service providers in our area. Getting together for lunch, meeting for homeless coalition meetings and spending time casually at each other's agency has helped us build rapport on a personal level [with domestic and/or sexual violence organizations] and learn more about services offered so we can collaborate more often."*

*-Homeless and/or Housing Organization Advocate*

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## RECOMMENDATIONS

1. **Training of H/H organizations and CoCs on housing protections (including but not limited to VAWA) as well as strategies to engage landlords would increase safety, housing access for survivors and improve RRH program outcomes.** H/H programs are behind in the development and implementation of emergency housing transfers or relocation policies for survivors whose units become unsafe as a result of violence. Additionally, some housing providers may deny housing because of poor credit or rental history due to domestic violence, so helping landlords understand the barriers survivors face to accessing housing, including how economic abuse affects many survivors' ability to successfully pass standard credit and rental history background checks, can increase a housing provider's willingness to partner and help avoid discriminatory practices.
2. **Create Informed assessment and prioritization process for housing that recognizes the detrimental impact of domestic violence on a survivor's ability to access and maintain stable housing.** Tools should include questions about safety so that the housing needs of survivors are made clear. Assessors should be trained to ask questions about safety in a trauma-informed way to encourage disclosure.
3. **Co-advocacy approaches can enhance design and effective implementation of safety-focused protocols and practices.** H/H programs should partner with their local DV/SA program or coalition for help with enhancing overall program response to survivor safety needs, and specifically to form co-advocacy relationships. Key program elements should include: 1) Pre-intake risk assessment to identify imminent danger and allow for emergency response; 2) Intake questions about survivor safety; 3) Creating safe and confidential spaces to support disclosure of abuse; 4) On-going survivor-led safety planning; 5) Trauma-Informed Care training for staff; 6) A voluntary services approach; and 7) Referral protocols establishing service linkages with DV/SA programs.

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*“We are the lead agency in our CoC. We've invited DV providers to be a part of all aspects of the CoC- from attending meetings to being on our board. We work together in several work groups to change services/systems to meet our need. Building trust was key. Having representatives from the homeless and DV world provide support and insight to the other field has been very helpful. We began to see more similarities in clients across the board. We have found that the willingness to be wrong, learn something new, humble yourself, and truly being open to the other providers is what works the best...”*

*-Homeless Coalition Staff member*

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## Housing Legal Protections

Respondents were asked about their knowledge of and compliance with local, state, and federal housing protections.

### COMMON THEMES

***Siloed knowledge of Federal laws:*** DV/SA organization respondents reported being most familiar with VAWA (67%) and least familiar with Section 504 (Section 504) of the Rehabilitation Act (22% were not at all familiar, 22% a little familiar).

DV/SA coalition respondents reported being most familiar with VAWA (61%), and least familiar with Section 504 (23% were not at all familiar).

Culturally specific organization respondents reported being most familiar with VAWA (70%).

H/H organization respondents were most familiar with the Americans with Disabilities Act (ADA) (68%), and least familiar with Section 504 (12% not at all familiar, 15% a little familiar) and VAWA (5% not at all familiar, 15% a little familiar).

Homeless coalition respondents were most familiar with the HEARTH Act (64%), and least familiar with Section 504 (39% not at all familiar, 19% a little familiar) and VAWA (19% not at all familiar, 25% a little familiar).

***Limited knowledge of State/local laws:*** 29% of DV/SA organization and 38% of DV/SA coalition respondents said they were unsure if their local and/or state laws provided housing protections to survivors (e.g. fair housing protection, eviction protection, lock changes).

Only 15% of DV/SA coalition respondents and 38% of DV/SA organization respondents said their member programs/organizations understood the local and/or state laws that provide housing protections to survivors.

51% of H/H organization respondents and 44% of CoC Collaborative Applicant respondents said they were unsure if their local and/or state laws provided housing protections to survivors (e.g. fair housing protection, eviction protection, lock changes).

42% of H/H organization respondents and 38% of CoC Collaborative Applicant respondents said they understood their local and/or state laws that provide housing protections to survivors.

***Use of Federal protections with survivors critical:*** DV/SA organization respondents said the most common ways federal laws were utilized for survivors regarding shelter/housing programs were summarizing protections that apply in informal communication and providing organizations with written documents outlining the protections.

Culturally specific organization respondents said the most common ways federal laws were utilized for survivors regarding shelter/housing programs were verbal summaries of the protections that apply to the survivor's situation and providing a referral to legal counsel.

***Education and partnerships with Public Housing Authorities (PHA) and application of VAWA key:*** DV/SA organization respondents (43%) and H/H organization respondents (41%) reported working with their local PHA to help with lease bifurcation/emergency transfer. The rest did not know if their organization did this kind of work. Of the respondents who did this work, between 36%-52% believed that local PHAs were effective in helping survivors obtain the transfer or lease bifurcation.

Fewer culturally specific respondents (39%) identified working with their PHA to help survivors seeking lease bifurcation and/or emergency transfer, while 34% of organizations did not, and 27% were unsure.

Only 24% of DV/SA organization respondents worked with their local PHA to create and expand housing options for survivors, 31% were not sure if

they did that work, and 45% said they did not work with their PHA.

### RECOMMENDATIONS

1. **Eliminate silos across sectors in their respective knowledge of VAWA, FHA, and other federal laws that provide housing protections to survivors and their families.** Both systems should seek immediate and comprehensive training on these laws, as well as Section 504 of the Rehabilitation Act, which provides protections for disabled survivors.
2. **Access training and resources regarding state and/or local housing protections that may be in place in their jurisdictions.** It is critical that both systems receive training and support in understanding their state and/or local housing protections impacting survivors. Many of these protections extend to private housing, ensuring survivors can break a lease, remove a batterer from a unit, get locks changed, etc. Understanding how these protections assist survivors in finding or keeping safe housing, or leaving a dangerous living situation, is crucial to keeping survivors from becoming homeless.
3. **Institutionalize policies regarding VAWA and ensure staff across sectors and housing providers are educated and trained regarding unlawful discriminatory practices under all applicable laws.** Staff understanding/knowledge of the law directly correlates with the ability to identify discriminatory practices in shelter/housing, federally subsidized housing, and private housing. Respondents note particular concern regarding discrimination against survivors based on gender, race, age, national origin, immigration status, disability, sexual orientation, and/or gender identity. Staff in both sectors can ensure survivors understand their rights as well as provide training to housing providers regarding these rights and housing provider compliance. Communities should also consider developing public awareness campaigns/education materials for survivors regarding their housing rights and/or utilize those that already exist through national resources.
4. **Improve access and safety for survivors in PHA housing by implementing VAWA policies, including safely and swiftly conducting emergency transfers, arranging for relocation, and pursuing lease bifurcations with support from DV/SA advocates working in partnership with H/H programs.** Partnerships can include providing education and training as well co-locating staff at the PHA. Working with PHAs to create or expand housing options is critical to survivors' safe housing needs.

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*“Clients have been turned away due to ethnicity. Once in the apartments, since the client is unable to speak and understand the language, clients have been given eviction notice due to nonpayment of rent. Staff after researching the matter and advocating for the client, find that the client did pay the rent and that the housing complex had cashed the money order.”*

*-Domestic and/or Sexual Violence Organization Advocate*

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## TOP CHALLENGES TO FINDING OR ACCESSING HOUSING

DV/SA coalition, DV/SA organization, and culturally specific respondents were asked about challenges they had heard about in their state or community related to survivors finding housing. The following tables summarize the most frequent barriers that each group had heard about happening in their area.

*(Note: These percentages are not representative of the number of entities with these policies/practices, or the number of survivors experiencing these barriers.)*

**What challenges do you hear about in your state when it comes to survivors trying to find or access safe and stable housing, within each of these different types of housing systems?**

Domestic Violence and/or Sexual Assault Coalition Respondents (n=69)	
Domestic and/or Sexual Violence Survivor Specific Shelter and/or Housing	<ul style="list-style-type: none"> <li>Survivor has an active addiction (54%)</li> <li>Survivor has an animal companion/pet (not for reasonable accommodation) (49%)</li> <li>Survivor has a male child over the age of 12 (44%)</li> </ul>
Homeless Specific Shelter and/or Housing	<ul style="list-style-type: none"> <li>Survivor has an active addiction (49%)</li> <li>Survivor has an animal companion/pet (not for reasonable accommodation) (49%)</li> <li>Survivor has a criminal history (44%)</li> </ul>
Private Housing	<ul style="list-style-type: none"> <li>Survivor has poor credit and/or poor rental history (64%)</li> <li>Survivor has a criminal history (49%)</li> <li>Survivor has an active addiction (46%)</li> </ul>
Public Housing	<ul style="list-style-type: none"> <li>Survivor has poor credit and/or poor rental history (55%)</li> <li>Survivor has a criminal history (54%)</li> <li>Survivor has an active addiction (48%)</li> </ul>

***What challenges do you hear about in your community when it comes to survivors trying to find or access safe and stable housing, within each of these different types of housing systems?***

Domestic Violence and/or Sexual Assault Organization Respondents (n=935)	
Domestic and/or Sexual Violence Survivor Specific Shelter and/or Housing	<ul style="list-style-type: none"> <li>Survivor has an animal companion/pet (not for reasonable accommodation) (43%)</li> <li>Survivor has an active addiction (33%)</li> <li>Survivor is a male (29%)</li> </ul>
Homeless Specific Shelter and/or Housing	<ul style="list-style-type: none"> <li>Survivor has an animal companion/pet (not for reasonable accommodation) (44%)</li> <li>Survivor has an active addiction (37%)</li> <li>Survivor has a criminal history (31%)</li> </ul>
Private Housing	<ul style="list-style-type: none"> <li>Survivor has poor credit and/or poor rental history (59%)</li> <li>Survivor has a criminal history (53%)</li> <li>Survivor has an animal companion/pet (not for reasonable accommodation) (42%)</li> </ul>
Public Housing	<ul style="list-style-type: none"> <li>Survivor has a criminal history (52%)</li> <li>Survivor has poor credit and/or poor rental history (49%)</li> <li>Survivor is an immigrant (undocumented) (41%)</li> </ul>

**What challenges do you hear about in your community when it comes to survivors trying to find or access safe and stable housing, within each of these different types of housing systems?**

Culturally Specific Respondents (n=285)	
<b>Domestic and/or Sexual Violence Survivor Specific Shelter and/or Housing</b>	<ul style="list-style-type: none"> <li>• Survivor has an animal companion/pet (not for reasonable accommodation) (41%)</li> <li>• Survivor must meet additional requirements before being accepted into their shelter and/or housing (e.g. obtain protection order, counseling, police report) (35%)</li> <li>• Survivor has an active addiction (35%)</li> </ul>
<b>Homeless Specific Shelter and/or Housing</b>	<ul style="list-style-type: none"> <li>• Survivor has an animal companion/pet (not for reasonable accommodation) (37%)</li> <li>• Survivor has an active addiction (32%)</li> <li>• Survivor has limited English proficiency (e.g. has another language as their primary language and may need an interpreter/translator) (30%)</li> </ul>
<b>Private Housing</b>	<ul style="list-style-type: none"> <li>• Survivor has poor credit and/or poor rental history (52%)</li> <li>• Survivor has a criminal history (45%)</li> <li>• Survivor has an animal companion/pet (not for reasonable accommodation) (36%)</li> </ul>
<b>Public Housing</b>	<ul style="list-style-type: none"> <li>• Survivor has a criminal history (45%)</li> <li>• Survivor is an immigrant (undocumented) (39%)</li> <li>• Survivor has poor credit and/or poor rental history (39%)</li> </ul>

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*“Private landlords say they don't want to deal with that 'stuff' or 'people' and they have the cops at their places all the time. They don't understand the dynamics of domestic violence, sexual assault, or human trafficking so they stay away from clients experiencing those particular situations. They also have discriminated against clients that they perceive to be from a 'rough' crowd or that if they look like they are using then they won't rent to them. Private landlords are the biggest barrier because they are not educated about homeless/housing programs or they say they have been burned too many times to want to give another person a second chance...”*

*-Domestic and/or Sexual Violence Organization Advocate*

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**TOP CHALLENGES TO MAINTAINING HOUSING**

DV/SA coalition, DV/SA organization, and culturally specific respondents were asked about challenges they had heard about in their state or community related to survivors keeping their housing. The following tables summarize the most frequent challenges that each group had heard about happening in their area. *(Note: The percentages are not representative of the number of entities with these policies/practices, or the number of survivors experiencing these barriers.)*

**What challenges do you hear about in your state when it comes to survivors trying to stay in or keep their housing, within each of these different types of housing systems?**

Domestic Violence and/or Sexual Assault Coalitions Respondents (n=66)	
Domestic and/or Sexual Violence Survivor Specific Shelter and/or Housing	<ul style="list-style-type: none"> <li>• Not being able to move due to cost associated with breaking a lease (18%)</li> <li>• Eviction or threat of eviction for calling police or other emergency services (15%)</li> <li>• Threats of eviction because of domestic and/or sexual violence-related disruptions (15%)</li> </ul>
Homeless Specific Shelter and/or Housing	<ul style="list-style-type: none"> <li>• Threats of eviction because of domestic and/or sexual violence-related disruptions (23%)</li> <li>• Housing provider refuses to provide reasonable accommodation in restoring or improving security and safety measures (e.g. repair locks, windows, doors, and other physical features of residence) (20%)</li> <li>• Housing providers refuse to change the locks (17%)</li> </ul>
Private Housing	<ul style="list-style-type: none"> <li>• Threats of eviction because of domestic and/or sexual violence-related disruptions (56%)</li> <li>• Not being able to move due to cost associated with breaking a lease (56%)</li> <li>• Housing provider refuses to provide reasonable accommodation in restoring or improving security and safety measures (e.g. repair locks, windows, doors, and other physical features of residence) (52%)</li> </ul>
Public Housing	<ul style="list-style-type: none"> <li>• Threats of eviction because of domestic and/or sexual violence-related disruptions (44%)</li> <li>• Not being able to move due to cost associated with breaking a lease (41%)</li> <li>• Eviction or threat of eviction for calling police or other emergency services (41%)</li> </ul>

**What challenges do you hear about in your community when it comes to survivors trying to stay in or keep their housing, within each of these different types of housing systems?**

Domestic Violence and/or Sexual Assault Organization Respondents (n=916)	
<b>Domestic and/or Sexual Violence Survivor Specific Shelter and/or Housing</b>	<ul style="list-style-type: none"> <li>• Not being able to move due to cost associated with breaking a lease (13%)</li> <li>• Housing provider refuses to provide reasonable accommodation in restoring or improving security and safety measures (e.g. repair locks, windows, doors, and other physical features of residence (10%)</li> <li>• Threats of eviction because of domestic and/or sexual violence-related disruptions (10%)</li> </ul>
<b>Homeless Specific Shelter and/or Housing</b>	<ul style="list-style-type: none"> <li>• Threats of eviction because of domestic and/or sexual violence-related disruptions (13%)</li> <li>• Housing provider refuses to provide reasonable accommodation in restoring or improving security and safety measures (e.g. repair locks, windows, doors, and other physical features of residence (12%)</li> <li>• Eviction or threat of eviction for calling police or other emergency services (10%)</li> </ul>
<b>Private Housing</b>	<ul style="list-style-type: none"> <li>• Not being able to move due to cost associated with breaking a lease (58%)</li> <li>• Threats of eviction because of domestic and/or sexual violence-related disruptions (55%)</li> <li>• Eviction or threat of eviction for calling police or other emergency services (53%)</li> </ul>
<b>Public Housing</b>	<ul style="list-style-type: none"> <li>• Threats of eviction because of domestic and/or sexual violence-related disruptions (37%)</li> <li>• Eviction or threat of eviction for calling police or other emergency services (36%)</li> <li>• Not being able to move due to cost associated with breaking a lease (35%)</li> </ul>



**What challenges do you hear about in your community when it comes to survivors trying to stay in or keep their housing, within each of these different types of housing systems?**

Culturally Specific Respondents (n=277)	
<b>Domestic and/or Sexual Violence Survivor Specific Shelter and/or Housing</b>	<ul style="list-style-type: none"> <li>• Housing provider refuses to provide reasonable accommodation in restoring or improving security and safety measures (e.g. repair locks, windows, doors, and other physical features of residence) (17%)</li> <li>• Not being able to move due to cost associated with breaking a lease (15%)</li> <li>• Eviction or threat of eviction for calling police or other emergency services (14%)</li> </ul>
<b>Homeless Specific Shelter and/or Housing</b>	<ul style="list-style-type: none"> <li>• Housing provider refuses to provide reasonable accommodation in restoring or improving security and safety measures (e.g. repair locks, windows, doors, and other physical features of residence) (16%)</li> <li>• Eviction or threat of eviction for calling police or other emergency services (13%)</li> <li>• Threats of eviction because of domestic and/or sexual violence-related disruptions (12%)</li> </ul>
<b>Private Housing</b>	<ul style="list-style-type: none"> <li>• Not being able to move due to cost associated with breaking a lease (52%)</li> <li>• Eviction or threat of eviction for calling police or other emergency services (47%)</li> <li>• Threats of eviction because of domestic and/or sexual violence-related disruptions (47%)</li> </ul>
<b>Public Housing</b>	<ul style="list-style-type: none"> <li>• Not being able to move due to cost associated with breaking a lease (34%)</li> <li>• Eviction or threat of eviction for calling police or other emergency services (34%)</li> <li>• Threats of eviction because of domestic and/or sexual violence-related disruptions (34%)</li> </ul>

## Funding Sources

Respondents were asked about various funding sources and their impact on housing for survivors.

### COMMON THEMES

**Funding decreases:** 35% of DV/SA organization respondents and 45% of DV/SA coalition respondents reported their organizations had received HUD funding, and the majority were concerned about a reduction or loss in this funding. Of those who had received funding, 47% of DV/SA organization respondents and 57% of DV/SA coalition respondents said HUD funding had been reduced or eliminated for them or their member programs; 41% of DV/SA organization respondents with transitional housing funding and 51% with emergency shelter funding reported the funding had been reduced or eliminated. The reduction or elimination of funds resulted in fewer services available, staff reductions, and fewer survivors served.

**Competition for resources:** 35% of DV/SA organization respondents said they were receiving Emergency Solutions Grants (ESG) funds, and 22% said they were receiving CoC funds. The ESG funds were mainly for emergency shelter (86%) and RRH (41%); while the CoC funds were more evenly split between RRH (48%), transitional housing (46%), and permanent supportive housing (36%). DV/SA organization respondents said there were several factors that made their organization potentially less competitive for housing funding through HUD: 36% said their model is transitional housing when HUD programs are prioritizing RRH/PSH; 34% cited issues around data sharing, reports and data quality; 21% pointed to outcome measurements; and 40% said Other ("agency too small" "don't know;" or, "outside of scope of work").

**Conflicts in funding requirements:** Half (56%) of those DV/SA organization respondents who received funding from both OVW and HUD indicated that there were conflicting requirements that impacted their services, including: confidentiality, length of stay, flexibility of services, transitional v. RRH emphasis, different documentation, and outcome requirements.

### RECOMMENDATIONS

1. **Provide additional resources to adequately meet survivors' needs for safe housing through victim-specific housing programs, particularly for emergency housing, transitional housing, and RRH.** Funding should be provided and increased from traditional sources (including HUD, OVW, and OVC) and be made available through additional, new resources.
2. **Partnerships between DV/SA programs and their local/regional CoCs are essential to ensuring that HUD-funded programs and processes designed to individuals and families are equipped to address survivors needs as well.**
3. **Advocacy between both sectors and federal, state, and local level funding partners is critical to develop consistent definitions and requirements for grants/contracts.** This will help to ensure sound implementation and successful outcomes in delivering an array of programs for survivors and their families.

## Glossary

**Americans with Disabilities Act (ADA):** prohibits discrimination against individuals with disabilities in public accommodations and applies to all shelters operated by the government and to private shelters.

**Bifurcation:** the survivor is allowed to remain in place and the batterer will be taken off a lease without their permission.

**Co-located Advocate:** a DV/SA advocate who works in the same location as a H/H advocate (or vice versa) such as in a Coordinated Entry location, in order to streamline and coordinate services for the survivors.

**Continuum of Care (CoC):** a regional or local planning body that meets regularly to coordinate HUD funding for housing and services for homeless families and individuals; typically consists of housing programs, service providers, and representatives of public funding entities.

**CoC Collaborative Applicant:** the eligible applicant designated by the Continuum of Care (CoC) to collect and submit the CoC Registration, CoC Consolidated Application (which includes the CoC Application and CoC Priority Listing) and apply for CoC planning funds on behalf of the CoC during the CoC Program Competition. The CoC may assign additional responsibilities to the Collaborative Applicant so long as these responsibilities are documented in the CoC's governance charter.

**Coordinated Entry System (CES):** a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed, referred, and connected to housing and assistance based on their strengths and needs. A CES handles assessment/screening of consumer need, data entry, referrals, and, potentially, program admissions, and prevention and diversion services as well.

**Culturally Specific Service Provider:** a community-based program that provides culturally and linguistically specific services to victims of domestic violence, dating violence, sexual assault, or stalking.

**Domestic and/or sexual violence survivor specific shelter and/or housing includes:** domestic violence shelters and other survivor specific housing programs.

**Domestic Violence and Housing Technical Assistance Consortium (DVHTAC):** launched in 2015, provides training, technical assistance, and resource development at the critical intersection between domestic violence/sexual assault services and homeless services/housing. Funded and supported by a partnership between the U.S. Department of Justice, the Department of Health and Human Services, and the Department of Housing and Urban Development, this multi-year Consortium also brings together four national organizations, the National Alliance for Safe Housing (project of DASH), the National Network to End Domestic Violence, the National Resource Center on Domestic Violence, and Collaborative Solutions, Inc., to build and strengthen technical assistance to both homelessness/housing providers and domestic violence/sexual assault service providers. The Consortium aims to improve policies, identify promising practices, and strengthen collaborations necessary to enhance safe and supportive housing options for sexual and domestic violence survivors and their children.

**Emergency Solutions Grant (ESG) funds:** HUD's program that provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly re-house homeless individuals and families,

and (6) prevent families/individuals from becoming homeless.

**Flexible funds:** cash assistance grants made to or on behalf of survivors; often at the moment of crisis, to help maintain housing or quickly stabilize housing, thus avoiding homelessness. Flexible funds can be used to address rent, as well as emergency medical expenses, debt owed, child care, auto repair, or any immediate financial need to offset housing expenses. While some federal funding can be used for flexible funds, HUD funding cannot.

**Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act):** amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including: A consolidation of HUD's competitive grant programs. The creation of a Rural Housing Stability Assistance Program. A change in HUD's definition of homelessness and chronic homelessness.

**Homeless Management Information System (HMIS):** is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

**Homeless specific shelter and/or housing:** Homeless shelters and other non-survivor specific homeless/housing programs.

**Housing First:** an approach to ending homelessness that centers on providing people experiencing homelessness with permanent housing as quickly as possible without any pre-conditions – and then providing additional services as needed (supportive services are voluntary).

**Private housing:** privately owned apartments/houses.

**Public housing:** section 8 and/or local or federally subsidized housing.

**Public Housing Authority (PHA):** a local housing agency that receives HUD Federal funds to manage federally subsidized housing for low-income residents at rents they can afford

**Rapid Re-Housing (RRH):** a housing first approach that aims to help households secure stable housing immediately - often forgoing the traditional crisis shelter-to-transitional shelter model. By drawing on an established network of partner landlords and property managers who are educated about the impact of domestic violence, this approach can assist survivors to lease housing units in their own names, often despite poor credit or employment histories. Programs typically provide a monthly rental subsidy and home-based advocacy to support the family to create economic stability so that they can maintain their unit housing for the long-term.

**Safe Housing Partnerships:** the website for the Domestic Violence and Housing Technical Assistance Consortium, located at [safehousingpartnerships.org](http://safehousingpartnerships.org)

**Section 504 of the Rehabilitation Act (Section 504):** prohibits discrimination against victims with disabilities by housing providers that receive federal funding.

**State Domestic Violence Coalition:** means a statewide nongovernmental nonprofit private domestic violence organization that has a membership that includes a majority of the primary-purpose domestic violence service providers in the State; has board membership that is representative of primary-purpose domestic violence service providers, and which may include representatives of the communities in which the services are being provided in the State; has as its purpose to provide education, support, and technical assistance to such service providers to enable the providers to establish and maintain shelter and supportive services for victims of domestic violence and their dependents; and serves as an information clearinghouse, primary

point of contact, and resource center on domestic violence for the State and supports the development of policies, protocols, and procedures to enhance domestic violence intervention and prevention in the State.

**Violence Against Women Act (VAWA):** applies to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation, and which must be applied consistently with all nondiscrimination and fair housing requirements. It expands housing protections to HUD programs beyond HUD's public housing program and HUD's tenant-based and project-based Section 8 programs and provides enhanced protections and options for victims of domestic violence, dating violence, sexual assault, and stalking.

**Victim service provider:** serves domestic and/or sexual violence survivors but not primarily a domestic and/or sexual violence service provider.

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*“Our organization is a 501 (c)(3) organization serving the South Asian community. We have Social Workers who are caseworkers for our DV survivors who help them navigate through the systems. We use the mainstream DV local shelters when our survivors have needed a shelter... We currently do not have any direct interactions/relationships with the housing agencies. Lack of awareness about our agency might be a major factor in not being invited to such meetings. We are interested to have this relationship so that we can serve the survivors better... We hope to build a better relationship and be included in future meetings.”*

*-Culturally Specific Organization Advocate*

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

Visit [SafeHousingPartnerships.org](https://www.safehousingpartnerships.org) to access the Consortium's comprehensive collection of online resources and to request TA, training and other support.

