

Prioritizing Survivor Safety and Confidentiality Within Coordinated Entry Systems

Best practices for safety planning with survivors of domestic and sexual violence

Meet the trainers

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Learning Objectives

- Describe federal requirements for Coordinated Entry Systems (CES) related to serving domestic violence and sexual assault survivors
- Understand the importance of safety planning when working with survivors of domestic and sexual violence
- Demonstrate key best practices and core components of safety planning within the CES

Helpful Definitions

Safety Plan

A survivor's unique strategy designed to reduce the risks generated by a partner's or offender's abuse and control

Comparable/Parallel CES

An alternative coordinated entry process for people fleeing domestic violence/sexual assault; adheres to the same requirements as the broader CES process.

Trauma Informed Care

A framework that involves understanding, recognizing, and responding to the impacts of trauma. Emphasizing physical, psychological and emotional safety, it facilitates trauma survivors' ability to regain a sense of control over their own lives.

From the HUD CE Policy Brief

- A CE process includes all subpopulations, including chronically homelessness, Veterans, families, youth, and survivors of domestic violence & sexual assault.
- CoCs may have different processes for accessing CE, including different access points and assessment tools, for the following populations:
 1. adults without children,
 2. adults accompanied by children,
 3. unaccompanied youth, or
 4. *households fleeing domestic violence/sexual assault*

Integrating DV/SA into CES



**Safety is
paramount**

VAWA and security
concerns may prevent
complete integration

What does a Model of Access look like?

- Telephone based?
- Decentralized?
- Completely separate door?

Why Focus on Survivors?

- 80% of women and children experiencing homelessness have experienced DV.¹
- 50% of sexual assaults take place within a mile of the victim's home.²
- Survivors face numerous barriers to maintaining or re-establishing safe and stable housing.
- Survivors' safe access to and participation in housing services requires CES modifications.



Questions to Consider in Planning for Survivor Safety

How accessible are your housing system's services to survivors? How could survivors view the system as a safe option?

How are DV/SA survivors accessing housing/rapid re-housing programs (rental subsidy programs) in your area? If survivors are approached differently than other people in need of housing, what's different about the process?

Are assessment locations safe and private?

Is there mobility to meet someone where they are? What are the extra challenges in rural areas?

Are DV/SA providers in your community working with homeless assistance providers to connect survivors to safe housing?

Are your housing programs equipped to ensure that survivors can choose their degree of contact with the person who caused harm while in the program?

Is there a Coalition, task force or forum where service providers meet to address systemic barriers when supporting DV/SA survivors?

If we opt for a separate CES for survivors, what would it look like?

- Developed in coordination with local victim service providers.
- Adheres to same requirements as the broader CES.
- Aligns with the CES Policy Brief except that it targets survivor population.
- Ensures equal access to homeless services and housing programs provided through the primary access point.
- Promising practice: virtual DV/SA access point
 - Internet- and phone-based systems (e.g. 211) that can quickly be accessed from any location where survivor feels safe.

CES for DV Survivors: Two Directions

Houston-Harris County, TX

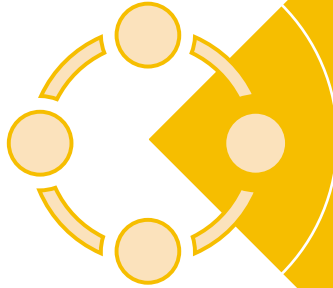
- Partnership between Harris County DVCC & Houston Coalition for the Homeless
- 2 pilot projects: (1) Decentralized coordinated access process and (2) Centralized system structured to focus on diverting from shelter to RRH

Multnomah County, OR

- Parallel entry process for DV/SA providers
- Shared assessment tool across all DV/SA providers
- Comparable HUD- and VAWA-compliant data system for DV/SA providers

Safe Entry Into Services

Entry Points: Where and How Matters



Establish multiple locations and/or alternative routes for survivors to enter the system



Partner with your local DV/SA programs to build a smooth and safe process for survivors to be referred to the homeless/housing system – and vice versa.

Create Safety Around Intake/ Assessment Process

- Creating safety for ALL who enter the system is best practice
- Include a brief DV/SA risk assessment with everyone requesting services.
- Adjust your physical space to better ensure a private conversation.
- Conduct separate interviews/intakes with couples.
- Examine your intake/assessment processes with a trauma-informed lens.
- Take a critical look at what adaptations may be required to how your assessment tool is used.
- Have a ready response when sexual or domestic violence is identified.
 - If danger is current, immediate options for safe housing may be needed
 - In all cases: informed consent, offer linkages to support services, priority placement, and **Safety Planning**

A Word About Assessment Tools

Standardized assessment instruments (e.g., Vulnerability Index - Service Prioritization Decision Assistance Tool) attempt to quantify **system-defined** vulnerabilities into a single score.

But there are drawbacks.

- Survivors may not tell their whole story
- Intimate traumas in particular can be extremely hard to disclose to a stranger, even when help is on the line
- When tools or processes are not trauma-informed, the likelihood of disclosure shrinks considerably, resulting in inaccurate measurement of acuity
- Lack of sensitivity to survivor-specific vulnerabilities can cause survivors to score low
- Racial bias may be “baked in”

CE should be a matching process, not a “pass/fail” test.

Baked -In Bias: Disproportionate Impact in BIPOC Communities

DV/SA

- African American women experience intimate partner violence at a rate 35% higher than that of white women, and about 2.5 times the rate of women of other races.
- 23.4% Hispanic/Latina women are victimized by intimate partner violence (IPV) in a lifetime.
- 81.1% of Asian or Pacific Islander (API) women reported experiencing at least one form of intimate partner violence in the past year.

Homelessness

- In 2016, nearly 80% of people experiencing homelessness were people of color. By comparison, the general population of the U.S. is 73.8% White, 12.4% Black, and 17.2% Hispanic/Latinx.
- Homelessness among American Indian/Alaskan Natives was 3 – 8 times higher than their proportion of the general population.

Survivors Need All the Options

Establish Safety & Address Crisis

Emergency Housing

- Shelter/safe homes
- Hotel vouchers
- Relocation assistance
- Installing security devices in current housing
- Staying with friends or family
- Protection orders
- Shallow subsidy/ financial assistance
- Safety planning, advocacy, and access to trauma-informed services

Address Barriers to Staying Safely Housed

Bridge Housing

- Facility-based/scattered-site transitional housing
- Joint component program
- Temporary rental subsidy
- Master leasing
- Economic/employment support and advocacy
- MH/addiction support
- Rapid Rehousing
- Safety planning, advocacy, and access to trauma-informed services

Embed Safety and Lasting Stabilizations

Permanent Housing

- Return to own housing once safe
- Shared housing
- Self-sustaining following RRH subsidy
- Housing Voucher
- Public housing
- Home purchase assistance
- Permanent supportive housing
- Safety planning, advocacy, and access to trauma-informed services

Confidentiality Boosts Safety

- Sharing personally identifying information (PII) can lead to discovery of survivor's location by the abuser and is a grave risk to safety
- DOJ's Office on Violence Against Women, HHS' Family Violence Prevention Services Administration, and HUD all prohibit victim service providers from entering PII into shared databases or from disclosing PII without a Release of Information (ROI) following a thorough conversation that helps the survivor consider the implications of releasing such data.

Modifications Needed?

Best practice:

Adopt practices that allow survivors to control how their PII is recorded, stored, and shared (“opt in”).

Create alternatives to “by-name” lists:

Connecticut: Integrated CES

- Collaboration between CCADV and CT BOS
- Unique identifier / No PII on by-name list

Preparing Staff and Engaging Partners

It's All About that Base: Fundamentals

CES-wide training in domestic and sexual violence is core to survivor safety – and to your community's housing retention performance.

CES-wide training in trauma promotes a consistent trauma-informed approach to survivors at all points of contact with the housing system.

CES Culture

- Trauma informed.
- Root out victim-blaming.
- Relationships/mechanisms for consultation with and technical assistance from content experts.
- Expect and support provider implementation of program-level policies and practices that promote survivor safety.



Additional Helpful Community Partners

- Cultural or population-specific programs
- Support groups, helplines, and drop-in services for survivors
- DV/SA-specific financial empowerment programs
- Victim-focused recovery programs
- Support or counseling for children
- Parenting After Violence classes
- Rape crisis centers
- Nurse-family partnerships/home visitors
- Legal Aid and Family Law Attorneys
- Immigration Legal Services
- Family Justice Centers
- Rape Victim Assistance programs
- Specialized DV/SA units in PD, Prosecutor, and Child Welfare Offices
- Restraining Order/Family Court
- Trauma counselors
- McKinney-Vento Local Educational Agency liaisons

Safety Planning with Survivors at Entry Points

Safety Planning

In the DV field, safety planning usually includes a risk/lethality assessment; *this is best left to victim services experts.*

CES staff should be equipped to consider and discuss safety *as it revolves around survivors' participation in the entry and service-matching process.*

The Fine Print...

- Domestic and Sexual Violence are complex, and the wrong intervention can lead to unintended harmful consequences.
- DSV providers have deep expertise and content knowledge that **MUST** inform your efforts.
- Ensure meaningful language access; nuanced and stressful conversations extremely difficult when not in your first language
- In service matching, honor survivor preferences and cultural considerations.

Assumptions

Be proactive;
don't wait for
disclosure before
demonstrating that
safety is a key concern
in the CE process.

Commit to
transparency around
data; what must be
collected to determine
eligibility, options
around recording/
storing/sharing.

Staff should receive
solid training and
have what they
need to confidently
discuss/plan for
safety.

Routine application
of safety lens and
survivor choice to
decision-making in
service matching.

Start with Right Now

- “Is our location safe for you?”
- “Are you safe to sit down and talk for awhile?”
- “Is there someone here today who makes you feel unsafe?”
- “When we finish talking today, can you leave safely?”

Safety and Transparency Right from the Gate

Best Practices

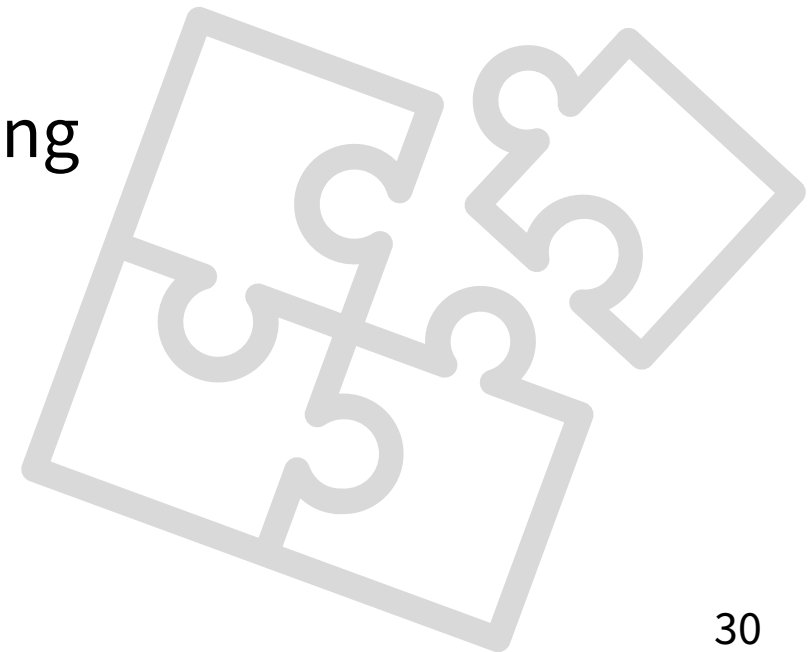
- Demonstrate early on that you are concerned about safety.
- Explain that determining eligibility for some HUD programs requires that you ask certain questions.
- Be clear about how data is stored, who has access, and what info you may be required to disclose.
- Let people know that choosing not to answer a question will not result in being denied services.
- Explain options available around sharing private and personally identifying information.
- Hold safety-focused conversations when DV/SA indicators are present.

Directly Invite Disclosure

- Ensure privacy when discussing current housing situation and reason for seeking help
- Help establish open exchange by listing some common reasons for seeking help, including:
 - Left or need to leave a dangerous person in your household or neighborhood
 - Current housing is unsafe because someone is stalking or you

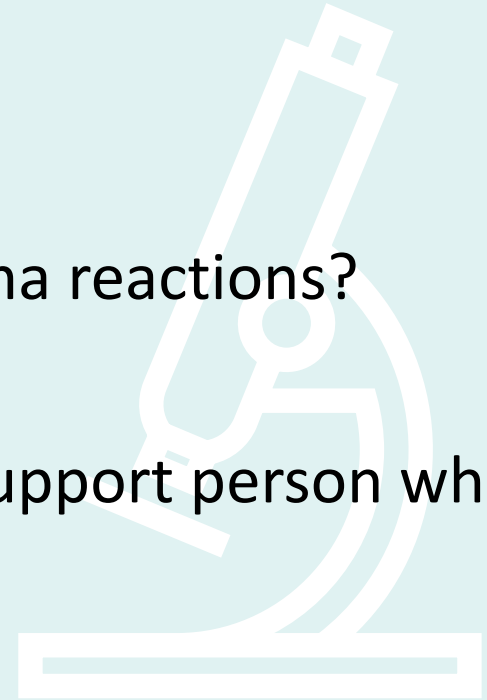
Understanding Trauma is Key

- Trauma is pervasive; its impact is life-shaping
- Differentially impacts marginalized and vulnerable people
- May recur within families and communities across several generations (historical trauma + ongoing oppression)
- The service system has often been re-traumatizing
- **Trauma affects how people approach services**



Remember Your Trauma Lens

- How would people with trauma history experience your assessment process?
 - Rushed, goal-oriented?
 - Detailed, intrusive?
 - Keyed into signs that conversation is triggering trauma reactions?
- Spend time establishing rapport before diving in
- Allow for pauses, a second appointment, bringing in a support person who can help “ground” the participant, etc.



Assess Imminence of Danger

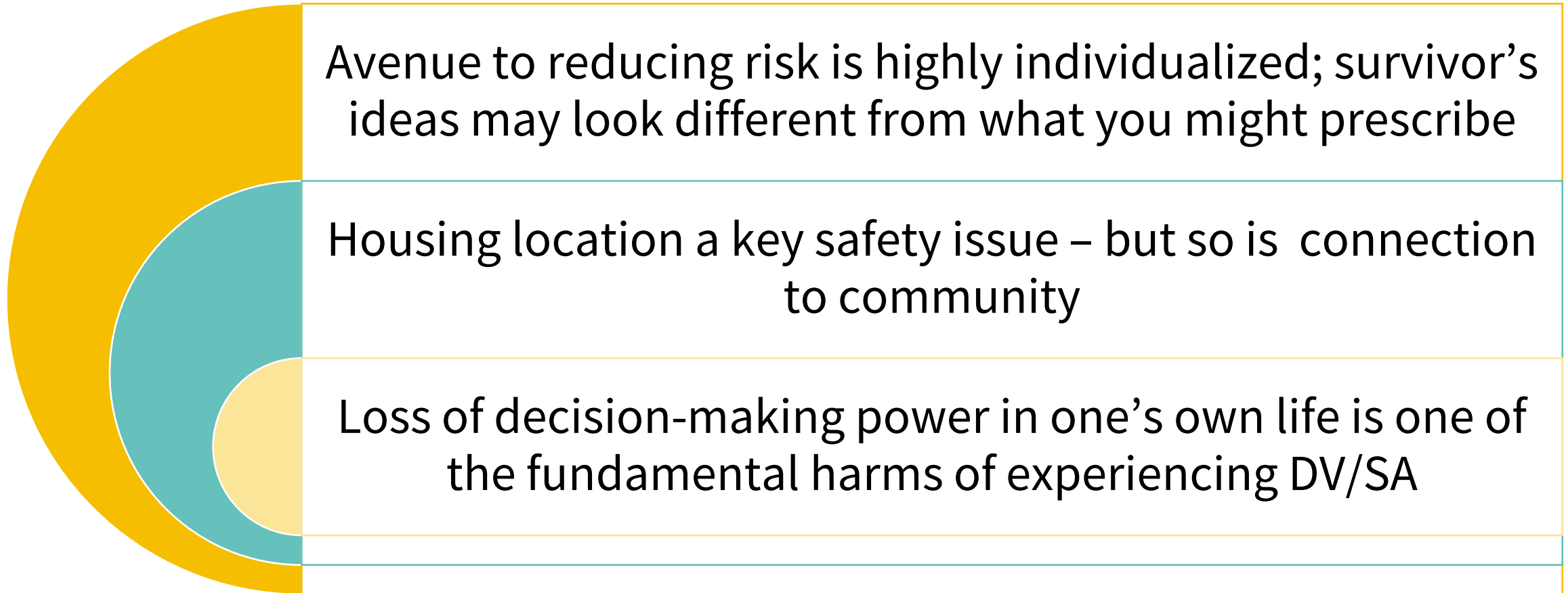
When DV/SA is identified, support survivor in providing you more info:

Does the DV/SA pose a current threat?

Does survivor have safe place to stay right now?

If danger is imminent and if survivor is without options, immediate referral to shelter or other temporary safe housing may be warranted.

Honor Survivor Preferences



Recap: A Conversation, Not a Checklist

- Some universal elements, but must be individually tailored
- It's voluntary for the survivor, but protocol for you
- Include attention to emotional safety
- Be ready to spark the survivor's thinking and to draw out more information to inform next steps/matching
- Never include details of safety plan in client documentation
- Always offer connection to local DV/SA and culturally specific resources