Report on Domestic Violence Survivors Experiencing Homelessness in Marion County

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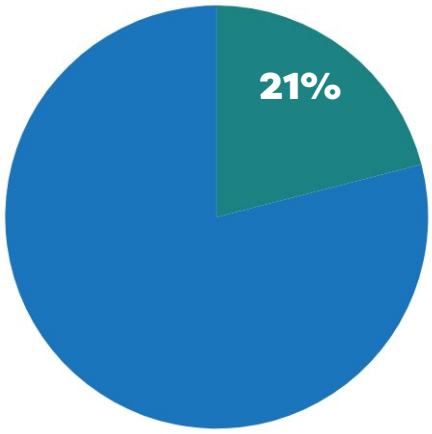
1. Introduction

THE CURRENT LANDSCAPE

Nationally, approximately 16% of all individuals experiencing homelessness are also survivors of domestic violence (DV).[1] In addition, DV survivors are four times more likely to be homeless compared to other women.[2] Data from the Marion County Point in Time count and Homeless Management Information System (HMIS) show that, among families, escaping DV is the top reason for entering homelessness. In addition, among women who are homeless in Marion County, more than half experienced DV before becoming homeless.

DV is defined as violence against an individual or family member, including a child, that has taken place within the individual's or family's primary residence, including dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions.

FIGURE 1: How many individuals experiencing homelessness in Marion County have also experienced DV?



The intersection of DV and homelessness is a significant problem in Marion County, and it results in long-term negative consequences. In Marion County, about one in five (21%) of all persons in HMIS were in households where a member had reported a DV experience. More than one third (37%) of individuals in households with children in Marion County report a DV experience. This is three times more than their counterparts in households without children, 12% of whom report a DV experience. Most families experiencing homelessness have two or three children, and approximately one out of every four of those children will experience homelessness as an adult.

The families and individuals who have experienced both DV and homelessness have suffered severe trauma. Because of the risk of continued violence, these survivors may be unable to access traditional social networks for support.

Further complicating these households' circumstances is a lack of adequate shelter capacity and formalized diversion program. In Marion County, there are 519 emergency shelter beds for families and 112 beds for survivors of DV. A very small percentage of these beds can be used for both male and female heads of households, and they are consistently full. Over a two-month period, 52% of all emergency shelter needs were unmet. The result is that many families and survivors of DV in Marion County are unable to find immediate shelter and do not have access to permanent housing solutions.

1. U.S. Department of Housing and Urban Development. (2017). HUD 2017 Continuum of Care homeless assistance programs homeless populations and subpopulations. Retrieved from https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_NatlTerrDC_2017.pdf
2. C. M. Sullivan & L. Olsen. (2017). Common ground, complementary approaches: Adapting the Housing First model for domestic violence survivors. Housing and Society. Retrieved from https://www.tandfonline.com/doi/full/10.1080/08882746.2017.1323305

DOMESTIC VIOLENCE TASK FORCE

Survivors of DV face unique challenges in locating and maintaining permanent housing. This population is at an increased risk of additional violence and, in many cases, has a lack of experience in navigating social and homeless service systems. The Indianapolis Continuum of Care (CoC), Domestic Violence Network (DVN), and several DV service providers began working together to better coordinate housing and other supportive services for DV survivors.

The CoC and DVN created a joint domestic violence task force to focus on strategic initiatives to better serve survivors of DV in Marion County. The task force has the following goals:

- Research best practices for homeless service delivery to survivors of DV
- Complete an assessment of the housing and supportive services needs of this population
- Conduct a gaps analysis of the system in Marion County that currently serves survivors of DV
- Develop a plan to provide improved homelessness prevention services sufficient to meet the needs of this population
- Identify the unique challenges DV providers have when integrating into the Coordinated Entry System without risking the anonymity and safety of survivors

REPORT PURPOSE

This report explains the data gathered on behalf of the domestic violence task force by Lisa Allie of Allie Consulting who was contracted through the Coalition for Homelessness Intervention and Prevention (CHIP). Data was gathered in order to inform improvements to the system in Marion County that serves DV survivors experiencing homelessness. The researcher gathered information from both DV service providers and the survivors themselves. In addition, the researcher conducted interviews with representatives of different regions in the country about their best practices for serving this population.

CHIP engaged Transform Consulting Group (TCG) to review the data and research and write this report. This report will serve as a resource and guide for system leaders in Marion County, as well as the direct service providers in the community.

2. Data Collection Methodology

One goal of the domestic violence task force was to identify the unmet needs of DV survivors experiencing homelessness and ways in which the system of services in Marion County could better meet those needs. In order to create a needs assessment informed by multiple key perspectives, the researcher employed three methods of data collection:

1. Surveyed local DV organizations and advocates,
2. Conducted focus groups with DV survivors, and
3. Interviewed organizations in other communities.

SURVEY OF MARION COUNTY DOMESTIC VIOLENCE ORGANIZATIONS AND ADVOCATES

In August 2018, an online survey was sent to supervisors at Marion County organizations that provide services to individuals experiencing homelessness and DV survivors. The supervisors were asked to share the survey with DV services staff. Twelve participants answered at least some survey questions, and 83% of the twelve participants completed the entire survey. The survey contained 29 questions, which were a combination of multiple choice, rating scale, and open-ended questions. A copy of the Marion County Domestic Violence Advocate Survey can be found in the appendix.

The purpose of the survey was to learn from DV organizations and advocates about the resources that are needed and the services that need improvement. The survey addressed topics such as DV public policy, available services, barriers to accessing services, housing needs, the effectiveness of Coordinated Entry, emergency shelter, and direct assistance.

FOCUS GROUPS WITH DV SURVIVORS

Thirteen DV survivors were surveyed in order to learn about their backgrounds and experiences with local housing and other supportive services. A copy of the Domestic Violence Survivor Demographic Survey can be found in the appendix. These 13 DV survivors participated in one of five focus group discussions about the quality and accessibility of services they received or attempted to access. A copy of the Focus Group Interview Questions can be found in the appendix. The focus groups were held at five Marion County locations (listed below) in July and August 2018. The participants at each location were receiving housing, shelter, and/or other supportive services. The focus group results are an aggregate of the 13 responses from all five locations. The groups' answers were combined to afford the participants additional confidentiality.

- Julian Center - Domestic Violence Shelter
- Coburn Place - Transitional/ Rapid Rehousing for Domestic Violence Survivors
- Wheeler Mission Center for Women and Children - Emergency Shelter/ Domestic Violence Services
- Salvation Army Women and Children's Shelter - Domestic Violence Services
- Families First - Domestic Violence Services and Programs

INTERVIEWS WITH ORGANIZATIONS IN OTHER COMMUNITIES

From February through July 2018, the researcher interviewed 16 organizations in communities across the country with progressive, best practices for DV and housing services. The task force identified these communities through discussions and referrals from leading national organizations: Domestic Violence and Housing Technical Assistance Consortium (DVAHTA), National Network to End Domestic Violence (NNEDV), and the National Alliance for Safe Housing (NASH).

3. Findings

DATA FROM THE SURVEY OF MARION COUNTY DOMESTIC VIOLENCE ORGANIZATIONS AND ADVOCATES

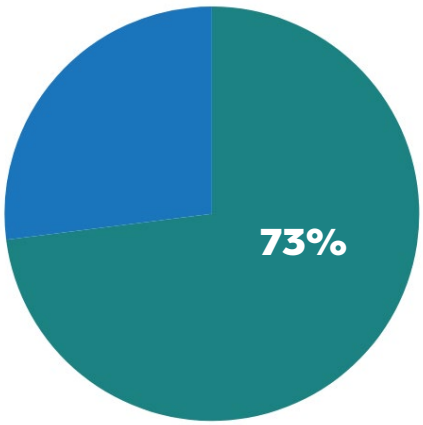
Demographics of Survey Participants

Fifty-eight percent of survey participants were front line staff within their organizations (caseworkers, social workers, etc.). Half of survey participants reported that their highest level of education was a bachelor's degree, and the other 50% held a master's degree. Fifty-eight percent of participants had five or more years of experience working with DV survivors.

Referrals to Organizations

Survey participants reported that most individuals seeking services (58%) call their organization directly instead of being referred from 211, emergency responders, or other service providers. Forty-five percent of respondents reported that their organizations receive up to 20 requests for assistance per month that they do not have the capacity to meet. Twenty-seven percent reported that they meet all requests for assistance. This highlights the unmet need in Marion County, given that the remaining 73% of respondents indicated that their organization is not able to meet the demand for assistance that exists in the community.

FIGURE 2: How many respondents reported that their organization is unable to meet all requests for assistance from DV survivors?



Emergency Shelter Coordination

CHIP facilitates the Emergency Shelter Coordination. The plan enables homeless shelters to log in and specify how many open beds are available within their organization for specific populations: families, DV survivors, individuals, and youth. The plan enables shelters, service providers, and other organizations to quickly view space that is immediately available for their clients without spending hours on the phone calling each shelter. The Emergency Shelter Coordination was implemented in January 2018, and the respondents were asked to rate its effectiveness. The most common rating was the neutral option (somewhat effective), which 37% of respondents chose. No one rated the Emergency Shelter Coordination with the highest (very effective) or lowest (not at all effective) rating. These results indicate that the Emergency Shelter Coordination is useful, but there is still room for improvement in its implementation.

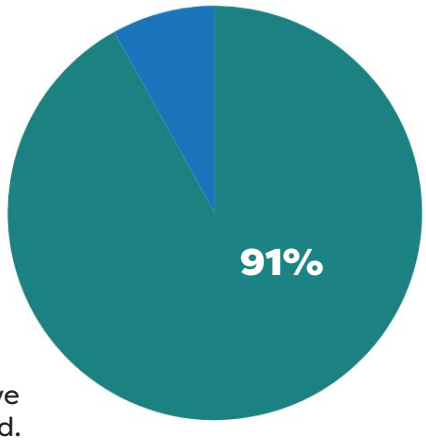
Connecting Survivors to Emergency Shelter Space

The survey asked several questions directed only at advocates who were not working for emergency shelters. They were asked about their experiences finding an emergency safe place for DV survivors to stay. Out of nine respondents, six (67%) reported that they contact emergency shelters for clients from as frequently as multiple times a day to as little as every 2-3 weeks. Only one respondent out of eight reported using the Emergency Shelter Coordination to identify available bed space. The majority of respondents (75%) reported making calls to each shelter. Sixty-three percent of respondents reported either being somewhat or very dissatisfied with their ability to find emergency shelter for their clients. These results support the previous findings that there is a need to improve the implementation of the Emergency Shelter Coordination, enabling advocates to locate emergency space for DV survivors quickly and effectively.

Inadequate Shelter Space

Ninety-one percent of respondents agreed that the most common reason DV survivors who are actively fleeing do not enter shelters is because shelters are full. Despite the fact that shelters are often full, very few advocates report that their organizations pay for short-term hotel/motel accommodations for survivors. Half of advocates never refer clients to hotels/motels for short-term respite.

FIGURE 3: How many respondents reported that the most common reason for DV survivors to not enter a shelter is the shelters are full?



Coordinated Entry

Survey respondents who utilize Coordinated Entry for housing gave mixed responses when describing their satisfaction with the process. No one reported being very satisfied, and 42% were somewhat satisfied. Twenty-five percent were neutral. Another 25% were either somewhat or very dissatisfied. The VI-SPDAT is the Coordinated Entry assessment tool; it is a combination of the Vulnerability Index (VI) and the Service Prioritization Decision Assistance Tool (SPDAT). All respondents who use Coordinated Entry rated the VI-SPDAT as either neutral or causing dissatisfaction.

One respondent shared this feedback on VI-SPDAT and Coordinated Entry:

"VI-SPDAT is the only tool that we have to assess vulnerability at this time. It's not the tool I have a problem with, it's the lack of prioritization for the tool. It does not give a good read on DV safety concerns, and focuses too much on vulnerability in the streets and not so much the vulnerability that the survivors face in their own home. The additional lethality assessment is a step in the right direction."

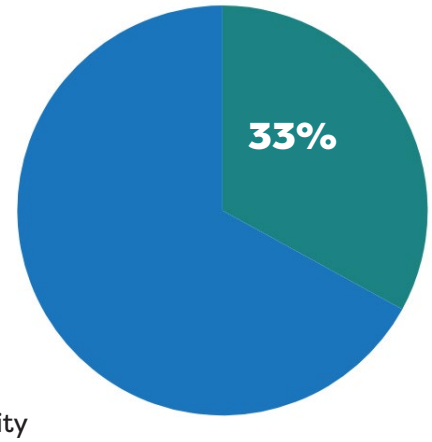
Housing

Advocates were asked to list the top three housing needs for DV survivors in Marion County. Over 90% of participants stated that affordable housing was one of the most important housing needs, followed by the need for permanent supportive housing (58%) and rapid rehousing (50%).

Services, Assistance, and Flexible Financial Assistance

DV survivors need a variety of supportive services. Housing services were identified by 91% of the respondents as one of the most important needs of DV survivors, followed by 42% who stated that both mental health services and legal assistance are among the most important services. Out of nine advocates whose organizations provide counseling services to DV survivors, only one third (33%) have a mobile advocacy component.

FIGURE 4: How many advocates reported that their organizations have a mobile advocacy component?



Advocates identified the top three types of assistance which would most likely prevent homelessness caused by DV. Eighty-three percent stated that rental assistance would likely prevent homelessness, followed by assistance with utilities (75%) and employment support (58%). Similarly, 83% of the respondents answered that between 21% and 60% of the clients they serve would not need shelter if they received access to short-term flexible financial assistance (rent, employment costs, legal fees, utilities, etc.).

These results indicate that there is no one solution for DV survivors at risk of or currently experiencing homelessness. Rather, many services and tactics need sufficient funding. Flexible financial assistance may be an administratively simple and cost-effective way to meet the varied needs of DV survivors. Flexible funding, along with mobile advocacy and community support, are the pillars of the Domestic Violence Housing First (DVHF) model.

Public Policy or Legal Assistance

Marion County has a number of public policies in place to assist DV survivors with protection, safety, and homelessness prevention. Respondents were asked to choose which, if any, of the public policies listed in the survey would benefit survivors in Marion County. All of the listed public policies received similar support from the participants. However, monetary relocation assistance, which would fund survivors' immediate escape, was more popular (68%) than the remaining three policies. Lease bifurcation and utility/mortgage/rent protection were each supported by 50% of the advocates. Non-spouse protective order and vacate order was supported by 42% of respondents.

In addition, one participant offered this recommendation:

"Employers need to recognize an employee who experiences DV may not be able to work during this time. Unlawful to fire an employee if they are a victim of DV."

Summary

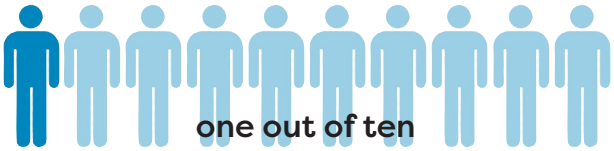
The responses from advocates reflect a need for implementing a DVHF model where mobile advocacy, short-term financial funding, and community support all work together to improve survivors' ability to achieve self-sufficiency. The results also clearly indicate that inadequate shelter space is a significant issue for DV survivors. The Emergency Shelter Coordination can be improved to make it a more effective tool for advocates. Coordinated Entry can also be improved since advocates report that VI-SPDAT does not sufficiently meet the needs of DV survivors. Considerably more affordable housing, along with additional permanent supportive housing and rapid rehousing, were reported as the most important housing needs for survivors. Respondents noted that changes to public policy and legislation are needed to better protect survivors and positively impact their well-being.

DATA FROM FOCUS GROUPS WITH DV SURVIVORS

Group Demographics

All 13 focus group participants were women. Seven (54%) of respondents were African American, and six (46%) were White. There were none who were Latina. Eleven of the 13 focus group members disclosed their ages. The oldest was 62, and the youngest was 18. The median age was 39. Forty-six percent of participants had graduated from high school or earned a GED, while three participants (23%) had attended some college or earned an associate degree. Two individuals were employed full-time, while the majority (77%) were unemployed. Ten of the focus group participants (77%) had children under 18 years of age, although only one individual had a child living with her.

FIGURE 5: How many participants with children had a child living with her?



One respondent who did not have custody of her children noted:

"If you can't protect yourself, you can't protect your children."

Barriers

Participants reported difficulty in finding the right type of assistance. The majority of respondents (71%) had to make multiple calls to find assistance, and one individual stated that she called fifteen different organizations before she found help. Respondents reported contacting Connect2Help 211 most frequently for assistance, but most of the participants stated that the information received was not useful because the shelters were usually full. The lack of shelter space was a major barrier encountered by most of the women. Some individuals stated that they had to wait as long as three months to get into shelter. However, individuals coming out of a hospital or a correctional facility stated that they received immediate shelter assistance. Lack of transportation was also cited as a significant obstacle to gaining long-term independence. Transportation issues included lack of bus passes while at the shelter and the inability to afford a car or gas when permanently housed. Lack of transportation was reported to be a barrier to obtaining and maintaining employment.

Regarding the issue of shelters consistently being full, one participant stated:

"When you try to be proactive and get out before it is a life or death situation, you should be able to get help."

Services

The focus groups were asked which services they were currently accessing. Eleven of the thirteen participants responded that they were currently receiving one or more services to assist them on the road to self-sufficiency.

One participant stated:

"This shelter will hook you up with whatever you need: classes, job search, domestic violence classes, nutritionist, library, exercise or social business opportunities."

Housing

Eight out of 11 respondents (73%) stated that they obtained housing-related assistance such as help with the cost of utilities, phone, rent, mortgage, or basic home maintenance. Many of the focus group participants did not discuss housing needs in detail. This was perhaps because they were residing in shelters or transitional housing. The groups seemed to be focused on surviving in the moment and not interested in thinking or talking about future independence.

While explaining how she thought she could remain independent in the long-term, one participant stated:

> **"Income-based housing in a safe neighborhood would help a lot!"**

Summary

The focus groups discussed many factors that would enable them to attain and maintain self-reliance. One factor was the need for ongoing counseling—including mental health, addiction, employment, financial, and DV counseling. Affordable housing in a safe neighborhood, along with short-term rent and utility assistance, were other key factors discussed frequently. Survivors also brought up the need for transportation (used cars or bus passes). Without reliable transportation, survivors had difficulty arriving on time to job interviews and appointments with other service providers. Legal assistance, child care, and increased training for police, hospital workers, and landlords were discussed but less frequently. God and religion were frequently discussed as necessary for long-term well-being and happiness. Two of the shelters are faith-based. Overwhelmingly, in each of the focus group locations, participants were very grateful for the ability to live safely and rebuild their lives.

> **"I came from jail with the clothes on my back and with nothing. It is amazing what they do for me."**

BEST PRACTICES IN OTHER COMMUNITIES

These top three best practices were identified through conversations with staff at the referred organizations:

1. Coordinated Entry
2. Domestic Violence Housing First
3. Emergency Shelter

Coordinated Entry

Coordinated Entry is the process that ensures individuals in need of housing and services receive fair and equal access to resources. DV survivors are unique within the Coordinated Entry process because the Violence Against Women Act (VAWA) prohibits a CoC from entering personally identifiable information into HMIS or other by-name lists.

The Department of Housing and Urban Development (HUD) defines any individuals or families experiencing DV as homeless under Category 4: fleeing or attempting to flee DV; has no other resource; and lacks the resources or support networks to obtain permanent housing. HUD encourages CoCs and service providers to establish client-driven, trauma-informed, and culturally-relevant screening tools, referral practices, and service options for this population. HUD also encourages service providers to use a Coordinated Entry structure which is either centralized, decentralized (virtual/phone), or a hybrid approach.

The Indianapolis Coordinated Entry System (CES) is designed to serve clients within the Indianapolis CoC coverage area who are considered literally homeless or under imminent risk of homelessness, as defined by HUD, and are seeking or would benefit from homeless services and housing. The Indianapolis CoC and local DV service providers have established prioritization procedures that enable providers to protect their clients' confidentiality in accordance with federal laws while ensuring they receive fair access to the CES.

COORDINATED ENTRY TRAINING

HUD recommends that CoCs and DV organizations receive continued training on the topics of DV, safety, confidentiality policies, and physical/virtual access points. The National Alliance for Safe Housing (NASH) and National Network to End Domestic Violence (NNEDV) recommend that CoCs and local DV organizations train together and evaluate their processes to ensure that privacy, confidentiality, and safety planning are all considered when survivors are integrated in the CES.

The Connecticut Coalition Against Domestic Violence (CCADV) along with the two Connecticut CoCs maintain optimal standard practices by committing to continued cross training and technical assistance training with local DV providers. The organizations also require the Coalition's DV members to participate in frequent CES training.

The Indianapolis CoC provides CES training to all local DV providers on an as-needed basis. Cross training by DV providers, as well as training on trauma-informed care and client confidentiality, occurred during the planning phase of CES and through ongoing training to new and existing navigators. Marion County homeless and DV providers have an opportunity to establish regular cross training and process evaluations, which would give front line staff the tools to best serve DV survivors.

CENTRALIZED, DECENTRALIZED, HYBRID COORDINATED ENTRY MODELS

HUD advises communities to create access points for DV survivors where they can obtain assistance. Access points include physical locations and virtual sites (211 and crisis lines) where client data is collected in accordance with confidentiality requirements.

The Domestic Violence and Housing Technical Assistance Consortium (DVHTAC) and multiple DV organizations from Washington State to Connecticut all employ either a decentralized or hybrid approach to accessing services, which promotes safety of survivors.

The Harris County Domestic Violence Coordinating Council and the Houston Coalition for the Homeless collaborated on two pilot programs when they found that an average of 30-40% of DV survivors were turned away when attempting to access shelter or long-term housing. The organizations implemented a centralized and a decentralized CES. Both systems used an Eligibility, Prioritization, and Placement Assessment (EPPA) tool to prioritize housing exclusive to DV survivors. The decentralized system was utilized as triage when multiple organizations referred clients to DV-specific housing. The centralized process was used for individuals who called the hotline and were assessed for rapid rehousing. Both pilot programs were successful and are now standard procedures when assisting DV survivors seeking shelter and other supportive services.

Marion County utilizes a "no wrong door" approach or decentralized CES. Survivors receive help at all access points—both virtual (211 and crisis lines) and physical (service provider locations). Marion County's approach to its CES aligns with best practices. Therefore, the community simply needs to continue to evaluate the effectiveness of its decentralized CES procedures in order to drive improvement in implementation.

COORDINATED ENTRY ASSESSMENT AND SAFETY STANDARDS

Assessment tools are used to determine prioritization and level of risk for individuals in need of services and shelter. HUD does not require assessment tools specific to DV survivors but recognizes that many organizations work with CoCs to add survivor-related content to the assessments. Some organizations create their own assessments to provide survivors the safest pathway to housing and services.

Assessments used by DV organizations measure risk of lethality or level of potential harm. The Jacqueline Campbell Lethality Assessment is a commonly used evidence-based tool and is often used among providers prioritizing clients in conjunction with the VI-SPDAT. The Domestic Violence Resource Center in Oregon uses this assessment combination to provide a more efficient and streamlined process. Houston organizations utilize the EPPA tool with the VI-SPDAT.

Other organizations have created their own unique assessments that correspond to their CES. The Continuum of Multnomah County Domestic Violence Providers developed and now utilizes a universal vulnerability assessment tool called the Safety and Stabilization Assessment (SSA). Individuals are assessed based on the level of imminent harm rather than lethality so that services are based on overall safety needs rather than risk of homicide. The SSAs are administered at multiple access point organizations. Martha Strawn Morris, Director of Gateway Center for Domestic Violence Services, stated that this method of assisting survivors moves away from the traditional model where survivors first gain entry to services through the crisis line or emergency shelter.

The Indianapolis CoC measures acuity for DV as with all subpopulations through a VI-SPDAT score. Marion County DV organizations have not previously included lethality and safety assessments when prioritizing survivors for housing, but they are in the process of implementing use of lethality assessments. Laura Berry, Executive Director of the Indiana Coalition Against Domestic Violence (ICADV) recommends each Indiana region implement both a VI-SPDAT and lethality assessment when prioritizing DV clients for the CES.

INTEGRATED OR PARALLEL COORDINATED ENTRY PROCESS FOR DOMESTIC VIOLENCE SURVIVORS

Survivors who refuse to share personally identifiable information must still be eligible for equal access to housing and services. Therefore, CoCs and service providers are expected to collaborate and create either an integrated CES process where DV providers participate in the general CES or create a parallel process operated by DV providers outside of the CES.

Wisconsin and Connecticut are examples of states where a strong collaboration between providers and the CoC helped implement an efficient integrated process. CCADV collaborated with the local CoC to build a system where ten DV service providers streamlined their de-identified referrals to CCADV. To prevent duplication or missed referrals, the coalition is the one point of contact for the CoC. CCADV and the CoC update a document with de-identified clients to ensure referrals are not overlooked. When a client is eligible for housing, the CoC contacts CCADV so it can oversee the referral process with the provider and client.

The Wisconsin Balance of State CoC operates a similar system where a non-HMIS prioritization list is created for DV clients who do not consent to having their name listed in HMIS. A Wisconsin Balance of State CoC employee maintains the confidential de-identified client list so that candidates are considered from both the HMIS and non-HMIS prioritization list. Depending on the vulnerability score and other factors, the highest prioritized individual from both lists is selected. The referral agency is then contacted and facilitates the client's transfer to housing.

Some state DV organizations and coalitions are moving to a parallel or self-managed CES. The Continuum of Multnomah County Domestic Violence Providers developed an innovative, modernized CES which affords clients a more equitable opportunity to housing. The process begins by providing clients decentralized access points to engage in services. These access points include a mobile advocacy model where service providers meet individuals where they are. Appointments are not scheduled so individuals can simply walk in to an organization to connect with shelter, transitional housing, rapid rehousing, eviction prevention services, or rent assistance. Individuals who are identified as needing long-term housing sign a waiver, so they can be evaluated by the Resource Coordination Team (RCT). The team is comprised of ten program managers from the CoC who are not direct service advocates. The RCT meets twice per month to determine which DV survivors are experiencing the highest level of acuity. Collectively, the members determine the level of services each candidate receives: rental subsidies for up to 24 months, transitional housing, or permanent supportive housing.

The Pierce County community also created a parallel CES. Since their Office on Violence Against Women housing program is not funded by the county, providers do not use HMIS to determine housing eligibility.

Marion County maintains an integrated CES. Providers refer de-identified clients directly to CES. CES managers enter the de-identified client information into CES. When a DV survivor meets the criteria for housing, the CES manager contacts the referring provider. The provider works with the client to complete the housing process. The CoC and DV providers should monitor the effectiveness of these procedures to meet the unique needs of survivors.

Domestic Violence Housing First

HUD recommends the Housing First model as an effective, evidenced-based approach to provide individuals experiencing homelessness with quick, streamlined access to permanent supportive housing or rapid rehousing. Individuals receive stable housing first, before obtaining supportive services to address the factors that initially contributed to homelessness.

The Domestic Violence Housing First (DVHF) model applies DV strategies to HUD's recommended Housing First model. The three components of DVHF are survivor-driven, trauma-informed mobile advocacy; flexible financial assistance; and community engagement.

In 2009, the Bill and Melinda Gates Foundation funded a pilot program in Washington State to provide a better, more comprehensive, flexible approach to housing and services for DV survivors. This approach offers customized funding and advocacy for each survivor, so they can obtain or maintain housing and rebuild their lives.

The Gates Foundation study presented promising results and drove state DV organizations in Washington, Colorado, and California to each implement a DVHF model or pilot program. Other organizations around the country (including Indiana) have adopted partial elements of this model. However, the Washington State Coalition Against Domestic Violence (WSCADV), Colorado Coalition Against Domestic Violence (CCADV), and the California Partnership to End Domestic Violence are highlighted as best practice examples.

SURVIVOR-DRIVEN, TRAUMA-INFORMED MOBILE ADVOCACY

The first tenet of the DVHF model includes customizing services to meet the unique needs of each survivor. Clients are asked what they need instead of being asked to choose from a list of available services. Also, assistance is no longer delivered to clients solely from provider locations. Advocates are mobile and meet clients in safe, convenient locations (home, restaurant, library, etc.). CCADV discovered through its pilot program that survivors reached out for assistance more frequently because they were able to meet with advocates at their home, meaning they encountered fewer transportation and other logistical barriers. CCADV published in its special report,

"The mobile advocacy component of the project continues to be one of the most highly regarded aspects of the project by advocates and survivors."

FLEXIBLE FINANCIAL ASSISTANCE

The second tenet of the DVHF model is flexible funding (also referred to as prevention or diversion funding). Flexible financial assistance is determined completely by individual client need without a monetary or time limit and is quickly distributed. WSCADV's flexible funding program was privately funded with few restrictions applied to the funds. California and Colorado organizations received funding through Victims of Crime Act (VOCA) and were more constrained on how they could administer resources to clients. VOCA funds could pay for relocation, utilities, emergency hotel stays, and transitional housing.

WSADV measured the success of flexible funding through a recent study of four agencies in the south-central region of Washington. Researchers found that between January 2016 and January 2018, participating advocates distributed $197,335 to 408 survivors. Twenty-two percent of the funds were used for rental assistance, 18% for transportation (gas cards, car repair, bus passes), with the rest accounting for short-term costs like basic needs, move-in costs, utility bills, etc. Because of the flexible use of funds, 48% of the survivors were able to stay in their homes, and 16% were housed from shelter stay. WSCADV also noted in an earlier 2011 case study that prevention funding was a morale booster to DV staff as they felt validated and trusted to provide funds and services to survivors as needed. In addition, CCADV published results from its pilot program and found that 85% ($788,439) of the flexible funds were used for rental assistance, five percent ($49,476) was used for moving costs, and five percent ($48,859) was used for children's needs. In 2016, California's eight Housing First pilot agencies targeted almost a million dollars to the specific needs of their program participants.

The outcome of combining flexible funding with community engagement and mobile advocacy resulted in 100% of the survivors exiting programs stably housed.[3]

COMMUNITY ENGAGEMENT

The DVHF model encourages strong partnerships with community stakeholders and local landlords. Many organizations already employ housing coordinators to assist clients with permanent housing solutions. California employed an intentional method of using this DVHF component effectively. Each participating organization hired a housing coordinator/ manager to establish, build, and maintain community relationships. Primarily, coordinators assisted clients by networking with landlords and diversifying permanent housing opportunities. Housing coordinators also hosted or attended housing events, negotiated leases, and obtained permanent housing vouchers to overcome the challenges of tight housing markets. CCADV noted that during its 20-month pilot program housing coordinators engaged 96 landlords. This effort was especially crucial in rural and urban areas where housing stock is typically limited.

DOMESTIC VIOLENCE HOUSING FIRST IN MARION COUNTY

Coburn Place produced and published a Housing Toolbox in 2017. The toolbox contains a strategic plan to fund a DVHF program. The organization currently uses elements of DVHF by employing an experienced Housing and Outreach Coordinator. The Coordinator is primarily responsible for working with landlords and facilitating flexible funding provided by DVN.

3. C. M. Sullivan & L. Olsen. (2017). Common ground, complementary approaches: Adapting the Housing First model for domestic violence survivors. Housing and Society. Retrieved from https://www.tandfonline.com/doi/full/10.1080/08882746.2017.1323305

Emergency Shelter

Immediate, safe shelter can be the difference between life and death for DV survivors. A multi-state survey reported survivors felt that the existence of DV shelters reduced the instances of homelessness, loss of children, actions taken in desperation, and continued abuse or death.[4] The National Coalition Against Domestic Violence notes that DV escalates when survivors leave their abusers. In fact, domestic homicide increases during the period of separation.[5] It is essential that local DV organizations meet the demand for emergency housing and services during this critical time and beyond.

Unfortunately, space in emergency shelters across the U.S. is often inadequate, and Marion County shelters encounter similar difficulties. According to ICADV, 46 DV providers throughout Indiana participated in a one-day survey called the National Census of Domestic Violence Services. ICADV reported that 1,214 DV survivors found protection through emergency shelter or transitional housing during this 24-hour period. Unfortunately, 181 survivors who requested shelter or housing were denied due to a lack of resources. The Census results demonstrate the lack of available safe shelter or transitional housing for individuals and families experiencing DV. Nine Marion County shelters offer emergency space and services for women, children, and families experiencing homelessness. However, the Julian Center is the only organization that provides emergency shelter and supportive services to DV survivors and their families.

MASTER LEASING AN EMERGENCY SHELTER AND OVERFLOW

LifeWire is a DV survivor-driven organization which is utilizing master leasing. A nearby apartment complex provides short-term, furnished corporate rentals and agreed to lease ten units to LifeWire to use for emergency shelter. The apartment complex benefits from increased, consistent occupancy, lower expenses, and the simplicity of leasing to one tenant instead of ten. LifeWire benefits because the cost of renting units is much lower than shelter ownership and management.

There are challenges with master leasing such as forecasting variable costs and annual rent increases. LifeWire does not have a rent control agreement and is concerned that the lease price may someday be unaffordable. LifeWire may consider signing a Memorandum of Understanding (MOU) with an extended stay hotel currently used for short-term emergency shelter overflow. This may be a more flexible approach compared to its current tenant agreement with the apartment.

Doorways for Women and Families is a DV organization in Arlington, Virginia. The nonprofit organization maintains a safe apartment for emergency shelter overflow. The organization created a partnership with a low-income housing provider to lease a two-bedroom apartment. The safe apartment accommodates up to four additional survivors at one time, enabling the organization to serve more individuals when needed.

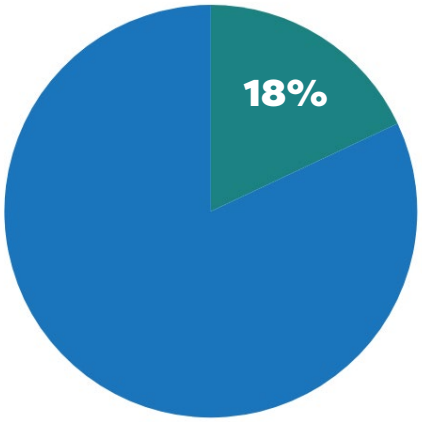
TECHNOLOGY-BASED EMERGENCY SHELTER COORDINATION

In 2015, the New Jersey Coalition to End Domestic Violence, along with agencies in San Francisco and North Texas, formed a collaborative of providers in their states to test a web-based program called Safe Shelter Collaborative. Safe Shelter Collaborative locates and supports emergency housing for DV and human trafficking survivors. The program enables local DV organizations who are searching for emergency beds to communicate online and locate available space. If a bed is not available, a second component of the program can access crowdsourced donations for hotel placement.

4. Lyon, E., Lane, S., & Menard, A. (2008). Meeting survivors' needs: A multi-state study of domestic violence shelter experiences. U.S. Department of Justice. Retrieved from https://www.ncjrs.gov/pdffiles1/nij/grants/225025.pdf
5. National Coalition Against Domestic Violence. (n.d.) Learn More. Retrieved from https://ncadv.org/learn-more

Data from the program shows that 50% of the requests for bed space received a response within five minutes or less. Only 18% of the organizations had to wait more than 20 minutes. The crowdsource funding data shows that out of 346 funding requests for hotel rooms, 75% of those requests received donations. Also, the study reported that the average donation was $72.23.

FIGURE 6: How many organizations had to wait more than 20 minutes for a response about bed space?



EMERGENCY SHELTER IN MARION COUNTY

Local shelters and DV providers receive grants and private donations to secure hotel or motel vouchers for clients. Although hotel or motels do not offer the same level of security found in most shelters, they can afford the survivor a safe, comfortable place to receive services and develop a safety plan.

CHIP facilitates a web-based program called Emergency Shelter Coordination to coordinate emergency shelter bed space. Shelters update the site three times per day, so organizations can log in to find space available for clients.

In Marion County, the Julian Center is the only dedicated DV shelter. The high cost of building or renovating existing buildings to accommodate more survivors may be prohibitive. Master leasing offers more financial flexibility especially with DV organizations now focusing on mobile advocacy and prevention funding. Since shelter space is often insufficient to accommodate the number of DV survivors in Marion County, DV organizations utilize hotel and motel coordination. However, there is not a coordinated network of hotels and motels where staff are comprehensively trained about safety and confidentiality.

4. Recommendations

Based on the information gathered from the key stakeholders in Marion County and best practice communities across the country, CHIP has identified the following recommendations. The recommendations are broken out by policy change needed at the state level and systems change within the county.

POLICY CHANGE IN INDIANA

1. Advocate for passage of the following legislation:

   a. Monetary relocation assistance, which would fund survivors' immediate escape
   b. Lease bifurcation
   c. Utility/mortgage/rent protection
   d. Non-spouse protective order and vacate order

SYSTEMS CHANGE IN MARION COUNTY

Coordinated Entry

1. Establish regular process evaluation discussions and cross training with homeless and DV providers on CES processes, DV best practices, trauma-informed care, and client confidentiality.

2. Continue to evaluate the effectiveness of these procedures and improve implementation strategies:
   a. The decentralized CES
   b. Lethality assessment
   c. The integrated CES process for DV survivors

Domestic Violence Housing First

1. Allocate funding for DVHF model pilot project.

2. Assist other DV organizations with implementing mobile advocacy.

3. Develop a centralized mechanism for implementing flexible funding that all DV providers can access and community engagement that will benefit all DV survivors.

Emergency Shelter

1. Establish a master lease program with a local apartment complex or extended stay hotel/ motel.

2. Cultivate a network of trusted hotels/ motels for emergency shelter overflow. Provide consistent, thorough training to hotel management, security staff, and front desk supervisors on DV, confidentiality, and safety.

3. Assess and implement improvements to existing Emergency Shelter Coordination and augment for DV survivors.

5. Acknowledgements

CHIP thanks the organizations that participated in this report:

- Marion County Domestic Violence Task Force
- Wheeler Mission Center for Women and Children
- Salvation Army Shelter for Women and Children
- Julian Center
- Coburn Place Safe Haven
- Domestic Violence Network
- Indiana Coalition Against Domestic Violence

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The report was written by Lora Stephens and designed by Amanda Schortgen at Transform Consulting Group.

6. Appendix

1. **Marion County Domestic Violence Advocate Survey**
2. **Domestic Violence Survivor Demographic Survey**
3. **Focus Group Interview Questions**

MARION COUNTY DOMESTIC VIOLENCE ADVOCATE SURVEY

Introduction

Welcome to the Marion County Domestic Violence Advocate Survey. This survey is designed to identify opportunities that could improve housing, services and outcomes for domestic violence survivors in Marion County. The survey should take about 10 minutes to complete and is anonymous. You may log out of at any time as your participation is voluntary.

We appreciate your time in completing this survey and invite you to send it to team members within your organization who interface with survivors. You may take the survey only once and it will close on Friday, August 17, 2018. Questions marked with an asterisk (*) are required. Thank you for helping the Coalition for Homelessness Intervention and Prevention (CHIP) and the Domestic Violence Taskforce (members who are committed to making positive change for domestic violence survivors in Marion County).

If you have further questions about this survey, please contact Lisa Allie at lallie@chipindy.org.

For the purpose of this survey, a domestic violence survivor is defined as the following: An individual fleeing, or attempting to flee: domestic violence, dating violence, human trafficking, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child.

COALITION FOR HOMELESSNESS INTERVENTION & PREVENTION

Marion County Domestic Violence Advocate Survey

* 1. What is your role within your organization?

- ○ Attorney
- ○ Clinician
- ○ Executive leadership
- ○ Program management
- ○ Other (please specify)
- ○ Frontline staff
- ○ Volunteer
- ○ Board member

* 2. How long have you worked with domestic violence survivors?

- Under 1 year
- 1-2 years
- 3-5 years
- 5-10 years
- More than 10 years

* 3. What is your highest level of education?

- Less than a high school diploma
- High school degree or equivalent (e.g. GED)
- Some college, no degree
- Associate degree
- Bachelor's degree
- Master's degree
- PhD

* 4. Could you estimate what % of your clients are, or recently have been homeless for any reason?

- 0%
- Up to 5%
- 6%-10%
- 11%-20%
- 21%-30%
- 31%-40%
- 41%-50%
- 51%-60%
- 61%-70%
- 71%-80%
- 81%-90%
- 91%-100%

* 5. Could you estimate what % of your clients are, or within the last year have experienced domestic violence?

- 0%
- Up to 5%
- 6%-10%
- 11%-20%
- 21%-30%
- 31%-40%
- 41%-50%
- 51%-60%
- 61%-70%
- 71%-80%
- 81%-90%
- 91%-100%

* 6. From where do you receive the majority of referrals?

- ○ 211
- ○ Domestic Violence Crisis Hotline
- ○ Other domestic violence organizations
- ○ Schools
- ○ Other (please specify)
- ○ Emergency responders
- ○ Other service organizations
- ○ Direct calls from individuals or friend/family of individual seeking assistance

7. How many referrals do you receive per month (please include referrals where needs are unmet)?

- ○ 1-10 referrals per month
- ○ 11-20 referrals per month
- ○ 21-30 referrals per month
- ○ 31-40 referrals per month
- ○ 41-50 referrals per month
- ○ more than 50 per month

8. How many referrals are unmet each month?

- ○ all referrals are met
- ○ 1-20 referrals per month
- ○ 11-20 referrals per month
- ○ 21-30 referrals per month
- ○ 31-40 referrals per month
- ○ 41-50 referrals per month
- ○ more than 50 per month

9. Please rate the effectiveness of placing survivors into shelter using the Emergency Shelter Plan.

- ○ Extremely effective
- ○ Very effective
- ○ Somewhat effective
- ○ Not so effective
- ○ Not at all effective
- ○ Our organization does not use the Emergency Shelter Plan

10. Please use the text box below and describe how we can improve the Emergency Shelter Plan?

11. If you are a domestic violence advocate who does not work in an emergency shelter, how frequently do you contact emergency shelters to find bed space for domestic violence survivors?

- ◯ Every day
- ◯ Multiple times per day
- ◯ Every week
- ◯ Every 2 - 3 weeks
- ◯ Every month
- ◯ Every 2 - 3 months
- ◯ Every 4 - 6 months
- ◯ Once or twice a year
- ◯ Never

12. If you are a domestic violence advocate who does not work in an emergency shelter, how do you contact emergency shelters to identify available bed space?

- ◯ We call 211
- ◯ We call each shelter
- ◯ Other (please specify)
- ◯ We use the Shelter Coordination program

13. If you are a domestic violence advocate who does not work in a shelter, rate your satisfaction with your organization's ability to find shelter for a survivor within a reasonable time period?

- ◯ Very satisfied
- ◯ Somewhat satisfied
- ◯ Neutral
- ◯ Somewhat dissatisfied
- ◯ Very dissatisfied

* 14. How often does your organization refer domestic violence survivors for hotel/motel lodging when shelter space is not available?

- ◯ Every day
- ◯ Multiple times per week
- ◯ Every week
- ◯ Every 2 - 3 weeks
- ◯ Every month
- ◯ Every 2 - 3 months
- ◯ Every 4 - 6 months
- ◯ Once or twice a year
- ◯ Never

* 15. What is the most common reason survivors fleeing abuse don't enter shelter?

- ◯ No shelter beds available
- ◯ They don't know how to contact a shelter
- ◯ The shelter is too far away
- ◯ They don't want to bring their children to a shelter
- ◯ They just need services
- ◯ Other (please specify)

16. If your organization uses coordinated entry for transitional, rapid-rehousing or permanent housing, rate your satisfaction with the process.

- ◯ Very satisfied
- ◯ Somewhat dissatisfied
- ◯ Somewhat satisfied
- ◯ Very dissatisfied
- ◯ Neutral
- ◯ Our organization does not use coordinated entry

17. If your organization uses coordinated entry for transitional, rapid-rehousing or permanent housing, rate your satisfaction with the current fairness of prioritizing domestic violence survivors into housing.

- ◯ Very satisfied
- ◯ Somewhat dissatisfied
- ◯ Somewhat satisfied
- ◯ Very dissatisfied
- ◯ Neutral
- ◯ Our organization does not use coordinated entry

18. How satisfied are you with the coordinated entry assessment tool (VI-SPDAT) for domestic violence prioritization?

- ◯ Very satisfied
- ◯ Somewhat dissatisfied
- ◯ Somewhat satisfied
- ◯ Very dissatisfied
- ◯ Neutral
- ◯ Our organization does not use coordinated entry

19. What change(s) would you make to coordinated entry or to the scoring system (VI-SPDAT) to better serve domestic violence survivors?

* 20. Check the 3 most important types of housing your clients need. Please choose only3.

- [ ] Affordable housing options
- [ ] Hotel/motel stay
- [ ] More available subsidized housing (Section 8, etc.)
- [ ] Shelter space
- [ ] Other (please specify)
- [ ] More available transitional housing
- [ ] More available rapid rehousing
- [ ] More available permanent supportive housing

21. Rank the following populations experiencing domestic violence who are in need of your organization's support from highest need (1) to lowest need (11):

- Caucasian men
- African American men
- Caucasian women
- African American women
- Elderly (over 65)
- Teens and young adults
- Children (up to age 16)
- Persons with physical/mental disabilities
- Persons with substance abuse issues
- LGBTQ
- Immigrants (a person from another country residing in the United States)/ Non-English speakers

* 22. If your organization provides counseling services, are your advocates mobile? (meet survivors where they are, in their homes, library, etc.)

- ◯ Yes
- ◯ No
- ◯ Other (please specify)
- ◯ Our organization does not provide counseling services

* 23. Please choose the 3 most important survivors' needs your organization frequently addresses. Please choose only 3.

- [ ] Counseling for victim
- [ ] Legal issues like child custody, protection order or divorce
- [ ] Help with ending the relationship
- [ ] Child care
- [ ] Housing
- [ ] Employment
- [ ] Mental health services
- [ ] Medical/dental services
- [ ] Safety planning
- [ ] Transportation
- [ ] Immigration assistance
- [ ] Short term financial assistance
- [ ] Other (please specify)

* 24. Please choose 3 forms of direct assistance that would most likely prevent homelessness due to domestic violence? Please choose only 3.

- [ ] Tuition assistance
- [ ] Rent/help with payment of back rent
- [ ] Mortgage payments/help with payment of back mortgage
- [ ] Groceries
- [ ] New cell phones
- [ ] Other (please specify)
- [ ] Gas cards
- [ ] Bus tickets
- [ ] Car repair
- [ ] Employment support (work gear, training, etc.)
- [ ] Utility/help with payment of back utility bills

* 25. Could you estimate what % of your clients would not need emergency shelter if they received short-term flexible financial assistance (funds used for rent, mortgage, transportation, utility, legal help, etc.)?

- ( ) 0%
- ( ) Up to 5%
- ( ) 6%-10%
- ( ) 11%-20%
- ( ) 21%-30%
- ( ) 31%-40%
- ( ) 41%-50%
- ( ) 51%-60%
- ( ) 61%-70%
- ( ) 71%-80%
- ( ) 81%-90%
- ( ) 91%-100%

* 26. How many of the survivors you assist are in immediate physical danger?

- ◯ Nearly all are in physical danger
- ◯ Most are in physical danger
- ◯ About half are in physical danger
- ◯ Few are in physical danger
- ◯ Almost none are in physical danger

27. Please choose any of the following legal or public policy changes that could help prevent survivor homelessness.

- ☐ Lease Bifurcation or removing the abuser from a lease regardless if the abuser is the signatory while not penalizing the victim who is also the tenant and not evicting or terminating the lease.
- ☐ Relocation assistance where the survivor would receive a one time payment up to $1,500 and a lifetime maximum of $3,000 to assist with the immediate need to escape from a domestic violence environment.
- ☐ Utility/mortgage/rent protection so the abuser is restrained by court order from cancelling agreements to the residence or household.
- ☐ Non-Spouse Protective Order and Vacate Order where the court will not grant an order to vacate and award temporary use of the home to a non-spouse as long as the individual resided in the home for a period of at least 90 days within 1 year before the filing.

28. What specific changes in state laws or policies would most prevent domestic violence survivors from experiencing homelessness? Please provide your comments below.

29. Please tell us the 1 or 2 most important ways domestic violence survivors and their families can be better assisted in Marion County so they can rebuild their lives. Please provide your comments below.

Marion County Domestic Violence Advocate Survey

End of Survey

Thank you for your participation. Again, please direct questions or comments to Lisa Allie at lallie@chipindy.org.

DOMESTIC VIOLENCE SURVIVOR DEMOGRAPHIC SURVEY

Domestic Violence Survivor Demographic Survey

Date:
Location:
Thank you for participating in our Focus Group. We appreciate your input and your willingness to share your experiences with us. In addition to our conversation, we would like to ask you some questions about yourself to better understand the experiences of women participating in our discussion. **Please do not write your name, your answers are anonymous.**

Are you . . .

Hispanic or Latina ☐ Yes ☐ No

What is your race? Do you consider yourself to be. . .

☐ African-American or Black
☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian/Other Pacific Islander
☐ White
☐ Other (please indicate) _____

What is your age? _____

What is your gender?

☐ Male
☐ Female
☐ Transgender
☐ Other _____

What is your current monthly income? $_____**/month**

What is your highest level of education achieved?

☐ Graduated from High School or obtained a GED
☐ Received an Associate's degree or attended some years of college
☐ Graduated with a 4 year college degree
☐ Currently in school
☐ Obtained or had some years of school for higher education (masters, PhD)
☐ Other_____

Are you working?

☐ Full-time (full-time is 35 or more hours per week)
☐ Part-time (less than 35 hours per week)
☐ Not employed

Do you have any children under the age of 18? ☐ Yes ☐ No

If yes, do your children currently live with you? ☐ Yes ☐ No

Have you ever been homeless? ☐ Yes ☐ No

Please select the one that applies the best for your situation right now:

☐ I have been homeless for less than 1 month
☐ I have been homeless for 1-12 months
☐ I have been homeless for at least 1 year
☐ I have been housed in the last three years, but it was temporary. I have been homeless for at least 4 separate times within the last 3 years
☐ I am no longer homeless
☐ I am living at Coburn

Where are you living now, if not at Coburn?

_____

If you are housed, how long were you homeless before you obtained your current housing?

☐ less than 1 month
☐ 1-12 months
☐ at least 1 year
☐ more than 1 year

Please check all of the services that you current access:

☐ Housing (for example, cost, utilities, phone, safety, basic maintenance, support with rent)
☐ Domestic violence/sexual violence
☐ Immigration (e.g., petitioning residency, immigration services)
☐ Transportation (e.g. bus pass, vehicle maintenance, insurance, license, bicycle)
☐ Legal (e.g. court fines, child custody, divorce, probation/parole, treatment)
☐ Financial (e.g. income, food stamps, credit/rental history, bank accounts, budgeting)
☐ Education (e.g. GED, High School diploma, job training, classes, conferences)
☐ Employment and career (e.g. job searching, resume assistance, job training)
☐ Community outreach (e.g. groups, friends, organizations, faith community, tribal community)
☐ Parenting and children (e.g. skills, emotional needs, physical needs, childcare, counseling)
☐ Health and Wellbeing (e.g. emotional, counseling, medical, dental, nutrition, addiction, fitness, self-care)
☐ Coping skills/self sufficiency
☐ Counseling (e.g. seeing a professional counselor or therapist, individual or group
☐ Creating a safety plan for self

The last time I experienced domestic violence (physical, emotional, financial and/or sexual)

☐ 0-6 months ago
☐ 6 months to 1 year
☐ 1 year to 2 years
☐ 2 years or more

The first time you reached out for help, (approximately) how many phone calls did you make before you connected to the right kind of help? _____

What organization did you contact first? _____

FOCUS GROUP INTERVIEW QUESTIONS

Safety

- How has your sense of safety changed since you have been here?

Services

- When seeking services, what would have helped you feel safe?
- What type of services would help you long-term to stay in housing?
- Were you satisfied with how the timing of the services here met with your needs? (for example-how long did it take for you to receive housing or services from the time you applied)
- How did the domestic violence services you received support other priorities, e.g., children and family?
- What is one thing you can identify as a needed improvement for those fleeing an abuser?
- Every domestic violence victim has their own set of needs. Could you say what are, say, the three most important and urgent needs for you?
- What are (were) the most valuable services you are getting (or did get) in this organization?
- Are there (were there) services you need that aren't (weren't) available here?
- How could this organization (and/or other ones) help survivors better?

Prevention Funding/Mobile Advocacy

- Have you ever received financial assistance from nonprofit organizations to prevent homelessness (for utilities, rent, gas)? If so, what did you use the funds for and from what organization did you receive them?
- If you were to receive financial assistance now, how much would you need and what would you use it for?
- How would an advocate meeting you at your residence or someplace close to your residence affect your ability to receive assistance?

Housing

- Have you ever left home and stayed anywhere else (a hotel, your car) to get away from an abusive partner?
- Have you ever tried to enter a domestic violence shelter but been turned away? If so, why?
- How did you access shelter (211, crisis hotline, 911, online)?
- What was your experience when accessing shelter or housing?
- Would you consider entering a domestic violence shelter in the future? If so, what would it take?
- How would you rate the length of time between meeting with an advocate and getting housing (excellent, good, fair, poor)?
- How would you change the process to receive housing?
- How do you define safe housing? Does/did it require services?
- What challenges have you faced while trying to attain or keep your housing?