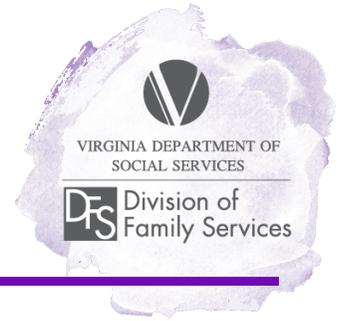


SECTION: SHELTER

TOPIC TITLE: Access to Shelter



Importance of Topic:

When people who experience domestic violence reach out for help, they will usually learn about an array of services provided by local domestic violence programs. Emergency shelter offers support and community and is often a critical link to additional services to help survivors gain stability and security in moments of crisis. Shelters use various methods to invite people in for services including phone-based or in-person assessments and third-party referrals for example. Twenty-four/seven access to emergency shelter is crucial for connecting survivors to a safe place to stay, especially when they are in imminent danger. Shelter access should be as low-barrier as possible with a goal of serving every survivor who can benefit from a shelter stay.

Statutes/Professional Standards:

- Code of Virginia Reference: [§ 63.2-1612](#). Responsibilities of Department; domestic violence prevention and services. This article gives guidance on how the Department of Social Services will support domestic violence programming in Virginia, including shelters.
- [Professional Standards Reference](#): Standard #11 - Sexual and Domestic Violence Agencies will provide, or assist to secure, emergency safe shelter to survivors of sexual and domestic violence who are in imminent danger. Establish and maintain protocols for addressing shelter requests including those that cannot be met and those that originate outside your service area. These protocols must include collaborative efforts across agencies to directly connect survivors in imminent danger to appropriate resources.

Terms Used or Needed to Understand this Topic:

Emergency shelter: "Emergency housing (e.g. a Domestic Violence Program residential shelter, safe home, hotel, or other shelter) for sexual and/or domestic violence victims and their minor children (regardless of gender)" (from the Professional Standards). *Please note for clarity - emergency shelter should be available to all individuals (regardless of gender), not just those with minor children.

Imminent danger: A real physical danger that could occur within an immediate time frame and result in death or serious bodily harm. Some considerations include:

- A recent incident including serious bodily harm, threat of severe bodily harm, or threat to life
- The imprisonment of an abuser who is due to be released
- A Protective Order has been filed and police cannot find the abuser

(From the Professional Standards) *Please note for clarity - imminent danger does not only need to include physical violence that has already occurred and is likely to occur again, survivors may feel they are in imminent danger for a variety of reasons and they are the experts in their lives and should be trusted to understand when they are at an elevated risk for any kind of harm.

Shelter: Temporary housing and related supportive services provided in a safe, protective environment for individuals and their dependents who are abused by their current or former intimate partners and who are without other safe housing options (from the [Maryland Network Against Domestic Violence](#)).

- Open Shelter Model - publicly disclosed shelter location
- Communal Shelter - multiple people/families living within a single dwelling; sometimes these shelters may have private rooms/bathrooms, but not always
- Scattered Site Shelter- shelter locations of different kinds (apartments, hotels, houses, etc...) spread throughout the community

Assessment: A process through which an advocate will gain an understanding of the perceived risks to the survivor in order to match the survivor with the best services possible

to meet their immediate needs. Sometimes this is emergency shelter and other times it is one of the many services provided by Domestic Violence Programs.

Lethality Assessment Protocol: This protocol is used in jurisdictions with an active Lethality Assessment Program that includes an MOU with local law enforcement and the domestic violence program. After completing the lethality screening tool on scene, if a survivor is identified as high-danger, the law enforcement officer will place a call to the local domestic violence program hotline and offer an opportunity for the survivor to talk with a specially trained advocate and receive information about protective safety strategies including accessing shelter or other resources available in the community. For more details about this process, see the Lethality Assessment Program entry.

Did You Know?

Survivors have reported that if a domestic violence shelter did not exist, the consequences for them would be dire: homelessness, serious losses including loss of their children, actions taken in desperation, or continued abuse or death. (Source: Lyon, E., Lane, S., & Menard, A. (2008). Meeting survivors' needs: A multi-state study of domestic violence shelter experiences. Washington, DC: National Institute of Justice.)

According to VAdata, Virginia's domestic violence programs provided 228,703 nights of emergency shelter to adults and children in 2019. This included 3,726 adults and 2,892 children. 846 requests for emergency shelter were denied because the shelter was full (https://www.vadata.org//media/2019%20sadv_dv_report.pdf).

During moments of crisis, some survivors may not be able to clearly articulate what they are experiencing, they may not know the resources provided by local domestic violence programs, or they may have fears about shelter-based services. Hotline advocates can encourage survivors to share their circumstances and can dispel myths about shelter in an attempt to connect survivors with the best resource at the moment, which might be by coming into shelter or it could be something else entirely.

Racial/Social Justice Focus:

Survivors from diverse communities continue to struggle with access to domestic violence shelter services due to racism, homophobia, ableism, and other forms of oppression. Implicit bias can influence advocates to make decisions about shelter access which could

privilege some survivors while keeping others out when their experiences are similar but their identities are not.

Scenario 1: Louanne's partner of 15 years had always been verbally abusive and regularly threatened to take the children if Louanne ever left her. Recently her partner has been coming home drunk and has begun pushing Louanne around. Louanne has never felt the need to hide her sexuality, but she wasn't sure about calling the local domestic violence hotline since all the advertisements focused on wives abused by their husbands. Louanne called the hotline one afternoon because she'd had enough and wanted to get out but didn't have any other places to stay with her two children. The advocate gendered Louanne's partner as male without asking so Louanne felt like she needed to go along if she wanted that shelter bed. Once in the shelter, she didn't see any LGBTQ-affirming materials and no one else in the groups ever talked about having a same-gender relationship, so she kept it to herself. Her shame at hiding this critical part of herself was overwhelming. She left after a few days and returned to her abuser, where at least she could fully be who she was.

- What protocols could be put in place (or are in place) to ensure LGBTQ survivors are affirmed and supported by your agency?
- How do LGBTQ survivors in your area know that your agency is available to serve them?
- How often are agency staff trained, and by whom, on advocacy and shelter services for LGBTQ survivors?

Scenario 2: During a recent Lethality Assessment Protocol call, a determination was made to bring the caller in for shelter right away due to his lethality risk. When the caller arrived at the shelter, he had a service animal with him. Our shelter doesn't allow pets, but we recognize the significance of service animals and adhere to federal and state laws regarding service provision for people with disabilities. We quickly worked with the survivor in collaboration with a local disability rights group and veterinarian to make sure that we were able to accommodate the survivor and his service animal to the best of our abilities. The survivor was able to stay in our single room with his service animal and the local veterinarian provided supplies and food for the animal and extended an offer of medical care for the service animal as needed. We recognized the need for additional training for staff and scheduled sessions with the local disability rights group.

- How did the advocate honor the needs of the survivor?
- How might a program get information about accessibility needs for a survivor prior to their arrival at the shelter?
- Is your program able to meet the diverse needs of survivors with disabilities?
 - How often are the agency staff trained, and by whom, on advocacy and shelter access for people with disabilities?
- How does your program shelter male survivors and ensure access to all the services provided by your agency?

Trauma-informed Focus:

Shelter provides safety for most of the individuals trying to access it. For people who live in communal shelter, being connected to peers with a shared experience can be helpful in addressing the trauma in their own lives. For some individuals, communal shelter living may be re-traumatizing and advocates can discuss alternatives if communal shelter is the primary response for the agency.

Promising Practices:

Overview of General Characteristics:

- Emergency entry to shelter is available 24 hours a day. Alternative options must be made available should the need arise. For example, if the shelter is full and a call comes from someone in imminent danger, then the program must house the individual in a hotel or other arranged safe housing.
- Assessment questions are limited to basic information necessary to make an eligibility determination and could include: name, name and age of dependents, residency requirements if applicable, and risk assessment using an evidence-based tool or asking questions about a survivor's perceived risk keeping in mind imminent danger can be interpreted broadly.

- Advocate provides a brief overview of critical information about the shelter and basic accommodations and answers questions from the survivor. More detailed information can be provided after the survivor has settled in.
- Advocate coordinates transportation to the shelter if needed.

Examples:

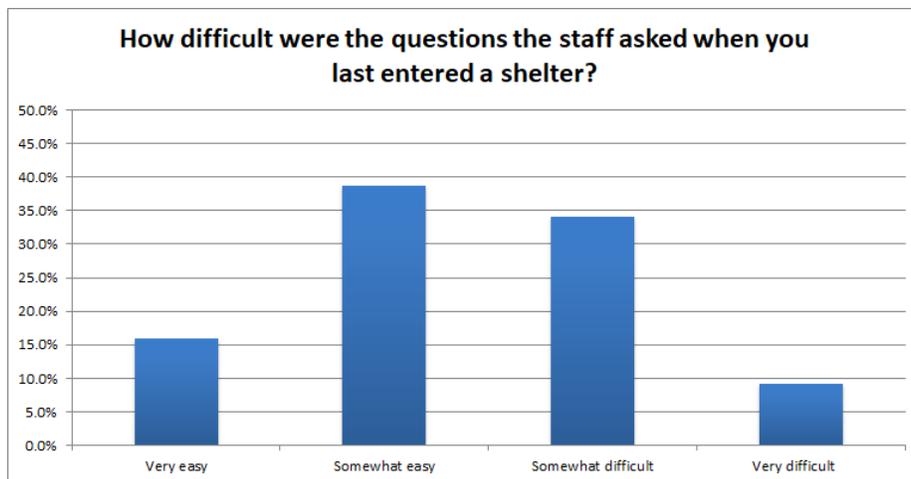
- **Clinch Valley Community Action, Inc.**, Tazewell, has a low barrier, easily accessible process for accessing their emergency shelter. A survivor can call the program hotline and be connected with an advocate who will discuss the perceived risks of harm with the survivor and the supportive services provided by the agency. If the survivor believes they are in danger and does not have a safe place to go, they are invited into the shelter. If the shelter is at capacity, the agency will make alternative housing arrangements. Regardless of one's gender identity, mental health status, sexual orientation, and physical ability, staff use the same standard around survivor danger and shelter capacity to determine eligibility for shelter access. Once someone has been invited to stay at the shelter, staff will work with the individual to determine their transportation needs. If the survivor does not have a vehicle, cannot get a ride with someone, and public transit is not operating, staff will meet the survivor at a public space and transport them to the shelter. Law enforcement is only used to transport someone if they have been on scene responding to a domestic violence emergency call. Clinch Valley staff believe that survivors know what will make them most safe and the agency works hard to minimize barriers to accessing vital emergency services.
- **ACTS (Action in Community Through Service)** provides a broad range of services in Prince William County. Their domestic violence services made a number of changes due to COVID. Both of their safe houses have a space for quarantining which is a room with its own bathroom. Clients are given a health assessment for COVID when entering shelter. Clients are staying longer due to challenges with getting employment. They increased their focus on basic needs for clients including food and personal supplies. ACTS was able to hire additional staff to respond to the increased case management needs for clients. They have a strong liaison with their police department and a well-coordinated LAP which allows access for high-danger

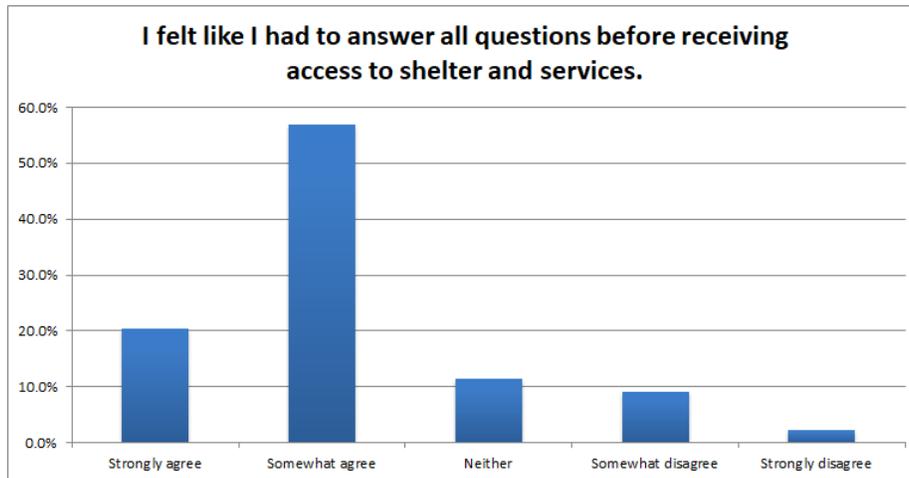
survivors. Additionally, there was an increase in staff meeting time for ways to revamp policies as needed and provide more self-care for staff. Other services offered by ACTS include English and Spanish groups for women and men, one-on-one support sessions, a children’s program, court advocacy, LAP services, community education, emergency assistance for housing costs, and a food pantry.

Program Focus:

- Does your program use assessment forms that prompt advocates with phrases/questions and includes the reasoning behind the questions?
- Do you regularly review shelter entry decisions to ensure the process is being implemented without bias?
- What are your program’s eligibility criteria? What purpose does each element of your assessment process serve?
- What are the barriers to access for your shelter and how can they be minimized?

Survivor voice:





Data from Survivor Voice Survey, 2021

COVID-19 Focus:

Currently, many programs have changed their shelter models to fit social distancing requirements, and access to shelter may be limited due to reduced capacities. New methods of scattered shelter are being used such as hotels, motels, and Airbnbs. Shelters may not be able to provide the staffing needed to continue 24/7 access. For some programs, there has been a need to increase the requirements for entry during the screening process and only take in the most at-risk individuals.

During COVID-19:

- Does your program need to temporarily change your shelter model?
- If your program runs a communal living space, how will you make sure that individuals have access to separate living spaces and that shared spaces are regularly disinfected?
- If your program has increased eligibility criteria, how will you assist survivors who need services, but may not meet this new criteria?

COVID-19 Examples:

- Programs have set up new guidelines for only accepting residents from their own service area to ensure service provision to those in the immediate community. New

guidelines may also include only accepting individuals who are assessed to be in imminent danger. Referrals can be given when shelter services are at capacity.

- Small (20 beds or less) communal shelters have temporarily reallocated their resources to scattered site housing to ensure social distancing.
- Programs have seen an increase in access to shelter through survivors contacting law enforcement rather than calling them directly. Programs should do their best to promote their services and let survivors know that despite stay at home orders, they are still allowed to seek shelter if needed.

Additional Resources + Links:

Publications:

- [Screening and Intake Forms for Domestic Violence Emergency Shelters](#): Washington Coalition Against Domestic Violence - includes model forms and procedures with sample language and assessment tools.
- [Maryland Network Against Domestic Violence](#): 2016 Standards, starting on page 33, guidance on assessment and required shelter services.