

**SHELTER AND HOUSING OPTIONS FOR
DOMESTIC AND SEXUAL VIOLENCE
VICTIMS IN MASSACHUSETTS**

RECOMMENDATION REPORT

August, 2017

A Report of the
Housing and Shelter Study Commission of Chapter 260 of the Acts of 2014
Chair, Liam Lowney, Executive Director
Massachusetts Office for Victim Assistance (MOVA)

Chapter 260 of the Acts of 2014 Study Commission Shelter and Housing Options for Domestic and Sexual Violence Victims

Recommendation Report

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Executive Summary

On August 8, 2014, the Legislature enacted Chapter 260 of the Acts of 2014, *An Act Relative to Domestic Violence*, which created enhanced laws, protections, and responses to domestic violence crimes in Massachusetts. Section 47 of Chapter 260 created this study commission to assess housing and shelter options available to domestic and sexual violence victims and recommending ways to expand those services throughout Massachusetts. Specifically, the statute identified the following areas for the commission to evaluate:

- Existing resources for domestic and sexual violence victims and their families;
- Feasibility of providing tax incentives for hotels and motels to offer victims free rooms;
- Creating a database for service providers of available housing/shelter options;
- Variation of experiences, needs, and outcomes for victims of increased vulnerability who are lesbian, gay, bisexual, transgender (LGBT), low-income, minority, or immigrants; and
- Best practices of other states on housing alternatives for victims of domestic or sexual violence.

According to the U.S. Department of Housing and Urban Development 2016 Annual Homeless Assessment Report, the homeless population in Massachusetts was estimated at over 19,000 people and over 13,000 of this population were families with minor children. The **Department of Housing and Community Development (DHCD)**, the **Department of Transitional Assistance (DTA)**, and the **Department of Public Health (DPH)** are the primary state authorities that administer shelter services in Massachusetts. This report includes an overview of each agency's housing and shelter services, challenges/gaps identified by providers and victims, and recommendations on ways to improve those responses.

It is important to recognize that for the past 10 years, various task forces, working groups, and study commissions have been created to examine the Commonwealth's shelter systems' effectiveness and impact. Much of the research, testimonials, and recommendations outlined in this report draw upon this comprehensive work which still continues today. The **Interagency Council on Housing and Homelessness** (housed in the Executive Office of Health and Human Services (EOHHS)), the **Integrated Task Force** (co-chaired by EOHHS and DHCD), and the **Governor's Council to Address Sexual Assault and Domestic Violence** continue to develop and implement recommendations aimed at better integrating systems to address the multifaceted issues shelter clients present.

A key component to recommendations outlined in this report is to connect social welfare supports, legal assistance, medical services, mental health treatments, addiction services, and victim services with shelter services to provide the wrap around supports shelter clients need. Only through holistic services can our shelter system truly promote client self-sustainability and long-term wellbeing to avoid the cyclical overreliance on shelter services that many currently experience. Although some recommendations may take time to fully realize, the Legislature is urged to act on the following priorities to compliment and support the ongoing work of state and non-profit agencies that are currently providing these lifesaving services.

Report Recommendations

Department of Housing and Community Development

- 1. Connect EA services with external victim service providers to augment current service delivery responses.**
- 2. Allow victims temporary shelter placement until they are able to make informed decisions.**
- 3. Increase resources to DHCD's individual shelter system (7004-0102) to serve homeless individuals fleeing domestic and sexual violence.**
- 4. Provide cultural competency trainings and increase resources to DHCD shelter providers to better serve vulnerable populations.**
- 5. Review current EA eligibility standards regarding "feasible alternative housing" and "unfit living conditions".**
- 6. Allocate additional resources to HomeBASE and RAFT to reflect current housing/rental market rates in Massachusetts**
- 7. Support the ongoing work of the Integrated Task Force (ITF) and Governor's Council to Address Sexual Assault and Domestic Violence (GCSADV).**

In FY2016, DHCD's Emergency Assistance (EA) shelter system (line items 7004-0100 and 7004-0101) received over 8,900 applications for shelter services and over 5,600 families were placed in shelter, hotels/motels, or diverted from shelter via DHCD housing stabilization programs. Of the families placed in shelter or hotels/motels, 13% reported domestic violence as their primary reason for homelessness; however, that number is misleading given many victims do not immediately disclose abuse as their primary reason for seeking services.

EA regulations specifically identify domestic violence as a qualifying factor for services – making EA a critical resource for victims to access temporary shelter, rehousing services, and other welfare supports. Despite the impact of these important services, they are not enough to effectively serve families in crisis or are flexible enough to meet their varying and dynamic needs. It is critical to connect victims with locally-based victim services that can provide appropriate trauma informed responses to augment DHCD's shelter services.

Domestic and sexual violence agencies provide services like safety planning, crisis and family counselling, case management, and others designed to support victims through the process of regaining control and safety in their lives. By connecting EA clients to existing state-funded resources like domestic and sexual violence agencies, public and mental health providers, and rehabilitation programming – local resources will be effectively leveraged to address the complex issues that lead many to experience homelessness.

EA shelters are also not equipped to handle many other issues shelter clients present in addition to violence. Issues like substance abuse, trauma, poverty, unemployment, and others which are contributing factors to homelessness and prevent many from becoming self-sufficient. By not providing services and treatments to help address these complex issues, many remain homeless and develop a cyclical-reliance on shelter systems that is unsustainable, ineffective, and more costly in the long run.

Department of Public Health (DPH)

- 1. Further invest in DPH line item 4513-1130 to better integrate shelter diversion programming.**
- 2. Provide cultural competency trainings and increase resources to better serve vulnerable populations.**

3. Bolster “Flex Funds” available for programs to support varying needs and expenses of survivors.

Unlike the EA Shelter system administered by DHCD, the **DPH Emergency Domestic Violence Shelter system (line item 4513-1130)** contracts with community-based domestic violence agencies to provide trauma-informed services in addition to shelter services. In 2016, there were 26 shelters with a total of 180 rooms and 475 beds available for domestic violence victims and their families statewide. Although each shelter has their own set of rules and conduct standards, eligibility for services is based on disclosure of abuse and services are available to both families and individuals.

This shelter model focuses on empowering victims to rebuild their futures by connecting them with other community-based programming including educational, employment, legal, and other services to promote self-sufficiency and long-term safety. Unfortunately, the DPH Emergency Domestic Violence Shelter system does not have the capacity to meet the current demand for services. The services provided by these shelters like support groups, counseling, safety planning, and referrals to other community-based supports makes this approach more effective than simply providing shelter and housing assistance. As such, bolstering this system’s shelter bed capacity and increasing resources like “flexible funding” to cover costs faced by clients (rent or utility arrearages, transportation costs, etc.) will help this system meet the high demand for these multifaceted services.

It is important to note the **FY2017 Budget** transferred funding for these services from the Department of Children and Families (DCF) to the DPH. Although services will remain unchanged through existing contracts which end in June 2017, there are significant administrative, procurement, and contractual changes that need to be made to finalize this transition within the Executive Office of Health and Human Services (EOHHS). Funding amounts to the DPH line were level funded FY2016 levels which unfortunately is not sufficient to maintain these systems given consistent increases in demand, rising operating costs, and lack of other funding sources experienced in recent years.

Hotel/Motel Shelter Placements in Massachusetts

The Commonwealth should not provide tax incentives to increase the availability of hotel/motel placements, rather additional resources should be investing in DHCD EA Shelter and DPH Emergency Domestic Violence Shelter systems.

Hotel/Motel placements for homeless families (**funded via DHCD line item 7004-0101**) were specifically identified in the commission’s enabling statute as a possible option to expand shelter resources. These placements have long been debated and scrutinized in Massachusetts given the high cost and appropriateness of them which are currently used as overflow options when EA Shelter beds are not available.

Often, hotel/motel placements are located far away from a victim’s hometown and requires families to make significant tradeoffs like leaving their communities, schools, doctors, employment, and friends/family for the sake of receiving shelter. These placements are isolating both physically and emotionally and do not connect victims with trauma-informed providers that are qualified to address the significant impacts of violence they have experienced.

Additionally, municipalities that host hotel/motel placements incur costs that are often not fully reimbursed by the state – leaving many communities to cover rising costs of school transportation,

education, public health, and public safety services they provide to this population. Rather than provide tax incentives or other methods to increase the number of hotel/motel rooms available, this report recommends that resources be focused on bolstering current shelter systems in DCHD and DPH to build physical and programmatic capacity to better serve victims of violence.

Statewide Shelter Database of Housing/Shelter Options for Domestic and Sexual Violence Victims

Further invest in SafeLink to expand the current database available to domestic and sexual violence victims and improve access via web-based, social media, and other technologies.

To streamline real-time information of shelter bed availability, Chapter 260 required the commission to determine the feasibility of creating a “shelter availability database” to be made available to victim service providers across the state. Currently, the state funds the **SafeLink Hotline (via DPH line item 4513-1130)** which is a 24-hour hotline service available to providers and victims with up-to-date shelter bed availability and referrals to domestic violence services.

Rather than create a new database, this report recommends further investing in the existing SafeLink Hotline to bolster its current staffing, resource, and technological capacities to make it more accessible and effective for those in need. Coupled with this report’s recommendations to bolster DHCD and DPH shelter systems – this existing resource is well positioned to connect victims facing homelessness with available shelter and trauma-informed services.

Vulnerable Victim Populations in Massachusetts

Several **vulnerable victim populations** were named in the statute to identify varying needs, experiences, and hardships that certain populations face when trying to access housing and shelter services. Issues of discrimination, varying cultural norms, shortages of accessible housing, and a lack of economic opportunities all require shelter and housing systems that are culturally competent, targeted in their outreach, multifaceted in their approach, and sufficiently funded to meet these varied and unique needs.

Vulnerable populations experience domestic and sexual violence at alarming rates but there are a small number of providers who focus specifically on serving them. In addition, the majority of these specialized providers are located in urban centers which limits their availability in suburban and rural areas of the state and which has led to critical gaps in services for many of these populations. State housing and shelter systems need to build internal capacity and partner with these specialized providers to offer the type of individualized services vulnerable populations need. This partnership will ensure appropriate legal, linguistic, cultural, medical, and mental health supports are available to compliment the housing and shelter services provided to increase overall access and effectiveness for these populations.

Although there are no formal guiding principles or best practices in serving diverse and vulnerable populations, this report provides findings from research and provider/victim testimony to highlight challenges, collaborative partnerships, and service models that have been successful in serving them. To address these findings, significant financial resources are needed to bolster the network of specialized providers beyond urban centers, better integrate these specialized services within current housing and shelter systems, augment language capacities of administering agencies, and increase accessible and affordable housing stock in Massachusetts. Other programming like continuing education opportunities,

vocational trainings, English as a Second Language (ESL) classes, and others should also be included in this comprehensive service response.

Other State Shelter Models:

Finally, the commission was tasked with examining **other state shelter models** to determine best practices to emulate in Massachusetts. The commission found that state shelter systems throughout the country have their own unique administrative and funding structures that vary greatly from our own. In fact, the Massachusetts' shelter system is unique in its own right because we are the only shelter model in the country with a mandate to shelter needy residents (G.L. c. 23B, § 30).

These realities made it difficult to identify best practices that would easily translate in Massachusetts without requiring significant and costly administrative and regulatory changes. However, a common theme found in other states that can easily translate in Massachusetts' shelter systems is implementing a strong partnership between government welfare/shelter systems and community-based victim service providers. One example of this successful partnership is Project SAIL in Alabama which contracts with the state's Domestic Violence Coalition to provide victim services that complement the varying forms of government assistance victims receive.

SAIL Domestic violence advocates, who are employed by community-based victim service agencies, are stationed in government welfare and shelter offices to help victims understand their options and help them navigate through government and community-based systems to achieve a coordinated and holistic response to their varying needs. Fostering and maintaining partnerships with domestic and sexual violence providers is core to many of the recommendations outlined in this report and is needed to fully support victims of violence in their recovery and long-term stability. Although Massachusetts must create its own funding, administrative, and programming structure to implement this type of programming, the commission believes a similar model implemented in the state will help victims of violence achieve long-term stability and safety.

Conclusion

The recommendations outlined in this report present funding and regulatory solutions the Legislature, the Governor's Administration, and state agencies can implement immediately to improve existing housing and shelter supports available to domestic and sexual violence victims in Massachusetts. Although some recommendations may take time to be fully achieved, the Legislature is encouraged to act on the following priorities as soon as possible to compliment and support the ongoing work of state and non-profits agencies that are currently providing these services.

The Legislature should also support the following budget line items in the upcoming FY2018 Budget process to adequately fund the services and professionals needed to fully implement the recommendations outlined in this report. These include:

- **Department of Housing and Community Development (DHCD)**
 - 7004-0100: DCHD shelter service providers operating budget
 - 7004-0101: EA shelter location funding
 - 7004-0102: DHCD Individual Shelter System
 - 7004-0108: HomeBASE
 - 7004-9316: Residential Assistance for Families in Transition (RAFT)

- **Department of Children and Families (DCF)**
 - 4800-0038: Violence Prevention and Family Preservation services
 - 4800-0041: In-Home Support and Stabilization services

- **Department of Public Health (DPH)**
 - 4513-1130: Domestic and Sexual Violence Prevention Services
 - This line item funds all Emergency Domestic Violence Shelter Services transferred from DCF (4800-1400) in FY2017, SafeLink Hotline, Refugee and Immigrant Safety and Empowerment (RISE) programming, and other supports

- **Department of Transitional Assistance (DTA)**
 - 4400-1025: Domestic Violence Specialists operating budget

- **Massachusetts Office for Victim Assistance (MOVA)**
 - 0840-0100: MOVA operating budget

Although this study commission dissolves with the issuance of this report, member organizations like DCHD, DCF, DPH, DTA, GCDVSA, and MOVA remain engaged in this work to build a more responsive housing and shelter network for domestic and sexual violence victims. These agencies continue to partner with other groups like the ITF, ICHH, and a statewide network of non-profit victim service, housing, and shelter providers who are committed to better integrating existing systems and resources to improve our collective responses to homelessness. The Commission encourages the Legislature to continue using these agencies and working groups as resources to inform and guide future funding decisions, legislative filings, or regulatory changes that involve housing and shelter supports as well as victim services moving forward.

Chapter 260 of the Acts of 2014 Study Commission Shelter and Housing Options for Domestic and Sexual Violence Victims

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August 2017

Section 1: Introduction

Pursuant to Section 47 of Chapter of 260 of the Acts of 2014, the Massachusetts Office for Victim Assistance (MOVA) chairs a special study commission to examine housing and shelter options available to victims of domestic and sexual violence in Massachusetts. The Commission was required to examine and report to the Legislature on the following points:

- Existing resources for domestic and sexual violence victims and their families;
- Feasibility of providing tax incentives for hotels and motels to offer victims free rooms;
- Creating a database for service providers of available housing/shelter options;
- Variation of experiences, needs, and outcomes for victims of increased vulnerability who are lesbian, gay, bisexual, transgender (LGBT), low-income, minority, or immigrants; and
- Best practices of other states on housing alternatives for victims of domestic or sexual violence.

The Commission was charged with producing a report outlining recommendations aimed at improving and expanding these resources for the House and Senate Ways and Means Committees, the Joint Committee on the Judiciary, the Joint Committee on Children, Families, and Persons with Disabilities, and the Clerks of the House and Senate. It is important to note the work of the Commission was subject to the Massachusetts Open Meeting Law (G.L. c. 30A, §§ 18-25) which required members to cast formal votes to approve the final report before submission. Unfortunately, given extreme difficulties in establishing a physical quorum, the Commission was unable to meet this requirement in a timely fashion so authorized the Chair to submit the report without a formal vote. Despite this fact, Commission members contributed to the report's research, content development, and recommendations to develop sound policy and budget recommendations that will improve housing and shelter services for victims of domestic and sexual violence in Massachusetts.

Although the report deadline issued in the statute is June 30, 2015, the Commission was granted an extension to accommodate the reconvening of the Governor's Council to Address Sexual Assault and Domestic Violence (GCSADV) and the Integrated Task Force (ITF), two groups that have worked extensively on this issue for the past several years and contributed to the drafting of this report. Both the GCSADV and ITF have issued past recommendation reports that address many of the complex issues that face domestic and sexual violence victims and the housing and shelter systems serving them. As such, this report builds off those recommendations and notes the importance of the Legislature's and Baker Administration's continued support of their ongoing and long-term efforts to implement these needed changes.

The housing and shelter support network in Massachusetts is comprised of state, private, non-profit, and community-based organizations that provide a range of homelessness services including shelter beds, homelessness prevention and diversion programming, substance abuse treatment, victim services, vocational training, and many others. In 2016, the homeless population in Massachusetts was estimated at 19,608 people, 13,174 of which were families.¹ Between 2015 and 2016, Massachusetts had the second largest decrease in families who were homeless (-1,583 households or -10.7%) after California, and was among the states with the lowest rate of unsheltered homeless people in the nation (760 unsheltered or 3.9% of the total homeless population).²

The growing number of individuals and families facing homelessness has increased the reliance on shelter services - leaving many systems struggling to keep pace with demand and often have no resources to offer those facing homelessness, regardless of their status as a victim of violence. In addition to increasing demand, housing and shelter systems are serving populations that present a myriad of complex issues like poverty, trauma, abuse, addiction, mental health needs, immigration status, and others that are significant contributing factors to their homelessness.

The shelter and housing systems are overwhelmed with populations who have experienced these complex issues - yet housing systems were designed as economic development programs with a focus on stable housing as a pathway to poverty alleviation. These complex issues require services beyond the scope of traditional housing and shelter supports which leaves many clients cycling through shelter systems because they are unable to access the treatments and supports they need. Furthermore, reductions in financial supports, stringent program income eligibility requirements, and general lack of affordable housing stock in Massachusetts makes it even more difficult for homeless families to afford or sustain stable housing.

Prior recommendation reports call for integrating state administered systems that serve homeless or at-risk populations to provide a more holistic, collaborative, and cost-effective approach to address these multifaceted needs. However, the reality of varying funding requirements, conflicting policies and regulations, restrictive eligibility requirements, and distinctive agency functions among these providers have made this goal difficult to realize. Progress has been made over the past decade to promote cross agency trainings and referrals but lack of staff capacity and funding, complex regulatory hurdles, and limited access to housing/shelter options continue to be significant barriers that agencies face.

Study Commission Membership and Charge

The Commission is chaired by Liam T. Lowney, Executive Director of the Massachusetts Office for Victim Assistance. Members include representatives from state agencies that administer existing state-funded housing and shelter supports (DHCD, DTA, and DPH), Legislators, victim advocacy groups appointed by the Governor (Jane Doe Inc., The Elizabeth Freeman Center, and Community Teamwork), the Massachusetts Lodging Association, and other related state agencies (The Executive Office for Public Safety and Security, Massachusetts District Attorneys' Association, and Department of Revenue). In addition, Ex Officio members were included that had the necessary expertise and direct service

¹ U.S. Department of Housing and Urban Development, 2016 Annual Homeless Assessment Report: <https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf>

² Ibid.

experience regarding vulnerable populations identified in the statute (LGBTQQ Domestic Violence Project).

Chapter 260 Housing and Shelter Study Commission Members

Chair:

Liam T. Lowney, Executive Director, Massachusetts Office for Victim Assistance (MOVA)

Members:

Representative Ruth Balsler

Representative Elizabeth Poirier

Senator Richard Ross

Senator Karen Spilka

Janis Broderick, Elizabeth Freeman Center

Peter Coulombe, Department of Revenue (DOR)

Quynh Dang, Department of Public Health (DPH)

Rose Evans, Department of Housing and Community Development (DHCD)

Jennifer Franco, Massachusetts District Attorneys' Association (MDAA)

Maureen Gallagher, Jane Doe Inc. (JDI)

Carl Howell, Community Teamwork

Susan Hubert, Department of Children and Families (DCF)

Tammy Mello, Executive Office for Public Safety and Security (EOPSS)

Anne O'Sullivan, Department of Transitional Assistance (DTA)

Paul Tormey, Massachusetts Lodging Association

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Enacted Statutory Language (Section 47 of Chapter 260 of the Acts of 2014)

SECTION 47. There shall be a special commission to examine the housing and shelter options available to victims of domestic violence and sexual violence and explore various options for expanding such resources through legislation. As a part of its study, the commission shall examine: (i) existing housing options for victims of domestic violence and sexual violence; (ii) innovative housing options for victims of domestic violence and sexual violence, including, but not limited to , the feasibility and costs associated with establishing a tax incentive that would be available to hotels and motels offering free rooms to victims of domestic violence and sexual violence; (iii) the feasibility of creating a database of available housing options for domestic violence and sexual violence victims, including participating hotels and motels, through the Massachusetts office of victim assistance which would be made available

only to victim advocacy groups that directly assist domestic violence and sexual violence victims in obtaining housing; (iv) the variation of experiences, needs and outcomes for victims of increased vulnerability who are gay, lesbian, bisexual, transgender, low-income, minority or immigrant; (v) best practices from other states on housing alternatives for victims of domestic violence and sexual violence . The commission shall consist of: the executive director of the Massachusetts office of victim assistance or designee, who shall serve as chair; the secretary of public safety or a designee; the secretary of housing and community development or a designee; the commissioner of public health or a designee; the commissioner of children and families or a designee; the commissioner of transitional assistance or a designee; the commissioner of revenue or a designee; 2 members of the senate, 1 of whom shall be appointed by the senate minority leader; 2 members of the house of representatives, 1 of whom shall be appointed by the minority leader of the house of representatives; the president of the Massachusetts District Attorneys' Association or designee; a representative of the Massachusetts Lodging Association; and 3 members of victim advocacy groups, appointed by the governor. The commission shall submit its report and findings, along with any draft of legislation, to the house and senate committees on ways and means, the joint committee on the judiciary, the joint committee on children, families and persons with disabilities, and the clerks of the house of representatives and the senate, not later than June 30, 2015.

Section 2: Overview of Domestic and Sexual Violence in Massachusetts

Domestic and sexual violence continue to be significant factors in housing instability and homelessness in Massachusetts. In state FY2016, Safelink, the state's domestic violence hotline, responded to 25,186 calls for services with 21,928 of callers seeking domestic violence emergency shelter³. Of those callers, 85% (20,204) were informed that no emergency domestic violence shelter space was available at the time they called.⁴ In state FY2016, domestic violence was the recorded reason for entry for 569 families (or 13% of all entries) in the state's Emergency Assistance (EA) shelter program administered by DHCD.⁵ However, this number is misleadingly low given that families fleeing domestic violence often identify other "primary" reasons for entry into the shelter system. In addition, this number does not account for individuals or sexual assault victims seeking shelter services as they do not qualify for EA shelter supports nor have priority status like domestic violence victims.

To illustrate this point, Domestic Violence Specialists in DTA, who recommend EA shelter placements based on geographic safety, worked with 2,589 homeless victims, completed 1,499 Safety Assessments, diverted 1090 families from shelter, and responded to 185 Serious Incident Reports made by DHCD in 2016⁶. The National Network to End Domestic Violence also conducted a "point in time" survey of

³ Jane Doe Inc., Community Voices, Making an Impact: http://janedoeinc.memberlodge.org/resources/Documents/Policy/Advocacy%20Day/2017/community_voices_up_date_fy17.pdf.

⁴ Ibid.

⁵ Commonwealth of Massachusetts, Department of Housing and Community Development: Emergency Assistance Program, FY2016 Fourth Quarterly Report: <http://www.mass.gov/hed/docs/dhcd/hs/ea/fy16q4eareport.pdf>.

⁶ DTA Domestic Violence Unit/DCHD Tracking Totals 2016

domestic violence providers and domestic violence shelters in 2016 and found that out of 1,834 victims seeking services in one day in Massachusetts, the largest percentage of the unmet requests (85%) were for housing and shelter due to a lack of domestic violence shelter system capacity.⁷

For those able to access EA emergency housing and shelter services due to capacity, families are sheltered in hotels/motels rather than standard shelter settings. Primarily due to the high cost of these placements, DHCD has made strides to reduce the number of shelter placements in hotels/motels. In FY2016, the number of families staying in hotels/motels dropped from 1,261 at the end of June 2015 to 440 by the end of June 2016 (a 65% decline), ending FY2016 with hotel/motel caseloads at its lowest level since August 2008.⁸ At the same time, average length-of-stays in DPH funded community-based domestic violence shelters remains long at five months, in large part because families do not have access to housing to move out of shelter. Stays of one year are not unusual depending on immigration status or other complications with the family's housing history.

Individual survivors (who either do not have children or do not currently have custody of their children) experience even longer shelter stays due to fewer affordable housing options and strict eligibility requirements for housing supports. Additionally, testimonials from hospital-based domestic violence advocates and social workers indicate that numerous survivors are seeking but unable to access domestic violence shelter or an alternative safe place to go when they are in crisis – further illustrating the referenced statistics are reserved estimates at best.

Quynh Dang, Member of the C. 260 Housing and Shelter Study Commission, former hospital-based advocate:

"The most vulnerable survivors regularly shelter in hospitals - trans survivors, substance abusing survivors, survivors who had been kicked out of DV programs. One trans MTF survivor lived in the hospital for 3 weeks because DV shelters were full or she hadn't been in recovery long enough. Substance abuse programs wouldn't accept her into a room designated for females so she had to wait for an individual room, and by then she was sober so she no longer qualified. She was discharged to the street where she was raped again, started using again, and ended up back in the ED and sheltering in the hospital. This happened many times over, and she wasn't the only one."

Poverty suffered by survivors of domestic and sexual violence further exasperates the risks of homelessness and housing instability. Though we know that domestic violence exists at all economic levels, most victims suffer a precipitous drop in income due to the loss of the abuser's income, interruptions in employment, disruption of school and family support, or loss of childcare. Persons who have been abused suffer emotional and physical health problems at a significantly higher rate due to the trauma related to violence which interferes with their ability to obtain and maintain employment. Too often, victims of violence and their families must turn to welfare benefits from the DTA to survive despite the dangerously low level of support these assistance programs provide.

Domestic violence survivors with children often do not pursue child support for their children because of the danger posed by their abuser. According to a report issued by the U.S. Census Bureau in December

⁷ National Network to End Domestic Violence, 2014 Domestic Violence Counts – Massachusetts Summary: <http://nnedv.org/downloads/Census/DVCounts2016/Massachusetts.pdf>.

⁸ Commonwealth of Massachusetts, Department of Housing and Community Development: Emergency Assistance Program, FY2016 Fourth Quarterly Report: <http://www.mass.gov/hed/docs/dhcd/hs/ea/fy16q4eareport.pdf>.

of 2011, only 51% of all custodial parents have child support agreements and less than half of those receive the child support ordered. In 2013, the general rate of poverty in Massachusetts was 11.4%⁹. The rate of poverty among single parent households, mostly women with children, was approximately 31%¹⁰. Victims frequently suffer abuse longer or return to the abuser if they cannot feed and shelter their children. In recent national studies, 74% of survivors report staying with their abuser longer due to financial reasons¹¹.

Past Reports and Current Working Groups Focused on Housing and Shelter Services for Domestic and Sexual Violence Victims in Massachusetts

Over the past 10 years, state leaders have established various task forces, working groups, and study commissions to examine how housing and shelter systems can better connect with social welfare, medical/mental health systems, public assistance programs, victim services, and others to address the multifaceted issues shelter clients present.

These efforts largely began with the enactment of Chapter 2 of the Resolves of 2006 which established the Special Commission Relative to Ending Homelessness in the Commonwealth. During this time, the housing market in Massachusetts had begun its sharp decline and those problems were expanding and having ripple effects on the rest of the state's economy¹². Households at all income levels were experiencing more people "doubling up" and the working poor faced a higher risk of homelessness¹³.

The Commission was charged with devising a statewide strategy to end homelessness in the Commonwealth – specifically to revamp the old system of disparate emergency responses to include permanent solutions that included housing, economic development, and job creation initiatives¹⁴. The Commission met for over a year and issued a recommendation report in December 2007 that focused on homelessness prevention, affordable housing production, and economic mobility and stability¹⁵.

In 2009, national efforts aligned well with the recommendations produced by the Commission with the enactment of the American Recovery and Reinvestment Act (ARRA) which, among a variety of economic stimulus measures, included the Homelessness and Rapid Rehousing Program (HRRP) to support homelessness prevention, diversion, and rapid rehousing efforts. The McKinney-Vento Homeless Assistance Act, what is now known as the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH), was also reauthorized in 2009 which further expanded federal resources available to states for homelessness prevention and permanent supportive housing solutions.

⁹ United States Census Bureau, "Quick Facts" (2014); <https://www.census.gov/easystats>, Poverty Status in the Past 12 Months of Families by Family Type by Presence of Related Children Under 18 Years by Age of Related Children Massachusetts.

¹⁰ Spotlight on Poverty and Opportunity (2014), "Massachusetts: Poverty by Demographic".

¹¹ Mary Kay (2012), "Truth About Abuse National Survey Report".

¹² Joint Center for Housing Studies of Harvard University, "The State of the Nations Housing": <http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/son2008.pdf>

¹³ Homelessness Research Institute, "Economy Bytes: Doubled Up in the United States": http://b.3cdn.net/naeh/97569cfc8f6ecf741f_vhm6bhzcg.pdf

¹⁴ Massachusetts Session Laws, Resolves 2006: Chapter 2 <https://malegislature.gov/Laws/SessionLaws/Resolves/2006/Chapter2>

¹⁵ Report of the Special Commission Relative to Ending Homelessness in the Commonwealth (2007): http://www.homefunders.org/docs/Homelessness_Commission_Report_2007.pdf

With these new developments, the **Interagency Council on Housing and Homelessness (ICHH)** was created in Massachusetts and charged with implementing the recommendations outlined in the Commission's 2007 report as well as the oversight of benchmarks established by the aforementioned federal initiatives. The ICHH continues this work today and recently published a report updating stakeholders on progress made and efforts that are still underway throughout Massachusetts¹⁶.

One notable change in 2009 that resulted from these efforts was the transfer of the state's EA shelter system from DTA to DHCD to formally realign the state's housing and shelter responses toward a "housing first" framework. The ICHH also partnered with the **Governor's Council to Address Sexual Assault and Domestic Violence (GCSADV)** under Governor Patrick's Administration given the realization that domestic and sexual violence are significant factors in homelessness among women and families. Since, the ICHH and the GCSADV have worked toward better understanding the interplay between violence and homelessness and created a core group of program leaders from DHCD, DTA, DCF, and DPH to work toward better integrating relevant state systems of care. Over time, this core group turned into a Steering Committee of both Councils and produced a report in 2013 titled *"Increasing the Effectiveness of Government's Response to the Intersection of Homelessness, Domestic Violence and Sexual Violence in the Commonwealth of Massachusetts"*.

The report included recommendations intended for survivors of domestic and/or sexual violence who are homeless and are eligible for DPH-funded domestic or sexual violence services and/or receive housing or shelter supports through DHCD. The Steering Committee reformed under the name of the **Integrated Task Force (ITF)**, co-chaired by the Executive Office of Health and Human Services and DHCD, which expanded its membership to include a variety of housing, homelessness, and domestic and sexual violence providers to work on the following key recommendations:

- Create an Integrated Task Force to support policies that support survivor success;
- Develop a common assessment tool and differential response protocol that can be applied across DHCD, DPH, and DTA services for survivors of domestic and sexual violence;
- Align future bids with anchoring principles of the Five Domains of Wellbeing¹⁷;
- Employ joint purchasing to support most vulnerable cross-over populations;
- Invest in partnerships and information sharing among relevant stakeholders;
- Reinforce and strengthen existing policy and practice among relevant stakeholders; and
- Take immediate and concrete steps to launch full action plan.

The current work of the ITF includes a variety of working groups trying to successfully integrate and implement these recommendations across varying systems - each with distinct roles, regulations, funding restrictions, and eligibility requirements that continue to present challenges in this regard. Despite these challenges, the ITF continues to develop regulatory frameworks, assessment tools, and best practices that can be applied across systems to improve referrals, collaborations, and client access to needed services. The ITF has issued progress reports on successes and challenges experienced in realizing these recommendations, the most recent of which was published in March of 2015.

¹⁶ Massachusetts Interagency Council on Housing and Homelessness, Overview of Efforts to End Homelessness in the Commonwealth: <http://www.mass.gov/eohhs/docs/eohhs/cyf/ichh-initiativeoverview.pdf>

¹⁷ Full Frame Initiative, Overview of Five Domains of Wellbeing: <http://fullframeinitiative.org/resources/about-the-full-frame-approach-and-five-domains/#5dw>

Most recently, Governor Baker reconvened the GCSADV (Executive Order 586) in January of 2015 with the specific purview of assessing progress made by state agencies implementing provisions of Chapter 260 of the Acts of 2014, the omnibus domestic violence legislation which created this study commission. A subgroup was established in the GCSADV, co-chaired by MOVA and Casa Myrna (a non-profit domestic violence agency that administers the SafeLink Hotline), to identify ways to improve housing and shelter supports for victims of domestic and sexual violence.

Although this commission dissolves with the issuance of this report, the work of the GCSADV, the ITF, and the ICHH are anticipated to continue for some time. The recommendations outlined in this report draw upon the past and current work of these long established groups and it is critically important the Legislature and Governor Baker’s Administration continue to support these ongoing efforts by implementing the funding and regulatory recommendations outlined below.

Section 3: Existing Housing and Shelter Resources for Domestic and Sexual Violence Victims

Section 3.1: Massachusetts Department of Housing and Community Development (DHCD)

The shelter response in Massachusetts is unique because it is the only state in the country that requires the right to shelter for needy residents (G.L. c. 23B, § 30). The **Emergency Housing Assistance Program (EA)**, administered by DHCD within the Executive Office of Housing and Economic Development, provides needy families and pregnant women with emergency assistance shelter placement if they meet certain income requirements and lack safe alternative housing. EA shelters do not serve individuals nor do they prioritize sexual assault victims for placements as they do with domestic violence victims.

There are three types of emergency assistance shelter sites: **congregate** (24 hour staff); **scattered sites** (leased apartments); and co-shelter. **Hotels/motels** are used as overflow. The FY2016 funding budget for EA shelter locations is \$155,058,948 (line item **7004-0101**) and staff operations is \$6,234,088 (line item **7004-0100**). DHCD also funds individual shelter services (line item **7004-0102**) for those who do not qualify or are not eligible for EA services.

The following is the regional breakdown for Emergency Assistance locations and bed numbers:

EA Shelter (includes Congregate, Scattered Sites and Co-shelter)

Region	Organization Name	Number of Beds
Boston	Action for Boston Community Development	35
Boston	Brookview House, Inc.	18
Boston	Casa Nueva Vida, Inc.	132
Boston	Catholic Charities of the Archdiocese of Boston	25
Boston	Children’s Services Roxbury	171
Boston	Crittenton Women’s Union, Inc.	148
Boston	Crossroads Family Shelter	27
Boston	Heading Home	177

Boston	Hildebrand Family Self-Help Center	125
Boston	Little Sisters of the Assumption/Project Hope	11
Boston	Middlesex Human Service Agency	192
Boston	Phoenix Houses of New England	19
Boston	Sojourner House, Inc.	9
Boston	St. Mary's Women and Children's Center, Inc.	36
Boston	FamlyAid Boston, Inc.	123
Boston	Victory Programs, Inc.	36
Boston	YWCA of Greater Boston, Inc.	32
BOSTON TOTAL		1316
Metro Boston	City of Cambridge	6
Metro Boston	Heading Home	11
Metro Boston	SMOC	188
Metro Boston	Housing Families, Inc.	100
Metro Boston	Middlesex Human Service Agency	8
Metro Boston	Somerville Homeless Coalition, Inc.	5
METRO BOSTON TOTAL		318
Southeast	Justice Resource Institute	60
Southeast	Developmental Disabilities Management Assistance	17
Southeast	Father Bills & Mainspring, Inc.	133
Southeast	Friend of the Homeless of the South Shore, Inc.	23
Southeast	Old Colony Y	60
Southeast	Plymouth Area Coalition for the Homeless, Inc.	13
Southeast	Southeast Regional Network, Inc.	109
SOUTHEAST TOTAL		415
Cape Cod	Community Action Committee of Cape & Islands	20
Cape Cod	Housing Assistance Corporation	45
CAPE COD TOTAL		65
Central	Central Mass Housing Alliance	173
Central	Our Father's House	20
CENTRAL TOTAL		193
Merrimack Valley	Community Teamwork, Inc.	127
Merrimack Valley	Emmaus, Inc.	54
Merrimack Valley	House of Hope	28
MERRIMACK VALLEY TOTAL		209
North Shore	Citizens for Adequate Housing	25
North Shore	Lynn Shelter Association	64
North Shore	North Shore CAP	65
North Shore	Centerboard	271
North Shore	Wellspring House	5
NORTH SHORE TOTAL		430
Hampden/Hampshire	Center for Human Development	297
Hampden/Hampshire	HAP, Inc.	209
Hampden/Hampshire	New England Farm Worker's Council	145

HAMPDEN/HAMPSHIRE TOTAL		651
Berkshire/Franklin	ServiceNet, Inc.	36
BERKSHIRE/FRANKLIN TOTAL		36

Hotel/Motel

REGION	BED COUNT
Metro Boston	36
Boston	13
No. Shore	42

For FY2016, approximately 8,923 families applied for emergency assistance and approximately 5,609 families entered the system to either be placed in a shelter, hotel/motel, or to be diverted through the HomeBASE program (detailed later in this section).¹⁸ Seventy-six percent (4,286 families) were placed in shelters, hotels, or motels while 24% (1,323 families) were diverted and entered the HomeBASE program. Thirteen percent (or 569) of the 4,286 families who entered shelter/motels noted domestic violence as the reason for homelessness. As noted earlier, the number of domestic violence victims being served in EA statistics is misleadingly low given most victims do not identify as domestic violence victims at intake.

EA Eligibility Requirements

There are stringent income and housing eligibility requirements established by DHCD to access EA shelters (760 CMR 67.00). EA is only available to homeless families with children under the age of 21. Family members can include parents, stepparents, other close relatives or legal guardians who are primary caretakers of a child. Families' gross monthly income cannot exceed 115% of the federal poverty limit for their family size. Wages and cash benefits (e.g.: Transitional Aid to Families with Dependent Children (TAFDC), Emergency Aid to the Elderly, Disabled, and Children (EAEDC), Social Security Insurance (SSI), etc.) count as income, but Supplemental Nutritional Assistance Program (SNAP)/food stamp benefits do not. The following chart illustrates income limits as of January 2017:

Household Size	EA Eligibility Standard: Monthly Income Limits
1	\$1,156
2	\$1,556
3	\$1,957
4	\$2,358
5	\$2,758
6	\$3,159
7	\$3,559
8	\$3,960
Each Additional Household Member	\$401

¹⁸Commonwealth of Massachusetts, Department of Housing and Community Development: Emergency Assistance Program, FY2016 Fourth Quarterly Report: <http://www.mass.gov/hed/docs/dhcd/hs/ea/fy16q4eareport.pdf>

EA looks at total income prior to any tax withholdings or other deductions and typically requires applicants to provide the past 4 pay stubs to confirm eligibility status. Approved applicants receiving benefits who experience an increase in gross monthly income beyond the EA standard can receive benefits for an additional 6 months if the client deposits income that exceeds the limit which must be held in escrow until shelter placement is terminated.

In addition to income eligibility requirements, EA also requires applicants to have no “feasible alternative housing” available when seeking shelter placement. This means they must have no other reasonable living situation available to them to access EA services (including doubling up with relatives, friends, etc. or have temporary housing or other shelter supports). In addition, updated regulations issued in 2012 further amended eligibility requirements to prioritize the following four categories:

1. Households at risk of domestic violence or that fled domestic violence;
2. Households homeless due to fire, flood, or natural disaster (through no fault of its members)
3. Households homeless due to certain eviction conditions:
 - Foreclosure through no fault of the members
 - Condemnation through no fault of members
 - Conduct by a guest or household member that is not seeking EA assistance
 - Nonpayment of rent due to medical condition, disability, or documented loss of income
4. Households “not meant for human habitation” which is defined to include:
 - Lacks hot/cold water for personal use
 - Lacks heat from September 16 to June 14
 - Lacks electricity or lighting for personal use
 - Lacks operational toilet facilities
 - Unsanitary conditions that result in the accumulation of garbage
 - Substantial health and/or safety risks if household remains
 - ***NOTE:** This category requires a site visit and confirmation of a DCF Homeless and Safety Assessment Unit social worker

EA supports are available to immigrants with legal status including refugees and lawful permanent residents. If a member of a household meets one of these statuses or is a citizen, the entire household is eligible for EA services. In July of 2012, DCHD applied new standards for verifying that all members of a family seeking shelter are Commonwealth residents, however any third party verification that shows a household resides in Massachusetts with an intention to stay typically meets this requirement. Preferred forms of verification for adults include a Massachusetts ID or driver’s license, current utility bill, proof of voter registration in Massachusetts, or school registration for minors¹⁹.

Regardless of why a household is seeking EA assistance, DHCD is not allowed to deny a family shelter if immediately needed because they do not have verifying documentation at the time they apply. However, applicants are encouraged to bring all documentation possible at the time of intake. If an applicant appears to be eligible based on their statements and information available to DCHD (e.g.:

¹⁹ DHCD, Division of Housing Stability, Housing Stabilization Notice 2012-08: Guidance on Basic Verification: <http://www.mass.gov/hed/docs/dhcd/hs/hsn201208.pdf>

information from other state agency databases), DHCD is required to find a placement and give the applicant 30 days to produce the needed verification(s).

Homeless families who meet all these conditions can still be denied EA shelter placements for a variety of reasons, including:

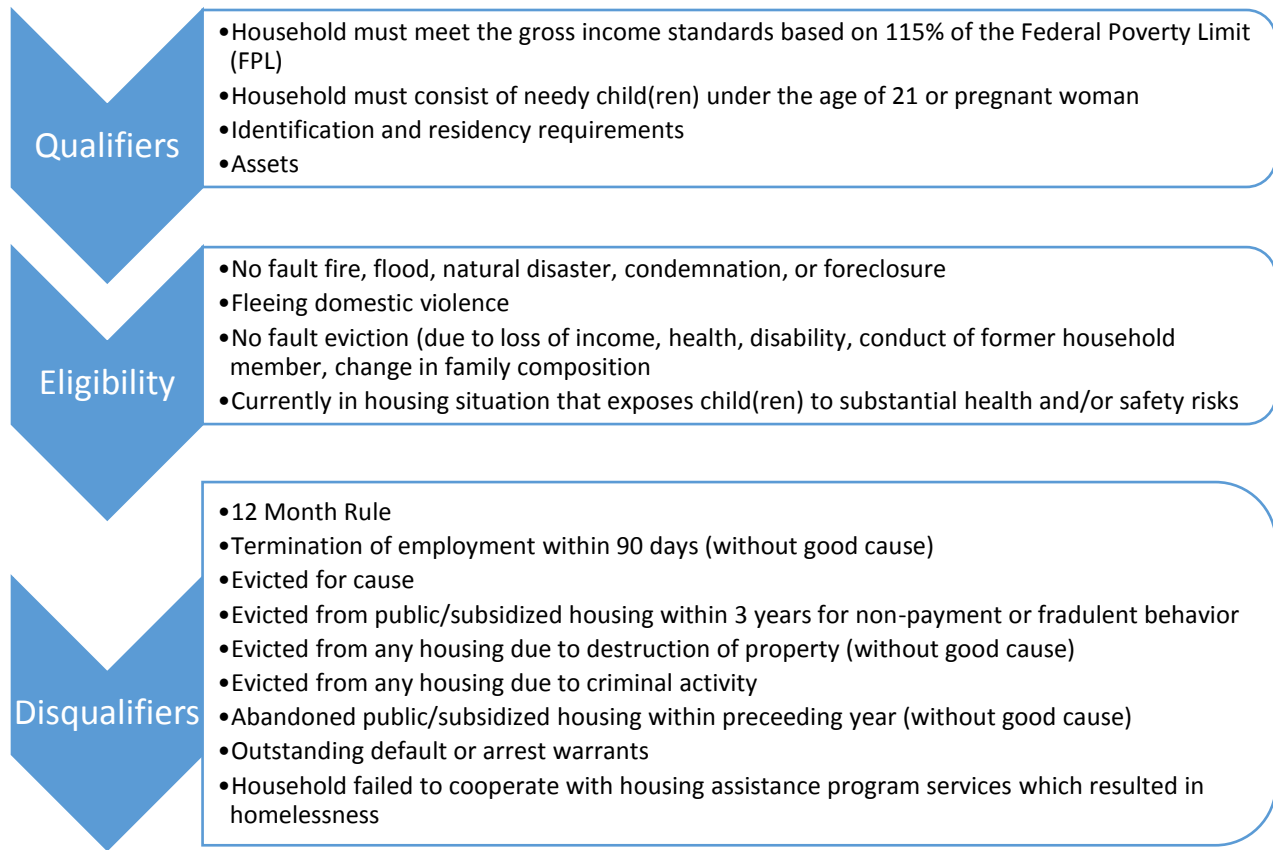
- Family was in EA shelter within the past 12 months (known as the “12 Month Rule”)
- Family was terminated from the HomeBASE program for “cause” within the past 24 months
- Family made itself homeless to become eligible for EA or to get a housing subsidy
- Family abandoned public or subsidized housing within the past 12 months without good cause
- Family evicted from housing due to criminal conduct or destruction of property
- Family did not cooperate with EA housing search or other housing assistance activities
- Adults seeking EA assistance quit a job, reduced hours, or refused additional hours within 90 days of application without good cause
- Teen parents asked to leave teen living program 3(+) times due to rule violations or refusing teen living placement

In addition to being restrictive for many families to enter shelter, these eligibility and verification requirements limit what homeless families can do to improve their situations to become financially independent – often perpetuating cycles of poverty and dependence on the shelter system.

Applying for EA Shelter Placement

Needy families can apply for EA shelter supports at any DHCD field office throughout the state or by calling DHCD directly. If domestic violence is disclosed during intake, there are DTA Domestic Violence Specialists whose responsibility it is to complete a safety assessment to aid DHCD in assigning a safe shelter placement (funded via line item **4400-1025**; funded at \$1,046,651 in FY2016).

The following intake chart illustrates common intake practices utilized by DTA:



Placements are based on locational safety for clients, however these placements are determined by availability of shelter beds. In 2016, the DTA Domestic Violence Unit worked with 2,589 homeless victims, completed 1,499 Safety Assessments, diverted 1090 and responded to 185 Serious Incident Reports for DHCD.²⁰

The DTA also administers the major “safety net” programs for families and individuals with little or no income and resources that are often applied for by victims of domestic violence. These programs include:

- **Transitional Aid to Families with Dependent Children (TAFDC):** a state and federally funded program which provides cash assistance to families with dependent children living with a qualified relative and pregnant women with little or no assets or income. It is operated by under the federal Temporary Assistance for Needy Families (TANF) block grant;
- **Emergency Aid to the Elderly, Disabled, and Children (EAEDC):** a state funded program which provides cash assistance to persons who are unable to work, are caring for an unrelated child, participate in a Massachusetts Rehabilitation Commission program, or are needed in the home to care for an incapacitated person who would otherwise have to be institutionalized; and the
- **Supplemental Nutrition Assistance Program/SNAP** (formerly the Food Stamps Program): which provides food assistance for eligible low-income households and individuals.

²⁰ DTA Domestic Violence Unit/DHCD Tracking Totals 2016

EA Shelter Rules

If a homeless family is able to access EA shelter supports, DHCD has established “Uniform Shelter Program Rules” which outline regulations and obligations for families while in shelter. These rules apply to families placed in congregate shelters, co-shelter, scattered sites and hotels or motels. Residents are terminated from shelter if they incur three violations during their placement and are barred from accessing EA shelter for 12 months from the date of termination. It is important to note that residents have the right to appeal every rule violation through the Department’s formalized appeal process.

These rules are stringent when compared to other state administered shelter supports like DPH Emergency Shelters and often place real hardships on victims that require significant tradeoffs to access shelter services. The following is a summary of these rules, a complete listing can be found on DHCD’s website at: <http://www.mass.gov/hed/docs/dhcd/hs/ea/s-ea-forms-ea-uniform-shelter-program-rules-january-2015-english.pdf>.

1. Access to Units/Searches: DHCD shelter and hotel staff have right to access unit on regular basis to ensure safe and sanitary conditions with 24 hours advance notice of the visit. Staff can also access unit without prior notice in case of emergency or if there is a suspicion of violation(s) of rules.
2. Babysitting/Childcare (applies only to hotel/motel placements): Another EA participant may babysit for children with prior approval from DHCD or for good cause (e.g.: an emergency). A child 14 or over may babysit themselves and younger household members once approved by DHCD. Approval must be received two days in advance.
3. Care of Children: Adults are required for requiring appropriate care for children in EA household, including ensuring school attendance and proper feeding and rest.
4. Child Left Unattended: Households cannot leave child unattended or alone at any time. A child age 16 or over may visit with others in common areas if s/he is authorized to babysit her/himself or an adult caretaker is on the property or promptly reachable by phone or in-person.
5. Curfew: Household members must return to shelter or hotel by the set curfew time unless there is good cause (as defined in DHCD regulations). You must remain in your room from curfew to 6 a.m. the following morning. Curfew times can be adjusted to meet work or other requirements outlined in DHCD regulations.
6. Damage to Property and Expenses: Households may not damage shelter or hotel property. If damage is caused or shelter/hotel property is removed, households may be required to pay for damages. Households are also responsible for covering costs not covered by the EA shelter program including the use of telephones or movie rentals.
7. DHCD Requirements: Households must attend meetings with shelter staff, DHCD staff, housing search workers, or other agencies under contract with DHCD. Households must comply with DHCD rehousing plans which may include a requirement that any outstanding warrants are resolved within 30 days of being notified of the warrant. Households must arrive at shelter or hotel by 8 p.m. on the day of placement.

8. Disturbance of Quiet Enjoyment: Households may not engage in conduct that disturbs other shelter families, other residents in scattered site apartment buildings, or other hotel guests.
9. Drug Testing: Households must take a drug test if there is reasonable suspicion that members are using/abusing drugs.
10. Fire Safety/Smoking: Households can only smoke in designated smoking areas. Disabling smoke detectors is prohibited.
11. Harassing or Threatening Language: Households may not use harassing or threatening language toward other EA residents, hotel guests, service providers, or DHCD, shelter, or hotel staff.
12. Illegal Activity: Any activity that violates state, federal or local law is prohibited on or near shelter or hotel property.
13. Legal Issues: You must provide DHCD staff with information on outstanding warrants, restraining orders, and other court orders.
14. Overnights: Every member of the household must stay at the EA placement every night unless household receives prior approval from DHCD or if an emergency situation arises. Household members can be out of EA placement for up to 4 nights with prior approval. Approval should be requested at least two weekdays in advance.
15. Personal Belongings/Cleanliness of Room: Rooms must be kept tidy and neat. Only the equivalent of 2 large garbage bags of belongings per person is allowed in any congregate or shelter/hotel placement.
16. Pets: No pets of any kind are permitted unless they are documented service animals.
17. Prescription Medication: Households are responsible for keeping prescription medications properly stored. In shelter location, staff should help in finding a safe place to store medication(s).
18. Sexual Harassment: Sexual harassment of anyone on shelter or hotel property is prohibited.
19. Substance Abuse: Possession or use of alcohol or any controlled substance on shelter or hotel property is prohibited. Even having an unopened bottle of alcohol is prohibited.
20. Violent Behavior, Child Abuse, or Neglect: Households may not engage in any violent behavior or child abuse or neglect. Physical discipline of children is considered child abuse or neglect.
21. Visitors/Guests: Households may never have guests in hotel rooms unless it is an approved social services provider or another family residing in the hotel. Members of another family may only visit if an adult from the family is also in the room or can be reached by phone or voice, or if household is an approved babysitter. There cannot be more than 6 individuals in a hotel room at once if guests are visiting.

22. Weapons: Households may not possess weapons on shelter or hotel property. Firearms are never allowed even if lawfully registered.

In addition to adhering to these rules, families receiving DHCD shelter benefits must also develop a rehousing plan that requires them to actively look for safe and permanent housing, attend meetings with a housing stabilization worker, apply for public and subsidized housing, and save 30% of their household's monthly net income (savings requirement not required in hotel/motel placements). Families are also required to perform 30 hours of self-sufficiency activities each week which can include working, attending education or training programs, conducting housing searches, or participating in substance abuse programs. Depending on each family's circumstances, these requirements can be tailored to address certain challenges faced in meeting the 30 hour requirement; for example, hours can be reduced given particular disabilities, child care issues, medical/mental health problems, or issues caused by domestic violence.

Families facing homelessness, especially those fleeing domestic violence situations, are typically in crisis for a variety of reasons. Although housing and shelter may be needed, the eligibility standards, verification requirements, and rules placed on these families create significant barriers for them to access shelter services. These current policies do not account for the economic and emotional impacts that homelessness and abuse can cause – unintentionally placing families in greater danger to qualify for services and restricting their ability to leverage their own resources.

In addition, EA shelter placements can require families to move up to 20 miles away from their hometown given shelter bed availability, making it difficult for many to access their schools, doctors, therapists, or other social supports they rely on. Accessing safe shelter should not require survivors to make these significant tradeoffs, rather shelter supports should build off these supports and create greater access to other services available in their communities when safe to do so. With the introduction of a more comprehensive tenancy preservation and diversion strategy the Department is striving to reduce the significance of these trade-offs.

DHCD Emergency Solutions Grant (ESG) Domestic Violence Shelters

Different from EA shelter supports, under the Emergency Solutions Grant (ESG) Program, DHCD also administers domestic violence shelter beds that are contracted through community-based providers. ESG shelter beds are located in the following areas:

- Amherst
 - Craig's Doors – A Home Association, Inc.
- Ashland
 - SMOC – Shadows Women's Shelter
- Beverly
 - River House
- Boston
 - Asian Task Force
 - Boston Public Health Commission
 - Elizabeth Stone House
 - Family Aide, Inc.
 - MA Housing and Shelter Alliance

- Pine Street Inn
- Brockton
 - Father Bill's & Mainspring, Inc.
- Cambridge
 - CASPAR, Inc.
- Chelsea
 - HarborCov,
- Fall River
 - Catholic Social Services of Fall River, Inc.
 - Stepping Stone, Inc.
- Gloucester
 - Action, Inc.
- Greenfield
 - ServiceNet Wells Street Inn
- Haverhill
 - Emmaus
- Leominster
 - Montachusett Interfaith Hospitality Network
- Lowell
 - Community Teamwork, Inc.
 - SMOC – Lowell Transitional Living Center
- Pittsfield
 - ServiceNet Barton's Crossing
- Salem
 - The Salem Mission, Inc.
- Springfield
 - Center for Human Development
 - Friends of the Homeless, Inc.
 - YWCA of Western MA
- Worcester
 - Friendly House, Inc.
 - Veterans, Inc.

Any non-EA eligible family or individual in need of emergency shelter and any household currently fleeing domestic violence may access ESG shelters. There are no eligibility criteria other than disclosure of abuse, but these beds are extremely limited. Funding for ESG shelter services (\$2,217,112) is provided by the U.S. Department of Housing and Urban Development to DHCD which also supports rapid rehousing and homelessness prevention initiatives in the state.

ESG funding only supports the costs associated with shelter beds – not the services of the host agencies or advocates who staff these shelters. Community-based agencies who receive this funding are paid a lower rate than the DPH Emergency Domestic Violence Shelter system. Victims who utilize these shelters are not eligible for other “EA qualifying” supports such as HomeBASE that are provided by DHCD to EA shelter residents. As with EA shelter, sexual violence victims are not considered an eligible priority population for these services.

HomeBASE Homelessness Prevention Programming

HomeBASE is a DHCD funded homelessness prevention program operating as a shelter diversion tool by providing a flexible financial resource that is available to families who are eligible for the state's EA program. It provides up to \$8,000 per year of flexible cash assistance to families to allow them to retain housing or obtain new housing, as well as pay for moving expenses to another state or location in-state. This program also requires a minimum of 12 months of housing stabilization and economic self-sufficiency case management for each family receiving benefits. A family's housing stabilization plan focuses efforts on housing retention and links the households to supports including job training, education, and childcare options that may require entering into agreements with other public and private agencies for the provision of such services. A stabilization worker is assigned to each household. Funding for HomeBASE in FY2016 is \$31,249,331 (line item 7004-0108).

Households that are EA eligible and elect to utilize HomeBASE funding may only use \$8,000 in one year, but given the high costs of housing and rent in Massachusetts, this assistance unfortunately does not go very far. In addition, HomeBASE supports may impact other forms of financial assistance received by families because it is considered additional income – so TAFDC, EAEDC, or SSI benefits may be reduced and rents may be increased – despite the intended purpose of the benefit is to keep families in their homes.

A pilot program of HomeBASE was created in the FY2017 Budget to allow EA-eligible victims utilizing the DPH Emergency Domestic Violence Shelter system to access this benefit. Although this is a positive move by increasing access to HomeBASE, the dollar amount allocated to the pilot program (\$300,000) is not sufficient and concerns have been raised by DPH-funded providers regarding the restrictions placed on them if their clients utilize this benefit. Under current budget language, once a DPH-funded shelter bed is vacated by a client's use of HomeBASE, DHCD is then authorized to place other EA-eligible families in that DPH shelter placement. This presents policy and regulatory conflicts for DPH providers given their shelters operate differently than DHCD EA Shelters, most notably they do not have eligibility requirements per their funding guidelines. While supportive of the concept to increase access for DPH shelter clients to HomeBASE resources, the ability for DHCD to maintain "ownership" of DPH-funded shelter beds is problematic and limits shelter access to non EA-eligible families.

Residential Assistance for Families in Transition (RAFT)

Unlike HomeBASE, which is primarily used as a diversion and rapid re-housing benefit, the Residential Assistance for Families in Transition (RAFT) program helps families who are at-risk of becoming homeless to remain housed. RAFT is a DHCD administered homelessness prevention program that provides short-term financial assistance to families with incomes at or below 50% of the area median income (AMI).

Families can receive up to \$4,000 within a 12-month period to cover eligible costs including moving cost assistance, rent/mortgage and utility arrears, rental stipends, and other housing related expenses. RAFT also helps families who have to move but do not have enough money to pay a security deposit, utility startup costs, first/last month's rent, and furniture costs. The combined sum of benefits received by a family in a 12-month period from this program and HomeBASE cannot exceed \$8,000. Funding for the Residential Assistance for Families in Transition (**7004-9316**) in FY2016 was \$12,500,000.

Income Chart:

	1 Person	2 Person	3 Person	4 Person	5 Person
15% AMI Limits	\$9,925	\$11,325	\$12,750	\$14,150	\$15,300
30% AMI Limits	\$19,850	\$22,650	\$25,500	\$28,300	\$30,600
50% AMI Limits	\$33,050	\$37,800	\$42,500	\$47,200	\$51,000

RAFT is administered by a network of ten regional providers called Housing Consumer Education Centers (HCEC) throughout Massachusetts:

- Berkshire Housing Development Corporation (Pittsfield)
- Central Massachusetts Housing Alliance (Worcester)
- Community Teamwork, Inc. (Lowell)
- Franklin Regional Housing and Redevelopment Authority (Turners Falls)
- HAP, Inc. (Springfield)
- Housing Assistance Corporation (Hyannis)
- Lynn Housing Authority and Neighborhood Development (Lynn)
- Metropolitan Boston Housing Partnership, Inc. (Boston)
- South Middlesex Opportunity Council, Inc. (Framingham)
- South Shore Housing Development Corporation (Kingston)
- RCAP (Worcester/Gardner)

Families can apply for this funding by filling out an application at their local housing agency. DHCD requires families to show at least a couple of risk factors in order to be eligible for RAFT assistance. DHCD looks at whether the Head of Household is employed, level of education, has prior or current DCF involvement, history of shelter stays, histories of moves within the past year, and childhood experiences. Applicants are required to present valid identification for all members of the household (e.g.: driver’s license, birth certificate, MassHealth card, etc.), proof of current income (including other financial benefits received such as TAFDC or EAEDC), copy of lease, proof of monies owed (e.g.: eviction notices, utility shut off notice, etc.), and a participation agreement from a landlord if applicable. If the household receives assistance for rent arrearage, they must provide proof of hardship such as medical expenses, loss of income, or other crisis. Subsidized tenants may not receive payment for more than 9 months of rent arrears.

Section 3.2: RECOMMENDATIONS to Improve DHCD Shelter, Diversionary, and Housing Stability Supports

1. **Connect EA services with external victim service providers to augment current service responses.**

EA regulations specifically identify domestic violence as a qualifying factor for services – making EA a critical resource for victims to access temporary shelter, rehousing services, and other welfare supports. Despite the impact of these important services, they are not enough to effectively serve families in crisis or are flexible enough to meet their varying and dynamic needs. It is critical to connect victims with locally-based victim services that can provide appropriate trauma informed responses to augment DHCD’s services. Domestic and sexual violence agencies provide services like safety planning, crisis and family counselling, case management, and others designed to support victims through the process of regaining control and safety in their lives. By connecting EA clients to existing state-funded resources like domestic and sexual violence agencies, public and mental health providers, and rehabilitation programming – local resources will be effectively leveraged to address the complex issues that lead many to experience homelessness and develop a cyclical-reliance on shelter systems.

2. Allow victims temporary shelter placement until they are able to make informed decisions.

When victims flee domestic or sexual violence they are often in crisis when they arrive at a DTA office or shelter looking for support. While in this state, victims are required to make significant decisions regarding their future which can impact their ability to access DHCD services for a given year. When violence is disclosed, victims should be afforded some time to “take a breath” in shelter until they are able to make informed decisions on what options are best for them. DHCD should permit a “triage” period (for example 1 week) to allow victims to collect themselves, have a qualified trauma-informed victim advocate explain the options available, and evaluate those options to make reasonable decisions. This triage shelter stay should not count against their EA eligibility if the victim chooses to leave shelter given the myriad of difficult choices victims face when fleeing abuse.

3. Increase resources to DHCD’s individual shelter system (7004-0102) to serve homeless individuals fleeing from domestic and sexual violence.

The EA Shelter system is specifically designed to serve families who are homeless; however, there are a significant number of individuals and unaccompanied parents who are victims of violence seeking shelter services. Current shelter bed capacity in DHCD’s individual shelter system is operating beyond capacity and will require additional resources to meet demand. DHCD individual shelter regulations should recognize domestic violence as a priority category as in EA and include sexual assault as a priority category as well. DHCD individual shelter services should also establish partnerships with local domestic violence providers, rape crisis centers, and other providers to ensure the same wrap around services are provided to this population as is recommended for EA shelter clients.

4. Provide cultural competency trainings and increase resources to DHCD shelter providers to better serve vulnerable populations.

Although domestic and sexual violence present many hardships for all victims, it effects those from particularly vulnerable populations more acutely. Populations like the LBGTQ, minority, immigrant, low-income, and disabled communities have added layers of discrimination, reduced access to culturally appropriate services, shortage of accessible housing/shelter facilities, and lack of economic opportunity. These significant challenges require informed service responses that can only come from cultural competency trainings, targeted outreach, and increased resources and funding to implement. DHCD should partner with government and community-based agencies that specialize in serving vulnerable populations to ensure appropriate, informed, and effective services are administered uniformly and equitably in each EA shelter location throughout the state.

5. Review current EA eligibility standards regarding “feasible alternative housing” and “unfit living conditions”.

Current EA eligibility rules require a determination be made regarding a family’s access to “feasible alternative housing” or whether they are living in “unfit conditions” to qualify for services. Although this standard is not meant to place families at risk, examples of families being denied EA services for “doubling up” with relatives, friends, etc. or for accessing other shelter supports have been reported by advocates. Furthermore, the requirement that families must live in “unfit living conditions” (e.g.: lacks hot/cold water, heat, or electricity) have led to reports of clients opting to sleep in transit stations, emergency rooms, cars, or other unsafe conditions to qualify for services. To prevent these unintended and dangerous consequences, uniform standards and best practices should be implemented by DHCD around making appropriate eligibility determinations and how these regulations are explained to clients so they do not feel they must place themselves in danger to qualify for services.

6. Allocate additional resources to HomeBASE and RAFT to reflect current housing/rental market rates in Massachusetts.

Given high housing costs and lack of affordable housing stock throughout the Commonwealth, additional resources should be allocated to the HomeBASE and RAFT to reflect actual costs that a family may incur in a given year to find and/or maintain housing. The current benefits of \$8,000 per year for HomeBASE and \$4,000 per year for RAFT are insufficient to make a real difference for families facing homelessness. In addition to increasing the financial benefit allocated to recipients, further resources should be dedicated to bolstering DHCD’s internal staffing capacity to process applications and payments in a timely manner, ensuring that families who qualify and need these benefits are receiving them prior to becoming homeless.

7. Support the ongoing work of the Integrated Task Force (ITF) and Governor’s Council to Address Sexual Assault and Domestic Violence (GCSADV).

Both the ITF and GCSADV continue to collaborate with ICHH, DHCD, DTA, DCF, DPH, and other relevant providers to address many of the issues listed above. Most notably, both groups are working to develop practices and procedures that will eliminate barriers for victims to access domestic violence services by improving intake processes, broadening referrals available, and amending eligibility standards and rules for this population. They also are examining current policies, regulations, and rules of all stakeholders providing housing and shelter supports that can at times work at cross purposes and conflict with one another, resulting in additional barriers to multidisciplinary collaborations and access to services. Without holistic and trauma informed services – the EA shelter system is unintentionally perpetuating cycles of dependence by not addressing significant issues like violence, mental health needs, substance abuse, or others that present barriers for victims to become self-sufficient and maintain stable and safe housing. The ITF and GCSADV must engage and train DHCD personnel and domestic and sexual violence providers to bridge this critical gap to ensure the effective delivery of these specialized services.

Section 3.3: Massachusetts Department of Public Health (DPH)

As this report was being drafted, the FY2017 Budget was enacted which transferred the following domestic violence shelter, housing stabilization, and substance abuse/mental health services from the

Department of Children and Families (DCF) (line items 4800-1400 and 4800-0007) to the Department of Public Health (DPH) (line item 4513-1130) effective July 1, 2016. **All of the existing DCF contracts, regulations, and funding amounts described in this section are now under the purview of DPH (line item 4513-1130) through June 2017.**

Both DCF and DPH are implementing a statewide procurement process in November 2016 to solicit new contracts for services - with new contracts expected to begin in July 2017. The Legislature is encouraged to review these new DPH contracts once they are fully established under line item 4513-1130 to monitor the ongoing support, accessibility, and availability of these lifesaving services moving forward into FY2018.

Under the Executive Office of Health and Human Services, the **Massachusetts Department of Public Health (DPH)** now funds domestic violence programs offering the following services: emergency domestic violence shelter services, housing stabilization services, and substance abuse and mental health supports. The emergency domestic violence shelter services consist of 26 shelters operating a total of 180 rooms with 475 beds. The housing stabilization services consist of 10 programs operating a total of 97 rooms with 239 beds. And, the substance abuse/mental health support programs consist of 3 shelters operating a total of 20 rooms with 40 beds.

The following table depicts amounts spent on these contracts while under the authority of DCF; however, these services are now under DPH line item 4513-1130. Please see below for a table depicting these bed counts and annual costs:

DCF: Domestic Violence Services	Service Count	Room Count	Bed Count	SFY 2016 Spending
Emergency Domestic Violence Shelter Services	26	180	475	4800-1400 - \$8,956,434.63 4800-0007 – \$1,187,384.72 Total \$10,143,819.35
Housing Stabilization Services	10	97	239	4800-1400 - \$2,241,548.95 Total \$2,241,548.95
Substance Abuse/Mental Health Support Programs	3	20	40	4800-1400 – \$773,834.64 4800-0007 – \$379,010.56 Total \$1,152,845.20

The domestic violence support services offered by DPH are located in four regions: Boston, Northern, Southern, and Western Massachusetts. In particular, the Boston Region has seven agencies providing a total of 170 beds. The Northern Region (Essex County and Middlesex County) has a total of 8 agencies providing 160 beds. The Southern Region (Barnstable County, Bristol County, and Norfolk County) has a

total of 9 agencies providing 185 beds. And, the Western Region (Berkshire County, Hampden County, Hampshire County, and Worcester County) has a total of 8 agencies providing 239 beds.

Emergency Domestic Violence Shelters

This funding provides for free and confidential emergency shelter for victims of domestic violence and their children. Service components include:

- Information and referral;
- Crisis prevention and/or intervention;
- Safety planning;
- Service needs assessment (for adults and on behalf of children);
- Individual support and case management;
- Individual and family advocacy;
- General support groups, parenting support, and education groups;
- Child care and children’s services; and
- Access to medical care assistance.

When compared to DHCD EA shelter services, DPH Emergency Domestic Violence Shelters are much more comprehensive in the services provided to victims of abuse and are more flexible in serving individuals and families in crisis. The only eligibility requirement is disclosure.

In addition to providing safe, confidential shelter services, DPH Emergency Domestic Violence Shelters focus on empowering victims to help them rebuild their futures by connecting them with trauma informed services as well as educational, employment, legal, and other services available in the community. The following community-based agencies are contracted to provide Emergency Domestic Violence Shelter Services:

Massachusetts Region	Agency	Bed Count
Boston	Asian Task Force Against Domestic Violence (Boston)	17
	Casa Myrna Vazquez (Boston)	32
	Elizabeth Stone House (Jamaica Plain)	10
	FINEX House (Jamaica Plain)	32
	HarborCov (Chelsea)	12
	Renewal House (Roxbury)	8
		111
Northeast	Alternative House (Lowell)	22
	Healing Abuse Working for Change (HAWC) (Salem)	20
	Respond (Somerville)	15
	South Middlesex Opportunity Council (SMOC) (Framingham)	11
	Transition House (Cambridge)	19

	YWCA Greater Lawrence (Lawrence)	15
		102
Southeast	Cape Cod Center for Women (Falmouth)	9
	DOVE (Quincy)	18
	Health Imperatives (Brockton)	12
	New Bedford Women's Center (New Bedford)	16
	New Bedford Women's Center (Fall River)	13
	New Hope (Attleboro)	12
	Reach (Waltham)	22
		102
Western	Elizabeth Freeman Center (Pittsfield)	26
	New Hope (Worcester)	11
	Safe Passage (Northampton)	20
	Womanshelter/Companeras (Holyoke)	21
	YWCA of Central MA: Battered Women's Resource Center (Leominster)	9
	YWCA of Center MA: Daybreak (Worcester)	15
	YWCA of Western MA (Springfield)	58
		160

Housing Stabilization Services

This funding enables families to further stabilize after emergency shelter, receive supportive services and seek permanent housing, training, education and/or employment in order to become economically self-sufficient. Service components include the following: information and referral, basic assistance, crisis prevention and/or intervention and safety planning, service needs assessment (for adults and on behalf of children), individual support and case management, individual and family advocacy, general support groups, parenting support and education groups, child care and children's services, access to medical care assistance, reunification services for DCF involved families, and continuing care (after leaving the program).

The following community-based agencies are contracted to provide Housing Stabilization Services:

Massachusetts Region	Agency	Bed Count
Boston	Crittenton Women's Union (Boston)	20
	Elizabeth Stone House (Jamaica Plain)	22

	HarborCov (Chelsea)	17
		59
Northeast	Community Teamworks (Lowell)	38
		38
Southeast	Independence House (Hyannis)	8
	South Shore Housing (Kingston)	33
	New Bedford Women's Center (New Bedford)	15
	The Second Step (Newton)	13
		69
Western	HAP (Springfield)	40
	RCAP Solutions (Worcester)	33
		73

Substance Abuse/Mental Health Support Programs:

These programs provide intensive support services for victims who struggle with co-occurring issues. Programs are designed to provide trauma informed services for adult victims and their children by addressing the co-occurrence of mental health and/or substance abuse along with domestic violence. Service components include the following: information and referral, basic assistance, crisis prevention and/or intervention and safety planning, service needs assessment (for adults and on behalf of children), individual support and case management, individual and family advocacy, general support groups, parenting support and education groups, child care and children's services, access to medical care assistance, reunification services for DCF involved families, and continuing care (after leaving the program).

The following community-based agencies are contracted to provide Substance Abuse/Mental Health support programs:

Massachusetts Region	Agency	Bed Count
Boston	N/A	N/A
		N/A
Northeast	Turning Point (Amesbury)	20
		20
Southeast	New Bedford Women's Center (New Bedford)	14
		14
Western	YWCA of Western Massachusetts (Springfield)	6
		6

For FY2015, the total spent on residential programming under DCF (line items 4800-1400 and 4800-0007) was \$13,538,213.50. This amount will now be administered by DPH under line item 4513-1130 through June 2017.

Chapter 257 of the Acts of 2008

Reimbursement rates paid by the Commonwealth for social services are established by the Secretary of the Executive Office of Health and Human Services (EOHHS) as mandated by Chapter 257 of the Acts of 2008. These rates fund providers’ salary, fringe, health insurance, rent, and other operating costs in Emergency Domestic Violence Shelters, Housing Stabilization programs, and Substance Abuse/Mental Health programs. Since 1987, there has not been a statewide adjustment of these rates paid by the Commonwealth – leaving many programs facing rising costs that over time have outpaced resources available to support stable and consistent services. The current residential reimbursement rates for these programs are:

Program/Service Type	Rate (per room/per day)
Emergency Shelter	\$161.92
Residential Housing Stabilization	\$87.22
Substance Abuse/Mental Health	\$162.94

The Legislature enacted Chapter 257 in 2008 to create a transparent, uniform, and evidence-based process to establish reasonable rates that adequately meet the costs incurred by these agencies. Chapter 257 rates for residential services were reestablished in 2014 and were reviewed and reset effective July 1, 2016.²¹ However, this mandate established a four-year timeline for implementing the new rate setting process for provider services which was extended in 2011 and again in 2015 following a Superior Court ruling and ongoing negotiations between the Baker Administration and relevant stakeholders. These negotiations resulted in an agreement on new timelines and that reimbursement rates and contracts will continue despite the ongoing rate evaluations with an additional 3.75% in funding for FY2016.

Section 3.4: RECOMMENDATIONS to Improve DPH Emergency Domestic Violence Shelter Programming

1. Further invest in DPH line item 4513-1130 to better integrate shelter diversion programming.

Unfortunately, the DPH Emergency Domestic Violence Shelter system does not have the capacity to meet the current demand for shelter, housing stability, or substance abuse services they provide. These supports are critical for survivors of domestic violence given the service model they implement which empowers victims to reclaim a sense of independence and self-sustainability which leads to housing stability and long-term safety. Services such as support groups, counseling, safety planning, and referrals to other community-based supports like legal assistance and welfare supports makes this holistic approach more effective than simply providing shelter beds, housing, and short-term financial assistance.

Stronger relationships among DPH Emergency Domestic Violence shelter, housing stability, and substance abuse programs with DHCD EA providers and other community-based partners is paramount to increasing the supportive and diversionary options victims need to achieve long-term housing stability and safety. As with DCHD EA services, DPH shelter, housing stability, and substance abuse programming should also be made available to sexual violence victims by partnering with community-based rape crisis

²¹ 101 CMR 412.00: Rates for Family Transitional Support Services, Executive Office of Health and Human Services (July 1, 2016): <http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/101-cmr-412.pdf>

centers and sexual assault providers to ensure appropriate services are provided to this specialized victim population.

2. Provide cultural competency trainings and increase resources to better serve vulnerable populations.

Although domestic and sexual violence present many hardships for all victims, it effects those from particularly vulnerable populations more acutely. Populations like the LBGTQ, minority, immigrant, low-income, and disabled communities have added layers of discrimination, reduced access to culturally appropriate services, shortage of accessible housing/shelter facilities, and lack of economic opportunity. These significant challenges require informed service responses that can only come from cultural competency trainings, targeted outreach, and increased resources and funding to implement. DPH should connect their funded shelter providers with other community-based agencies that specialize in serving vulnerable populations to ensure appropriate, informed, and effective services are administered uniformly and equitably throughout the state.

3. Bolster “Flex Funds” available for programs to support varying needs and expenses of survivors.

DPH Emergency Domestic Violence Shelter Programs benefit from utilizing “flex funds” to support various financial needs of victims seeking shelter supports. In FY2015, when these services were overseen by DCF, over \$250,000 (via DCF line item **4800-1400**) were provided to approximately 440 victims with average payments totaling \$572.62 per recipient. Flex funds cover expenses like rent or security deposits, mortgage payments, utility payments, transportation costs or auto repairs, storage facility fees, and other needs presented by victims.

The flexibility of this funding has been a critical tool for providers to assist victims in a variety of ways – enabling them to cover costs they otherwise would not be able to and allowing victims to focus on their recovery and wellbeing. As with shelter beds, the requests for flex funding have far outpaced resources available to help. Rising housing costs, loss of income, and other contributing factors require a further investment by the state to DPH line item **4513-1130** to provide additional funding for this flexible spending to help victims cover costs that can be significant barriers when escaping abuse.

Section 4: Assessment of Providing Tax Credits for Hotels/Motels to Provide Free Rooms for Domestic and Sexual Violence Victims

Currently, hotel and motel placements are utilized as overflow options for the DCHD and the DTA to place EA eligible shelter candidates when EA shelter locations are at capacity. Often, these placements are located away from the victim’s hometown and require them to make significant tradeoffs like leaving their community supports such as schools, doctors, employment, family/friends, and others for the sake of receiving shelter placement. These placements are physically and emotionally isolating for victims and their families and come with restrictive rules and regulations that victims must adhere to. Victims and their families staying in hotel/motel placements have no access to services other than the financial assistance programs offered by DHCD like HomeBASE which are insufficient in serving this population’s varying needs.

Thankfully, the use of hotel/motel placements significantly decreased in FY2016. Due to high costs incurred by DHCD and host communities, DHCD has made strides to limit the number of shelter placements in hotels/motels – reducing these caseloads by 65% in FY2016 (from 1,261 in June 2015 to 440 in June 2016)²². Prior to this decrease, state expenditures on the EA hotel/motel shelter program increased in 2014-2015. In FY2015, spending on hotels/motels exceeded \$40 million, compared to \$1 million spent 6 years prior.²³ The total amount budgeted in FY2015 was \$180 million, up from \$150 million in FY2010, and recent statistics from the Governor’s Office note that average funded stay for homeless families in hotels/motels is 7 months at an average cost of \$2,500/month.²⁴ In 2014, the average number of homeless families in EA-provided hotel/motel placements range between 1,700 and 2,000 families in a given week.²⁵ Under the federal McKinney-Vento Homeless Education Assistance Improvements Act, parents of homeless school-aged children may elect to keep their children in their originating community’s schools or to enroll them in the schools of the host community where their EA placement is – placing the burden of transportation and education costs on local communities.

In 2015, the communities hosting the 10 highest percentages of homeless families in hotel/motel shelters (Holyoke, Danvers, Brockton, Allston-Brighton, Chicopee, Waltham, Malden, Leominster, Greenfield, and Weymouth) collectively provided shelter to 69% of the state’s homeless families - but had a combined population of less than 8% of the state’s 6.5 million residents.²⁶ Five of these municipalities are “gateway municipalities” (as defined by G.L. c. 32A, § 3A) which the Commonwealth has designated for special assistance with local development and economic activity initiatives. Only 3 of these communities (Danvers, Waltham, and Weymouth) had median household incomes at or above the state average.²⁷

Thus, the effect of underfunding McKinney-Vento transportation and education costs while continuing to shelter families in hotel/motel rooms places disproportionate costs on communities that can least afford them. The Legislature has made efforts to reimburse these communities for this unfunded mandate; however, over the past two fiscal years, the amount of this appropriation (administered by the Department of Elementary and Secondary Education (DESE)) was reduced and level funded despite increasing costs faced by communities. In FY2014, municipalities were left with \$7.1 million in unreimbursed costs for this mandate, and an even larger gap was experienced in FY2015.²⁸

In addition to McKinney-Vento related costs, municipalities hosting hotel/motel EA shelter placements are also losing revenues from lost local option room excise tax payments. Because DHCD, the Massachusetts Department of Revenue (DOR), and local municipalities cannot currently determine whether taxes are being paid on shelter rooms, the possibility exists that local option room excise tax is not being collected for some, if not all, of the rooms paid for by the EA shelter system. For communities hosting hotel/motel shelters, the State Auditor estimates that lost payments in 2014 may reach \$1.7

²² Commonwealth of Massachusetts, Department of Housing and Community Development: Emergency Assistance Program, FY2016 Fourth Quarterly Report: <http://www.mass.gov/hed/docs/dhcd/hs/ea/fy16q4eareport.pdf>.

²³ Commonwealth of Massachusetts, Office of the State Auditor, “Municipal Cost Impacts of Massachusetts’s Hotel/Motel-Based Homeless Families Shelter Program (2015).

²⁴ Ibid.

²⁵ Ibid.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid.

million.²⁹ Current state law regarding the collection of this tax requires that information concerning the rooms and rates be listed on the occupant’s bill but nowhere else. The invoices presented to DHCD for EA shelter rooms do not provide this information since DHCD negotiates a flat rate per room per night. Due to DOR privacy rules and the absence of this information, municipalities have no way of knowing the true loss of revenue or if this tax is even being collected at all on EA rooms.

Section 4.1: RECOMMENDATION

The Commission recommends the state not provide tax incentives to increase the availability of hotel/motel placements but rather focus on bolstering resources of the EA shelter and DPH Emergency Shelter systems to better serve victims. Shelter placement is not enough to help victims of violence achieve housing stability or safety in their lives. The costs faced by DHCD and host communities to provide these placements are significant. Rather than continue to rely on the need for these overflow options given the lack of shelter beds – the state must take action to divert adequate resources to bolster DCHD and DPH shelter services to meet the demand for services. Understanding this may take some time to implement, in the meantime the state must allocate funding to reimburse communities for hosting these families and lost tax revenues resulting from these placements. Governor Baker has committed to working on this issue (see Executive Order 554 signed January 2015), and the Legislature must follow suit and prioritize this funding need. Ultimately, the state should work toward dedicating these resources back to the EA and DPH shelter systems to build physical and programmatic capacities which is a more reasonable investment and will better serve domestic and sexual violence victims facing homelessness.

Section 5: Assessment of Developing a Database of Housing and Shelter Options for Domestic and Sexual Violence Victims

The DPH funds the **SafeLink Hotline** administered by Casa Myrna, a Boston-based nonprofit domestic violence victim service provider. SafeLink is Massachusetts’ only 24-hour, toll free, confidential and multi-lingual domestic violence hotline. SafeLink Advocates provide immediate crisis intervention through safety assessments and planning, direct connections to domestic violence shelters, and referrals to domestic violence supports throughout Massachusetts. SafeLink Advocates do not directly provide shelter or safe home services, transportation, case management, or any form of direct services other than referrals and information on shelter bed availability.

SafeLink administers an active database of domestic violence shelters throughout the state, primarily those funded by DPH, which is updated twice daily to reflect availability of shelter beds. Although the majority of shelter providers in the database are DPH Emergency Domestic Violence Shelters, others have been added to the list over time given the need for SafeLink Advocates to research alternative options given the overall lack of shelter bed availability when it is requested. Alternative (or non-DPH funded) shelters are identified through feedback from community-based victim service providers, general research conducted by SafeLink Advocates, and by shelters contacting SafeLink directly to have their services added. Typically, EA Shelters are not utilized as a resource given the stringent eligibility

²⁹ Ibid.

requirements that many victims, particularly individuals, cannot meet and the general lack of EA and ESG shelter bed availability across the state.

DPH funds 80 percent of SafeLink's operating costs (\$551,050.59) and the remaining 20 percent is raised through private grants and contributions (approximately \$100,000). SafeLink is staffed by a Coordinator, Assistant Coordinator, 3 full-time advocates, and 12 part-time advocates who connect victims to services across the state and outside of Massachusetts when necessary.

In FY2016, **SAFELINK advocates answered 25,186 service related calls**³⁰. Almost 80 percent of these callers identified as survivors of domestic violence. The majority of the remaining calls were advocates, social workers, religious leaders, teachers, or concerned family and friends. The majority of the callers (85%) were seeking domestic violence emergency shelter, but **only 15 percent of those requests were met, leaving 20,204 callers unable to access shelter at the time of the call**³¹. This was due to lack of shelter bed availability and alternative housing options, for example safe homes, to meet this significant demand.

Program Coordinators and hotline advocates report several challenges in serving victims seeking shelter supports via the hotline, most notably the lack of available shelter beds. In addition to the overall lack of shelter bed availability, the lack of free/affordable transportation services to get survivors to needed services, accessibility issues for the deaf and hard of hearing, and changing technologies that make hotlines obsolete for younger generations have created significant challenges in serving victims in-need of services.

SafeLink advocates have become creative in addressing some of these concerns, for example partnering with Peter Pan bus lines or local cab companies to provide discounted transportation services when possible, but these services are limited. SafeLink Advocates also utilize video conferencing with deaf or hard of hearing victims and engaging the youth community to explore other platforms (e.g.: internet based, social media, and smart phone apps) to increase access to their services. Additional funding will have to be allocated to SafeLink for any of these proposed updates or changes to be realized.

Section 5.1: RECOMMENDATION

Rather than create an additional shelter database separate from SafeLink, this report recommends further investing in SafeLink to allow Casa Myrna to expand the current database and update it to effectively reach youth, the deaf and hard of hearing, disabled, and others to make this critical information easily accessible and available. Further resources allocated to SafeLink will also decrease the burden on the program to raise private funding to support this statewide resource and will enable them to update their services to more accessible web-based platforms.

Section 6: Variation of Needs, Experiences, and Outcomes for Vulnerable Victim Populations

³⁰ Jane Doe Inc., Community Voices, Making an Impact:

http://janedoeinc.memberlodge.org/resources/Documents/Policy/Advocacy%20Day/2017/community_voices_up date_fy17.pdf.

³¹ Ibid.

The Study Commission was charged with examining the variation of needs, experiences, and outcomes for vulnerable populations to determine best practices given the unique challenges they face in accessing services. The Chapter 260 statute specifically identifies the lesbian, gay, bisexual, transgendered, and queer/questioning (LGBTQ), low-income, minority, and immigrant communities; however, the Commission also elected to examine housing and shelter options available to persons with disabilities, and pregnant and parenting adolescents as these populations are also seeking shelter services at increasing rates.

Although there are no clear guiding principles or best practices in serving diverse and vulnerable populations, this report provides findings from research and provider/victim testimony to highlight challenges, collaborative partnerships, and service models that have been successful in serving them. To address these findings, significant financial resources are needed to bolster the network of specialized providers beyond urban centers, better integrate specialized services within current housing and shelter systems, augment language capacities of administering agencies, and increase accessible and affordable housing stock in Massachusetts. As stated earlier in this report, there are privately operated housing and shelter systems also assisting these populations but the Commission is unable to provide an accurate number of programs, their locations, service models, or number of clients served as they operate independently of state systems.

Lesbian, Gay, Bisexual, Transgendered and Queer/Questioning (LGBTQ) Populations

The rate of domestic violence, sexual assault, and homelessness among the LGBTQ population is challenging to collect due to the range of discrimination, bias, and violence experienced by LGBTQ individuals.³² For the past decade, government-administered population based surveys have collected LGBTQ demographics.³³ The Williams Institute review of six government-administered population based surveys found that 3.5% of the U.S. population identifies as gay, lesbian or bisexual and that 0.3% identify as transgender.³⁴ The National Intimate Partner and Sexual Violence Survey (NIPSVS) 2010 found that 2% of male respondents identified as gay and 1.2% as bisexual.³⁵ Among women, 1.3% identified as lesbian and 2.2% identified as bisexual.³⁶

³² The Commission recognizes that the research pertaining to the LGBTQ population is somewhat dated and that this is particularly concerning given the strides made by advocates and members of the LGBTQ community. The lack of data available suggests that there are larger, systemic issues at play in terms of data collection and data disbursement, which unfortunately cannot be resolved prior to the release of this report.

³³ Services Accessibility Working Group (2013). Disparities in prevalence, access to services and outcomes for sexual and domestic violence survivors from five underserved populations. Retrieved from <http://www.mass.gov/eopss/docs/ogr/justiceprev/massvawa-disparities-survivors-report-sept2013.pdf>.

³⁴ Gates, G. (2011). How many people are lesbian, gay, bisexual, and transgender? *The Williams Institute, University of California*. Retrieved from <http://williamsinstitute.law.ucla.edu/research/census-lgbt-demographics-studies/how-many-people-are-lesbian-gay-bisexual-and-transgender/>.

³⁵ Ibid.

³⁶ Ibid.

While the government-administered population based surveys have contributed the most statistically rigorous data yet to be collected, the findings show a low LGBTQ population count that the advocate community considers to be highly controversial. Advocates contend that current data gathering practices fail to adhere to accurate cultural competency practices that are necessary due to the historic and current bias, violence, and discrimination experienced by the LGBTQ community.³⁷ Furthermore, the demographic data collected on behalf of individuals who identify as LGBTQ may vary as a result of differences in the methodology, the definitions, and/or in the targeted population used in the studies. For instance, in measuring sexual orientation, the variations may be as a result of differing criteria in measures for same sex behavior or same sex attraction, as well as in the definitions used for self-identification as gay, lesbian or bisexual.³⁸ This is especially apparent in the collection of demographic data among the transgender population, which do not accurately account for varying definitions of gender identity, gender expression and gender non-conformity.³⁹ In addition, communities of color, immigrant communities and faith-based communities may have same sex attraction and behavior but not identify with the terminology of gay, lesbian, bisexual, or transgender and thus not be counted in the research.⁴⁰

It is also worth noting that data varies based on collection methods, which may involve telephone or door-to-door interviews that negatively affect the participant's willingness to divulge personal information.⁴¹ As a result of the stigmatization faced by the LGBTQ population, many individuals are reluctant to reveal information about their sexual orientation or gender identity to surveyors.⁴² Thus, depending on the way that data is collected there can be large variations, leading to inaccurate results and inadequate policy reform responses.

The available research concludes that gay, lesbian, and bisexual men and women experience higher rates of domestic violence compared to their heterosexual counterparts. These findings are consistent with an understanding that abusers often target vulnerable individuals, putting populations that face discrimination and oppression, like LGBTQ populations, at higher risk of violence. The following details relevant findings:

- The 2010 NIPSVS reported that 34% of lesbians and 57% of bisexual women experienced rape, physical violence and/or stalking by an intimate partner compared to 28% of heterosexual

³⁷ Services Accessibility Working Group (2013). Disparities in prevalence, access to services and outcomes for sexual and domestic violence survivors from five underserved populations. Retrieved from <http://www.mass.gov/eopss/docs/ogr/justiceprev/massvawa-disparities-survivors-report-sept2013.pdf>

³⁸ Gates, G. (2011). How many people are lesbian, gay, bisexual, and transgender? *The Williams Institute, University of California*. Retrieved from <http://williamsinstitute.law.ucla.edu/research/census-lgbt-demographics-studies/how-many-people-are-lesbian-gay-bisexual-and-transgender/>.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Services Accessibility Working Group (2013). Disparities in prevalence, access to services and outcomes for sexual and domestic violence survivors from five underserved populations. Retrieved from <http://www.mass.gov/eopss/docs/ogr/justiceprev/massvawa-disparities-survivors-report-sept2013.pdf>.

⁴² Gates, G. (2005). Demographics. *Glbtc: An Encyclopedia of Gay, Lesbian, Bisexual, Transgender, and Queer Culture*. Retrieved from <http://www.glbtc.com/social-sciences/demographics>

women.⁴³ Gay men experienced these forms of violence at a rate of 11% and heterosexual men at a rate of 10%.⁴⁴

- Nearly 1 in 3 lesbians (29.4%), 1 in 2 bisexual women (49.3%), and 1 in 4 heterosexual women (23.6%) experienced at least one form of severe physical violence by an intimate partner in her lifetime (e.g., hurt by pulling hair, hit with something hard, kicked, slammed against something, tried to hurt by choking or suffocating, beaten, burned on purpose, or had a knife or gun used against them).⁴⁵
- While there is a lack of domestic violence data for transgender populations, data shows that this population experiences higher rates of violence and more severe violence, as compared to LGBTQ populations.⁴⁶ Two studies evaluated the rate of violence in the home among transgender individuals, ranging in results from a low of 55% to a high of 66% of the respondents reporting violence within their lifetime.⁴⁷

There are also higher rates of sexual violence among the LGBTQ population as compared to the heterosexual population. Studies conclude that bisexual women experience higher rates of sexual assault than lesbian or heterosexual women, with transgender individuals reporting the highest rates of sexual assault among the LGBTQ population.⁴⁸

- The NIPSVS found that gay and bisexual men are more likely to experience forms of sexual assault other than rape at higher rates than heterosexual men (40% of gay men and 47% of bisexual men vs. 20% heterosexual men). Lesbian women experienced sexual assault other than rape at a rate of 46%, bisexual women at 75% and heterosexual women at 43%.⁴⁹
- A 2011 meta-analysis of 75 studies on sexual assault victimization of GLB individuals showed that the lifetime sexual assault for gay and bisexual males averaged 30% and lesbians and bisexual females averaged 43%.⁵⁰

⁴³ Centers for Disease Control and Prevention (2010). National intimate partner and sexual violence survey. Retrieved from http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Gates, G. (2005). Demographics. *Glbtq: An Encyclopedia of Gay, Lesbian, Bisexual, Transgender, and Queer Culture*. Retrieved from <http://www.glbtc.com/social-sciences/demographics>.

⁴⁷ Ibid.

⁴⁸ Centers for Disease Control and Prevention (2010). National intimate partner and sexual violence survey. Retrieved from http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf.

⁴⁹ Walters, M., Chen, J. & Breiding, M. (2013). The national intimate partner and sexual violence survey: 2010 Findings on victimization by sexual orientation. *Centers for Disease Control and Prevention, National Center for Injury Prevention and Control*. Retrieved from http://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf

⁵⁰ Rothman, E., Exner, D. & Baughman, A. (2011). The prevalence of sexual assault against people who identify as gay, lesbian, or bisexual in the United States: a systematic review. *Trauma, Violence & Abuse* 12(2), 55-68.

- The rate of sexual violence experienced by transgender individuals varies greatly among studies, ranging from higher rates of 66% to lower rates of 10-15%.⁵¹ However, most studies concluded that around 50% of transgender individuals will experience sexual violence at some point in their lifetime.⁵²
- The 2010 NIPSVS reported that 13% of lesbians and 46% of bisexual women had been raped in their lifetime, while 17% of heterosexual women reported being raped in their lifetime.⁵³

Current data suggests that there is a need for safe shelter and housing options for LGBTQ survivors as a disproportionate sector of LGBTQ individuals experience homelessness or unstable housing within their lifetime.⁵⁴ In particular, thirty-five percent of homeless youth are estimated to be from the LGBTQ population.⁵⁵ LGBTQ youth in particular are found to face higher rates of sexual and physical victimization including experiences involving ‘survival sex’, substance misuse, sexually transmitted illnesses, suicidality, and psychiatric disorders.⁵⁶

While the 2013 passage of the Violence against Women Act included the first congressionally passed LGBTQ non-discrimination provision, thereby improving service access for LGBTQ survivors, this population continues to face multiple barriers in accessing stable housing. While many programs are exhibiting a significant shift in response to this law, the law has yet to be fully implemented as some shelters still do not provide equal service for all gender identities.

These findings are consistent with an understanding that abusers often target vulnerable individuals, putting populations that face discrimination and oppression, like LGBTQ populations, at higher risk of violence. The following details relevant findings pertaining to the housing barriers and specialized needs of LGBTQ survivors:

Finding 1: Institutional and individual discrimination lead to a lack of adequate services.⁵⁷ Institutional discrimination is apparent for example, through the exclusionary policies at mainstream programs. For instance, 25% of victims report being refused shelter due to sexual orientation and/or gender identity, particularly for those identifying as transgender.⁵⁸ Similarly, some of the staff at youth residences acknowledge that the environment is not safe for LGBTQ youth and that some of these residences deny access to LGBTQ youth claiming an inability to ensure safety in these facilities.⁵⁹

A 2009 study by the National Center for Transgender Equality and the National Gay and Lesbian Task Force reported that 1 in 5 transgender people have been refused housing, with 19% reporting

⁵¹ Ibid.

⁵² Ibid.

⁵³ Centers for Disease Control and Prevention (2010). National intimate partner and sexual violence survey. Retrieved from http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf.

⁵⁴ Yu, V. (2010). Shelter and transitional housing for transgender youth. *Journal of Gay & Lesbian Mental Health, 14*, 340-345.

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Ibid.

homelessness at some point in their lives due to gender identity discrimination.⁶⁰ For those who have tried to access shelter services, 55% report harassment by staff and residents, 29% report being denied access, and 22% report sexual assault by staff and residents.⁶¹

Director of The Network/La Red stated (2005):⁶²

“Mainstream programs don’t offer much in the way of support. With a few notable exceptions...most refuse even to consider sheltering gay men, bisexual men, or transgender individuals. And while they are not always quite as overt in their rejection of lesbians and bisexual women seeking shelter, as we will again no doubt hear in today’s testimony, their discomfort with, and ignorance about all of us, the G, the L, the B, and the T is clear and sends a message that we are not welcome. And so, many times, LGBTQ survivors across the state face the choice of inappropriate, and/or potentially dangerous shelter options, or staying with, or returning to their batterer.”

Research indicates that in addition to denying access to shelters, current practices fail to keep LGBTQ individuals physically safe in the facilities, there is a lack of competence with LGBTQ issues, and there is the tendency to tell survivors to hide their LGBTQ status and/or tell survivors that the LGBTQ status is the cause of the abuse or sexual assault.⁶³

LGBTQ survivors also indicate experiences of heterosexism, homo/bi/transphobia, sexism, perceived homo/bi/transphobia, perceived racism/sexism, and individual prejudices.⁶⁴ As a result, homeless LGBTQ individuals who seek shelter face discrimination and victimization in these settings.⁶⁵

Gunner Scott, MA Transgender Political Coalition:⁶⁶

“As a trans-man who is a survivor, I wasn’t allowed into certain survivor spaces because I was now male, even though at the time I experienced domestic violence I was living as a lesbian in a relationship with another lesbian.”

LGBTQ-specific domestic violence advocate:⁶⁷

“I once worked with a woman who was transgender, and whose partner had almost killed her. She had finally made the decision to leave the relationship and she went to a shelter in Massachusetts. When she got there, the counselors were confused about her gender even though she had previously explained to them that she was transgender, and what that meant.

⁶⁰ National Gay and Lesbian Task Force (2009). Injustice at every turn: A report of the national transgender discrimination survey. Retrieved from http://endtransdiscrimination.org/PDFs/NTDS_Report.pdf.

⁶¹ Ibid.

⁶² LGBTQ Domestic Violence Coalition & Jane Doe Inc. (2005). Shelter/housing needs for gay, lesbian, bisexual, and transgender (LGBTQ) victims of domestic violence: Analysis of public hearing testimony. Massachusetts State House.

⁶³ Ibid.

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ The Network La Red (2010). Open minds open doors. Retrieved from http://www.ncdsv.org/images/TheNetworkLaRed_OpenMindsOpenDoors_2010.pdf.

⁶⁷ Ibid.

The shelter staff asked her a set of intensive and grueling questions about her body including, 'What is between your legs?' ... after this humiliating treatment, they told her that she could not be housed there because they decided that she was really a man. After being denied shelter, this woman went back to her batterer because she had no family, no friends and nowhere else to go."

Finding 2: There is a lack of adequate services due to funding and programmatic issues. For instance, safe homes exist but are inadequate in length-of-stay parameters, quality controls, location, and in the provision of comprehensive services.⁶⁸ As compared to length of stay for mainstream domestic violence shelters, the length of stay in safe homes is short term.⁶⁹ The short term stay is compounded by the use of volunteers and hotel space.⁷⁰ Volunteers can't adequately provide a confidential housing option for more than a few days at a time and cost of a hotel is very expensive.⁷¹ As of January 2016, DCF and DPH⁷² fund 10-15 hotel-based safe home beds for up to 4 weeks for LGBTQ survivors.

Sabrina Santiago, Safe Home Coordinator at The Network/La Red stated (2005):⁷³

"Perhaps the biggest obstacle we face with hotel-based safe homes is the isolation of the survivor. ... When a survivor first leaves their batterer, there is often a period of doubt as to whether they made the right decision. Survivors may feel frightened and alone, and decide that going home to the batterer is better than sitting alone, thinking, and worrying about the decision. This is the time when a survivor most needs support ... I dream of a time when LGBTQ survivors will not have to worry about becoming homeless, and can focus on their emotional and psychological healing."

LGBTQ survivors also report a lack of access to access to culturally specific support groups in their community. While there are many support groups in Massachusetts for survivors of domestic violence, oftentimes mainstream programs support groups only speak to the experiences of straight cisgender women.

Vilma Uribe, Community Organizer at The Network/La Red stated (2016):

"One of the biggest steps an LGBTQ survivor takes is reaching out for support. When a survivor enters the door to our programs and they don't see themselves or their experiences there they will most likely not reach out for support again. I was working with a Latino gay man and he reported not feeling comfortable reaching out for support because either the program either didn't understand him because he only spoke Spanish or because of his gay identity. "

⁶⁸ LGBTQ Domestic Violence Coalition & Jane Doe Inc. (2005). Shelter/housing needs for gay, lesbian, bisexual, and transgender (LGBTQ) victims of domestic violence: Analysis of public hearing testimony. Massachusetts State

⁶⁹ Ibid.

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² MA Dept. of Public Health RFR 000914 GLBT Domestic Violence Services

⁷³ LGBTQ Domestic Violence Coalition & Jane Doe Inc. (2005). Shelter/housing needs for gay, lesbian, bisexual, and transgender (LGBTQ) victims of domestic violence: Analysis of public hearing testimony. Massachusetts State

Finding 3: Victim’s own fears and lack of awareness remain under addressed by current services. For instance, LGBTQ victims face unique barriers concerning safety and fears that their abuser will find them due to the small size and closeness of the population.⁷⁴

These fears are perpetuated by the heterosexist literature that presents domestic violence and sexual assault in solely heterosexual terms, thus not providing the tools necessary for LGBTQ individuals to identify sexual and domestic violence within their own relationships.⁷⁵ LGBTQ survivors encounter complex thoughts of fear, embarrassment, and internalized homo/bi/trans-phobia that conflict with their self-awareness of the victimization, and lead to fears of isolation, self-doubt/blame, and of re-victimization if they reach out to non-inclusive support services.⁷⁶

Anonymous, a survivor, shares the following story:⁷⁷

“I wish I’d told. I wish I’d had someone to tell, or knew about someone to tell. I never thought anyone would believe me, I was bigger than she was. I didn’t think they’d ever believe that a woman could do such a thing. I didn’t think anyone would believe me over a cop. And in some twisted way, I was afraid to tell, afraid to let anyone know that a dyke could be just as mean and sick and horrifying and dangerous as any man, or maybe more.”

While the needs of LGBTQ survivors are dire, there are a handful of programs in place that attempt to alleviate the housing barriers faced by this population. The following highlights some of these supports and can be considered best practices worth implementing statewide:

While not a housing provider, **Fenway Health’s Violence Recovery Program** exists to provide free counseling, support groups, advocacy, and referral services for housing and other matters to lesbian, gay, bisexual and transgender (LGBT) victims of bias crime, domestic violence, sexual assault, and police misconduct. The program serves Boston and the surrounding areas and the services are provided in English and Spanish. The programs’ advocates provide services to LGBT victims who have experienced interpersonal violence as well as information and support to friends, family, and partners of survivors. The advocates also raise awareness of how LGBT hate crime and domestic violence affects our communities through compiling statistics about these crimes, and ensures that LGBT victims of violence are treated with sensitivity and respect by providing trainings and consultations with service providers, law-enforcement, and community agencies across the Commonwealth of Massachusetts.⁷⁸

Funding for Fenway Health’s Violence Recovery Program for FY2016 is \$201,806.00 which is funded by the Massachusetts Office for Victim Assistance (MOVA) via federal Victim of Crime Act (VOCA) dollars.

The **Network/La Red** is a bilingual, grassroots, survivor-led organization working to end domestic violence in LGBQ/T, SM, and polyamorous communities. The agency’s **Advocacy Program** provides direct services for survivors of domestic violence from lesbian, gay, bisexual, queer, transgender, poly, and SM communities. These services include crisis intervention, supportive counseling, information and referrals through the telephone and in-person; support groups (in-person and via secure conference

⁷⁴ Ibid.

⁷⁵ Ibid.

⁷⁶ Ibid.

⁷⁷ Ibid.

⁷⁸ Fenway Health (2016). Violence recovery program. Retrieved from <http://fenwayhealth.org/care/behavioral-health/vrp/>.

call); advocacy; court accompaniment; and help with Victim Compensation and the Commonwealth's Address Confidentiality Program. Services are free, bilingual (English/Spanish), and accessible by TTY, wheelchair, and public transportation.⁷⁹

Funding for the Network/La Red Advocacy Program for FY2016 is \$119,899.16 which is funded by MOVA via federal VOCA dollars.

As previously noted, the **Elizabeth Freeman Center** is the domestic violence program and rape crisis center for Berkshire County with an array of services and strong partnerships. Services include: a 24/7 hotline; emergency services including shelter, food, transportation, and safe phones; pet foster care; counseling; safety planning; advocacy; court advocates; counselors with special training and experience in immigration issues; LGBTQ counselors and support groups; and a supervised visitation program. Offices are located in North Adams, Great Barrington, and Pittsfield. And there are staff located in the Pittsfield Police Department, the Adams Police Department, and the Berkshire County Kids' Place.⁸⁰

The Elizabeth Freeman Center operates an LGBTQ-specific program called the **LGBTQ Access Project**. This program increases safety and access to services for LGBTQ victims of domestic and sexual violence in Berkshire County by: 1) expanding capacity to provide LGBTQ counseling, advocacy, and support groups; and 2) collaborating with community organizations and victim service providers to gain referrals, increase proficiency in LGBTQ issues, raise awareness about domestic and sexual violence in LGBTQ communities, improve response to LGBTQ survivors and embed a "word of mouth" network for LGBTQ individuals who are in danger or have survived trauma.

Funding for the Elizabeth Freeman Center LGBTQ Access Project for FY2016 is \$33,205.00 which is funded by MOVA via federal VOCA dollars.

Low income Population

Domestic violence and sexual assault occurs in all demographics, encompassing all economic levels.⁸¹ However, the intersection of poverty, domestic violence, and housing instability requires a close look at the unique barriers faced by the low income population.⁸² Domestic violence victims already living in low income areas may, in particular, be forced to remain in abusive relationships, accept unsafe housing conditions, or become homeless.⁸³ Victims of abuse may have to determine whether risking homelessness is worth leaving the abuser, and this can be especially challenging for victims with fewer financial resources.⁸⁴

⁷⁹ The Network/La Red (2016). About. Retrieved from <http://tnlr.org/>.

⁸⁰ Elizabeth Freeman Center (2016). How we can help. Retrieved from <http://www.elizabethfreemancenter.org/what-we-do/how-we-can-help/>.

⁸¹ Menard, A. (2001). Domestic violence and housing: Key policy and program challenges. *Violence against Women*, 7(6), 707-720.

⁸² Ibid.

⁸³ Ibid.

⁸⁴ Hirst, E. (2003). The housing crisis for victims of domestic violence: Disparate impact claims and other housing protection for victims of domestic violence. *Georgetown Journal on Poverty Law and Policy*, 10, 131-155.

For many years, women have made use of government benefits, such as subsidized housing, as a way out of an abusive relationship.⁸⁵ Studies on welfare caseloads found that between 8.5% and 41% of current welfare recipients have experienced domestic violence in the past twelve months, with 60% reporting instances of abuse within their lifetime.⁸⁶ One study found that, compared to low income housed mothers, twice as many homeless mothers lost housing due to a male partner's abuse or due to his job loss, with 63% of these homeless mothers reporting abuse by their partner.⁸⁷ National evidence suggests that domestic violence is one of the most common leading causes of homelessness for women and children, leading survivors to require an array of unique services and tangible resources to meet their needs.⁸⁸

These findings are consistent with an understanding that abusers often target vulnerable individuals, putting populations that face discrimination and oppression, like low income populations, at higher risk of violence. The following details relevant findings pertaining to the housing barriers and specialized needs of low income survivors:

Finding 1: Securing private tenancy for survivors proves to be especially difficult for the low income population.⁸⁹ Those who want to secure private tenancy will most likely have to provide a security deposit, first and last month's rent, and possibly additional charges.⁹⁰ However this may be impossible for survivors of abuse, especially those from a low economic status, if their abuser controlled their income or used other means of economic control.⁹¹

Finding 2: As a last resort, short of homelessness, survivors of abuse may seek out subsidized housing options, requiring an extensive application process, long waitlists, and strict requirements for tenants which may adversely affect survivors.⁹²

Furthermore, survivors of domestic violence face discrimination from housing authorities because of the acts of their perpetrator.⁹³ Congress has acknowledged that "women and families across the country are being discriminated against, denied access to, and even evicted from public and subsidized housing because of their status as victims of domestic violence".⁹⁴ Victims are often evicted due to repeated

⁸⁵ Ibid.

⁸⁶ Ibid.

⁸⁷ Menard, A. (2001). Domestic violence and housing: Key policy and program challenges. *Violence against Women*, 7(6), 707-720.

⁸⁸ Baker, C., Billhardt, K., Warren, J., Rollins, C. & Glass, N. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior*, 15, 430-439.

⁸⁹ Hirst, E. (2003). The housing crisis for victims of domestic violence: Disparate impact claims and other housing protection for victims of domestic violence. *Georgetown Journal on Poverty Law and Policy*, 10, 131-155.

⁹⁰ Ibid.

⁹¹ Ibid.

⁹² Ibid.

⁹³ U.S. Department of Housing and Urban Development (2011). Assessing claims of housing discrimination against victims of domestic violence under the Fair Housing Act and the Violence against Women Act. Retrieved from <http://www.hud.gov/offices/fheo/library/11-domestic-violence-memo-with-attachment.pdf>.

⁹⁴ 42 U.S.C. § 14043e(3) (findings published in the Violence against Women Act).

calls to the police for domestic violence incidents and after property damage caused by the perpetrator.⁹⁵ Housing authorities and landlords may also evict under ‘zero-tolerance’ policies, citing the violence occurring within the household and thus blaming the victim for the reason of eviction.⁹⁶

Finding 3: Particularly for the low income population, employment and job retention may prove especially difficult, further risking housing stability. While data shows that the unemployment rate is higher among blue-collar workers or those with non-professional jobs, causing low income survivors to be particularly vulnerable to layoffs, there are additional impediments to job retention unique to this population.⁹⁷

For example, studies show that as a result of the abusive situation, survivors may need to miss work in order to go to court and seek safety for themselves and their children.⁹⁸ They may also need to miss work as a result of the physical injuries or illnesses caused by the violence, or to attend counseling to cope with the trauma.⁹⁹ Instances such as these may lead victims of violence to exceed their allocated days of absence.¹⁰⁰ In addition, one study found that 78% of the surveyed perpetrators of violence used the victims’ workplace at least once to express anger towards them, to check up on them, or to threaten the victim.¹⁰¹ Seventy-four percent reported that they had easy access to the victims’ workplace and 21% reported that they had contacted the victim at work in violation of a no-contact order.¹⁰² Instances such as these lead a reported 50% of sexual assault victims to lose their jobs or be forced to quit.¹⁰³

While the needs of low income survivors are dire, there are a handful of programs in place that attempt to alleviate the barriers faced by this population. The following highlights some of these supports:

As previously noted, **HomeBASE** is DHCD-funded homelessness prevention program operating as a shelter diversion tool by providing a flexible financial resource that is available to families who are eligible for the state’s EA program. It provides up to \$8,000 of flexible cash assistance to families to allow them to retain housing or obtain new housing, as well as pay for moving expenses to another state or location in-state. This program also requires a minimum of 12 months of housing stabilization and economic self-sufficiency case management for each family receiving benefits. A family’s housing stabilization plan focuses efforts on housing retention and links the households to supports including job training, education, and childcare options that may require entering into agreements with other public

⁹⁵ Ibid.

⁹⁶ Ibid.

⁹⁷ Aratani, Y. (2009). Homeless children and youth: Causes and consequences. *National Center for Children in Poverty*. Retrieved from http://nccp.org/publications/pub_888.html.

⁹⁸ Runge, R. (2009). The legal response to the employment needs of domestic violence victims. *Human Rights*, 37(3). Retrieved from http://www.americanbar.org/publications/human_rights_magazine_home/human_rights_vol37_2010/summer2010/the_legal_response_to_the_employment_needs_of_domestic_violence_victims_an_update.html.

⁹⁹ Ibid.

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

¹⁰² Ibid.

¹⁰³ Ibid.

and private agencies for the provision of such services. A stabilization worker is assigned to each household.¹⁰⁴

The **Massachusetts Rental Voucher Program** is a DHCD-funded program that provides a permanent improvement in the lives of low-income families and individuals by offering both tenant- and project-based rental subsidies. The tenant-based voucher, which is known as Mobile, is assigned to the participant and is valid for any housing unit that meets the standards of the state sanitary code. Project Based vouchers are assigned to a specific housing unit or development. The owner rents these units to a program eligible tenant, and Project Based tenants who move forfeit the subsidy. In both cases, a regional non-profit housing agency or a local housing authority administers the program locally. There are currently 8 regional non-profit housing agencies and 112 local housing authorities that administer the MRVP throughout the Commonwealth to approximately 5,100 households under lease as of January, 2013 (2,100 Mobile, 3,000 Project Based). Through the assistance of this program, thousands of Massachusetts' families and individuals benefit from the long-term stabilization of their often uncertain housing and financial situation.¹⁰⁵

For the Mobile component (tenant based program), the state subsidy or voucher value is a set amount. This amount is determined by several factors: the tenant's income, household size, and geography. The participant pays the difference between the value of the voucher and what the landlord charges for rent. Much of the program's recent growth has been in vouchers targeted to homeless families in motels or shelters; however, when other existing voucher holders leave the program, their vouchers are offered to eligible applicants on local waiting lists which can be quite lengthy, or closed, due to the great demand. For the Project Based component, a participant pays either 35% or 40% of their adjusted gross income, depending upon whether or not heat is included in the utilities. While waiting lists for the Project Based component are lengthy, some local housing agencies are still accepting applications.

Eligibility parameters requires that the applicant's household income does not exceed 50% of Area Median Income. The local housing agency will also screen for CORI prior to admitting an applicant to the program.

Funding for the Massachusetts Rental Voucher Program (**7004-9024**) for FY2016 is \$90,931,597.

As previously noted, the **Residential Assistance for Families in Transition** (RAFT) is a DHCD-funded homelessness prevention program that provides short-term financial assistance to families with incomes at or below 50% of the area median income who are homeless or at risk of becoming homeless. Families can receive up to \$4,000 within a 12-month period to cover eligible costs including moving cost assistance, rent and utility arrears, rental stipends which help families who are behind on rent, or utility bills. RAFT also helps families who have to move but do not have enough money to pay a security deposit, utility startup costs, first/last month's rent, and furniture costs. The combined sum of benefits received by a family in a 12-month period from this program and HomeBASE cannot exceed \$8,000.¹⁰⁶

¹⁰⁴ Housing and Economic Development (2015). HomeBASE. Retrieved from <http://www.mass.gov/hed/housing/stabilization/homebase.html>.

¹⁰⁵ Housing and Economic Development (2015). Massachusetts rental vouchers. Retrieved from <http://www.mass.gov/hed/housing/rental-assistance/mrv.html>.

¹⁰⁶ Housing and Economic Development (2015). Residential assistance for families in transition. Retrieved from <http://www.mass.gov/hed/housing/stabilization/residential-assistance-for-families-in-transition.html>.

The **Secure Jobs Connect Program** is the result of a partnership between the DTA, DHCD, the Department of Early Education and Care, and the Interagency Council on Housing and Homelessness (ICHH). The goal of the Secure Jobs Connect program is job placement for homeless families receiving aid from the DHCD HomeBASE housing assistance program, with a long term goal of achieving self-sufficiency and permanent housing.¹⁰⁷

The Secure Jobs Connect program is privately funded by the Fireman Foundation. The Fireman Foundation has provided funding to nonprofit agencies that will provide services and resources for homeless families chosen to participate in this program. Certain providers in several areas and regions in the state received the Secure Jobs Connect funding directly from the Fireman Foundation. Although these providers are not contracted by DTA to provide the Secure Jobs Connect services, DTA clients involved with the DHCD HomeBASE program may participate in the Secure Jobs Connect program as an approved non-ESP funded activity.

The following providers offer the Secure Jobs Connect program:

- Jewish Vocational Services (Boston)
- Father Bill's/MainSpring (Brockton)
- Corporation for Public Management (Holyoke)
- Community Teamwork, Inc. (Lowell)
- SER Jobs for Progress (Fall River)

The providers will provide or facilitate access to job readiness, skills training, job development, and job placement services for clients chosen to participate. Once the client is placed in a job by the Secure Jobs Connect program, the provider will provide a year of post-employment services.

To be eligible to participate in the Secure Jobs Connect program, a client must be:

- Currently accessing HomeBASE rental assistance;
- Receiving the HomeBASE household assistance \$4,000 diversion or rehousing benefit;
- Or in the process of moving out of EA shelter into privately owned housing with the help of HomeBASE benefits.

A HCEC agency contracted with the HomeBASE program will determine a client's eligibility for the Secure Jobs Connect program, and refer the client to the appropriate Secure Jobs Connect provider. The provider will conduct an assessment with the client for an appropriate activity.

Funding for Secure Jobs Connect Program for FY2016 is \$750,000.

As previously mentioned, the **Womanshelter/Compañeras** is dedicated to assisting, supporting, and empowering those whose lives are affected by battering and abuse. The Womanshelter/Compañeras operates the **SAFENOW Homelessness Prevention Program**. This program utilizes a Safe Now advocate and a community educator to perform outreach, as well as operate as a prevention resource for the

¹⁰⁷ Executive Office of Health and Human Services (2013). Secure jobs connect program [memo]. Retrieved from <http://www.masslegalservices.org/system/files/library/OM%202013-15.pdf>.

participants who seek refuge from the Womanshelter. The majority of those served by the SAFENOW program are low income.¹⁰⁸

Funding for the Womanshelter/Compañeras SAFENOW Homelessness Prevention Program for FY2016 is \$30,000 which is funded by MOVA via federal VOCA dollars.

The **Supplemental Nutrition Assistance Program (SNAP)** benefits are provided by the federal government and administered by the DTA. Residents of the Commonwealth who participate in SNAP are families with children, elders and disabled. Many are the working poor with limited income or those who are temporarily unemployed. At the check-out counter, the Electronic Benefit Transfer (EBT) card, which works like a debit card, is used by many more residents to assist them in making ends meet. Participation in the program has increased dramatically over the past 5 years and DTA continues to develop new initiatives to improve participation by increasing awareness and eliminating barriers to participation.¹⁰⁹

Funding for the Supplemental Nutrition Assistance Program for FY2016 is \$3,116,586.

Minority/Immigrant Populations

While the prevalence of domestic violence among minority and immigrant populations is difficult to determine due to a lack of reporting and a lack of research into these specific populations, the following combines the relevant research tailored to each population with an emphasis on minorities who identify as immigrants.

Minorities, especially African Americans, are overrepresented in the sheltered homeless population as compared to their representation in the U.S. population.¹¹⁰ In the 2014 Annual Homeless Assessment Report, the U.S. Department of Housing and Urban Development (HUD) found that African American/Black individuals made up 40.6% of the sheltered homeless population as compared to 12.6% of the U.S. population.¹¹¹ The sheltered homeless population were over three times as likely to identify as African American as those in the general population. Three in five people from the sheltered homeless population identified as a member of a minority group.¹¹²

Similarly, research indicates that the prevalence of domestic violence and sexual assault among the immigrant population is much higher than among the general population:¹¹³

¹⁰⁸ Womanshelter/ Compañeras (2016). About. Retrieved from <http://www.womanshelter.org/>.

¹⁰⁹ Executive Office of Health and Human Services (2015). SNAP: Food assistance. Retrieved from <http://www.mass.gov/eohhs/gov/departments/food-assistance.html>.

¹¹⁰ U.S. Department of Housing and Urban Development (2014). The 2014 annual homeless assessment report to Congress: Estimates of homelessness in the United States. Retrieved from <https://www.hudexchange.info/onecpd/assets/File/2014-AHAR-Part-2.pdf>.

¹¹¹ Ibid.

¹¹² Ibid.

¹¹³ Moynihan, B., Gaboury, M. & Onken, K. (2008). Undocumented and unprotected immigrant women and children in harm's way. *Journal of Forensic Nursing, 4*, 123-129.

- A survey of 280 Latinas found that 49.8% experienced domestic violence, while 22.1% of the general population is estimated to have experienced domestic violence.
- Between 1993 and 2009, immigrants in Massachusetts were twice as likely to be killed due to domestic violence as non-immigrants.
- Immigrants accounted for 14% of the state population yet represented 28% of the domestic violence homicide victims.
- Immigrant victims of domestic violence and sexual assault are more likely than the general population to have fewer resources, stay in the abusive relationship for a longer period of time, experience more intense periods of isolation, and are more likely to regard the abuse as 'normal'.

A fatality review conducted by the Washington State Coalition against Domestic Violence found that although immigrant women did seek help, they lacked access to the culturally competent services that were tailored to meet their unique needs, partially due to a lack of follow-up from these services.¹¹⁴ The review concluded that while cultural beliefs were not a major barrier in seeking help, there were significant systemic barriers.¹¹⁵ Nevertheless, few domestic violence and sexual assault services have been developed to address the unique needs of this population.¹¹⁶

These findings are consistent with an understanding that abusers often target vulnerable individuals, putting populations that face discrimination and oppression, like minority and immigrant populations, at higher risk of violence. The following details relevant findings pertaining to the housing barriers and specialized needs of minority immigrant survivors:

Finding 1: Numerous national health utilization surveys and state benefits data indicate that immigrants lack access to programs due to a lack of linguistically available services.¹¹⁷ For example, one survey noted that 75.6% of respondents who identified as Latina survivors spoke little or no English.¹¹⁸ Those who did not speak English reported that two-thirds of the time, the police officer who responded to the domestic violence call did not speak Spanish and did not provide an interpreter.¹¹⁹ Studies show that

¹¹⁴ MA Governor's Council to Address Sexual and Domestic Violence (2013). Disparities in prevalence, access to services and outcomes for sexual and domestic violence survivors from five underserved populations. Retrieved from <http://www.mass.gov/eopss/docs/ogr/justiceprev/massvawa-disparities-survivors-report-sept2013.pdf>.

¹¹⁵ Ibid.

¹¹⁶ Gonzalez-Guarda, R., Cummings, A., Becerra, M., Fernandez, M., Mesa, I. (2014). Needs and preferences for the prevention of intimate partner violence among Hispanics: A community perspective. *J. Prim. Prev*, 34.

¹¹⁷ MA Governor's Council to Address Sexual and Domestic Violence (2013). Disparities in prevalence, access to services and outcomes for sexual and domestic violence survivors from five underserved populations. Retrieved from <http://www.mass.gov/eopss/docs/ogr/justiceprev/massvawa-disparities-survivors-report-sept2013.pdf>.

¹¹⁸ Orloff L. (2003). Battered immigrant women's willingness to call for help and police response. 13 *UCLA*

Women's L.J. 43

¹¹⁹ Ibid.

police officers often end up getting information about the domestic violence call solely from the abuser, who is more likely to have greater proficiency in English.¹²⁰

Maria, Brazilian, shared the following story:¹²¹

“My partner hit me at a restaurant. I went outside to call the police. Because I cannot speak English, when the police arrived my partner reversed the situation by telling the police the opposite version of what had happened, and I was the one in trouble.”

It is also unlikely that survivors with limited English proficiency will have access to a certified interpreter in court or to translation services when acquiring information about their legal rights.¹²² Instead, survivors must rely on family and neighbors for translation assistance in order to seek basic services.¹²³

Finding 2: Abusers often use their victim’s immigration status as a tool of control.¹²⁴ If immigrant survivors believe that they are dependent on their abuser for legal status, they are less likely to report abuse.¹²⁵ The abuser may threaten deportation as a means of keeping the victim in the relationship or, if the abuser is the sponsor, they may never apply for the adjustment of status that the victim is entitled to pursue.¹²⁶ Fear of the abuser being jailed or deported is also common among survivors.¹²⁷ If the survivor is later deported to her home country, the abuser can be waiting in the home country to retaliate.¹²⁸

Finding 3: Immigrants are often afraid of seeking help from law enforcement or other government institutions due a distrust of the justice system.¹²⁹ This lack of trust may be based on experiences with government institutions in their home country or from racial and ethnic profiling by authorities in the United States.¹³⁰

¹²⁰ Walchholz S., & Miedema, B. (2000). Risk, fear, harm: immigrant women’s perceptions of the ‘policing’ solution to women abuse. *Crime, Law and Social Change*, 34, 301-317.

¹²¹ Ibid.

¹²² Orloff, L. (1995). With no place to turn: improving advocacy for battered immigrant women. *Family Law Quarterly*, 29(2).

¹²³ MA Governor’s Council to Address Sexual and Domestic Violence (2013). Disparities in prevalence, access to services and outcomes for sexual and domestic violence survivors from five underserved populations. Retrieved from <http://www.mass.gov/eopss/docs/ogr/justiceprev/massvawa-disparities-survivors-report-sept2013.pdf>.

¹²⁴ Ibid.

¹²⁵ United Nations General Assembly. (2006). *In-depth Study on All Forms of Violence against Women*. N.Y, N.Y: United Nations. Retrieved 10/21/13 from <http://www.un.org/womenwatch/daw/vaw/SGstudyvaw.htm#more>

¹²⁶ Ibid.

¹²⁷ MA Governor’s Council to Address Sexual and Domestic Violence (2013). Disparities in prevalence, access to services and outcomes for sexual and domestic violence survivors from five underserved populations. Retrieved from <http://www.mass.gov/eopss/docs/ogr/justiceprev/massvawa-disparities-survivors-report-sept2013.pdf>.

¹²⁸ Ibid.

¹²⁹ Ibid.

¹³⁰ Erez E., A. Nawal, et. al. (2003). *Violence against Immigrant Women and Systemic Responses: An Exploratory Study*. Submitted to the National Institute of Justice, Washington D.C. Retrieved 10/21/13

Finding 4: Immigrants face additional pressures that make it harder to seek services. One high risk factor for immigrant woman in particular is shame about the perpetrator’s behavior.¹³¹ Feelings of shame impact help seeking behaviors among immigrants, as survivors who feel shame are less likely to ask for help.¹³²

Living in the U.S. is also often an isolating experience for many immigrants, who are separated from family members and friends and must navigate an unfamiliar system.¹³³ Feelings of shame and heightened isolation can heighten the victims’ reliance on their community and increase the pressure to remain in the abusive relationship.¹³⁴ Victims may also decide not to seek out services due to feelings of shame about oppressing or defaming their minority identity or due to the fear that their community will ostracize them.¹³⁵ Isolation can be extreme, particularly in rural communities in which immigrant populations may be smaller and spread over large geographic areas.

Finding 5: A lack of economic resources prevents immigrant survivors from achieving self-sufficiency.¹³⁶ For instance, many immigrants with legal immigration status and undocumented immigrants are not permitted to work under rigid immigration laws.¹³⁷ Some visas are linked to the employer’s sponsorship, forcing victims to remain with employers who may be abusing them.¹³⁸

Emilia, client of the Boston Area Rape Crisis Center, reporting her abuser’s comments to her:¹³⁹
“Where, what are you going to buy? You just got paid, give me your check. It is my money. You do not have anything here. Everything belongs to me.”

Carmen, reported to Western Mass domestic violence shelter:¹⁴⁰
“I was living in an emergency shelter after I fled my abuser. I went to the local welfare office to get some help for my family. When I showed them my documents, they said I had to wait five years from the month my VAWA petition was filed. I cannot wait five years!”

Immigrants who lack proof of specific status are not eligible for federally subsidized safety-net benefits such as Transitional Aid to Families with Dependent Children (TAFDC) cash assistance, food stamps and non-emergency MassHealth.¹⁴¹ For immigrant survivors who are federally eligible, there are additional

from: <http://iwp.legalmomentum.org/reference/additional-materials/research-reports-and-data/research-USVAIW/Erez%20Ammar%20Kent%20Study.11.14.03.pdf/view>

¹³¹ MA Governor’s Council to Address Sexual and Domestic Violence (2013). Disparities in prevalence, access to services and outcomes for sexual and domestic violence survivors from five underserved populations. Retrieved from <http://www.mass.gov/eopss/docs/ogr/justiceprev/massvawa-disparities-survivors-report-sept2013.pdf>.

¹³² Ibid.

¹³³ Ibid.

¹³⁴ Ibid.

¹³⁵ Ibid.

¹³⁶ Ibid.

¹³⁷ Ibid.

¹³⁸ Ibid.

¹³⁹ Ibid.

¹⁴⁰ Ibid.

¹⁴¹ Ibid.

impediments. Immigrants who meet the federal criteria for benefits must wait for five years to elapse before qualifying for benefits in most programs.¹⁴² And immigrant survivors who cannot apply under VAWA despite the severity of the situation are ineligible for most safety-net benefits.¹⁴³ Financial supports may be available to some immigrants through the state's Emergency Aid to the Elderly, Disabled and Children's Program, but these benefits are extremely limited, with generally a maximum grant of \$303.70 per month.¹⁴⁴

While the needs of minority immigrant survivors are dire, there are a handful of programs in place that attempt to alleviate the barriers faced by this population. The following highlights some of these supports:

As previously noted, the **Casa Myrna Community Advocacy Program (CAP)** supports domestic violence survivors from low-income, ethnic and racial minority groups throughout the Boston area. Staffed by two Community Advocacy Specialists, CAP provides adult and youth survivors of domestic and dating violence support with safety planning and crisis intervention, applying for protective orders and public benefits, and connection to other supports. Bilingual Spanish/English advocates are on site throughout the week at district courts, health centers, and community centers in Boston to facilitate access to services.¹⁴⁵ All services are free and provided in Spanish and English, and other languages as needed.¹⁴⁶

Partial FY2016 funding for the Casa Myrna Community Advocacy Program is derived from MOVA through federal VOCA dollars, allocating \$67,000 to support survivors of domestic violence.

The **Womanshelter/Compañeras** also operates the **SAFENOW Homelessness Prevention Program**. This program utilizes a Safe Now advocate and a community educator to perform outreach, as well as operate as a prevention resource for the participants who seek refuge from the Womanshelter/Compañeras. An estimated 50% or more of those served by the SAFENOW program are Spanish speaking.¹⁴⁷

Funding for the Womanshelter/Companeras SAFENOW Homelessness Prevention Program for FY2016 is \$30,000 which is funded by MOVA via federal VOCA dollars.

The **Refugee and Immigrant Safety and Empowerment Program**¹⁴⁸ (RISE) is a statewide program funded by the Department of Public Health. RISE offers sexual and domestic violence services including crisis intervention, case management, education, outreach, and legal representation for immigrant communities via culturally and linguistically specific services. Currently, 20 community-based agencies are funded by RISE with bilingual/bicultural advocates located throughout the state. In addition to victim services, RISE Advocates also provide critical outreach to isolated immigrant communities on

¹⁴² Ibid.

¹⁴³ Ibid.

¹⁴⁴ Overview of Financial Eligibility, 106 CMR § 321.000 (2002)

¹⁴⁵ Casa Myrna (2015). Delivering solutions to end domestic and dating violence. Retrieved from http://www.casamyrna.org/wordpress/wp-content/uploads/casamyrna_brochure_english.pdf.

¹⁴⁶ Casa Myrna (2016). About. Retrieved from <http://www.casamyrna.org/>.

¹⁴⁷ Womanshelter/ Compañeras (2016). About. Retrieved from <http://www.womanshelter.org/>.

¹⁴⁸ RISE (2016). About. Retrieved from <http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/dvip/violence/refugee-and-immigrant-safety-and-empowerment.html>.

victim rights and services and provide trainings to a variety of providers aimed at increasing access and effective service delivery to these populations.

Funding for the Refugee and Immigrant Safety and Empowerment Program comes from line item **4513-1130**, funding allocated to this programming in FY2016 is \$1,319,854.

The RISE program is implemented in the following community-based organizations:

Community-Based Program	Location	Target Population
Health Imperatives	Brockton, MA 02301	Cape Verdeans and Spanish speakers
Asian Task Force Against Domestic Violence	Boston, MA 02112	Chinese and South Asians
Association of Haitian Women in Boston	Dorchester, MA 02124	Haitians
Boston Area Rape Crisis Center	Cambridge, MA 02139	Immigrant sexual assault survivors
Community Legal Services and Counseling Center	Cambridge, MA 02139	Immigration counsel and representation for victims of sexual and domestic violence
Elizabeth Freeman Center	Pittsfield, MA 01201	Spanish speakers
Greater Boston Legal Services	Boston, MA 02114	Immigration counsel and representation for victims of sexual and domestic violence
HarborCOV	Chelsea, MA 02150	Spanish speakers
Jewish Family and Children's Services	Waltham, MA 02451	Russians
Jewish Family Services of Western Massachusetts	Springfield, MA 01108	Vietnamese, Bhutanese, Africans and refugee new arrivals
Matahari: Eye of the Day	Boston, MA 02111	Haitians, Spanish speakers, domestic workers, human trafficking victims
Lowell Community Health Center	Lowell, MA 01854-3908	Cambodians
Massachusetts Alliance of Portuguese Speakers	Cambridge, MA 02139 Lowell, MA 01854	Brazilians, Cape Verdeans and Portuguese speakers
Metrowest Legal Services	Framingham, MA 01702	Immigration counsel and representation for victims of sexual and domestic violence
Refugee and Immigrant Assistance Center	Jamaica Plain, MA 02130	Somalis, Muslims
Community Legal Aid	Springfield, MA 01144	Immigration counsel and representation for victims of sexual and domestic violence
Womanshelter/Companeras	Holyoke, MA 01041-1099	Russians
South Middlesex Opportunity Council	Framingham, MA 01702	Spanish and Portuguese speakers

YWCA of Central MA	Worcester, MA 01608	Spanish speakers
YWCA of Greater Lawrence	Lawrence, MA 01840	Spanish speakers

Persons with Disabilities

Research concludes that persons living with disabilities are victimized at much higher rates as compared to the U.S. population.¹⁴⁹ While individuals living with disabilities are vulnerable to the types of domestic violence and sexual assault experienced by those without disabilities, these types of abuse may be experienced in unique ways.¹⁵⁰ For example, types of physical abuse may include being restrained or being handled with too much force during transfers, while sexual abuse may include being left exposed or being expected to perform sexual activities in return for being helped.¹⁵¹ Compared to individuals without disabilities, individuals living with disabilities tend to suffer from abuse for longer periods of time and from multiple perpetrators, such as caregivers and healthcare providers that they are exposed to more often than the general population because of their health needs.¹⁵² The following provides a snapshot into the rate in which persons living with disabilities experience domestic violence and sexual assault:

- Individuals living with a disability were three times more likely to be raped or sexually assaulted than individuals not living with a disability.¹⁵³
- Women with developmental disabilities are at a 4 to 10 times greater risk of sexual assault than women in the general population.¹⁵⁴
- Studies show that both men and women living with mental health issues are at an increased risk of domestic violence. While domestic violence can often lead to the development of mental health problems, those living with mental health concerns are also more likely to experience domestic violence.¹⁵⁵

Ageism

Among women aged fifty and older, ageism and a lack of collaboration across elder abuse services and domestic violence services causes elder domestic violence and sexual assault to be viewed differently,

¹⁴⁹ National Council on Disability (2007). Breaking the silence on crime victims with disabilities. Retrieved from https://www.ncd.gov/rawmedia_repository/05-21-07_jointstatement_crime.pdf.

¹⁵⁰ Curry, M. & Navarro, F. (2002). Responding to abuse against women with disabilities: Broadening the definition of domestic violence. *Family Violence Prevention Fund*. Retrieved from <http://www.womenshealth.gov/violence-against-women/types-of-violence/violence-against-women-with-disabilities.html>.

¹⁵¹ Ibid.

¹⁵² Ibid.

¹⁵³ Harrell, E. (2012). Crime against persons with disabilities, 2009-2011. *Bureau of Justice Statistics*. U.S. Department of Justice.

¹⁵⁴ National Council on Disability (2007). Breaking the silence on crime victims with disabilities. Retrieved from https://www.ncd.gov/rawmedia_repository/05-21-07_jointstatement_crime.pdf.

¹⁵⁵ Trevillion, K., Oram, S., Feder, G., Howard LM (2012). Experiences of domestic violence and mental disorders: A systematic review and meta-analysis, *Plos One*. Retrieved from <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0051740>.

and influences how interventions and services are provided for this specific population.¹⁵⁶ For example, younger survivors of abuse may be referred to domestic violence programs, while older survivors may receive in-home aging services that don't specialize in domestic violence issues.¹⁵⁷ While this trend is slowly changing due to an increased number of older women seeking access to domestic violence services, the disparity is still prevalent.¹⁵⁸ Scholars report that older women are referred to the elder abuse system simply based on their age, rather than based on their actual needs and circumstances.¹⁵⁹ This faulty assumption results in viewing the older victim of abuse as a 'medical model', in need of additional assistance from healthcare professionals who are often not trained in addressing the complex needs of abuse victims.¹⁶⁰

A direct relationship exists between age and disability, with the disability rate increasing the older the age bracket.¹⁶¹ For instance, individuals aged 45 to 54 years old were more than twice as likely (19.4%) to be living with a disability than individuals under 15 (8.4%).¹⁶² Individuals 80 and older had the highest disability rate.¹⁶³ The following notes rates of domestic violence and sexual assault among this population:

- More than 13,000 women in the United States over the age of 55 report exposure to abuse.¹⁶⁴
- Fifty percent of elder abuse involve financial exploitation, 25% report physical abuse, 45% involve neglect, and 45% report emotional abuse.¹⁶⁵
- Only 1 in 13 cases of elder abuse are estimated to actually be reported to the Elder Abuse and Neglect Program.¹⁶⁶

Mental Health Issues

There is also a higher rate of psychological disorders among women who are domestic violence victims as opposed to the general U.S. population.¹⁶⁷ Studies show that the most common psychological disorders are depression and post-traumatic stress disorders, often as a result of the abuse itself.¹⁶⁸ Surveys find that 51.4% of domestic violence survivors reported major depression during the past twelve months as opposed to the national average of 2.4%.¹⁶⁹ Furthermore, homelessness and unstable housing circumstances are associated with anxiety, depression, and a history of suicide attempts.¹⁷⁰

¹⁵⁶ Kilbane, T. & Spira, M. (2010). Domestic violence or elder abuse: Why it matters for older women. *Families in Society: The Journal of Contemporary Social Services*, 91(2), 165-170.

¹⁵⁷ Ibid.

¹⁵⁸ Ibid.

¹⁵⁹ Ibid.

¹⁶⁰ Ibid.

¹⁶¹ Ibid.

¹⁶² Ibid.

¹⁶³ Ibid.

¹⁶⁴ Ibid.

¹⁶⁵ Ibid.

¹⁶⁶ Ibid.

¹⁶⁷ Helfrich, C., Fjiura, G., & Kmitta, V. (2008). Mental health disorders and functioning of women in domestic violence shelters. *Journal of Interpersonal Violence*, 23(4), 437-453.

¹⁶⁸ Ibid.

¹⁶⁹ Ibid.

¹⁷⁰ Ibid.

Domestic violence abusers assert power over survivors living with disabilities by withholding medicine, medical equipment, mobility aid, and communication devices.¹⁷¹ Domestic violence abusers also deny access to case managers, disability services, and transportation.¹⁷² Victims of domestic violence may be at a higher risk for exploitation from their abusers due to the inability to consent or agree to sexual activity.¹⁷³ These tactics and more, impact the survivor's ability to retain and maintain housing.¹⁷⁴ The following anecdote provides insight into such tactics:

Anonymous, domestic violence survivor living with a disability, reported the following:¹⁷⁵
"My access to the world is the phone...she took the phone and put it somewhere I couldn't get it...I couldn't yell enough to attract anyone. It was a nightmare."

These findings are consistent with an understanding that abusers often target vulnerable individuals, putting populations that face discrimination and oppression, like those living with disabilities, at higher risk of violence. The following details relevant findings pertaining to the housing barriers and specialized needs of survivors living with disabilities:

Finding 1: There is a lack of affordable units and shelters in a safe neighborhood that are accessible and provide reasonable accommodations for survivors with disabilities.¹⁷⁶ For instance, a survivor with a disability may require assistance from a live-in aide.¹⁷⁷ A housing provider may be reluctant to accommodate an aide if for example, a prior aide had committed acts of domestic violence against the survivor.¹⁷⁸ In addition, a live-in aide requires a larger living space, an issue which may serve as a barrier in terms of affordable units that also suit the needs of the survivor.¹⁷⁹

Similarly, a housing provider may also be reluctant to accommodate an animal that serves the purpose of providing emotional support, performing tasks or alerting the survivor in various ways.¹⁸⁰ Federal and state law requires housing providers to allow emotional support animals and service animals, even if the housing provider has a no pet policy. However, housing providers often violate this law by attempting to deny these animals, creating major barriers for survivors in need of housing.¹⁸¹ The following provides an example of a housing provider initially refusing to accommodate a survivor with disabilities:

"A court found that a survivor could request an exception to a landlord's pet policy as a reasonable accommodation where she kept a dog in her apartment to alleviate her post-

¹⁷¹ Grewal, N. & Pederson, K. (2013). Housing rights of survivors with disabilities. *National Housing Law Project*. Retrieved from http://nhlp.org/files/3.20.13RAandDVFinal_0.pdf.

¹⁷² Ibid.

¹⁷³ Ibid.

¹⁷⁴ Ibid.

¹⁷⁵ Curry, M. & Navarro, F. (2002). Responding to abuse against women with disabilities: Broadening the definition of domestic violence. *Family Violence Prevention Fund*. Retrieved from <http://www.womenshealth.gov/violence-against-women/types-of-violence/violence-against-women-with-disabilities.html>.

¹⁷⁶ Ibid

¹⁷⁷ Ibid.

¹⁷⁸ Ibid.

¹⁷⁹ Ibid.

¹⁸⁰ Ibid.

¹⁸¹ Ibid.

*traumatic stress disorder. The tenant stated that she was a survivor of domestic violence and that the dog lessened her constant state of fear because he preceded her into rooms, switched on lights in darkened rooms, and had been trained to bring her cell phone to her”.*¹⁸²

Many people living with disabilities are capable of living independently, but current research notes that a growing number are not able to find housing that accommodates their physical needs.¹⁸³ National data shows that thousands of individuals living with disabilities require minor home modifications to make the home fully accessible.¹⁸⁴ The most common reported need was for handrails (approximately 788,000 households nationwide), followed by ramps (approximately 612,000 households nationwide), lifts (approximately 309,000 households nationwide), widened doorways (approximately 297,000 households nationwide), and accessible bathrooms (approximately 566,000 households nationwide).¹⁸⁵ Another study found that one common reasonable accommodation need was an accessible parking space, located in close proximity to the unit.¹⁸⁶ Studies found that renters had higher rates of unmet accommodations as compared to homeowners.¹⁸⁷

Finding 2: There is a lack of domestic violence shelters that are able to accommodate various types of disabilities.¹⁸⁸ A recent national survey of shelter residents concluded that while almost all shelters in the sample had the capacity to accommodate shelter residents with at least one type of disability, only one in three had the facilities to assist with all of the following disabilities: physical impairment, hearing impairment, health needs, visual impairment, and cognitive disabilities.¹⁸⁹ The survey also noted that survivors who require guide dogs may also be illegally excluded from their services simply because this type of support is not often an accommodation readily made by the shelter setting.¹⁹⁰

Finding 3: Stereotypes, stigmas, and biases about survivors with disabilities creates barriers to accessing and maintaining housing.¹⁹¹ As of 2011, housing discrimination complaints based on disability were 30% higher than those based on race across the nation.¹⁹² Individuals living with disabilities can be confronted by acts of discrimination in a multitude of ways including but not limited to: unequal

¹⁸² National Housing Law Project (2012). Maintaining safe and stable housing for domestic violence survivors. Retrieved from <http://www.nhlp.org/files/NHLP%20Domestic%20Violence%20and%20Housing%20Manual%202.pdf>.

¹⁸³ National Council on Disability (2010). The state of housing in America in the 21st century: A disability perspective. Retrieved from <https://www.ncd.gov/publications/2010/Jan192010>.

¹⁸⁴ Ibid.

¹⁸⁵ Ibid.

¹⁸⁶ U.S. Department of Housing and Urban Development (2005). Discrimination against persons with disabilities: testing guidance for practitioners. Retrieved from <http://www.hud.gov/offices/fheo/library/dss-guidebook.pdf>.

¹⁸⁷ Ibid.

¹⁸⁸ Baker, C., Billhardt, K., Warren, J., Rollins, C., & Glass, N. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior, 15*, 430-439.

¹⁸⁹ Ibid.

¹⁹⁰ Ibid.

¹⁹¹ Ibid.

¹⁹² National Council on Disability (2011). National disability policy: A progress report. Retrieved from https://www.ncd.gov/rawmedia_repository/9f8821fb_3747_43d1_a5e3_197440aa7296.pdf.

treatment, refusals of reasonable modifications, and refusals of reasonable accommodations.¹⁹³ Examples of unequal treatment include for instance, discouraging individuals with disabilities from applying for the unit by not returning phone calls, providing different information about available units, and by requiring different rental rates or application processes from an individual living with disabilities than they would from a person not living with a disability.¹⁹⁴

While the needs of survivors living with disabilities are dire, there are a handful programs in place that attempt to alleviate the barriers faced by this population. The following highlights some of these supports:

The Massachusetts Judiciary sponsored **Tenancy Preservation Program** (TPP) is a homeless prevention program that works with tenants, including families with children living with disabilities, who are facing eviction as a result of behavior related to the disability (e.g. mental health issues, mental retardation, substance abuse, aging related impairments). In consultation with the Housing Court Department, TPP functions as a neutral third party to the landlord and tenant, working the property owner and tenant to determine whether the disability can be reasonably accommodated and the tenancy preserved. TPP specialists assess the reasons for the eviction, identify needed services, develop a treatment plan to maintain the tenancy, and monitor the case for as long as is necessary. TPP makes regular reports to all parties involved in the case (i.e. the Court, property owner, and tenant). Though not a housing search program, if the tenancy cannot be preserved, TPP coordinates the tenant's transition to a more appropriate placement, preventing homelessness whenever possible. Referrals must meet all of the criteria listed below to be eligible for TPP services:¹⁹⁵

1. Household member with a disability AND disability related to the lease violation;
2. Household at risk for eviction, as documented by a Notice to Quit or a Notice of Lease Termination (in public housing); and
3. Tenancy is preservable.
 - a. Affordability: tenant must be able to afford the rent by existing or other available means;
 - b. Move-out agreements and executions: there cannot be a move-out agreement or execution in place, unless the landlord has expressly agreed to not enforce, pending TPP involvement;
 - c. Participation: both landlord and tenant must be generally willing to participate.

Funding for the Tenancy Preservation Program (**7004-3045**) for FY2016 is \$500,000.

Disabled Persons Protection Commission (DPPC) and the Massachusetts Rehabilitation Commission, Protective Service Program

The DPPC is responsible for investigating complaints of abuse against a person with a disability by a caretaker. Mandated and non-mandated reporters report suspected instances of abuse of a person

¹⁹³ U.S. Department of Housing and Urban Development (2005). Discrimination against persons with disabilities: testing guidance for practitioners. Retrieved from <http://www.hud.gov/offices/fheo/library/dss-guidebook.pdf>.

¹⁹⁴ Ibid.

¹⁹⁵ Massachusetts Court System (2015). Tenancy preservation program. Retrieved from <http://www.mass.gov/courts/programs/tenancy-program/>.

with a disability by filing a verbal report with the DPPC Hotline and by submitting a written report. Under the authority and oversight of the DPPC and per G.L. c. 19C, the MRC Protective Service Program conducts civil investigations of allegations of abuse such as acts of physical, sexual, emotional, verbal abuse, and omission by a caregiver of a person with a physical disability between the ages of 18 and 59.

In addition to investigating abuse claims, the Protective Services Program provides a variety of services that range from finding emergency shelter assistance to counseling services. Most cases are open for 6 months although that service period is often longer when individuals need to leave their homes because they are not safe there. Depending on a client's disabilities and needs, emergency shelter options vary from hospital rooms to regular shelter placements – but challenges around hospital room availability, shelter accessibility issues, most clients are single and without children, and some client's require care attendants/medical support while in shelter are significant barriers in finding appropriate placements for most of this population.

The MRC Protective Service Program is funded via line item **4120-4000** (which supports other MRC programming) which was funded in FY2016 at \$9,512,574.

Independent Living Centers (ILC)

A primary referral utilized by the MRC Protective Services Program to find housing for disabled victims are ILCs located throughout Massachusetts. ILC staff assist individuals with disabilities in achieving their self-identified goals through finding appropriate housing, peer counseling, skills training, advocacy, information, and referral. Centers also provide a range of other services such as communication assistance, support groups, transportation, health information, and other services needed by clients.

ILC provide disabled individuals with housing alternatives beyond costly institutional living situations – with most ILC housing options costing between \$35,000 - \$50,000 annually compared to over \$100,000 for an institutional placement.¹⁹⁶ ILC also refer victims to the Massachusetts Accessible Housing Registry to help find accessible housing via local housing authorities as well as help fund home renovations when possible. ILC are overseen by the Massachusetts Statewide Independent Living Council (MASILC) which is a Governor appointed council established in 1994 by Governor Weld (Executive Order 373 of 1994) and charged with monitoring, reviewing, and evaluating centers' programming to ensure community-based services are in compliance with Title VII of the Workforce Investment Act of 1998.

The following are ILC operating throughout the state:

- Ad-Lib, Inc. (Pittsfield)
- Boston Center for Independent Living (Boston)
- Center for Living and Working (Worcester)
- Cape Organization for the Rights of the Disabled (Hyannis)
- Independence Associates (Brockton)
- Independent Living Project, Multicultural Independent Living Center (Dorchester)
- Independent Living Center of the North Shore and Cape Ann (Salem)
- Metro West Independent Living Center (Framingham)
- Northeast Independent Living Center (Lawrence)

¹⁹⁶ <http://www.mass.gov/eohhs/consumer/disability-services/living-supports/independent-living/independent-living-philosophy-at-massachusetts.html>

- Southeast Center for Independent Living (Fall River)
- Stavros Center for Independent Living, Inc. (Amherst)

Pregnant and Parenting Adolescent Population

There are a many complex factors that make homeless youth one of the most highly vulnerable populations.¹⁹⁷ One challenge is pregnancy and parenting, as homeless youth pregnancy rates are as much as five times higher when compared to housed youth.¹⁹⁸ One study specific to Massachusetts found that **30% of expectant and parenting teens in Massachusetts experienced homelessness in fiscal year 2012.**¹⁹⁹ National studies show the following:²⁰⁰

- Thirty to 60% of female homeless youth report past or current pregnancies;
- At least 10% of female homeless youth are pregnant at any given time;
- Forty percent of female youth who had been homeless for six or more months had been pregnant one or more times;
- And 14% of newly homeless female youth reported a lifetime history of pregnancy.

Homeless and pregnant or parenting adolescents can be divided into at least two groups: (1) those who ran away from home or were forced to leave their home and became pregnant while living on the streets; and (2) those who were forced to leave their home or ran away specifically because of their pregnancy.²⁰¹ One study reported that the most common reasons stated for being homeless were: escaping abuse, being evicted due to pregnancy, and leaving home due to conflicts with family members or feeling unloved.²⁰²

Anonymous, advocate, stated (2016):

“People ask, ‘Why does she stay?’, and one reason is most certainly because if she leaves, she will become a victim of all the systems. Once in the system, it is incredibly difficult to get out. The system is big, and by the time the message reaches agencies like our own, prevention is no longer an option on the table. A lot of this could be avoided if someone called before she lost her home”.

The reported incidences of teen dating violence varies significantly across studies. This variance may be a result of differences in the methodology, the definitions, and/or in the targeted population used in the studies.²⁰³ For instance, definitions of physical dating violence may or may not include all types of

¹⁹⁷ Begun, S. (2015). The paradox of homeless youth pregnancy: A review of challenges and opportunities. *Social Work in Health Care*, 54, 444-460.

¹⁹⁸ Ibid.

¹⁹⁹ Massachusetts Alliance on Teen Pregnancy (2013). Living on the edge: The conflict and trauma that lead to teen parent homelessness. Retrieved from <http://www.massteenpregnancy.org/sites/default/files/publications/matpliving-edgesummer2013.pdf>.

²⁰⁰ Begun, S. (2015). The paradox of homeless youth pregnancy: A review of challenges and opportunities. *Social Work in Health Care*, 54, 444-460.

²⁰¹ Ibid.

²⁰² Ibid.

²⁰³ Ibid.

violence (physical, sexual, emotional or psychological).²⁰⁴ Another reason for this variance may be due to the limited reporting rate among adolescents, which may be partially due to fears related to divulging the abuse.²⁰⁵ According to one study, only a third of teens who were in an abusive relationship ever told anyone about the abuse they experienced.²⁰⁶

The Youth Risk Behavior Survey, a nationally representative annual survey of youth in grades 9 to 12 reported that, of those students who dated someone in the past 12 months, one in ten reported being a victim of physical violence from a romantic partner during that year and that 10% of students reported that they had been kissed, touched or physically forced to have sexual intercourse against their will by a dating partner during that year.²⁰⁷ The National Longitudinal Study of Adolescent Health analyzed a representative sample of adolescents in grades 7 to 12 found that 30% of people aged 12 to 21 that were in heterosexual relationships reported experiencing psychological abuse in the past 18 months, with 20% of youth in same-sex relationships reporting experiencing the same type of abuse.²⁰⁸

While the past twenty years has seen an evolving body of literature on high-risk youth (those that are homeless and pregnant or parenting), there are very few studies that have been conducted solely on the rate of violence and sexual assault among this seemingly lost population.²⁰⁹ However, one report specific to Massachusetts found that nearly **60%** of teen parents who experienced homelessness had experienced emotional or physical abuse or neglect by a caregiver.²¹⁰ And a national report on sexual abuse among adolescent runaways found the following:²¹¹

- Twenty-one percent to 40% of homeless youth had been sexually abused compared to 1-3% of the general youth population;
- One in three runaway youth have been forced to perform a sexual act against their will;
- One quarter of youth who have run away had parents or caretakers who requested sexual activity and 32% had been victims of sexual assault; and
- Runaway youth are 4 to 8 times more likely to have been sexually abused than youth in the general population, and more sexually assaulted or exploited on the streets.

Many homeless and parenting or parenting youth have also experienced sexual abuse, a risk factor that is highly predictive of pregnancy at younger ages, repeated sexual assaults, and instances of re-victimization.²¹² Data on the rate of sexual violence against homeless and pregnant or parenting

²⁰⁴ Ibid.

²⁰⁵ Teen Dating Violence (2016). Prevalence. Retrieved from <http://youth.gov/youth-topics/teen-dating-violence/prevalence>.

²⁰⁶ Ibid.

²⁰⁷ Center for Disease Control and Prevention (2013). Youth risk behavior surveillance. Retrieved from <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

²⁰⁸ Ibid.

²⁰⁹ Joly, L. & Connolly, J. (2016). Dating violence among high-risk young women: A systematic review using quantitative and qualitative methods. *Behavioral Science*, 6(7).

²¹⁰ Massachusetts Teen Alliance on Pregnancy (2013). Living on the edge: The conflict and trauma that lead to teen parent homelessness. Retrieved from <http://www.massteenpregnancy.org/sites/default/files/publications/matpliving-edgesummer2013.pdf>.

²¹¹ Tyler, K. A., Hoyt, D. R., & Whitbeck, L. B. (2002). The effects of early sexual abuse on later sexual victimization among female homeless and runaway youth. *Violence and Victims*, 16, 441-455.

²¹² Ibid.

adolescents is lacking in recent literature however the dated research surmises that the prevalence of sexual violence against this specific population ranges from 21% to 70%. Sexual abuse can influence judgement in forming relationships, leading to an increased risk of sexual violence in intimate relationships.²¹³ Recent research has found an overlap in reports of partner violence, pregnancy coercion, and birth control sabotage for young women. In addition they found links between these behaviors and unplanned pregnancies.²¹⁴

These findings are consistent with an understanding that abusers often target vulnerable individuals, putting populations that face discrimination and oppression, like pregnant and parenting adolescents, at a higher risk of violence. The following details relevant findings pertaining to the housing barriers and specialized needs of pregnant or parenting adolescent survivors:

Finding 1: Homeless adolescent mothers are more likely to be living in unstable, if not dangerous situations, less likely to have relationships with supportive adults whom they can turn to for advice, and more likely to have unmet basic needs than adolescent mothers who are housed.²¹⁵ In particular, because of their cognitive developmental level and socioeconomic circumstances, homeless adolescent mothers have distinctly different experiences of being homeless than their adult counterparts.²¹⁶

Homeless adolescent mothers who are under the age of eighteen may not be allowed or welcome in the domestic violence shelters that serve adult survivors. More often than not, adolescents below the age of majority that disclose abuse and are in need of services would be referred to the Department of Children and Families (as opposed to a mainstream domestic violence related provider like their adult counterparts). If in the rare instance, these under-age mothers are allowed to reside in shelters that usually serve adult mothers only, they may have difficulty adjusting to the setting due to their developmental level.²¹⁷ While these young mothers are placed into an adult situation, they may not have the cognitive capabilities to respond as adults.²¹⁸ Desperate circumstances and the lack of support and guidance from concerned adults render them highly vulnerable to exploitation and risk.²¹⁹ Although homeless shelters for youth can and do provide services to youth who are pregnant or parenting, they may not be adequately prepared to address the unique needs of pregnant and parenting youth.²²⁰

Finding 2: In addition to enduring the effects of domestic violence and sexual abuse, homeless adolescent mothers face the mental and physical stressors of pregnancy, which can lengthen the period

²¹³ Saewyc, L., Magee, L., & Pettingell, S. (2004). Teenage pregnancy and associated risk behaviors among sexually abused adolescents. *Perspectives on Sexual and Reproductive Health, 36*, (3).

²¹⁴ Teen Dating Violence (2016). Prevalence. Retrieved from <http://youth.gov/youth-topics/teen-dating-violence/prevalence>.

²¹⁵ Dworsky, A. & Meehan, P. (2012). The parenting experiences of homeless adolescent mothers and mothers-to-be: Perspectives from a shelter sample. *Children and Youth Services Review, 34*, 2117-2122.

²¹⁶ Meadows-Oliver, M. (2006). Homeless adolescent mothers: A metasynthesis of their life experiences. *Journal of Pediatric Nursing, 21*, 340-349.

²¹⁷ Ibid.

²¹⁸ Ibid.

²¹⁹ Karabanow, J., Hughes, J. & Hadley, C. (2009). Building community: The story of supportive housing for young mothers. *Substance Abuse and Mental Health Services Administration*. Retrieved from <http://homeless.samhsa.gov/ResourceFiles/xipopxqz.pdf>.

²²⁰ Meadows-Oliver, M. (2006). Homeless adolescent mothers: A metasynthesis of their life experiences. *Journal of Pediatric Nursing, 21*, 340-349.

of homelessness and lead to regressions in the developmental status of the homeless adolescent mother, this will in turn affect how she cares for her child.²²¹

Many young people who are homeless also struggle with mental health issues and substance misuse.²²² These struggles are exacerbated by the higher risk for birth complications, low birth weight, and substance misuse related effects on the newborn resulting in a baby that requires specialized attention from an adolescent mother that is enduring a lack of resources and social supports.²²³ Despite the high rates of pregnancy among homeless youth, the current literature reveals little about these pregnancies or what happens to the adolescent mothers and their children, particularly around the status of their substance misuse and mental health issues long-term.²²⁴

The mental health effects of the 'lamenting of lost years' is also known to occur among homeless adolescents because they are isolated from their peers during a developmental stage when making connections with others is especially important.²²⁵ This social isolation that adolescent mothers experience may lead to feelings of sadness or depression.²²⁶ Furthermore, research notes that youth who have been homeless for longer timeframes are significantly more likely to endorse pro-pregnancy attitudes.²²⁷ Experiences of marginalization are thought to make pregnancy and parenting more enticing, as many homeless youth perceive pregnancy as a way by which social bonds may be formed or improved through the creation and expansion of families, and a mechanism by which social services and support may be more readily available.²²⁸ For homeless adolescents below the age of eighteen, there are very little services available unless they are attached to a child.

As noted previously, homeless and pregnant or parenting adolescents are in a particularly difficult situation because there is no official system dedicated to addressing issues of dating violence among this population. Even so, there is a very limited number of programs in place that attempt to alleviate the barriers faced by pregnant and parenting adolescent survivors of domestic violence and sexual assault. The following highlights some of these supports:

The DTA funds **Teen Parent Shelter Programs**²²⁹ (TPP) which are residential facilities that provide a structured living environment for pregnant and parenting female teens and their children. A teen parent and her child may be required to live in a TPP when: the teen parent is homeless or cannot live at home with her parent(s) because domestic violence, abuse, neglect, substance abuse, or other extraordinary circumstance in the home is confirmed by a DCF assessment; there is no adult relative

²²¹ Ibid.

²²² Crawford, D., Trotter, E., Hartshorn, S., & Whitbeck, L. (2011). Pregnancy and mental health of young homeless women. *American Orthopsychiatric Association*, 81(2), 173-183.

²²³ Ibid.

²²⁴ Ibid.

²²⁵ Ibid.

²²⁶ Ibid.

²²⁷ Begun, S. (2015). The paradox of homeless youth pregnancy: A review of challenges and opportunities. *Social Work in Health Care*, 54, 444-460.

²²⁸ Ibid.

²²⁹ Teen Parent Programs (2016). Introduction. Retrieved from http://webapps.ehs.state.ma.us/DTA/PolicyOnline/!SSL!/WebHelp/TAFDC/Program_Nonfinancial_Requirements/TAFDC_Teen_Parents/Teen_Parents_-_Introduction.htm.

age 20 or older or legal guardian with whom the teen parent can live; and the teen parent does not meet the qualifications for living independently.

When a teen parent is placed in a TPP, he or she must meet the following obligations: attend school (not beyond high school) or a HiSET program, unless the teen parent has a high school diploma or HiSET certificate; participate in classes for basic parenting skills, pregnancy prevention, and basic life skills; pay a portion of his or her assistance grant to the TPP for program fees; and contribute his or her SNAP benefits to the TPP.

Funding for the Teen Parent Shelter Program for FY16 is \$9,854,932.

The New England Patriots Charitable Foundation and the Massachusetts Attorney General's Office (AGO) recently partnered to create **Game Change: The Patriots Anti-Violence Partnership**, an innovative approach to violence prevention education. The goal of Game Change is to prevent violence before it begins, by reaching high school students and teaching them how to develop and maintain healthy relationships, engage in conflict resolution, and intervene as bystanders when they witness signs of violence. Trainings for educators and students are being conducted by trainers from the Mentors in Violence Prevention program run by Northeastern's Center for the Study of Sport in Society.

Game Change, in its pilot phase, will also provide support in the form of a grant to six domestic violence and sexual assault service providers across the state. Recognizing that as schools address these issues, more survivors will come forward, the DV/SA agencies will partner with and support the participating schools in their region to support victims and their families.²³⁰ The grant recipients include: Womanshelter/Compañeras in Holyoke, Pathways for Change, Inc. in partnership with the YWCA of Central Massachusetts in Worcester, the YWCA of Greater Lawrence, REACH Beyond Domestic Violence Inc. in Waltham, New Hope, Inc. in Attleboro and Independence House, Inc. in Hyannis.²³¹

Section 7: Best Practices of Other States on Housing Alternatives to Victims of Domestic or Sexual Violence

Each state government has their own unique model of how shelter services are administered, funded, and monitored. Massachusetts is one of the most unique of these models given our state is the only one which mandates the right to shelter for certain populations and due to our complex structure of multiple Secretariats, government agencies, and nonprofit networks implementing these services statewide. Despite the differences in how these services are administered, one common theme in several states that can easily translate in Massachusetts is fostering a robust partnership between government welfare and shelter systems with community-based victim service providers.

States that implement these models, like Hawaii, New York, and Washington, provide a holistic response needed by victims of abuse that enables them to recover, stabilize, and become truly self-sufficient. A

²³⁰ Attorney General's Office, personal communication, April 11, 2016.

²³¹ Attorney General's Office (2015). Press release: AG'S office awards grants to domestic violence and sexual assault prevention organizations for game change partnership with New England Patriots. Retrieved from <http://www.mass.gov/ago/news-and-updates/press-releases/2015/2015-12-23-game-change-grants.html>.

similar partnership currently plays out in Massachusetts with the DPH Emergency Domestic Violence Shelter systems – but as noted in prior recommendations in this report, the EA Shelter system should also utilize these connections to make service delivery uniform for all victims of violence regardless of which shelter system that is serving them. Through which, all victims of abuse who receive state housing or shelter support also benefit from specialized victim services and their linkages to other community-based resources such as legal assistance, employment counseling/training, medical/mental health treatments, financial benefits, and others that promote long-term recovery and safety.

Project SAIL (Special Assessment Intervention Liaison), Alabama

For the past 14 years, Project SAIL (Special Assessment Intervention Liaison) in Alabama has been a successful partnership between government-based shelter and welfare systems and the state’s domestic violence coalition. This program provides a good example of how government and nonprofit collaborations can lead to successful and holistic responses that provide victims with needed government benefits and social service supports to promote long-term recovery.

The Department of Human Resources (DHR) is Alabama’s state agency that provides families with protective services, food assistance, child support, adoption, foster care, and varying other forms of family assistance – similar to the Massachusetts DTA and DCF. The Commissioner of the DHR reports to the Board of Human Resources which is chaired by the Governor. To assist victims of domestic violence, the DHR contracts with the Alabama Coalition Against Domestic Violence (ACADV), a network of nonprofit, community-based domestic violence providers, to provide victim services and supports to TAFDC-eligible clients who are experiencing domestic abuse.

In the late 1990’s, statistics in Alabama showed a high correlation of domestic violence victims receiving state welfare benefits. This data showed that domestic violence victims were more likely than non-victims to be long-term welfare recipients (5 years or more), 3-3 ½ times more likely to suffer from domestic violence than non-recipients, and domestic violence created additional barriers compared to non-victim which interfered with their ability to comply with TAFDC and other child support requirements. In 1998, the DHR partnered with ACADV to create a steering committee of state and county TAFDC, food assistance, child welfare, adult services, and domestic violence program administrators to design a multidisciplinary response to better serve these families receiving state assistance.

In 2000, Project SAIL was created to increase the safety and self-sufficiency of clients who disclosed abuse with two primary goals: (1) to improve outcomes for women who receive services from the DHR, and (2) increase the availability and accessibility of needed services to address the challenges and barriers faced by this target population. The project was piloted in high volume DHR offices initially but was rolled out statewide in 2002 and is available in all 67 counties in the state.

Project SAIL merges government programs with domestic violence services by placing a “**SAIL Domestic Violence Specialist**” from a locally-based domestic violence agency in each of the DHR offices throughout the state. These specialists work with DHR staff to provide domestic violence services that focus on the safety of clients, including:

- Developing a safety plan;
- Assistance in obtaining safe and affordable housing;

- Filing for protective orders;
- Attending court proceedings with clients;
- Providing referrals to individual and group counseling or support groups;
- Identifying community resources to obtain other necessary services/goods; and
- Educating employers about domestic violence and costs to the individual and employer.

Dr. Christine Nagy, University of Alabama Associate Professor and Project SAIL program evaluator (2003)²³²:

“SAIL was designed to identify and intervene in family/domestic violence situations so that victims who are eligible for services through DHR would feel safe, remain in job training, obtain employment, and become independent from welfare, whenever possible and applicable. By implementing a more integrated, comprehensive model of service delivery, and increasing the availability and accessibility of treatment services, SAIL’s ultimate goal is to improve the outcomes for these individuals.”

To be eligible for Project SAIL services, victims must be referred by a DHR staffer to a domestic violence specialist. The client must be a current victim of domestic violence, meet income eligibility restrictions (equal or less than 200% of the federal poverty level), be a member of a family that includes a minor child 18 or younger who is enrolled in school, and willing to sign a release of information that allows DHR to determine their eligibility for other DHR programming and services. Other DHR programming typically accessed by Project SAIL clients include:

1. Domestic Violence Alternative Services (DVAS): Shelter diversion programming that ensure the safety of victims in their current home and/or assist them in relocating to a new home away from violence. Up to \$1,000 may be paid for repairs/damage caused by the offender to a home or automobile, rental deposits, mortgage payments, utility payments, and some transportation costs. All expenditures are overseen by the SAIL Domestic Violence Specialist.
2. Family Assistance (FA) Program: Provides temporary benefits and services to encourage the care of children in their own homes or in the homes of relatives. Services/benefits to families include: temporary cash payments, work and job training services, and childcare assistance for parents engaged in work and training activities.
3. The JOBS Program: DHR’s welfare to work program aims to combat complex issues reported by welfare recipients including substance abuse, domestic violence, low education, and poor access to jobs. JOBS case managers engage clients in varying programs aimed at developing job retention skills, career planning, referrals to coaches/mentors (that include church leaders, civic organizations, and individuals recruited by DHR), and the provision of limited financial aid to help with car repairs, purchase professional clothing, or to cover transportation costs.
4. Transitional Child Care (TCC): If clients meet income eligibility standards, a reduced rate for child care services is provided.

Since the program’s inception, over 38,000 referrals have been made to the program. During FY2012, Project SAIL was funded at \$946,248 which supported: 1 project director, 2 consultants, 25 FTE SAIL

²³² The University of Alabama Research Magazine, “Domestic Violence Victims Aided by Project SAIL”, February 2003. <http://research.ua.edu/2003/02/domestic-violence-victims-aided-by-project-sail/>

Specialists located in DHR offices, and 1 bookkeeper. During that year, over 3,900 families were assisted, a total of \$142,993 was spent via DVAS and FA flexible funding (to assist victims with rent and utilities, repairing damage to cars caused by the abuser, and replacing birth certificates and other important documents), and 18 domestic violence shelters were subcontracted with to provide emergency shelter services when needed.²³³

Section 7.1: RECOMMENDATION

Although the systems, eligibility requirements, and benefits provided by Project SAIL are particular to Alabama, the fundamental component of including specialized domestic violence services within government systems is something the Commission sees as beneficial and worthwhile for Massachusetts to consider. In Alabama, this partnership promotes uniform and comprehensive service delivery for victims in every corner of the state by having domestic violence advocates accessible to victims. Most importantly, those advocates are provided with the tools, resources, and institutional support they need to effectively serve victims and combat the significant impacts of violence to help families achieve long-term safety and stable housing.

Similar to Massachusetts, a significant gap in housing and shelter services for sexual assault victims is evident in Alabama and other states. As government systems have partnered with state domestic violence coalitions, we suggest they also partner with community-based rape crisis centers and sexual assault agencies that are equipped to provide specialized services this population needs in addition to social welfare, housing, and shelter supports. Cultural competency trainings are also needed by all shelter providers to ensure they have the capacity to appropriately serve vulnerable populations like the LGBTQ, minority, and immigrant populations – all of which require dynamic and sensitive responses to address the unique challenges they face in accessing services. Through which, state dollars invested in our social welfare services will promote self-sustainability and stability which is fundamental to preventing continued poverty, violence, homelessness, and other significant issues victims face.

Section 8: Conclusion

The recommendations outlined in this report present funding and regulatory solutions the Legislature, the Governor's Administration, and state agencies can implement immediately to improve existing housing and shelter supports available to domestic and sexual violence victims in Massachusetts. Although some recommendations may take time to be fully realized, the Legislature is encouraged to act on these recommendations as soon as possible to compliment and support the ongoing work of state and non-profits agencies that are currently providing these services.

The Legislature should also support the following budget line items in the upcoming FY2018 Budget process to adequately fund the services and professionals needed to fully implement the recommendations outlined in this report. These include:

- **Department of Housing and Community Development (DHCD)**
 - 7004-0100: DCHD shelter service providers operating budget
 - 7004-0101: EA shelter location funding

²³³ Alabama Department of Human Resources, 2012 Annual Report.
http://dhr.alabama.gov/documents/Annual_Reports/2012AnnualReport.pdf

- 7004-0102: DHCD Individual Shelter System
- 7004-0108: HomeBASE
- 7004-9316: Residential Assistance for Families in Transition (RAFT)
- **Department of Children and Families (DCF)**
 - 4800-0038: Violence Prevention and Family Preservation services
 - 4800-0041: In-Home Support and Stabilization services
- **Department of Public Health (DPH)**
 - 4513-1130: Domestic and Sexual Violence Prevention Services
 - This line item funds all Emergency Domestic Violence Shelter Services transferred from DCF (4800-1400) in FY2017, SafeLink Hotline, Refugee and Immigrant Safety and Empowerment (RISE) programming, and other supports
- **Department of Transitional Assistance (DTA)**
 - 4400-1025: Domestic Violence Specialists operating budget
- **Massachusetts Office for Victim Assistance (MOVA)**
 - 0840-0100: Operating Budget

The Legislature is also encouraged to follow the transition of Emergency Domestic Violence Shelter services from DCF to DPH which were formally transferred in the FY2017 Budget. DCF and DPH personnel will be working together over the next several months to ensure services are not disrupted through this transition and until current contracts end in June of 2017. DPH and DCF are currently implementing a statewide procurement process to contract for violence prevention, shelter services, and other programming that will run through March of 2017. As noted throughout the report, all of the state's shelter systems are operating far beyond capacity and need further resources to meet demand for services. Further resources are needed to DPH line item **4513-1130**, as well as DHCD line items **7004-0100** and **7004-0101**, to maintain shelter service levels throughout the state and to successfully implement the recommendations in this report.

It is also important to note that in addition to domestic and sexual violence, shelter providers are also facing other significant issues presented by clients that fall outside their traditional scope of services and expertise. Issues like substance abuse, mental health, generational poverty, and others which require specialized and long-term treatments by external, qualified providers. The Legislature should support DHCD and DPH in partnering with other relevant stakeholders to address these complex issues that shelter clients are presenting. Only through holistic and wrap around services can our shelter system truly promote client self-sustainability and long-term wellbeing to avoid the cyclical overreliance on shelter services that many are currently experiencing.

Although this study commission dissolves with the issuance of this report, member organizations like DCHD, DCF, DPH, DTA, GCDVSA, and MOVA remain engaged in this work to build a more responsive housing and shelter network for domestic and sexual violence victims. These agencies continue to partner with other groups like the ITF, ICHH, and a statewide network of non-profit victim service, housing, and shelter providers who are committed to better integrating existing systems and resources to improve our collective responses to homelessness. The Commission encourages the Legislature to continue using these agencies and working groups as resources to inform and guide future funding

decisions, legislative filings, or regulatory changes that involve housing and shelter supports as well as victim services moving forward.

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