



Trauma-Informed Care for Survivors in CoC and ESG Projects and Systems

Background and Purpose

The Violence Against Women Act (VAWA) is a federal law that, in part, provides housing protections for people applying for or living in units subsidized by the federal government who have experienced domestic violence, dating violence, sexual assault, or stalking to help keep them safe and reduce their likelihood of experiencing homelessness. VAWA applies to many HUD programs, including the Continuum of Care (CoC) and Emergency Solutions Grant (ESG) Programs. More information is available on [HUD's VAWA page](#).

The VAWA Reauthorization Act of 2022 (VAWA 2022) both renewed and expanded VAWA's protections for people fleeing domestic violence, dating violence, sexual assault, and stalking. VAWA 2022 also amended the McKinney-Vento Homeless Assistance Act to add a new eligible CoC Program activity related to facilitating emergency transfer requests and monitoring compliance with VAWA confidentiality provisions. More information is available in [HUD's "Housing Provisions of the Violence Against Women Act Reauthorization Act of 2022" letter to CoC and ESG recipients](#).

This document provides CoC- and ESG-funded direct service providers with a foundation for developing trauma-informed services for survivors, including specific strategies, policy recommendations, and case management techniques. It also includes a one-page **Survivor Communication Quickstart** to assist providers in implementing a trauma-informed, survivor-centered lens for existing activities.

Overview

As discussed in a previous resource in this series, [Improving Access for Survivors to CoC and ESG Resources](#), gender-based violence is one of the primary causes, catalysts, and complications of homelessness in the United States. Survivors will often leave an abuser multiple times and experience multiple periods of homelessness before finally escaping the cycle of violence. Given the inextricable connections between housing insecurity and gender-based violence, homelessness service providers play a critical role in each community's victim services system. Providers are encouraged to adopt trauma-informed, [culturally appropriate](#) practices that are tailored to the specific needs of survivors, including people who are fleeing domestic violence, dating violence, sexual assault, and stalking.

Providing Trauma-Informed Care to Survivors

Trauma-informed care is an approach to service delivery and systems design that recognizes that all people have been impacted to some extent by trauma, that trauma can negatively affect well-being and development, and that a compassionate, understanding, safe, and accommodating environment can promote healing and resilience. Providers familiar with trauma-informed care will recognize the value of an organization-wide culture of nonviolence, learning, and collaboration that offers compassion and understanding to participants who are recovering from trauma. This culture is essential to overcoming one of the primary barriers to serving survivors: that many survivors do not disclose their status to social services providers due to the violence itself and the risk of further violence, especially during and immediately after fleeing and requesting services.

Gender-based violence trauma can affect a person's ability to trust themselves and others, decrease their sense of safety and intensify their sense of fear, impair their decision-making capacity, and diminish their capacity to achieve their housing and safety goals. CoCs, CoC recipients, and ESG recipients are responsible for expanding their understanding of trauma and implementing trauma-informed practices to create safer, more welcoming systems and spaces that explicitly accommodate the physical, emotional, and psychological safety needs of survivors and their families.

Advocates have documented a substantial need for resources for survivors experiencing homelessness, including a [2019 report from the National Network to End Domestic Violence](#) that over 80% of survivors entering shelter identified affordable housing as a primary need, second only to “safety for myself” (85%). Research has also shown that survivors experience higher rates of unsheltered homelessness due in part to policies that survivors perceive to be dangerous or otherwise risky for themselves and their families.

Even without additional resources, providers can have a significant, lifesaving impact on survivors and by creating more inclusive and accessible services, working with survivors and advocates to better understand and accommodate survivor needs, and supporting survivors in rebuilding their sense of self-trust by prioritizing [self-determination](#), promoting participant choice, and empowering survivors to determine the types and pace of services they receive.

Developing Trauma-Informed Policies

Providers should evaluate their policies and procedures to determine whether they effectively accommodate the unique needs and prioritize the self-determination of survivors. This includes housing, shelter, and supportive services providers. For example, according to [HUD's Housing Needs of Survivors of Human Trafficking Study](#), “certain modalities of shelter service provision may be inaccessible to large communities of survivors, even when they are trauma-informed. Many shelters have rules, such as curfews, limited hours of operation, chores, or other mandated activities, that can be retraumatizing for survivors if the rule resembles their trafficking experience.”

To create a safe, stable, secure environment for survivors, providers can:¹

- Engage survivors, staff, and community members to learn more about what helps to support their individual safety, healing, and well-being will help providers understand what kinds of changes the community would benefit from within their programs.
- Ensure that procedures include providing clear information to survivors about what they can expect from staff and the agency as part of creating an emotionally safe, predictable, and stable environment.
- Provide information about trauma, triggers, and healing to both participants and staff, highlighting the effects of trauma on individuals, organizations, and communities, with a goal of normalizing responses to trauma.
- Make the operational changes necessary to be able to lift curfews and make mandated activities like chores and community meetings optional. Rewrite policies and rules that are excessive or rigid and instead consider ways to more gently foster a sense of safety, inclusivity, and care.
- Work with community partners to identify strategies to expand services for families without splitting them up based on age or gender while prioritizing participant safety and self-determination. Lift any rules limiting the age of children residing in shelter with their parents, regardless of gender to come into compliance with HUD statute.
- Identify and change any policies or procedures that create power and control dynamics, such as punishing or surveilling program participants.

¹ https://safehousingpartnerships.org/sites/default/files/2017-01/NCDVTMH_PromisingPracticesReport_2015.pdf

- Build connections with local community groups and organizations serving culturally specific communities based on racial and/or ethnic identity, language, culture, immigration status, age, gender, and sexual orientation in order to support participants in building community and social connections
- Make programs more accessible by meeting tangible needs (e.g. religious, dietary needs) and social needs by creating a [culturally-relevant](#) and trusting environment that fosters a sense of belonging
- Provide all participants with simple, easy-to-understand information about [emergency transfer](#) and [lease bifurcation](#) procedures
- Expand services to include those that enhance participants' feelings of connection, empowerment, and engagement, while reducing social isolation, such as:
 - Recovery and peer support groups that use a trauma-informed perspective
 - On-site trauma-specific counseling services provided by licensed clinicians
 - Art, music, drama, and movement, dance therapy, for both survivors and their children
 - Wellness programming such as spiritual support, yoga, meditation, gardening, animal- and pet- assisted therapy, healthy nutrition programs, and on-site gyms or exercise activities
 - Traditional and culturally based practices that center a community's cultural strengths and promote healing from domestic and sexual violence and other lifetime trauma, including practices with a focus on spirituality, religion, or approaches that engage the whole community, such as traditional healing practices, ceremonies, medicines, arts, holidays, storytelling, celebrations, gardening, farming, weaving, or other practices common among participants' cultures.

Finally: in the absence of culturally specific or identity specific programming, housing and services can be less accessible or inaccessible to marginalized communities, including but not limited to people who are not white such as people of color, Tribal community members, people aged 65 and older, people living with disabilities (physical, behavioral, developmental), and people who are LGBTQ+. Providers should be aware that housing, shelter, and services that are tailored to survivors may not meet the complex needs of a given survivor or survivor community; genuine accessibility is, by definition, intersectional.

Intake and Assessment Procedures

While survivors may not disclose their status at coordinated entry access or program intake, providers should begin building trust at initial engagement and intake. Providers should ensure that the intake process incorporates person-centered language that recognizes the challenges of discussing trauma, particularly in the early stages of healing and recovery. Providers are encouraged to practice patience, compassion, and active listening in eliciting information from participants upon intake, as many people who request homelessness services are also survivors of gender-based violence and other trauma.

Providers and systems should be intentional about questions regarding victimization. Except as necessary to connect applicants with emergency services, providers and systems should avoid using assessments that are potentially retraumatizing in the early stages of engagement with new applicants; instead, these challenging questions should be introduced after trust has been established—and only when necessary to address a housing barrier or qualify a participant for services.

Assessment and prioritization processes should also be modified if they completely exclude questions about safety and vulnerability to gender-based violence. Providers should work with local victim

service providers and other members of their community with relevant lived experience to develop person-centered, trauma-informed, survivor-inclusive assessment processes.


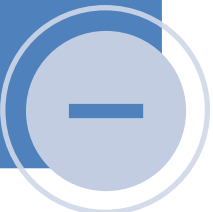
When a survivor does disclose their status, the provider should believe the survivor—and demonstrate that belief to the survivor. CoC and ESG applicants and participants have the right to self-certify their survivor status for purposes including but not limited to:

- Meeting the [Category 4 definition of homelessness](#), which was updated for the purposes of the CoC and ESG programs by VAWA 2022 and which HUD is addressing as specified in its [Housing Provisions of the Violence Against Women Act Reauthorization Act of 2022](#) letter to CoC and ESG recipients
- Qualifying for a lease bifurcation
- Qualifying for an emergency transfer

Providers should offer services using a transparent, survivor-centered approach. When possible, providers should provide survivors with multiple options for each service, empower survivors to receive services from multiple providers at the same time, and facilitate survivors changing providers mid-service when feasible. Providers should ask whether survivors:

- Want specific, immediately available emergency services related to gender-based violence
- Prefer to be receive shelter/outreach services from their current provider, from a victim services provider, or both
- Want to be prioritized for housing that is dedicated to victims, housing that is not dedicated to victims, or both

Recommendations for providing emotional support after a survivor shares their experience:²

| | |
|--|---|
| <ul style="list-style-type: none">• Acknowledge that their situation is difficult and scary• Recognize that it is brave to regain control• Remember that you can't "rescue" a participant--their decisions are up to them• Reflect the language the participant uses to describe themselves and their experiences | <ul style="list-style-type: none">• Judge survivors' decisions• Criticize survivors or suggest survivors should feel guilty about their choices• Speak poorly of the survivor's abuser• Try to "rescue" a participant--their decisions are their own |
| Do...  | Don't...  |

Finally: throughout the intake, assessment, and service delivery processes, providers must remember that they have a duty to protect survivor confidentiality in accordance with the [housing and confidentiality protections afforded under VAWA](#).

² <https://www.thehotline.org/support-others/ways-to-support-a-domestic-violence-survivor/>

Case Management Services

Regardless of whether a survivor has disclosed their status, providers may be among the first people they feel safe to trust. Case managers should work hard to build trust and to model healthy behavior. The [Women Against Abuse Case Management Manual](#) suggests the following strategies for modeling a healthy and mutually respectful relationship:

- Setting and maintaining healthy boundaries, confidence, empathy, safe behavior, and rational problem solving. Remember that each interaction a case manager has with a client can be educational for the client through modeling rather than explicit teaching, which can be disempowering.
- Case managers should assist in naming and defining options for clients, as well as assessing possible outcomes of choices without making the choice for the client.
- Case managers should offer to support survivors with [creating a safety plan](#).
- Facilitating emotional safety planning with survivors, including “support planning,” which includes talking with shelter residents about the stresses of communal living and the potential sources of re-traumatization that may arise, providing information on the effects of trauma and anticipating potential trauma reminders, discussing coping skills, and working with survivors to identify their individual strengths as well as others who may be sources of support.
- Case managers should seek ongoing training and supervision support around diversity and cultural competency to better support and empower clients from all backgrounds.
- Referrals must be consensual, effective, and appropriate: providing a client with several referrals that will not work for their benefits, nor meet their need(s), comfort level, etc. may just serve to overwhelm and frustrate the client. Referrals must be followed up: whether you are following up with the outside service provider or with the client to see how they are accessing and utilizing the referral, it is best practice to follow up on referrals to ensure that a connection is made to meet the need.
- Information about referral offerings should include wait times, background about how to navigate the services, and information about how the services may benefit the participant.

Providers should offer and be able to facilitate connections to other local service providers, including:

- [Emergency Services](#)
- [Victim Service Providers](#)
- [Medical and health care services](#)
- [Dentistry services](#)
- [Legal Services](#)
- [Mental health services](#)
- [Alcohol and drug-related services](#)
- [Translation and interpretation services](#)
- [Culturally specific providers](#)
- [Child Protective Services](#)
- [Victim Witness Programs](#)
- Welfare-related services
- Housing resources and services
- [Disability services](#)
- [LGBTQ+ services and community groups](#)
- [Counseling services](#)
- [Childcare services](#)
- [Immigration services](#)
- [Parenting education resources](#)
- [Abuser resources](#)
- [Consumer, credit, and financial services](#)
- [Adolescent services and programs](#)
- [Elderly support services](#)

Resources for Serving Survivors of Gender-Based Violence

- [Women Against Abuse Case Management Manual](#)
- [Promising Practices and Model Programs: Trauma-Informed Approaches to Working with Survivors of Domestic and Sexual Violence](#)
- [Interactive Create Your Personal Safety Plan](#)
- [Ways to Support a Domestic Violence Survivor | The Hotline](#)

- [Start a Conversation. Talking about abuse is hard.](#)
- [Why People Stay in an Abusive Relationship | The Hotline](#)
- [10 Tips to Have an Informed Conversation about Domestic Violence - NNEDV](#)
- [Housing Barriers and Emerging Practices to Centering Survivors](#)
- [Understanding Traumatic Triggers](#)
- [Trauma-Informed Design: Quick Reference Guide](#)
- [Client-Centered and Trauma-Informed Data Collection Virtual Reality Resources](#)
- [VAWA Housing Services Series](#)

Survivor Communication Quickstart

Tips for Using Person-Centered Language to Create a Supportive Environment

- Be transparent and clear about intake and services, expectations, guidelines, and processes survivors will encounter.
- Before communicating, consider: is the statement clear? Is it honest? Is it kind, warm, and encouraging of emotional safety? Does it take the survivor's experience into account? Does it serve to empower and join with the client?³

Instead of...

Are you fleeing domestic violence?



Ask...

Do you feel safe in your current living situation? In your previous living situation?

Instead of...

We refer survivors to victim services providers



Ask...

Would you feel more comfortable being served by a victim services provider?

Instead of...

VAWA protects victims of domestic violence



Say...

VAWA offers domestic violence protections to all participants

Instead of...

We don't serve survivors of domestic violence or sex trafficking.



Say...

We are not a victim service provider, but many of the people we serve are survivors

³ https://www.womenagainstabuse.org/assets/media/Case_Management_Manual_Final_with_Live_Links.4-13-18.pdf