



Leveraging TANF to Improve Outcomes for Survivors of Intimate Partner Violence

October 31, 2018
1:00 p.m. – 2:30 p.m.



ADMINISTRATION FOR
CHILDREN & FAMILIES

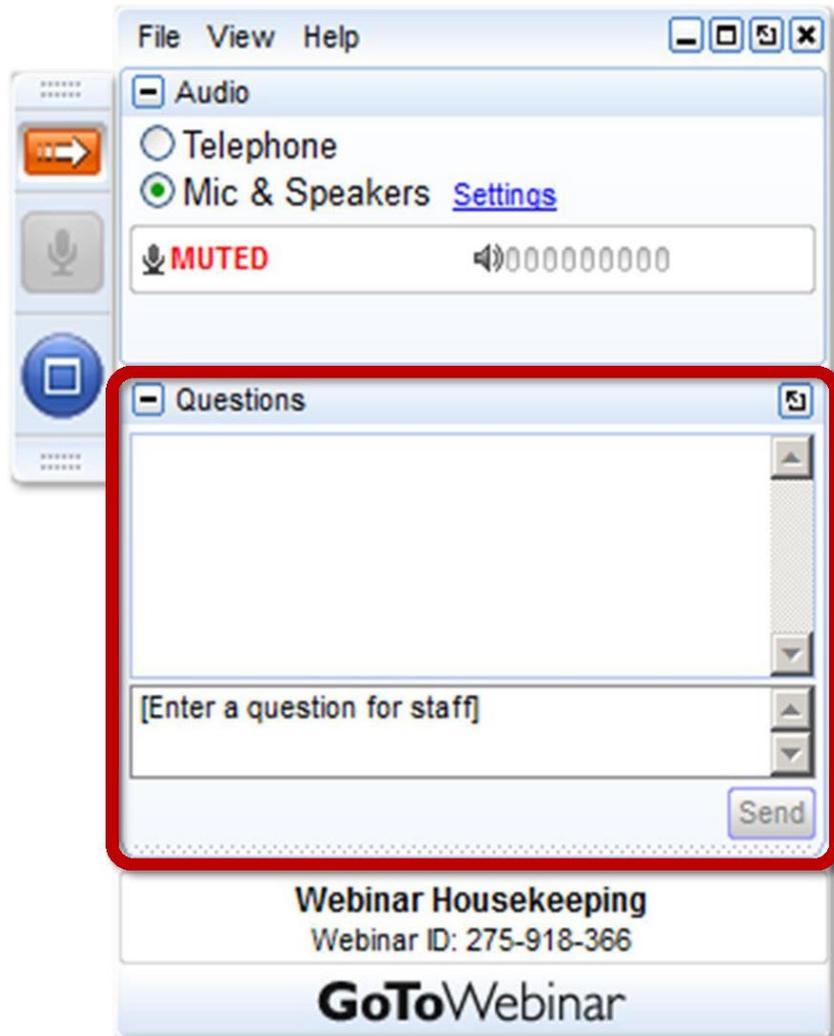
Welcome

- Carol Mizoguchi, Family Assistance Program Specialist, Office of Family Assistance (OFA), Administration for Children and Families (ACF)



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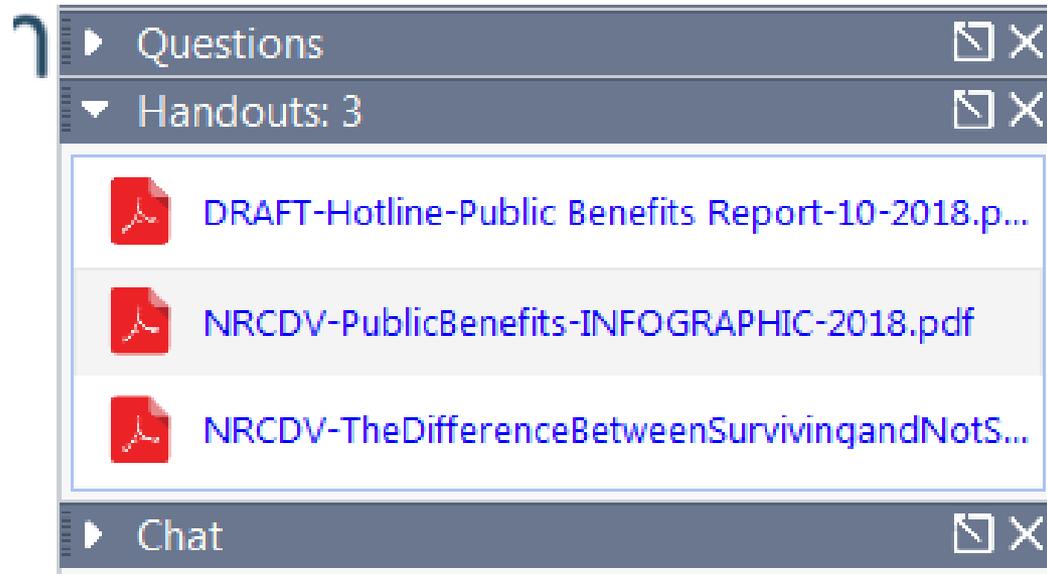
Using GoToWebinar



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Please submit your text questions and comments using the Questions panel.

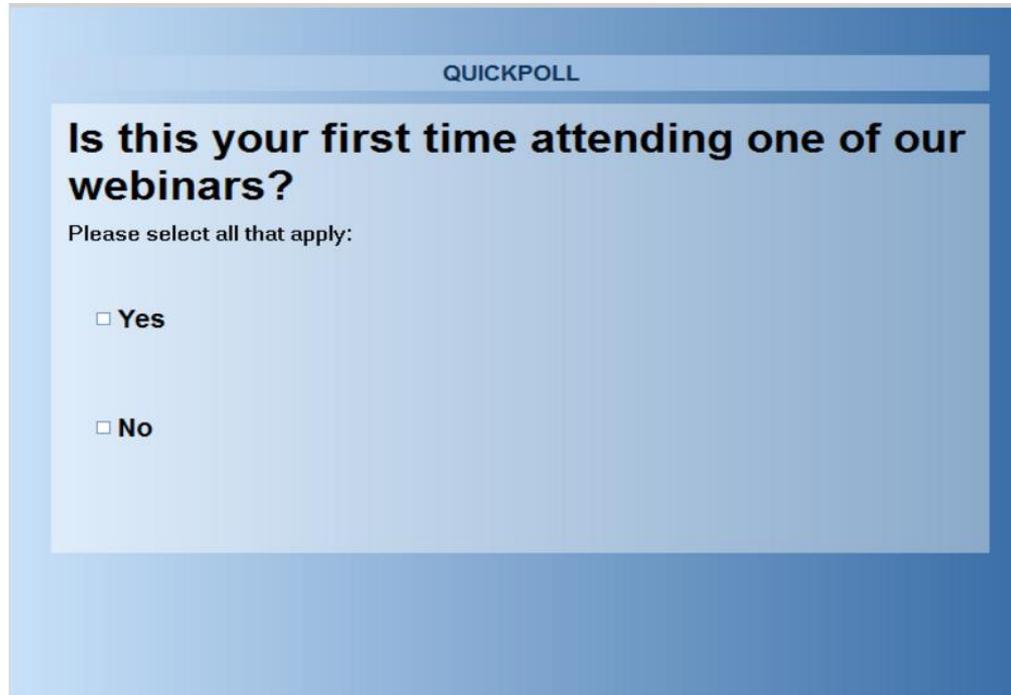
GoToWebinar: Handouts



To download handouts referenced in today's webinar, click 'Handouts' in the menu located on the right side of your screen.



GoToWebinar: Responding to Polls



QUICKPOLL

Is this your first time attending one of our webinars?

Please select all that apply:

Yes

No

To respond to the poll, click the radio button next to your preferred response.



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Learning Objectives



- ❑ Describe key findings related to the impact of domestic violence on survivors and their use of public assistance benefits
- ❑ Identify principles and practices for best supporting survivors
- ❑ Explore examples of successful survivor engagement within TANF programs



Presenters

- ❑ *Kenya Fairley*, Acting Director, Division of Family Violence, ACF
- ❑ *Marium Durrani*, Director of Policy, National Resource Center on Domestic Violence (NRCDV)
- ❑ *Amber Harchuk*, Operations and Policy Analyst, Oregon Department of Human Services
- ❑ *Jennifer Pauletto*, Direct Services Program Manager, HAVEN from Domestic and Sexual Violence





Family Violence Prevention and Services Act Program



Presented by Kenya Fairley,
Acting Director

October is Domestic Violence Awareness Month!



*Leveraging resources and partnering across federal agencies is our **#1Thing** to improve supportive services for victims of domestic violence.*

#1Thing

The National Resource Center on Domestic Violence's #1Thing DVAM campaign is funded by ACYF and FYSB, ACF, HHS.

FYSB's Mission

To support the organizations and communities that work every day to put an end to youth homelessness, adolescent pregnancy and domestic violence.



FYSB's Vision

A future in which all our nation's youth, individuals and families – no matter what challenges they may face – can live healthy, productive, violence-free lives.

Family Violence Prevention & Services Program

- Signed into law as Title III of the Child Abuse Amendments of 1984
- First time federal resources were dedicated directly to domestic violence shelters, services, and programs
- FVPSA funds help states, territories, and tribes provide emergency shelter and other support services to victims and their dependents.

FVPSA Grants Programs

State and Territorial Formula Grants

Tribal Grants

State and Territory Domestic Violence Coalitions

Discretionary Grants

Training and Technical Assistance Resource Centers

Learn more: www.acf.hhs.gov/fvpsa / www.learnaboutFVPSA.com

1.28 Million Victims Served

In 2017, FVPSA provided funds to

- 1,239 domestic violence shelter programs
- 247 domestic violence non-shelter programs
- 146 Tribal Domestic Violence Programs

FVPSA funded programs provided

- safe housing
- crisis response
- advocacy
- legal assistance
- counseling
- safety planning
- support groups



893,298 women



88,862 men



267,300 children

FVPSA Philosophy



- Promoting interventions that are **grounded in evidence** and can be tailored to the risk and protective factors of individuals
- Providing **trauma-informed** services and environments that allow for healing and recovery from violence, abuse and neglect

What is domestic violence?

One person in a relationship using tactics of coercive control to exert power over the other one through:

- Emotional abuse and manipulation,
- Physical violence (once or repeatedly),
- Stalking or monitoring daily activities,
- Controlling the victim's money or sabotaging their employment,
- Harming or threatening to harm their children,
- Sexual violence, and other tactics to cause fear and keep victims under control

62% of female victims and 18% of male victims commonly report feeling fearful and having concern for their safety

How are children exposed to DV?

Often exposed to violence for the first time in their homes, either by directly seeing or hearing physical violence occur between their parents

- Seeing their parent threatened, demeaned, or battered
- Being caught in a violent incident – intentionally or by accident
- Seeing the after-effects of abuse: bruises, broken objects, police being called to the home, related trauma responses
- Living in a household dominated by tension, stress, fear

How are children impacted by DV?

- Potential for injury during their mother's pregnancy –
 - 53% of women aged 16-29 in family planning clinics reported physical or sexual violence from an intimate partner
- Being used and manipulated by the abusive person – having the victim parent's authority undermined
- Suffering from the consequences of economic abuse
- Separation from the victim parent may further traumatize children and negatively impact their healing – children need to observe their parent establish safety and thrive in a life free of abuse



Domestic Violence Counts: 12th Annual Census Report

“

We received a request for rental assistance from a woman leaving an abusive partner, but we were unable to help.

She said, ‘He controls all of the finances. I can’t get out on my own.’

Many of our clients are unable to leave because of financial control.

”

- North Dakota Advocate



NNEEDV

#DVcounts
NNEEDV.org/Census

“

A survivor and her three children arrived at our agency with nothing but the clothes on their backs after fleeing her abusive partner.

She and her children hadn’t eaten anything that entire day and she had to leave medication for her son with special needs behind.

We were able to give them shelter, clothing, and a hot meal and helped her get her son’s medication.

She said she was grateful for a safe place to stay and so much support.

”

- Texas Advocate



NNEEDV

#DVcounts
NNEEDV.org/Census

FVPSA-Funded National Training and Technical Assistance Resource Centers





National Resource Centers:

- National Resource Center on Domestic Violence
- National Indigenous Women's Resource Center

Special Interest Resource Centers:

- Battered Women's Justice Project and the National Clearinghouse for Defense of Battered Women
- Resource Center on Domestic Violence: Child Protection and Custody
- National Health Resource Center on Domestic Violence
- National Center on Domestic Violence, Trauma and Mental Health

Population and Culturally Specific Institutes:

- National Latino Network for Healthy Families and Communities
- Asian Pacific Institute on Gender Based Violence
- Ujima, Inc.: The National Center on Violence Against Women in the Black Community

Emerging/Current Issue Resource Centers

- National LGBTQ Institute on Intimate Partner Violence
- National Network to End Domestic Violence Capacity Building for State DV Coalitions
- Futures Without Violence: Enhanced Services to Children & Youth Exposed to Domestic Violence
- Alaska Native Resource Center on Domestic Violence

National Domestic Violence Hotline

- Via phone: 1-800-799-SAFE (7233) / Online Chat via the Web: www.thehotline.org

SAFE HOUSING PARTNERSHIPS

The new website for the
Domestic Violence and Housing Technical Assistance Consortium

UNDERSTANDING THE INTERSECTIONS

BUILDING PARTNERSHIPS

EMPLOYING KEY APPROACHES

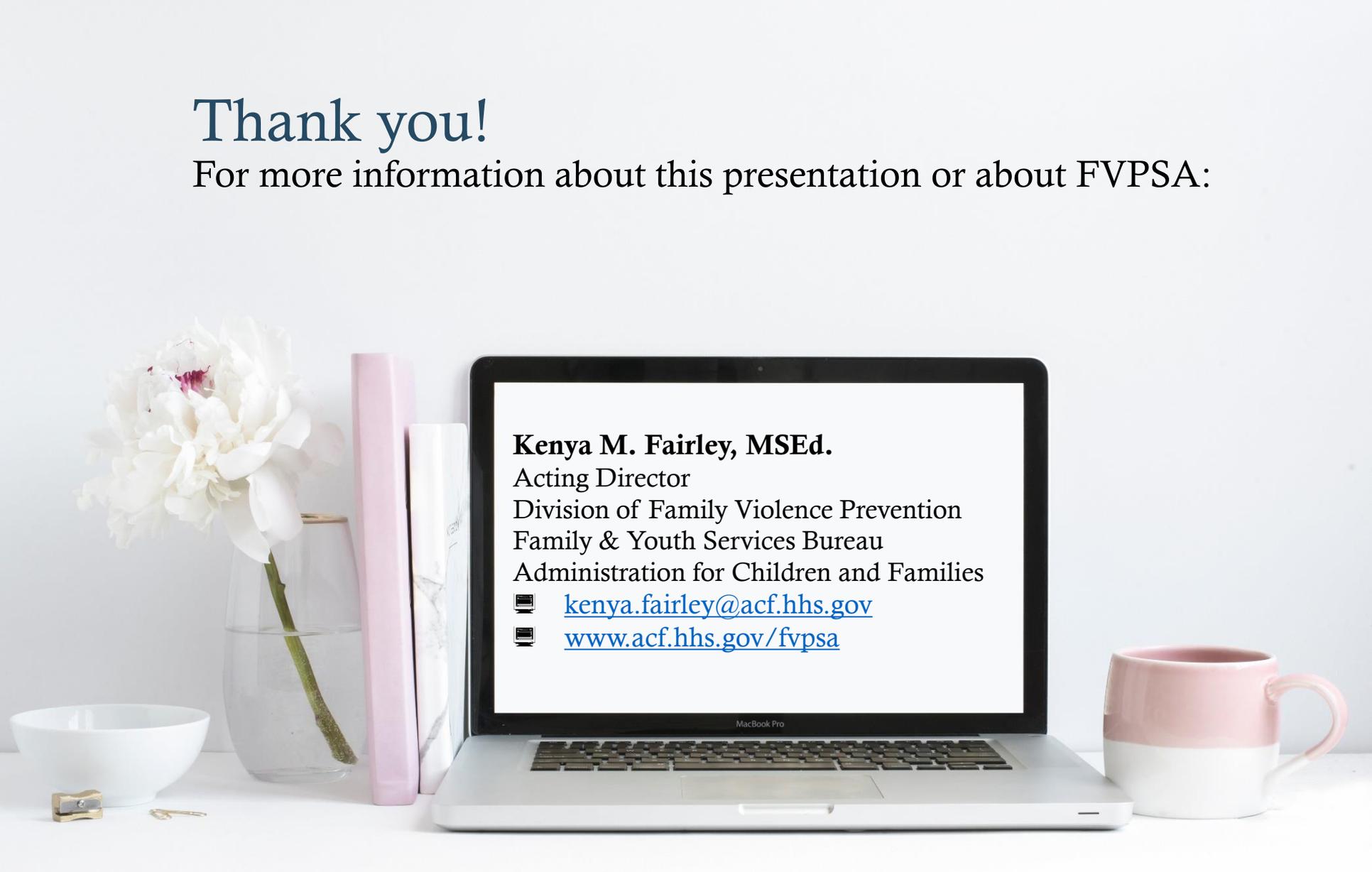
PUBLIC POLICIES

- Explores the intersections between domestic and sexual violence, homelessness and housing
- Provides strategies and case studies for building effective cross-system partnerships
- Includes in-depth resource collections organized around four key approaches to addressing and preventing housing instability among survivors
- Provides easy access to relevant federal laws, regulations, and policies

Have questions? Need TA or training?
Contact the Consortium directly through the site!

Thank you!

For more information about this presentation or about FVPSA:



Kenya M. Fairley, MEd.

Acting Director

Division of Family Violence Prevention

Family & Youth Services Bureau

Administration for Children and Families

📧 kenya.fairley@acf.hhs.gov

🌐 www.acf.hhs.gov/fvpsa

Polling Question #1

Does your TANF program have policies and/or written procedures – beyond the family violence option waiver – for serving survivors of intimate partner violence?

- Yes
- No





National Resource Center on Domestic Violence

The National Resource Center on Domestic Violence (www.nrcdv.org) provides a wide range of free, comprehensive, and individualized technical assistance, training, and specialized resource materials.

Mission: *To strengthen and transform efforts to end domestic violence.*

Intimate Partner Violence

- Intimate partner violence (IPV) is **highly prevalent**.
Approximately **27.4% of women** and **11% of men** have experienced IPV in their lifetime.
- Associated with a wide range of **negative health and economic consequences**
 - Injury and death
 - Physical health (e.g., cardiovascular, gastrointestinal, nervous system conditions)
 - Mental health (e.g., depression, PTSD)
 - Missed days of school or work and economic instability

Lifetime Economic Burden of Intimate Partner Violence among U.S. Adults

Released by the
U.S. Centers for
Disease Control
(CDC) in August
2018

ARTICLE IN PRESS

American Journal of
Preventive Medicine

RESEARCH ARTICLE

Lifetime Economic Burden of Intimate Partner Violence Among U.S. Adults

Cora Peterson, PhD,¹ Megan C. Kearns, PhD,¹ Wendy LiKamWa McIntosh, MPH,¹
Lianne Fuino Estefan, PhDMPH,¹ Christina Nicolaidis, MDMPH,² Kathryn E. McCollister, PhD,³
Amy Gordon, MS,² Curtis Florence, PhD¹

Introduction: This study estimated the U.S. lifetime per-victim cost and economic burden of intimate partner violence.

Methods: Data from previous studies were combined with 2012 U.S. National Intimate Partner and Sexual Violence Survey data in a mathematical model. Intimate partner violence was defined as contact sexual violence, physical violence, or stalking victimization with related impact (e.g., missed work days). Costs included attributable impaired health, lost productivity, and criminal justice costs from the societal perspective. Mean age at first victimization was assessed as 25 years. Future costs were discounted by 3%. The main outcome measures were the mean per-victim (female and male) and total population (or economic burden) lifetime cost of intimate partner violence. Secondary outcome measures were marginal outcome probabilities among victims (e.g., anxiety disorder) and associated costs. Analysis was conducted in 2017.

Results: The estimated intimate partner violence lifetime cost was \$103,767 per female victim and \$23,414 per male victim, or a population economic burden of nearly \$3.6 trillion (2014 US\$) over victims' lifetimes, based on 43 million U.S. adults with victimization history. This estimate included \$2.1 trillion (59% of total) in medical costs, \$1.3 trillion (37%) in lost productivity among victims and perpetrators, \$73 billion (2%) in criminal justice activities, and \$62 billion (2%) in other costs, including victim property loss or damage. Government sources pay an estimated \$1.3 trillion (37%) of the lifetime economic burden.

What is a per-victim lifetime cost?

- A per-victim cost here refers to the **economic costs over a person's lifetime** resulting from that person's exposure to IPV
- This cost estimate also reflects the **potential cost savings** from an intervention that helps a person avoid exposure to IPV
- Previous studies largely have not accounted for victims' long-term health

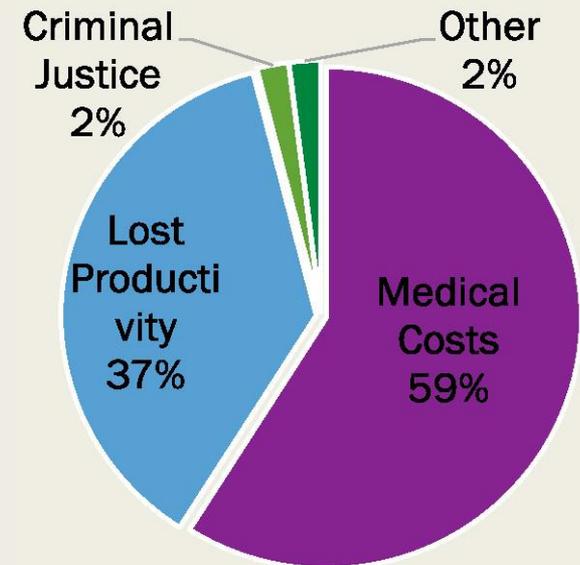
Key Findings

- The lifetime per-victim cost was **\$103,767 for women** and **\$23,414 for men**.
 - *Reflects differences in outcomes (e.g., rape-related pregnancy), differences in number of affected victims by sex for particular outcomes, and limited research that included male victims.*
- Study shows the **lifetime economic cost of IPV to the U.S. population is \$3.6 trillion**.
 - *Includes 32 million women and 12 million men who are victims of IPV during their lives.*

Key Findings

The \$3.6 trillion economic cost estimate included:

- **\$2.1 trillion (59%) in medical costs**
- **\$1.3 trillion (37%) in lost productivity among victims and perpetrators**
- **\$73 billion (2%) in criminal justice activities**
- **\$62 billion (2%) in other costs, such as victim property loss or damage**





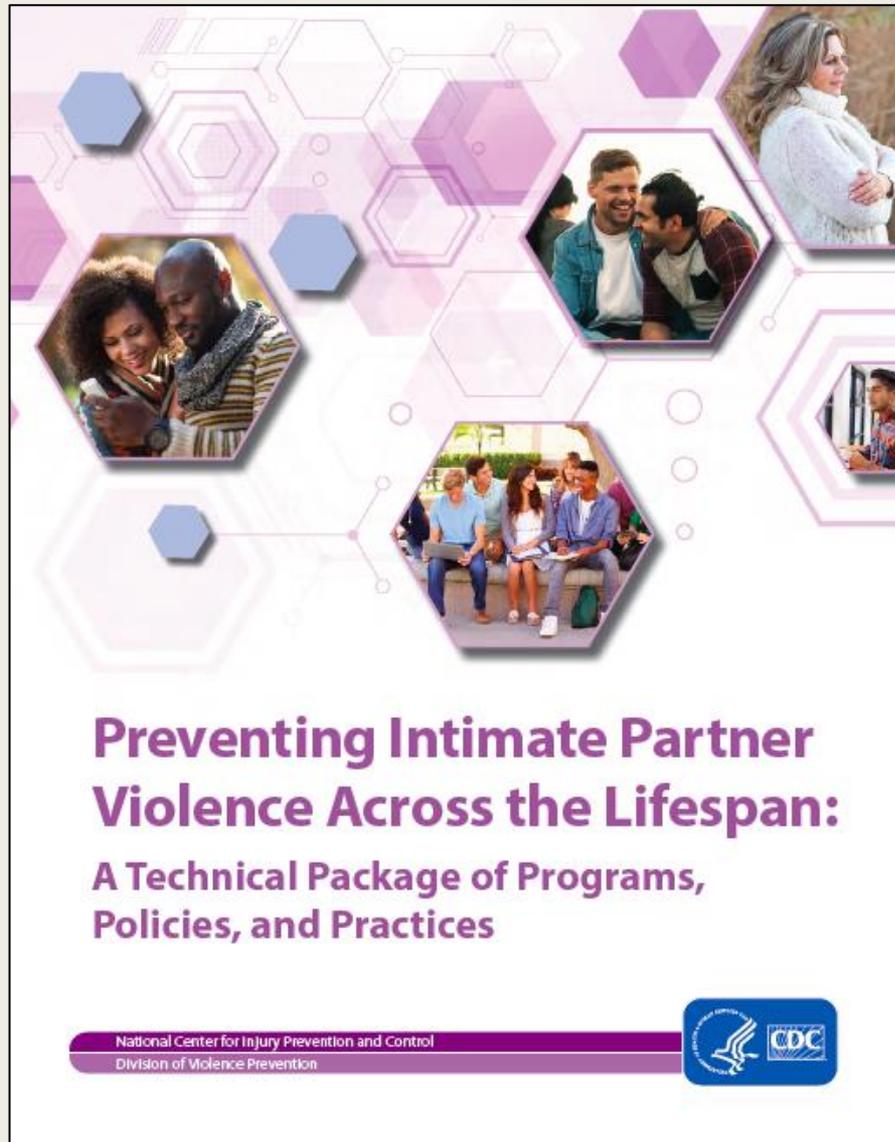
Why are these IPV cost estimates so valuable?

There are many health, safety and equity reasons to prevent IPV.

The IPV cost study provides us another:

If we reduced by half the current number of women (32 million) and men (12 million) who are victims of intimate partner violence in their lifetimes, we would reduce costs to individual victims and society by \$1.8 trillion.

Policy and Practice Implications of IPV Cost Data



*CDC's IPV Technical Package
released in 2017 provides
evidence- informed guidance
on ending IPV*

Implications of IPV Cost Data

Technical Package – Evidence-informed IPV prevention opportunities include:

- Comprehensive, affordable, accessible health and mental health care systems
- Responsive workplace policies
- *Strong economic supports for families, including work-family supports and and safe housing options*
- *Elimination of inequality across gender, racial/ethnic, and income groups*
- *Support for survivors to increase safety and reduce harms*

IPV Technical Package - Evidence for Strengthening Economic Supports for Families as an IPV Prevention Strategy

- “Addressing socioeconomic factors holds great potential for improving a wide range of health outcomes for neighborhoods, communities and states and also has the potential to prevent IPV.”





Improving household financial security and work-family supports are ways to strengthen economic supports for families and potentially reduce IPV.

- “*TANF* and the *Supplemental Nutrition Assistance Program (SNAP)* are examples of programs that can strengthen household financial security through providing cash benefits to low-income households.”

Domestic Violence, Sexual Assault and Economic Instability

- Significant numbers of low-income women are abused or assaulted, and violence can make it nearly impossible to climb out of poverty
- Poverty and economic instability can also make it more difficult to cope with the physical, psychological, and financial impacts of DV/SA
- People of color experience disproportionate rates of poverty
- Approximately 1 in 4 Native Americans live in poverty - nearly twice the overall national poverty rate
- LGBTQ communities experience higher rates of poverty, food insecurity, unemployment, housing instability, and economic vulnerability
- Immigrants, particularly immigrants without documentation, face significantly higher rates of poverty, hunger, and unstable and low-paying employment
- Disability is both a cause and consequence of poverty

“We Would Have Had to Stay”

Survivors’ Economic Security and
Access to Public Benefits Programs

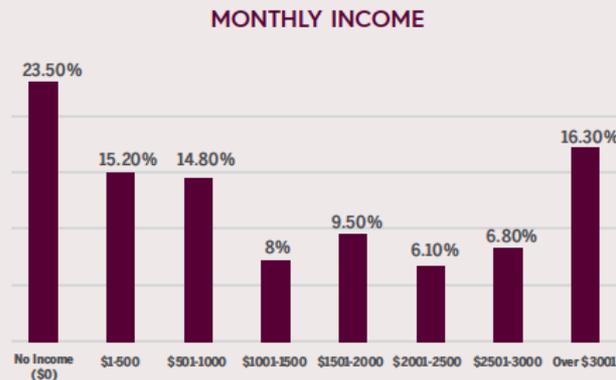
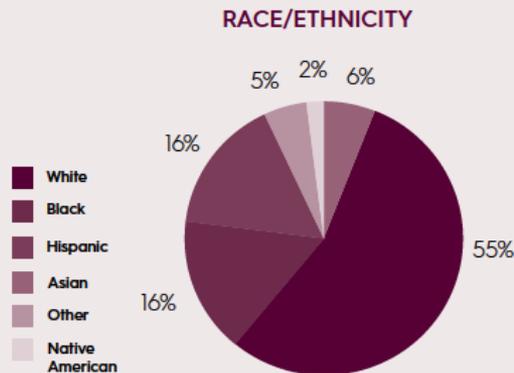
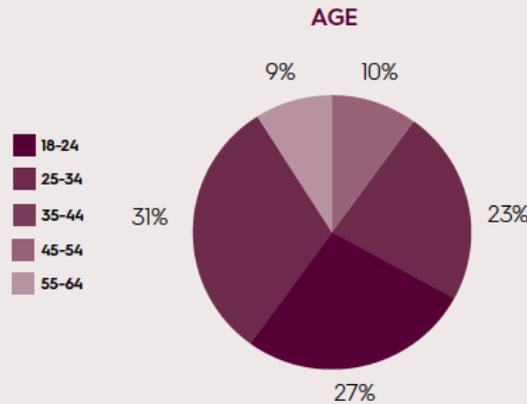
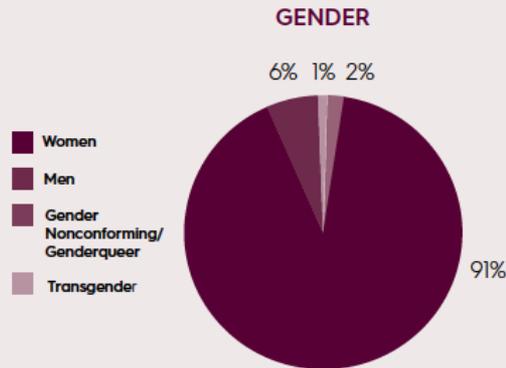
A joint report of



National Resource Center
on Domestic Violence

national
latin@
network
CASA DE ENFOCUSA

About the Hotline Survey



- The survey was administered to survivors age 18 or older who contacted The Hotline (and consented to participation) beginning in early August 2017.
- A total of 289 survivors met the criteria for inclusion and completed the survey.

Survivors' ability to meet basic needs is central to their decision-making about whether or not they can leave an abusive relationship

- Two-thirds (67%) of survivors surveyed said that they stayed longer than they wanted or returned to an abusive relationship because of financial concerns.
- In addition, 37% of survivors said that they stayed longer or returned to an abusive relationship because they were worried about being able to meet their own or their children's medical needs without their partner's insurance or financial help.

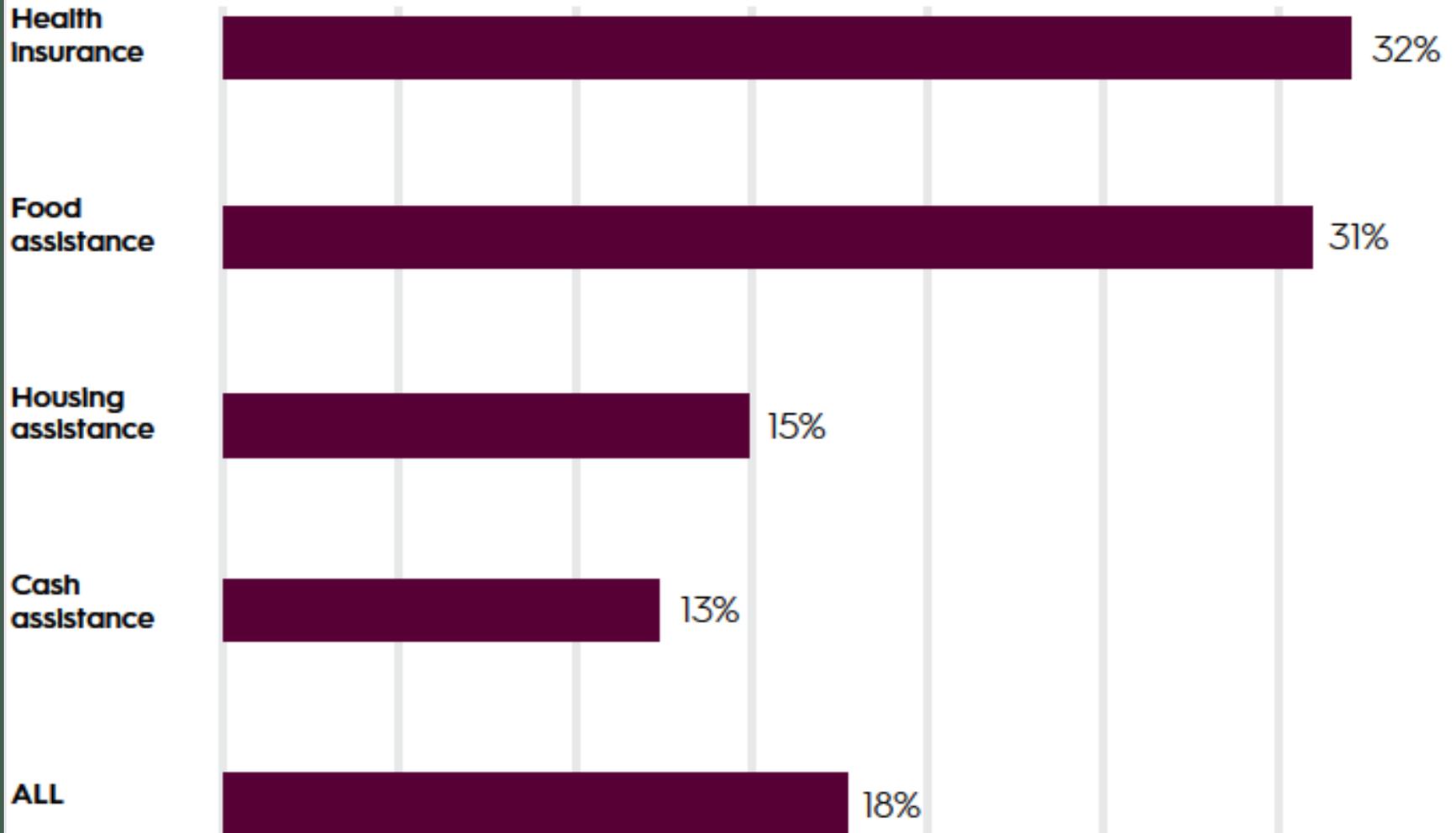
Are Public Benefits Important?

The vast majority (**90%**) of survivors surveyed said that public benefits are “very much” (**78%**) or “somewhat” (**13%**) important for being able to provide basic necessities. These programs help survivors afford food, housing, and healthcare and are a critical bridge to safety and stability as they work to heal from the violence.

Voices from the Field

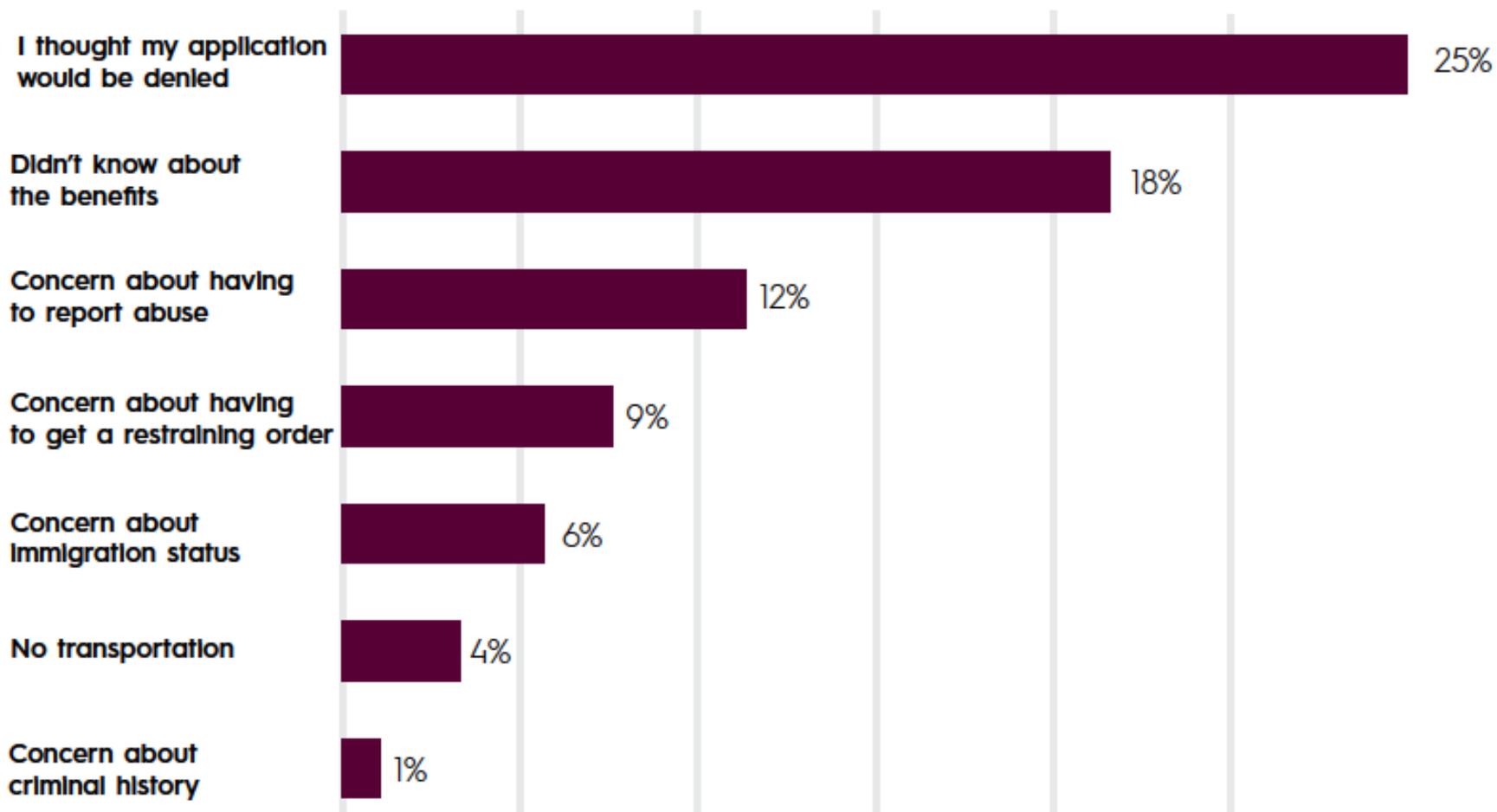
- *“When trying to break free from an abuser, it may take us a long time to find our footing again. Without public assistance, this would not be possible.”*
- *“I cannot leave my abuser because I don’t have any benefits.”*
- *“I can’t pay all of my rent without it, I can’t afford to eat healthy without it, it’s hard to feed my child healthy [food] without it, I struggle for basic necessities without public assistance, even when I was employed full time.”*
- *“If public benefits were not available, my children and I would have had to stay with the abuser.”*

Percentage of Survivors Who Applied for the Following Types of Public Benefits Since the Abusive Relationship Began



Barriers faced by survivors

PERCENTAGE OF SURVIVORS WHO APPLIED FOR THE FOLLOWING TYPES OF PUBLIC BENEFITS SINCE THE ABUSIVE RELATIONSHIP BEGAN



Voices from the Field

- *“Income eligibility is so low that even if you are starving and don’t make enough for food, diapers, formula, and daycare, you couldn’t be eligible with a minimum wage job.”*
- *“I can barely survive on what I make. It looks like a lot on paper but I can barely if at all pay my bills. I rarely have food in my house since my food stamps got cut off.”*
- *“I understand that because I am currently living with my spouse and being supported by him (when he wants to), I do not qualify for public benefits because he makes too much. Because I will not report him or reach out anonymously to be considered a domestic abuse victim, I cannot take advantage of the benefits offered to domestic abuse victims.”*

Access to Benefits for Immigrant Survivors

Under federal law, most immigrants lawfully residing in the United States are barred from receiving assistance under the major public benefits programs for five years or longer.¹¹ Also, if U.S. immigration officials determine someone is likely to become a “public charge” – defined as someone who would be primarily dependent on government programs like cash assistance in order to survive – that person may be denied admission to the U.S. or lawful permanent resident status.¹² Because of these policies, many immigrant survivors are unable to access necessary support – and even if immigrant survivors or their children are eligible to receive benefits, many are not applying for these programs for fear of being deported, detained, or suffering other negative consequences when they reach out.¹³

Screening and Disclosure of Abuse

- Of the survivors who applied for benefits, just under half (47%) met with a caseworker or staff person at the public benefits program.
 - *In only one-third of those interactions did the caseworker screen for or ask about abuse.*
- Of those survivors who were asked about domestic violence, fewer than half (47%) disclosed the abuse.

Loss Of Benefits

- Of the survivors who received the benefits they applied for, 61% reported that their benefits were later cut or reduced.
- Almost all (94%) of those survivors said that the loss of benefits “very much” (66%) or “somewhat” (29%) affected their ability to provide basic necessities for themselves or their family.

THE DIFFERENCE BETWEEN SURVIVING AND NOT SURVIVING

Public Benefits Programs and Domestic and Sexual Violence
Victims' Economic Security



National Resource Center
on Domestic Violence

#TheDifference

CENTER ON
POVERTY and
INEQUALITY

GEORGETOWN LAW

ECONOMIC
SECURITY and
OPPORTUNITY
INITIATIVE

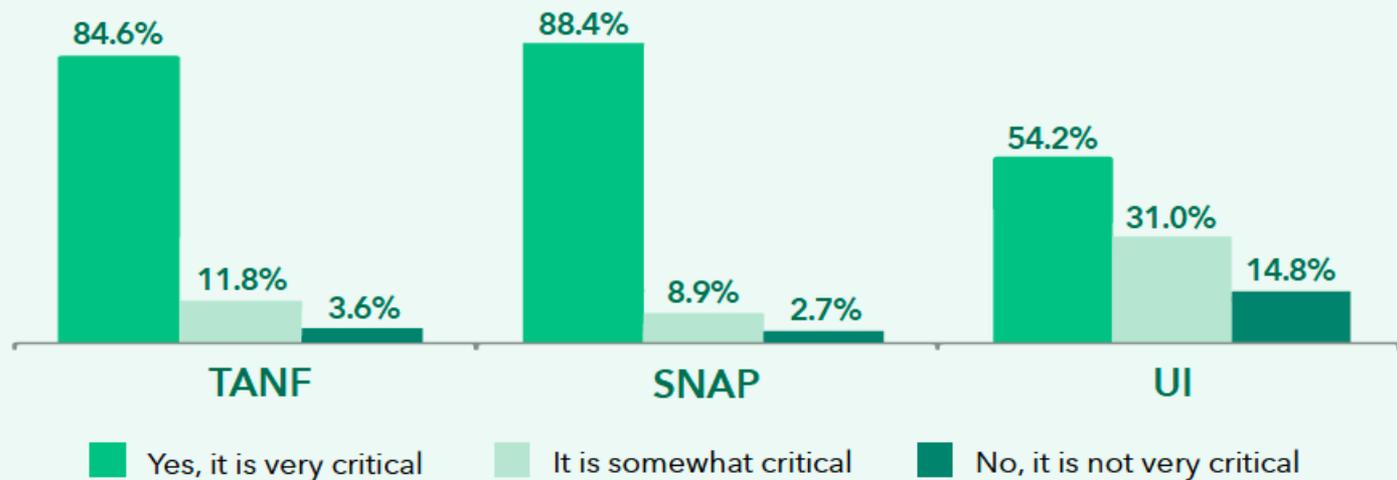
[Full Report:
The Difference Between Surviving and Not Surviving](#)

About the Survey

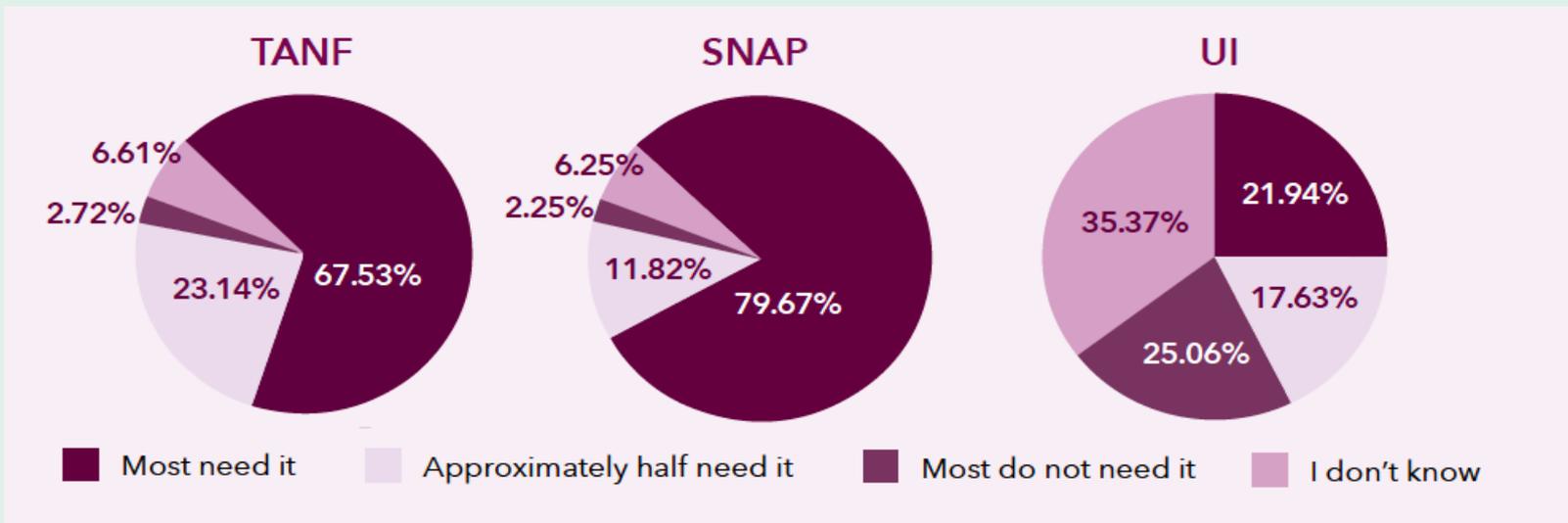
- 1,126 responses, including both quantitative and qualitative data
- A majority of respondents (86.8%) are advocates at DV/SA, dual DV/SA programs, but also include those working at legal services/legal aid, social services, anti-poverty, or housing/homelessness agencies
- 90% of survey respondents work at the local level, 25.9 % at the state or territory level, 6.1% at the national level, and 4.5% at the tribal level
- Respondents represent individuals from every state, the District of Columbia, and American Samoa

For domestic violence and sexual assault victims, the programs that support basic economic security are of critical importance.

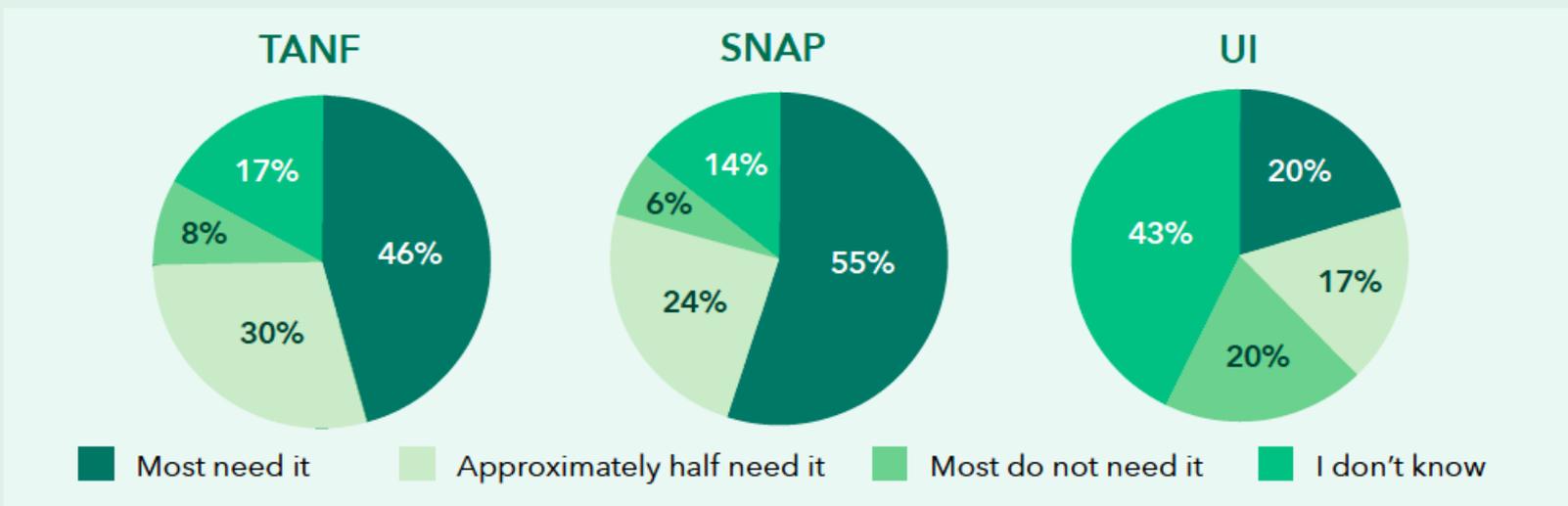
In your experience, is access to the following benefits programs a critical resource for a significant number of DV and/or SA victims?



Estimate the number of DV victims served by your agency who need the following benefits programs to help address basic needs and establish safety and stability.



Estimate the number of SA victims served by your agency who need the following benefits programs to help address basic needs and establish safety and stability.



Voices from the Field

“Benefits programs such as TANF, SNAP, and Unemployment Insurance constitute a vital safety net for victim-survivors who, trauma notwithstanding, already struggle to meet their basic needs and/or support their dependents and families.”

“Making it difficult to obtain benefits makes the decision to give up and go back to an abuser an easier choice.”

“For those that need these programs, it is the difference between surviving and not surviving.”

Despite these public benefits programs being so clearly identified as vital resources for victims, respondents describe varying levels of access.

- Less than half of respondents report that most domestic violence survivors they work with are able to access TANF when they need it, and even fewer say that sexual assault survivors can access TANF.
- A majority of respondents say that most domestic violence and sexual assault victims they work with are able to access SNAP when they need it.
- About 20% reported that victims were not able to access UI when they need it.
- A majority of respondents say that most of the victims they work with need assistance from an advocate in order to access benefits.

Voices from the Field

“SNAP [helps my clients] because it is accessible. TANF could be a vital support but the barriers to accessing it are a real problem.”

“TANF fails most women with children because it is difficult to access and has too many hoops to jump through for a small amount of funding. This process is frustrating and intrusive for most and doesn't allow for real assistance with the reality faced by the cycle of poverty.”

Victims have experienced extensive trauma and therefore accessing these services can be an overwhelming and time-consuming ordeal for them in addition to the other circumstances they are navigating (finding safe shelter, obtaining medical care, obtaining temporary protective orders, attending therapy, ensuring the needs of their children are being met). We should strive to make these programs more user-friendly and streamlined.”

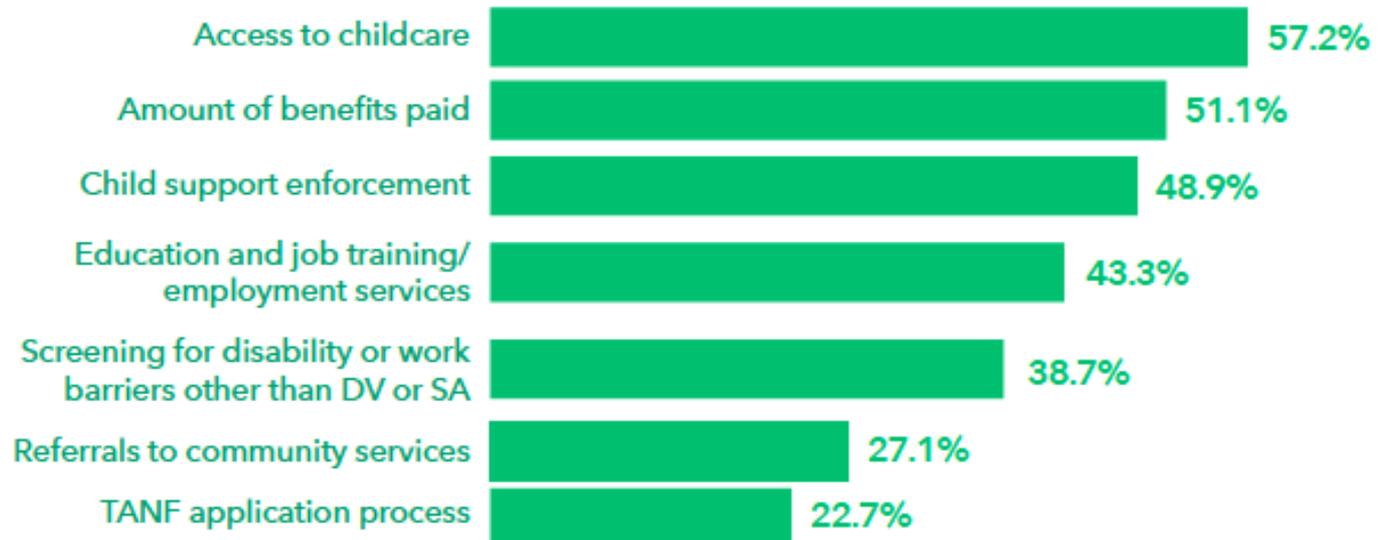
Poll Question #2

- What do you see as key barriers for survivors accessing TANF in your state or territory?

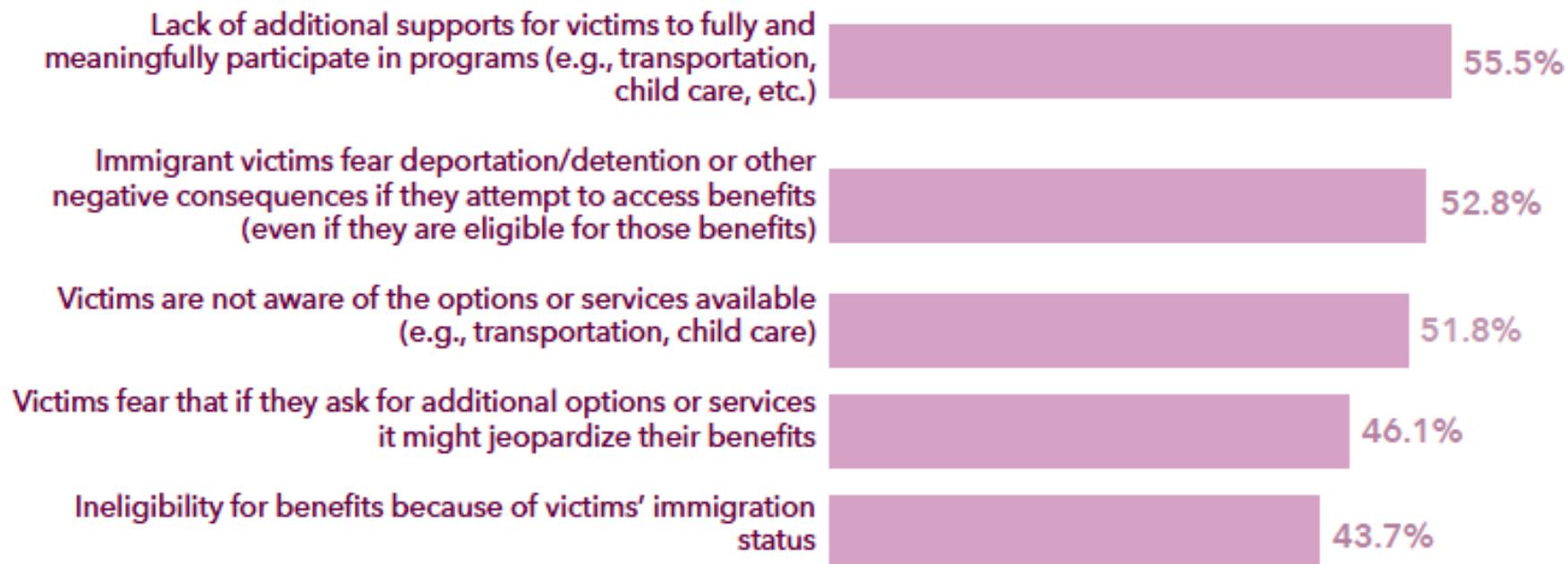


Key barriers in the TANF System

Percentage of advocates responding that the following parts of the TANF system do not work well for victims.



Percentage of respondents indicating that the following is frequently a reason why victims do not access TANF, lose TANF, or do not get the full range of services that TANF might offer.



“[TANF] is pivotal to clients in crisis. If it was easier to obtain, and clients knew about the [Family Violence Option], it could really change lives.”

Partnerships Across Systems

- Only a fifth of advocates working in domestic violence and/or sexual assault programs report that they regularly work with the offices in their area that administer TANF or SNAP, and only 5% regularly work with the UI office
- About half of domestic violence and sexual assault advocates report that they work with the TANF, SNAP, or UI offices on a case-specific basis only
- More than two-thirds of respondents said they had not received training on any key topics related to public benefits programs and access for survivors
- Respondents also identified key training needs for public benefits program staff, especially on the dynamics of DV/SA and trauma-informed service delivery

TANF Changes

The TANF policy changes that were ranked as most important by the individuals responding to the survey include:

- Providing emergency relocation and other related assistance to victims fleeing domestic violence or sexual assault
- Increased access to child care and transportation services
- Employment services and subsidized jobs that lead to a living wage
- Increasing TANF benefit levels
- Reducing the time it takes to process applications

Contacts

National Resource Center on Domestic Violence

Marium Durrani, Director of Policy mdurrani@nnedv.org

Anne Menard, CEO amenard@nrcdv.org

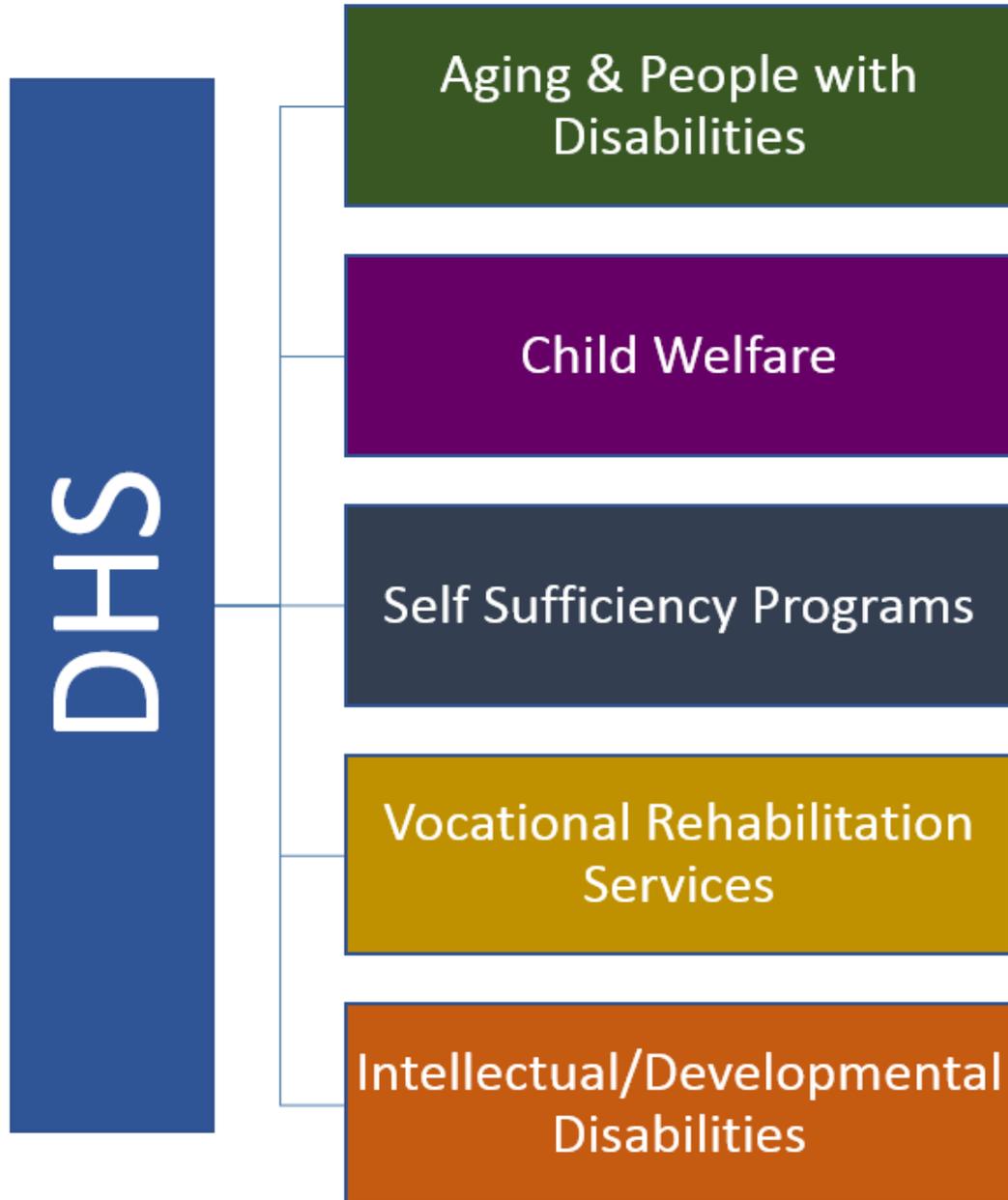


Oregon Department of Human Services

Amber Harchuk
Policy Analyst
Oregon Department of Human Services
TA-DVS Policy and DV Co-Located Advocates Program

Amber.r.Harchuk@state.or.us
503-947-2630

DHS Services and Programs



Self Sufficiency Benefit Programs

SNAP – Supplemental Nutrition Assistance Program

ERDC – Employment Related Day Care

Refugee Services – Cash, medical, employment services

TANF – Temporary Assistance to Needy Families

TA-DVS – Temporary Assistance to Domestic Violence Survivors



Temporary Assistance to Domestic Violence Survivors (TA-DVS)

- TANF Funded Program
- Intended to provide temporary financial assistance and support to families affected by domestic violence
- Most often used when fleeing the abuse



Key Eligibility Factors:

- Meet TANF eligibility
- Intended for Families- Must have children
- Have current or future safety risk
- Meet DHS definition of Domestic Violence

DHS SSP Definition of Domestic Violence

Domestic violence is the occurrence of one or more of the following acts between family members, intimate partners, or household members:

1. Attempting to cause or intentionally, knowingly or recklessly causing physical injury or emotional, mental or verbal abuse;
2. Intentionally, knowingly or recklessly placing another in fear of imminent serious physical injury;
3. Committing sexual abuse in any degree as defined in [Chapter 163](#) of the [Oregon Revised Statutes](#);
4. Using coercive or controlling behavior.

TA-DVS: How it Works

Approved for TA-DVS

- Eligibility Period is 90 days
- Up to \$1,200 in accessible funds
- Create Safety Plan with DHS
- Case Planning and resource referral

Request Payments

- Requests align with safety plan
- DHS verifies payment request
- Payments most often made to vendor or dual-payee

• Example Payments

- Relocation Costs – Rent, mortgage, U-Haul, gas
- Lock Change
- Emergency Motel
- Storage Fees

Note: All payments based on safety plan and need.



Collaboration with local DVSA Agencies



DHS DV Co-Located Advocates Program:

Contracted in DHS Self Sufficiency and Child Welfare

Benefits of Advocates in Self-Sufficiency

- Support in creating Temporary Assistance to Domestic Violence Survivors (TA-DVS) Safety Plans
- Participation in meetings with DHS Workers and Survivors
- Help survivors trying to access TA-DVS Funds
- Training and Education for DHS workers
- Secondary trauma support and advocacy for Self-Sufficiency Workers

Services include but are not limited to:

- Safety planning, risk and fatality assessment, shelter services, support in referrals to other community resources, confidential advocacy services for survivors, restraining order help



SEPTEMBER – JUNE 2017

New Families – 6,077

Ongoing Families –
4,481

Additional Families –
4,927

Safety Plans – 10,588

Direct Service Hours –
2,678

Monthly Families – 1,047

**All numbers are
averaged.*

MAINTAINING RELATIONSHIPS

- Explaining Privilege
- DV Points in offices to build relationship
- Attend DHS Staff Meetings
- Send emails and hot topics
- Participate as advocate on councils, workgroups, trainings
- Provide expertise in domestic violence

**DV Co-located
Advocates**

Family Support and Connections Program:

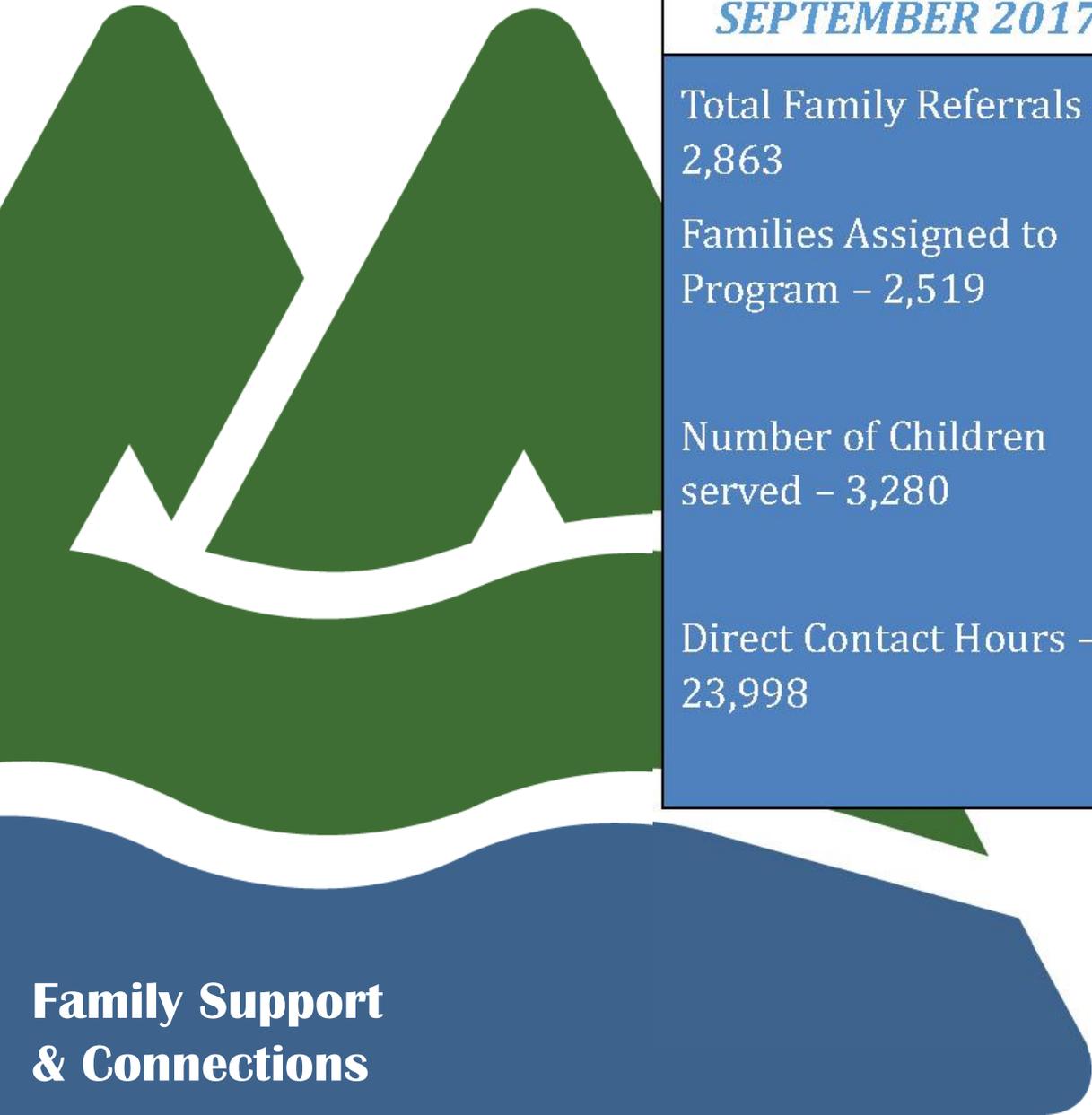
Working with TANF Families in Self-Sufficiency

Benefits of FS&C in Self-Sufficiency

- Strengthen families and support effective parenting
- Parents understand and use effective and nurturing child behavior techniques
- Parents are able to get household items such as cleaning supplies, diapers, or bus passes
- Support for parents to help with child abuse prevention

Services include but are not limited to:

- Family assessment, budgeting, organization, parenting, supporting family needs, access to resources and referrals, transportation services, kindergarten readiness, multi-layered services to homeless families



***OCTOBER 2016 –
SEPTEMBER 2017***

Total Family Referrals –
2,863

Families Assigned to
Program – 2,519

Number of Children
served – 3,280

Direct Contact Hours –
23,998

***MAINTAINING
RELATIONSHIPS***

- Open relationship with providers for technical support
- Some providers are Co-Located in DHS Offices
- Attend DHS staff meetings
- Regular access to DHS training system to receive trainings
- DHS sends resources in a listserv for providers

**Family Support
& Connections**



I have seen survivors struggle to understand and meet the expectations of Self-Sufficiency programs while they are trying to continue being a protective parent, surviving violence, accessing safety, as well as the other tasks asked of them by friends, family, and other systems. **Co-located advocates support survivors in lessening the barriers to accessing services and support them on their path toward healing.**

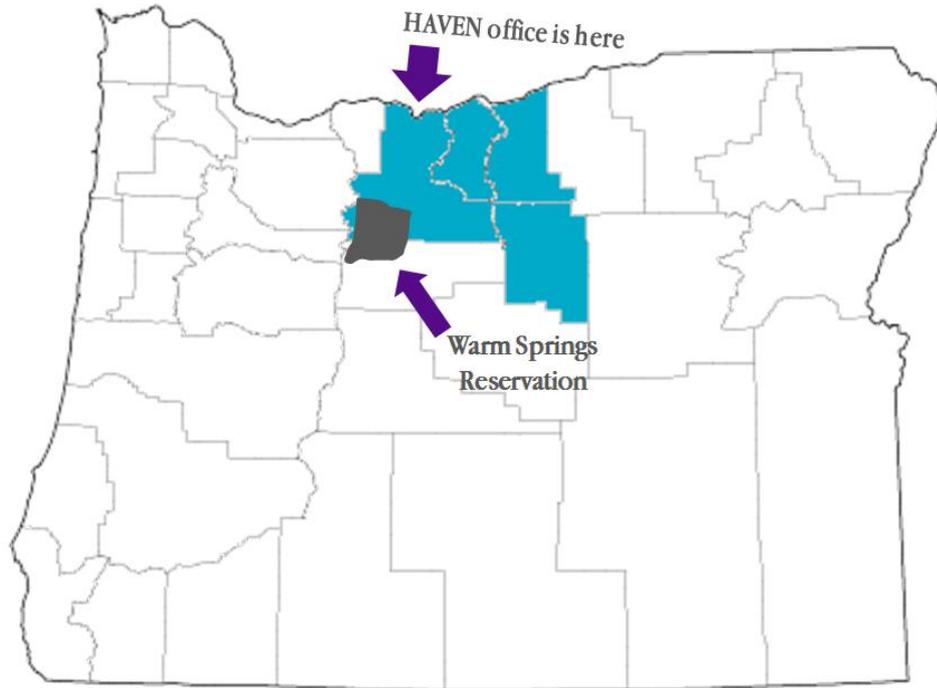
- Three years as a Co-Located Advocate in Self-Sufficiency and Child Welfare
- Two years managing staff who are Co-Located at DHS
- Over 10 years working in social services

Jennifer Pauletto
Direct Service Program Manager
HAVEN from Domestic and Sexual Violence

jennifer@haventhedalles.org
541-980-5577

Collaboration with local DVSA Agencies:

HAVEN from Domestic and Sexual Violence



Our mission is to provide safe and supportive services to those affected by interpersonal and sexual violence by empowering survivors and our community through advocacy, education, and prevention.

Services include but are not limited to:

- 24-hour crisis line, information & referral, hospital response, legal advocacy, systems advocacy, health advocacy, bilingual and bicultural advocacy, support groups, education classes, emergency shelter, emergency transportation

DHS DV Co-Located Advocates Program:

Contracted in DHS Self Sufficiency and Child Welfare

Benefits of Co-Located Advocates

- Confidential, voluntary, and free advocacy services for survivors of domestic, stalking, sexual, and/or trafficking violence
- Meet survivors where they are and support in creating and attaining their goals for safety and healing
- Support in understanding systems, how to access them, as well as support coordination and partnership between Self-Sufficiency staff and survivors
- Provide support in meetings as well as ongoing services, in part, to access TA-DVS funds
- Train and provide ongoing education about the dynamics of violence with Self-Sufficiency staff
- Consult on difficult cases with the goal of getting survivors connected to the services available
- Debrief and provide secondary trauma support for Self-Sufficiency staff
- Reframe victim-blaming statements and model trauma-informed communication



Questions?

Jennifer Pauletto
Direct Service Program Manager
HAVEN from Domestic and Sexual Violence

jennifer@haventhedalles.org
541-980-5577

Amber Harchuk
Policy Analyst
Oregon Department of Human Services
TA-DVS Policy and DV Co-Located Advocates Program

Amber.r.Harchuk@state.or.us
503-586-6450

Questions and Answers



ADMINISTRATION FOR
CHILDREN & FAMILIES

Poll Question #3

As a result of this webinar, what is one new strategy you would like to adopt in order to improve services for survivors?



ADMINISTRATION FOR
CHILDREN & FAMILIES

Additional Information

- OFA PeerTA website (<http://peerta.acf.hhs.gov>)
- Webinar transcript and recording
- Future webinar topics (peerta@icf.com)



Webinar Feedback

- Please remember to provide your feedback using the brief survey that will launch when the webinar ends.

