Surveying How Domestic Violence Programs are Helping Victims Impacted by Opioids Access Housing

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Domestic violence and active opioid use appear to have a relationship, but there are few studies connecting how often and in what ways these two issues relate (Stone & Rothman, 2019). In studies of women accessing substance abuse treatment services, 47%-67% have reported experiencing physical intimate partner violence (Downs, 2001; Schneider & Burnette, 2009). A national survey found that domestic violence victims were significantly more likely to actively use cannabis, cocaine, and opioid use, or experience problems related to these substances (Smith, et al. 2012). Women attending a methadone clinic were three times more likely to report frequent heroin use if they had also reported domestic violence, as compared to women who did not report experiencing domestic violence (El-Bassel, Gilbert, Wu, et al. 2005). We found no studies that have examined the interrelationships among opioid addiction, domestic violence and housing stability.

There is a significant concern about the increasing number of domestic violence survivors entering domestic violence programs who have been affected by or are actively addicted to opioids. Survivors may have abusive partners who are addicted to or dealing opioids, or they themselves may be addicted – whether having used opioids as a coping strategy or as a result of substance use coercion by the abusive partner or ex-partner. Substance use coercion is defined by the National Center on Domestic Violence, Trauma & Mental Health as

> "Abusive tactics targeted towards a partner's substance use as part of a broader pattern of abuse and control. This often involves the use of force, threats, or manipulation and can include forcing a survivor to use substances or to use more than they want, using a survivor's substance use to undermine and discredit them with sources of protection and support, leveraging a survivor's substance use to manipulate police or influence child custody decisions, deliberately sabotaging a survivor's recovery efforts or access to treatment, and/or engaging substance use stigma to make a survivor think that no one will believe them, forcing a partner into withdrawal, among many other tactics." (Warshaw & Tinnon, 2018; p. 5)

This issue has become so prevalent that domestic violence state coalitions and national organizations have recently begun to target this issue in their trainings and technical assistance. There is also a growing concern over the difficulty of solidifying housing for domestic violence victims who are actively using opioids. The National Resource

Center on Domestic Violence (NRCDV) has begun to document different housing strategies that domestic violence programs are using to help survivors obtain safe and stable housing. In this project, we examined efforts to help securely and safely house survivors who are impacted by opioids.

Methodology

Telephone interviews were used to solicit information from state domestic violence coalitions as well as local domestic violence programs[1]. To craft the questions asked of participants, we conducted a literature review, watched webinars, and coordinated with the NRCDV and other relevant key stakeholders.

Interview questions differed somewhat depending on the type of organization each interviewee was from. Questions of state coalitions focused more on training and technical assistance being provided to local programs, as well as efforts to impact state policies. For participants from local programs, questions focused on: if shelter, transitional, and permanent housing programs attended to the unique needs of victims impacted by opioids; if programs trained their program staff and leadership on how to administer Narcan (an emergency treatment used for the complete or partial reversal of an opioid overdose); whether programs were engaged in collaboration or partnerships with community partners such as housing providers, substance abuse treatment providers, and mental health providers; how and where they were receiving funding for their work in this area; how organizations heard of or created their approaches; what was working or was not working with their current approaches; and biases among staff and leadership concerning how to treat or handle domestic violence victims actively using opioids.

The second author conducted telephone interviews with key informants who had been identified as possibly working on this issue. We used "snowball sampling," where at the end of each phone call, we asked individuals if they knew of other programs doing work to help victims impacted by opioids access safe and stable housing. Forty-four national, state, and local domestic violence organizations were contacted via email, and key informants were invited to participate in a brief telephone call. One – or occasionally several – program staff were asked questions concerning their organization's response to the intersection of domestic violence, opioids, and housing. Phone calls were recorded with participants' permission via the "Tape A Call" iPhone application. Through this strategy, 14 phone calls were conducted with individuals from

[1] A number of national domestic violence organizations were also invited to participate, but none accepted.

predominantly state and local domestic violence programs. See Appendix A for a table of who was interviewed. Most calls ranged from 25-40 minutes.

	Number of Organizations Interviewed
State DV Coalitions	4
Local DV Programs	9
State Administrator	1
Total Number of Interviews	14

Project Findings

Based on information gleaned from webinars and key stakeholders, it appears that domestic violence programs are in the very beginning stages of thinking about or working to provide safe and stable housing for survivors impacted by opioids. Some programs are just beginning to be cognizant of how survivors impacted by opioids have unique housing needs, while others are actively providing housing options for opioid-impacted survivors.

Much of this work is happening in rural areas where opioid use is considered to be especially prevalent. According to the "Thinking about the Opioid Epidemic in the Context of Trauma and Domestic Violence: Framing the Issues" webinar hosted by the National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH), the National Indigenous Women's Resource Center (NIWRC) and the West Virginia Coalition Against Domestic Violence (WVCADV), rural communities are facing some of the highest rates of opioid drug overdose deaths in the nation. This issue stems from these communities' lack of access to substance abuse treatment services, lack of transportation, and isolation from community resources more often located in urban areas. The staff and leadership of domestic violence programs serving these communities voiced in this webinar how they are increasingly cognizant and frustrated with their inadequacy to provide victims coming to their programs with opioid and substance abuse treatment services in addition to domestic violence assistance. Domestic violence programs in these rural communities are "not a rehab facility, but [are] being asked to be one" (Packard et. al, 2016).

Efforts at the National Level

National domestic violence organizations have recently begun to engage in training and technical assistance efforts to help domestic violence programs assist survivors actively using or impacted by opioids. They are creating educational resources such as webinars and reports, advocating for systems advocacy in regard to increased domestic violence and opioid project funding, and facilitating conversations of Narcan access and other ways in which programs can adequately assist domestic violence victims who are actively using opioids or other substances. The NCDVTMH, for example, has recently developed training content concerning opioids and domestic violence through webinars entitled "Supporting Women in Recovery: A Trauma-Informed Approach to Substance Use Treatment" (2019)," "Substance Use, Trauma and Domestic Violence: Critical Issues, Promising Approaches" (2018), "Peer-Led Seeking Safety for Trauma and Addiction" (2018), and "Thinking about the Opioid Epidemic in the Context of Trauma and Domestic Violence: Framing the Issues" (2016). Other national organizations have also created educational content concerning these issues, including Futures Without Violence's "Considering Children: How the Opioid Epidemic Affects Child Survivors of Domestic Violence" 2017 webinar and its "Domestic Violence, Mental Health, and Substance Use Coercion" 2016 webinar, and the "Trauma-Informed Addiction Treatment for Women" 2018 webinar produced by the Center for Gender and Justice, the National Indigenous Women's Resource Center, the West Virginia Coalition Against Domestic Violence, and NCDVTMH.

Efforts by State Domestic Violence Coalitions

As the main training and technical assistance providers to their local programs, state domestic violence coalitions can be significant in guiding the approaches taken by local DV programs all over the U.S. State coalitions have the ability to lead their local programs towards harm-reduction shelter models, trauma-informed approaches, decreasing biases against DV survivors actively using opioids, and encouraging programs to assist these survivors in obtaining safe and stable housing.

Stakeholders from four domestic violence state coalitions were interviewed for this project (Kentucky, Ohio, Rhode Island, and West Virginia), and our conversations suggest that many coalitions are just beginning to spark conversations concerning the intersection of DV, opioids, and housing. One notable leader in statewide efforts to address housing for domestic violence survivors is the Kentucky Coalition Against Domestic Violence (KCADV). KCADV has been operating housing since 2011, beginning with 47 units built with tax credit dollars, and a Tenant Based Rental Assistance (TBRA) grant specifically to provide housing supports for survivors of DV.

They have always used Housing First[2] principles in the operation of their housing program, especially as it relates to issues surrounding substance use. KCADV initially used funding from grants through the Office on Violence Against Women (OVW) to support case management positions to help survivors obtain and maintain housing. Survivors have never been evicted from housing for drug use and they have policies in place to hold housing units up to 90 days for survivors who seek inpatient treatment. KCADV now has 71 units of tax credit housing and serves approximately another 80 families with TBRA and Continuum of Care (CoC) Rapid Rehousing. They are in their third year of CoC-funding, serving the Balance of State CoC, which includes 118 of Kentucky's 120 counties. They have worked with the other two CoC's in KY (Lexington and Louisville) to ensure housing access to victims. KCADV works actively with all of their programs to ensure participation in CoC resources.

KCADV also just recently hired a person who is crafting a plan for local programs in Kentucky to approach substance abuse treatment work. They are trying to get all programs in the state to commit to having Narcan on site and that staff are trained and committed to administering it. The state coalition also previously worked to change state regulations via systems advocacy work so that shelter staff were able to administer Narcan.

The West Virginia Coalition Against Domestic Violence (WVCADV) is facilitating trainings during member program site visits to gauge how programs are approaching issues concerning victims using substances, and how to best assist them. WVCADV is helping their member programs grapple with how staff should react if they find drugs in the shelter, and whether programs should be modifying their policies concerning overdoses and needles in shelters. Tonia Thomas, Laurie Thompsen, and Joyce Yedlosky of WVCADV offered: "Another membership discussion and issue we have had is around shelter rules in regard to substance abuse, and understanding behaviors that are trauma reactions and how substance abuse is connected with that, and how that plays out into rules of who is coming into the shelter. We have had a lot of discussions about what to do when someone shows up high." WVCADV is starting to have conversations with programs about whether staff should be trained on how to administer Narcan, what the policies and liabilities are concerning Narcan, and programs' related hesitancies.

The Ohio Domestic Violence Network (ODVN) is actively working with local departments to have trainings about clean-up of bodily fluids and how to use and

[2] The Housing First model is an approach that involves helping get people permanently housed without preconditions such as sobriety or participation in treatment.

administer Narcan because domestic violence programs are requesting more information on how to assist survivors addicted to opioids. Rachel Ramirez of ODVN stated that "One of the issues we had been hearing from our local programs is that they have no idea how to handle the opioid issue in shelter settings…Our first arm is training programs to think about Naloxone[3] training, and those harm reduction responses as a part of a larger medical emergency protocol."

Some coalitions are facilitating systems advocacy efforts to assist their member programs with improving services and programs for victims using opioids. For example, the Rhode Island Coalition Against Domestic Violence is providing technical assistance to the Newport Health Equity Zone, which is funded primarily through the Rhode Island Department of Health. These health equity zones are designed to impact social determinants of health such as dating violence, DV, substance abuse, housing, opioid use, and a whole host of other issues. The West Virginia Coalition Against Domestic Violence is facilitating conversations about what would it look like if member programs hired a licensed substance abuse therapist or counselor to be on staff, and the coalition is beginning to advocate on the state level to try to gain funding for related programs. Tonia Thomas, Laurie Thompsen, and Joyce Yedlosky discussed how "there is funding, but then there is also this administrative pushback as to what extent it can be used for substance abuse counselors in DV programs versus using substance abuse counselors that already exist or don't exist in their community."

Some state coalitions are also actively engaged in partnerships with housing providers to assist survivors in member programs. KCADV is collaborating with HUD administrators, which in Kentucky are the Kentucky Housing Corporation and Lexington CoC. The state of Kentucky operates a housing program that provides housing through shelters, rental housing, transitional housing, working with waivers, and permanent housing. Additionally, the state is engaging in a new peer support specialist initiative to connect survivors with treatment options sooner and in more efficient ways. The coalition is also working with landlords to lessen the stigma faced by survivors using substances or opioids when looking for housing. They have also worked with landlords to reduce or eliminate barriers related to convictions and to disturbances at units. Further, they are beginning conversations about creating partnerships with health care providers and state health departments to encourage harm reduction[4] approaches, especially having needle exchange programs available to local programs. Also, the

[3] Narcan is a common brand name for Naloxone

[4] Harm reduction approaches are strategies designed to mitigate the negative consequences of drug use

coalition is discussing how to expand partnerships concerning substance abuse treatment and medical treatment processes with providers of Narcan.

The Rhode Island Coalition Against Domestic Violence previously solidified having all of the DV member programs of Rhode Island also be members of the Rhode Island Coalition for the Homeless. Lucy Rios, deputy director of the Rhode Island Coalition Against Domestic Violence, discussed how this partnership pushes DV programs to build partnerships with programs they may not usually have created, and much of this approach is trying to find permanent housing for individuals in need.

We also spoke with the primary state funder of DV prevention programs in Colorado: the Colorado Office of Children, Youth, and Families Advocates. Colorado state administrator Elizabeth Collins discussed how Colorado state administrators and staff from the Colorado state coalition, Violence Free Colorado, are participating in projects with the national organizations Futures Without Violence and NCDVTMH to advance statewide conversations concerning how local organizations can better address opioids among clients receiving DV services. Ms. Collins discussed how these recent partnerships are advancing information and training for local anti-DV organizations by incorporating substance use into safety planning conversations, training staff about trauma-informed care and substance abuse prevention, partnering programs with local substance abuse treatment providers and health care providers, equipping domestic violence service programs with no-cost Narcan supplies, and developing safety plans with program leadership about how to handle Narcan and when to contact emergency service providers.

Efforts by Local Domestic Violence Programs

Interviews were conducted with 9 local programs covering New York, Rhode Island, and West Virginia. From aggregating the data from the phone calls, during which interviewees spoke of their own programs as well as what they knew about other program efforts, we ascertained that programs around the country fall into one of the following categories regarding their response to survivors:

1. Program operates as a traditional domestic violence shelter and functions under a program approach where shelter staff and leadership refuse to treat victims who are actively using opioids.
2. Program is more willing to help domestic violence victims, but victims have to prove that they are actively in substance abuse treatment programs before they can gain access to domestic violence shelters, housing programs, treatment, and other programs.

3. Program is letting survivors access their shelters and services if they are actively using opioids. Staff are just starting to have conversations about being trained on administering Narcan. Program may be engaged in the Housing First model and may be working to get victims who are using opioids access to transitional or permanent housing.
4. Program is letting survivors access their shelters and services if they are actively using opioids, is operating under a full harm reduction model, and is actively working on systems advocacy to make it easier for survivors to access transitional and permanent housing while they are actively using opioids. Program is engaged fully in the Housing First model.

Local Organizations: Category 2

None of the interviewees were from domestic violence programs that function under a program approach where shelter staff and leadership refuse to treat victims who are actively using opioids (Category 1). Three were from programs that fall under Category 2, where their program may be willing to help domestic violence victims who have a history of substance abuse, but only if they prove that they are actively in substance abuse treatment programs. One agency executive director noted that if victims coming to the program disclose that they have a past opioid or substance abuse history, they must be in a regimented local or substance abuse treatment program for a certain amount of time and have committed to continuing their program before they are able to access the program's services. The executive director voiced, "If they violate it, they go," stating that if victims are actively using opioids or other substances, they are normally kicked out of the program housing.

A second program that fell into this category has an internal domestic violence program and a non-therapeutic recovery-based opioid and substance abuse treatment program. The director of the substance abuse treatment program said that victims using domestic violence services will often utilize substance abuse treatment services, and vice versa. She discussed how program staff are very cognizant of how individuals in the shelter or transitional housing may have a relapse, stating: "Do we have relapse? From time to time. Do they get kicked out? No, not if they are willing to work on their issues. So it's not – oh my gosh, you just smoked a joint, you have to get out, or oh my gosh, you just came in high, you have to get out. Of course not, because we understand a lot of times with addiction comes relapse. We are not immune to what is happening in the world." However, the director of the domestic violence program within the same umbrella organization stated that victims of DV cannot gain access to transitional housing if they are actively addicted to opioids.

The executive director of a third agency in this category discussed how her program does have domestic violence transitional housing programs and shelters, but does not have an internal substance abuse treatment program. She voiced that the agency used to be strict about denying services to survivors who were actively using substances. However, this policy was changed very recently and the program is now beginning to work on a Housing First policy. The executive director stated: "We are not turning people away when they're in active addiction. It's not feasible to leave someone in harm's way because of their addiction." The program staff are clear that clients cannot be using on-site of shelter, but are cognizant that people may be using opioids or other substances off-site.

Interviewees from Category 2 programs were also more likely to have program staff and leadership who negatively perceived domestic violence victims using opioids. During the phone calls, some program staff were likely to make statements that implied that domestic violence survivors using opioids were not only a harm to themselves, but also a harm to the staff working at the shelter. For example, one respondent voiced: "It is my responsibility to keep not only the clients safe, but the staff safe. We do not have two people on at a time. So yes, we expect our program parameters to be adhered to." Interviewees from these programs often discussed how program and shelter staff are already working long hours and are not paid extensive salaries, and so asking them to engage with victims actively using opioids and their apparent increased behavioral issues was a lot to ask of staff.

Interestingly, a number of Category 2 programs discussed being in the beginning stages of changing from their unwillingness to work with victims using opioids and their refusal to administer Narcan on-site. These programs are moving toward a Housing First model and are starting conversations about how to better assist victims using opioids within their programs. One program director voiced that many previous staff members wanted to stick to a “no tolerance policy” regarding victims using opioids and other substances and ended up leaving the program due to the program’s evolving approach. The director discussed how, under the previous zero tolerance towards substance abuse model, the board of directors created a policy where Narcan was not to be administered in shelters because zero tolerance staff said they were not comfortable providing Narcan. The old policy was that program staff should call 911 if clients were using opioids or in an opioid-induced relapse or emergency. However, in the new approach of assisting victims actively using opioids, program staff are now encouraged to administer Narcan.

Programs categorized in Category 2 are also more likely to be in the very beginning stages of creating community partnerships that deal directly with providing housing and substance abuse services to victims who are addicted to opioids. One respondent discussed how, even though people may not be 'clean,' the program is making the Housing First model a priority to ensure victims can move out of their own home and into new housing where services can be brought to them. Some programs are also working to get substance abuse treatment services to DV clients. To do so, these programs are collaborating with treatment services such as detox treatment centers, health care providers, and mental health providers for their victims actively using opioids. To their newfound partnerships, one respondent voiced: "There are myriads of reasons why people are using, we have to deal with those to get people clean."

Local Organizations: Category 3

Three of the domestic violence programs who were interviewed fell into Category 3, where the programs are letting survivors access their shelters and services if they are actively using opioids, and are often engaged in the Housing First model and working to get victims who are using opioids access to transitional or permanent housing. In one agency, when someone comes to the program -- including clients actively using opioids -- the program staff assess their needs and try to navigate places that survivors can stay in the area, and are especially working to address barriers such as how many housing providers will not take individuals if they have felonies or drug charges. One respondent discussed how the program is finding success working with landlords one-on-one who will work with survivors using opioids because public housing is not accessible to them. Speaking to this issue, she stated: "It is getting better, but it is definitely a slow process."

Another executive director spoke of a similar process, discussing how when someone comes into the program's shelter, the case manager goes over a plan with them. The respondent emphasized how case managers and counselors are first trying to help clients with domestic violence or sexual assault, and then secondly trying to help them get access to treatment for their drug addiction. The program staff will work to help the client gain access to drug treatment services, in addition to the DV program services. Additionally, the program often works with the state's Continuum of Care and the local Housing Authority to get housing for survivors, which is usually public housing. The program has worked to create a Housing First approach via systems advocacy within the past two years where those with opioid addiction and mental health issues are first in line for housing. The respondent emphasized how, if you can get people suffering from DV and opioids into housing and work directly with them to get to their

treatment, their job, and bring the counseling to them, they have a better chance at succeeding.

Another respondent discussed how her program does not have a specific program for victims who are addicted to opioids, but does work with survivors who are actively using opioids. She stated that her agency does not screen them out for the sole reason of using opioids, stating: "We screen in, we don't screen out." She identified her agency as one of the only DV programs in the state that lets survivors into their shelters and programs when they are actively using opioids. Agency leadership is also under the impression that it is an issue of bias why other DV programs will not let in survivors who are using opioids, and voiced concern that, at other DV programs in the state, people with mental health issues, alcohol, substance abuse, or opioids issues are being excluded. "Folks with opioid addiction and folks with mental health addiction are still people who may be in abusive relationships. So that is what we are here for, for safety and housing folks. The difference is that we will take them in and this is a philosophy that we work under," stated the program director. She also discussed how this program is actively working under a Housing First approach and is more focused on permanent housing because the programs perceive that permanent housing is more successful for survivors than transitional housing. She explained this Housing First approach, stating "When we ask survivors what they want, they want counseling and they want housing. So we shelter folks, but they want housing. They want to get out of here [the shelter]." She also explained how to achieve this. Her program works with landlords who will give DV clients from more vulnerable populations a second chance, such as those with mental illness and those with drug addiction or addiction pasts. Additionally, the program has hired housing navigators who are working under a trauma-informed care approach with survivors.

Programs in the third category also often discussed how they are actively working with community partners and have developed new approaches to help DV survivors who struggle with needs not always traditionally met in the field of DV, such as opioid and substance abuse services. One program, for example, is now engaged in the Coordinated Entry System, where HUD, substance abuse treatment providers, and other community health providers are working together. Through this system, there is one number that people call (or they can visit an office), where an initial assessment is made and then a client is either directed to a shelter with an opening or placed on a waitlist. This system is created so a priority list can be created and so clients in need are not calling several agencies at a time. To keep confidentiality, DV survivors have numbers coded to them. Speaking of the collaboration of this system, one respondent explained: "Movement is happening constantly. With the coordinated entry system, we

are all almost forced to work together. We are all communicating and individuals go to monthly case meetings where providers get together and talk about cases."

Additionally, programs who were identified in Category 3 are often just starting to have conversations about having their staff trained on Narcan. For example, one respondent discussed that, although Narcan is not readily available in her program's area, people are starting to think about getting grants to get more Narcan. Her program requires all of their program staff to take Narcan training. She stated: "It is required here for all of our direct service workers to take Narcan training. I have taken Narcan training twice and I have one right here in my desk. And we have two kits downstairs. So everybody has to do that, it is not an option."

Local Organizations: Category 4

Certain local domestic violence organizations surveyed are very progressive in their approach to serving domestic violence victims using opioids access substance abuse treatment and housing services. Three organizations were categorized in Category 4, which is classified as a program that is operating under a full harm reduction shelter model, is actively working on systems advocacy to make it easier for survivors to access transitional and permanent housing while they are actively using opioids, and is engaged fully in the Housing First model.

One local program that was identified as a category 4 program is actively working on systems advocacy to make it easier for survivors to access transitional and permanent housing while they are actively using opioids, and is engaged fully in the Housing First model. Discussing the Housing First model approach, the respondent stated: "When you look at the Housing First model, you get them housing and then take care of everything else. How can you worry about your addiction issue when you have no place to live?" She discussed how her program is working to get DV victims who use opioids housing by working with their local Continuum of Care, which many landlords serve on, to get landlords to be more accepting of clients who need housing, yet have drug-related charges or conviction records. To convince landlords, her agency has taken an approach to ask landlords to accept the program's documentation stating that individuals are clean, instead of looking to previous drug histories or convictions. The respondent discussed how the program does have victims who are actively using and is working hard to get these victims housing. She also voiced how her organization's work with landlords and community providers often concerns educating personnel about the struggles DV victims actively using opioids face and lessening stigma around this issue: "We are trying to lessen the stigma on addiction and dispel those myths around it. Explain why victims use in the first place. You would think people may understand in

this time and place, people would understand. When it comes right down to it, [state name] is a huge population of people with addiction issues, just like everyone else. This [opioid prevention] is something that is going to need to be addressed in every state and every community. It's just now starting to funnel the resources necessary to do that."

For the past two years, a second program in this category has operated a harm reduction model in all of their three shelter programs (one for those engaged in sex work or human trafficking, one for women and children who are victims of DV, and one for men and male-identified individuals who are victims of DV or sexual assault). The director stated that everyone in her state's domestic violence field thought she was crazy when she decided to open a harm reduction shelter for clients using opioids or other substances. However, she stated: "Sometimes it works great; we have had folks who are actively using drugs or alcohol, because they were on the street or living with their abuser or being in dangerous or traumatizing situations, and when they came in and they started to have safety and have a stable place to live, we see a decrease of a lot of people's use in both drugs and alcohol." Additionally, due to the full harm reduction shelter model, every staff member who works at her agency is trained to administer Narcan, and Narcan is available for clients at the drop-in center and all locations that the program has.

Because these Category 4 programs are often very progressive in their approaches and willing to work for survivors in new and exciting ways, these programs are often also working to achieve housing options for domestic violence victims who are impacted by opioids via systems advocacy. One agency, for example, has created a partnership with the local Housing Authority, who has agreed to provide seven project-based Section 8 vouchers to agency clients who are DV survivors; some of these DV survivors who have been housed through this voucher program are also actively using opioids. Then, if a survivor stays in that permanent supportive housing unit for a year and pays their rent, they can apply to get a movable Section 8 voucher that can be used anywhere in the country. This voucher just looks like a typical Section 8 voucher, and landlords or housing authorities do not know it was received because the individual was using opioids or was a previous DV victim. The respondent also discussed how the program is working with expungement clinics to remove clients' criminal records when possible. She noted how this program has helped those with criminal records have more success finding housing and employment options.

Category 4 programs are also often creating strong partnerships with community providers so that their DV clients are able to gain access to substance abuse treatment,

mental health treatment, health care, and other community services. One agency, for example, works with substance abuse treatment providers, especially drug rehabilitation programs and methadone clinics. Another program, that focuses on human trafficking victims (many of whom have suffered domestic violence), works with health services, housing providers, and mental health providers that are able to offer trauma-informed care to their clients. Additionally, this program recently created a new navigator position who will be at a local community health-based organization with on-site low barrier access to pharmaceuticals, primary care, substance use treatment, and mental health for the program's clients. This navigator will be assigned to each client and the navigator will help the client learn more about different resources available to them and how to access them.

Category 4 programs have tapped specific funding streams to financially support their programs concerning domestic violence victims actively using opioids. Most discussed how they had either secured grants from federal agencies such as the U.S. Department of Justice Office on Violence Against Women and the U.S. Department of Justice Office for Victims of Crime. Other programs have received rapid rehousing money, shelter and transitional housing funding, and other substance abuse treatment and domestic violence prevention funding from local departments and organizations, such as Continuums of Care and health equity zone funding, as well as state departments and offices.

Limitations of the Project

Because this project was conducted using snowball sampling, it is quite likely that we have missed quality work being done in the domestic violence field for survivors who are actively using opioids and seeking safe and stable housing options. This project was also completed within a relatively short time frame. A literature review of the intersection of domestic violence, opioids, and housing was conducted during the fall of 2018. The phone calls were conducted during the winter and spring of 2019, and data were also synthesized during this time period.

A significant number of the programs we reached out to during the course of this project did not communicate back to us. Of the forty-four national, state, and local organizations we reached out to, only fourteen programs and state administrators coordinated with our team and participated in full phone interviews.

Conclusion

This project illustrates how many domestic violence programs are struggling with how best to assist victims who are impacted by opioids, especially those needing housing solutions. These programs are in need of guidance from the state and national level on how to proceed with this issue. Some programs are still denying life-saving services to survivors struggling with addiction, and others want to make changes but are looking for direction. There are complex issues that programs are grappling with, whether deciding when and how to administer Narcan, how to work with local landlords, and/or how to create systems change to better assist survivors impacted by opioids. This project suggests that national, state and local domestic violence organizations are in the early stages of appropriately and effectively addressing this complex issue.

National Resource Center on Domestic Violence

NRCDV's mission is to strengthen and transform efforts to end domestic violence.

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Appendix A: Interviewees

Organization	Interviewee Name	Type of Organization
Kentucky Coalition Against Domestic Violence	Isela Arras	State Coalition
Ohio Domestic Violence Network	Rachel Ramirez	State Coalition
Rhode Island Coalition Against Domestic Violence	Lucy Rios	State Coalition
West Virginia Coalition Against Domestic Violence	Tonia Thomas, Laurie Thompsen, Joyce Yedlosky	State Coalition
Crossroads Rhode Island	Deborah Hall	Local Program
Domestic Violence Resource Center of South County	Mary Roda	Local Program
Family Crisis Center	Sonya Fazzalore	Local Program
International Institute of Buffalo	Amy Fleischauer	Local Program
Sojourner House	Kelly Henry	Local Program
Women's Aid in Crisis	J. Leigh Palmer	Local Program
Women's Resource Center	Patricia M. Bailey	Local Program
YWCA -Family Violence Prevention Program and Wind Program- Wheeling, West Virginia	Laura Albertini-Weigel, Patricia Flanigan	Local Program
YWCA - Resolve Family Abuse Program - Charleston, West Virginia	Julie Britton Haden	Local Program
Colorado Office of Children, Youth, and Families	Elizabeth Collins	State Administrator