

Home Is Where the Hope Is

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Introduction

Like a great majority of current philanthropies, the Hogg Foundation for Mental Health has a set of published guidelines developed by the officers of the Foundation that are used as a means of weighing and prioritizing grant requests submitted to the Foundation. Among the Hogg Foundation guidelines, one will find that one of the factors considered important in a request is "innovation in addressing mental health issues."

That word "innovation," along with its counterpart "creative," has been known to elicit sighs, wrinkled brows, and outright groans from service providers attempting to implement programs and obtain resources to keep those programs afloat. Contrary to the common belief, however, that innovativeness implies the development of an entirely new approach or the "creation" of a whole new endeavor, the words are actually intended to spur organizations to approach the social problems they are trying to address from new or different angles, to "think outside the box," as one of our most recent idioms expresses it.

And sometimes such out-of-box thinking may actually mean going back to a very old idea and bringing it together in a new manner to meet new needs. This return to the past is exactly what The Family Place of Dallas did with its SHOR (Safe Home Outreach) Project.

As you will read in the following pages, when the agency was confronted with a difficult recent dilemma-limited space for housing battered women and their children as the numbers of families needing such assistance was growing The Family Place decided to meet that challenge with an intervention that had actually been used in the very early days of the battered women's movement and for decades with abused children-foster family placement.

The idea of placing persons in need of shelter within another citizen's home is nothing new. The concept of "fostering" (being a temporary family) is a tenet of the child welfare system of this country. And so, after much careful research and thoughtful goal setting, the Long-Range Planning Committee of The Family Place recommended to the organization's board that it revisit this model as a means of delivering a much-needed service.

The outcome of this merging of established model with current needs resulted in a program that is indeed innovative and exciting. The Hogg Foundation was pleased to have been a part of the development of the SHOR Project, integrally involved in its evaluation and, ultimately, publisher of this small volume to share its story with you. There may not be, as the old saying goes, anything new under the sun, but The Family Place SHOR Project certainly proves that much of what is here under that sun can certainly use a second or even third look.

It is about 7:00 in the evening on a quiet, tree-lined street of a north Dallas neighborhood. The front door of one of the houses opens, and a black cocker spaniel spills down the front steps. The dog jerks to a halt as her blue leash snaps taut, and the small boy precariously connected to the other end calls Out, "Slow down, Maggie. We have to wait for Bob."

"Okay. I'm right behind you, Jason. Let's steer her toward the park tonight." A tall man in his early 50s closes the door and follows the bouncing boy and dog down the sidewalk.

As the threesome approaches the end of the block, seven-year-old Jason sternly directs a gaze at his elder. "You know, Bob, when I'm gone in a couple of days, it is going to be real important for you to keep walking Maggie every day. I won't be here to play with her, and she will start to get fat. She's gonna miss me, too, so you need to take her in the back yard and throw the red ball for her to catch. She likes me to do that the best."

Bob smiles down at the serious young face and hopes the brief wince of pain he had felt as the boy started speaking was not noticeable. "Yeh, you're right, Jason. I'll have my work cut out for me. You've done a good job with Maggie, and she will miss you."

He reaches down and playfully rubs the top of the boy's blond head. It was so hard to believe that four weeks ago, this child had cowered behind his mother's legs and screamed for her to "make the man put the big, mean dog away."

And now, in a few short days, Bob knows that he and his wife, Laura, will have to watch as Jason wraps his arms around the small dog's neck one last time and tells her good-bye. Saying good-bye will be hard for all of them, but they know that it is time for Jason, his baby sister, and their mother, Kate, to move on.

Four weeks didn't seem like it would be long enough to become so attached to strangers, but it had been. Kate and the children seemed as much a part of the family as their own offspring were. And it had been good to hear young feet running through the hallway again after ten years of slow, mature footfalls.

But the real question was whether four weeks was enough time to make the kind of difference that Kate would need to be able to move forward with her life. Had they been able to provide a transition experience strong enough to keep Kate

committed to making a better life for herself and her children? If the answer to that question was "yes," then any pain in leave-taking, any sadness in having made this emotional investment, was a minor price to pay for having provided, even for a brief time, a safe home for a battered woman and her children.

It took three tries for Teresa to get the phone number punched correctly. Her eye was starting to swell badly, making it hard to see the buttons, and her hands shook uncontrollably.

Tasha's whining was rapidly becoming more of a sob, and Teresa was not even sure she would be able to hear the answer, if there was an answer.

"Please, God, let someone answer," she thought as she shifted the child in her arms to her other hip.

"This is Suzanne at The Family Place. May I help you?"

Teresa's heart jumped. "Yes, please, I need help. Hush, Tasha, Mommy needs to talk. Please, baby, be quiet."

"Are you all right?" Suzanne asked.

"Yes. I mean, no." Teresa began to cry quietly. "I can't go back. He promised me he would never hit me again but he did, and I'm not going back."

"You don't have to go back. It's going to be okay. First tell me your name."

"It's Teresa."

"Okay, Teresa. Tell me what happened."

"He came home drunk again, and he got mad at me because there wasn't any beer in the house. He shoved me into the wall and started screaming at me. He got even madder when the baby woke up and started to cry. I was so scared he was going to start to hit her because he's done it before. But this time, he got in the car and left. I just grabbed the baby and ran. I'm at a phone booth, and I'm scared he'll come back soon and start looking for me."

"Where are you now, Teresa?" The volunteer begins writing as Teresa describes the location of the convenience store behind her.

"Now, Teresa, I want you to go inside the store and wait. We'll be sending a cab to get you and your baby, and it should be there in about 15 minutes. Stay inside the store until it gets there. The cab will be bringing you to our Women and

Children's Resource Center. Don't worry about anything for you or the baby. We will have everything you need when you get here. There is a baby bed so we can put Tasha down if she needs to go to sleep. But let me check one more thing very quickly,"

As Suzanne spoke she reached across her desk to the listing of safe homes that were currently open.

"How old is the baby? Tasha, right? Eighteen months. Okay, Teresa. I'm calling the cab right now. I'll need to ask you some other questions when you get here, but they can wait. I think I have a home, what we call a Safe Home for you to stay in, but I'll tell you more about it when you get here. For right now, you just head inside the store and don't worry. The cab will be right there.

Suzanne replaced the phone receiver and quickly rose from her desk. She turned to pull the red binder labeled "Provider File" from the shelf behind her chair. Almost immediately, she found the listing she wanted.

"Dorothy," she greeted the female voice that answered the phone, "This is Suzanne over on the hotline at The Family Place. I think I have a client for you. We are picking her up now, and I should know for sure in about an hour. Are you folks available? Great. It's a young woman with an eighteen month old, so please have the crib ready. Since it is almost dinner time, we'll go ahead and get her and the baby fed here while we do the initial intake. We'll call you when we are ready to bring her over, and we'll make sure it's early enough so that you all can get settled. Oh, her name is Teresa, and the baby is Tasha. And I'll get back to you just as soon as possible. Thanks."

As Dorothy hung up the phone, she called out to her husband, who was reading the evening paper. "John, that was The Family Place. It looks like we are going to have some company."

THE PROBLEM OF DOMESTIC VIOLENCE

Sadly, domestic violence is not a topic that needs a great deal of explanation in this society. The numbers of those affected are so staggering that they become almost meaningless in their enormity. Yet for all the knowledge and all the outreach efforts, millions of victims go unrecognized, invisible. And most remain hidden because they do not know that help is available or they are simply too afraid or too confused about their situation to leave it.

"I'm afraid of what would happen if I were to run and he were to find us."

"It's my fault. If I had just been a better wife, he wouldn't have had to hit me."

"I know he really loves me; it's something he just can't control."

"This time he promised it would be the last, and I believe him."

To those of us who have not been victims of domestic violence, such rationalizations, poor excuses, and resigned thinking seem so obviously flawed. But we who have not been abused can never know the fear nor understand the psychological destruction wrought by violence at the hand of a loved one. But perhaps the most common answer is the simplest and, in truth, the most frightening.

"I can't leave. I have no place to go."

THE RESPONSE

One of the earliest and most powerful of the impacts of the women's movement in the 1970s was the recognition and confrontation of domestic violence. In a society where a man's home has always been his castle and what goes on behind closed doors is nobody else's business, the women of the 70s stood up to demand that those doors be opened. They told their battered sisters that they were not alone, that their nightmare was shared by thousands of others. More importantly, they created places, shelters, so there would be some place to go.

Over the past two decades, battered women's shelters have spread rapidly across the country, appearing in even the smallest of communities. Now their presence, estimated at more than 1700 facilities, has made a significant difference, many times a life-or-death difference, in the lives of this country's women and children.

In February of 1979, the first shelter in Dallas was opened. Originally incorporated as The Domestic Violence Intervention Alliance and later renamed The Family Place, the agency's first efforts on behalf of Dallas County victims were the establishment of a hotline and the organization of a peer-group counseling program. The creation of the shelter itself was followed by the

opening of two outreach counseling centers to provide programs for shelter ex-residents, children, and batterers. By the late 1980s, The Family Place had established an array of services that could assist a woman and her children from initial crisis through transitional housing and, ultimately, permanent safety.

The importance of the shelter as the primary resource for battered women cannot be overemphasized. Prior to the existence of such safe places, many abused women felt hopelessly trapped in their marital situations. There was literally no place to run. The need for such a sanctuary was immediately and unquestionably recognized. And almost just as quickly, the capacity of existing shelters to meet the tremendous need was exceeded. In the case of The Family Place, the shelter had been outgrown within a single year's time, and so it was relocated to a larger facility.

Currently, The Family Place shelter houses about 15 women and up to 35 children at any one time. Approximately 250 women and 400 children are residents each year. Each family may stay in the shelter four to six weeks during which time the women receive counseling, attend seminars, learn parenting skills, and set life goals. The most important decision the women must make is whether to return to the abusive relationships. Thus a large portion of the work done with staff focuses on assisting the women in gaining the information they need to make that pivotal decision.

THE SHOR PROGRAM: ITS ROOTS

In 1990, the Board of Directors of The Family Place was confronted with a major dilemma. Even though the shelter had been able to serve 654 women and children that year, more than 1660 individuals were turned away because there simply was no room. The board, its Long-Range Planning Committee, and the program staff knew that expansion in some form must be considered. Complicating the issue further was the fact that the existing shelter facility was a 70-year-old building, and thus renovation of that structure or the initiation of a capital campaign to build a new shelter became additional factors in the equation. Finally, the always important questions of quality, efficiency, and cost of service made the group realize that this critical situation might actually afford them the opportunity to think beyond the obvious expansion options that lay before them.

One of the alternatives that the groups began to investigate was the "safe home" concept. This program, already in place in a variety of settings across the U.S., uses private homes as temporary shelters for abused women and their

children, much in the same way that foster homes serve children in need of out-of-home placement. The safe home option was an intriguing one in that it meant more families could be served in a very cost-effective manner, and that the quality of service could be maintained and, indeed, perhaps improved.

Shelter administrators have been long aware that, in spite of the unquestionable value of the shelters' vital presence, there are certain limitations to what can be provided. They know that the shelter is many times not the optimal living situation for a mother and her children. Shelters can be very noisy and chaotic places when the child population is large, and, even in the best of times, privacy for individual family groups is limited. Moreover, they know that there are certain populations that will not go to a shelter, regardless of how serious their situations become. Family Place staff have noted particularly that Asian-American women are extremely uncomfortable in the shelter setting. Likewise, middle-class and upper-class women hesitate to apply for help because of the shelter environment and for fear of making their domestic situation public.

In offering the safe home housing option, The Family Place saw the opportunity to reach some segments of the culturally and geographically underserved populations they had long had as a concern. It seemed likely that these women would be more willing to seek help in this more private type of setting. Moreover, if women were able to be placed with volunteer provider families from their own cultural, ethnic, or geographic background, the comfort level of the traumatized victim could be even further enhanced.

Finally, the most important potential impact of offering a safe homes program is the possibility that residing in a stable, nonviolent home setting can actually offer the battered woman and her child or children a vision of a conflict-free life and, in turn, the confidence to believe that she can obtain that life reality for herself and her children.

With enthusiastic support from the Board of Directors and impressive results in fund raising to support the new program, The Family Place began its safe home project, which was named the Safe Home OutReach (SHOR) Program, in January 1993.

HOW THE SHOR PROGRAM WORKS

As fictionally represented in the two vignettes that began this paper, the SHOR program is actually a fairly straightforward service provision. Provider families are recruited to serve as temporary hosts for abused women and their children for stays of around 30 days. This 25-words-or-less description, however,

does not do justice to the complex and careful groundwork that went into the design of the SHOR program and continues to go into each SHOR placement decision.

The program itself is a highly structured one, operating out of the Women' and Children's Resource Center (WCRC) program of The Family Place. Viewed first from a simple schedule perspective, the client family-or guest family as they are called-spends the bulk of the weekdays during their safe home stay at the WCRC. In addition, they take part in group meetings at the Center on Monday and Thursday nights. The client checks out of the provider's home each morning as she and her children are picked up by SHOR staff or volunteers or public transportation, and she signs back in upon return (which can be no later than 9:00 at night). No scheduled activities are planned for the families on weekends.

More important than schedules of activity for true understanding of the SHOR program, however, is the philosophy guiding the intervention. The terminology used by SHOR staff for its efforts on behalf of its victim clients is "advocacy," and that term is key in the vision that guides the range of activities provided.

From the first moment that a woman acknowledges to The Family Place staff that she and/or her children are victims of domestic violence, the staff begins its obligation to advocate. As stated in the Safe Home OutReach Resource guide, "Our goal in woman/child advocacy is to provide high initiative support that optimizes women/children being linked to resources that support their empowerment and safety." If a woman is brought into the SHOR program, that advocacy begins immediately with placement in a safe dwelling and continues promptly with participation in the programs of the WCRC. The programs of the Center for both the women and children focus on three areas: support, skill development, and self-esteem.

In the support groups, the women learn from each other. Topics vary, but the groups focus on such things as decision-making skills and emotional expression. In skill development, job readiness is the priority. Finally, the self-esteem component emphasizes empowerment and self-appreciation through life skills programs, participation on the client advisory board where the clients can make decisions and give feedback about the SHOR services, and enjoyable opportunities to participate in make-overs and work on physical appearance.

Support for the children in SHOR begins as early as infancy through Infant Stimulation and a Therapeutic Nursery. Support group sessions are planned to coincide with the women's meetings and are flexible in content, based on the ages and needs of the children in residence. The children's self-esteem is addressed through physical exercise, communication skills, play therapy, family recreation, nurturing, and acceptance.

THE KEY COMPONENTS

THE PROVIDER FAMILIES

What does it take to be a SHOR provider family? What kind of family setting will work well for a victim and her offspring? What responsibilities are appropriate to ask of the provider family, and what assurances can they be offered as to their own well-being?

These are only a few of the hundreds of questions staff had to consider as they began to draft the guidelines for provider families and develop the recruitment process. The resulting set of materials leads an initial inquiry about participation through application form completion, home visit, training, and ultimately active service provision.

A potential provider must have a dwelling large enough to accommodate non-family members. Each one must understand the rules and responsibilities of the program, many of which involve keeping an appropriate emotional distance with the client and her children, and what type of modeling, supportive presence to maintain. (It should be noted that provider family is a generic term and is not intended to connote the eligibility of only married couples.)

Not surprisingly, a number of those persons interested in being provider families are, for one reason or another, found to be inappropriate. Some potential hosts are deemed by staff not to have the time and/or energy commitment necessary for participation. Others have personal histories involving abuse and have not been able to separate themselves adequately from their own pain and anger to offer appropriate support. Still others, after learning more about the program, change their minds or ask to be put on hold until limiting factors in their own lives change.

The most difficult aspect of getting SHOR up and running, staff reported, was recruiting provider families. While the concept is a logical expansion of the existing foster care system, individuals are understandably more hesitant about taking in an adult stranger (and possibly one child or more) than a child. An enormous amount of time and energy has gone into publicity and recruitment efforts. Yet most of the provider families that have been successfully recruited into the program are persons who are familiar with The Family Place and its work or are from fields knowledgeable about domestic violence. As the program continues and more data are collected on the program's outcomes, it is anticipated that the outstanding success rate of the placements along with the unqualified positive feelings of former providers will do much to ease the fears of potential participants and increase the pool of applicants.

THE CLIENTS

The formal criterion for admittance in the SHOR program is simply willingness to participate. And because, as noted above, Family Place staff feel that a safe home offers a more private, secure environment than the large shette all women are considered for a safe home placement when they first contact the agency. There are, however, far fewer available homes than needed, and each home has its own specific criteria (non-smoker, no children under two). In addition, homes are recruited based on specific program needs such as therapeutic homes (for clients who have special physical or emotional needs) or emergency homes (for clients who need lodging for only one or two nights).

For those women who are eligible for and agree to a safe home, and whom the provider family has then agreed to accept, there are general program guidelines by which all the participants-the client family, the provider family, and the SHOR program-agree to abide. Probably the most important obligation for the client *is participation in the programs offered at the WCRC. The most important agreement, in terms of the provider's peace of mind, is probably the commitment of the client to keep the identity of the provider family confidential. In addition to the general guidelines, each provider family may also set house rules (which are to be filed with the SHOR office prior to client placement).

STAFFING

The staffing of the SHOR program is done as a team approach. The sta has four positions: Director, Safe Home Recruiter, Children's Coordinator, and Family Caseworker. All are available for initial guest placement and crisis response twenty-four hours a day. Finally, the providers themselves are considered volunteer staff of the project, and they receive a small reimbursement for their guest's expenses. Special equipment, such as baby beds, is provided by the agency.

As with so many strong service programs, volunteers are an important part of the SHOR effort. Whether leading the women's groups in life skills education providing one-on-one support to the children guests or the women, volunteers provide integral components of the program implementation. An Advisory Group for SHOR is composed of formerly battered women who assist in policy design and program evaluation. Finally, volunteers work along side staff being ((on call" evenings and weekends, assisting those seeking emergency shelter and responding to urgent calls from providers and clients.

SO HOW IS IT GOING? SOME IMPORTANT INITIAL FINDINGS

From the outset, the implementation design of the SHOR project included an evaluation component. And just as the programmatic aspects of SHOR were based on a philosophy, so, too, was the evaluation effort tied to a conceptual framework. In this case, the evaluation was linked to Battered Woman's Syndrome theory. According to the literature on this syndrome, a number of characteristics have been found to be consistently present among women who are victims of domestic violence. Instruments measuring the presence of each of the characteristics associated with the syndrome were developed for both pre and post-administration. In addition, measures were utilized to assess the stress associated with domestic violence and the knowledge about domestic violence since aspects of the SHOR program are designed to impact those areas specifically.

The instrument developed by the evaluators of the SHOR project to measure aspects of the Battered Woman's Syndrome is called the Inventory for Women in Battering Situations. It is designed to gather data on five of the most prominent characteristics associated with Battered Woman's Syndrome: fear, helplessness and hopelessness, guilt and responsibility, isolation, and shame. Several other tools were developed or adapted by the evaluators and staff to evaluate levels of client satisfaction, progress toward client goals, levels of stress, and knowledge of domestic violence. Data were collected from both shelter and SHOR participants so that comparisons of the two interventions could be made.

The population of clients served by the SHOR program was found to be extremely diverse on almost all demographic factors-geographic location, age, educational level, and ethnicity. The only factor on which there was some degree of commonality was economic status, where 80 percent of the clients had either no income or less than \$10,000 a year. It is still too early to address whether or not the program is serving women who might not otherwise have sought help from The Family Place. Since, however, the pool for inclusion in the SHOR program was the entire population of women contacting The Family Place, the characteristics of the sample of women in SHOR should correspond fairly closely with those in the shelter.

This point makes the next set of findings-comparison of SHOR clients with shelter residents-all the more interesting. While SHOR participants averaged fewer contact hours with staff than shelter residents, overall client satisfaction was the same for both groups. Moreover, clients in both programs demonstrated similar reductions in hopelessness, helplessness, and fear, and SHOR clients reported less isolation than shelter residents. In addition, the

fewer number of contact hours with staff did not impact differences in knowledge about domestic violence. While more SHOR clients left the program with an independent source of income than did shelter clients, maybe the most startling comparative finding is that, while 46.5 percent of shelter clients left the program unexpectedly, only 18 percent of the SHOR participants left unexpectedly.

On the question of how well physical needs of the clients were met during their stays, more of the SHOR participants reported having their needs met in the areas of clothing, special foods, legal help, medical care, employment, housing, and day care. Only on education did shelter residents report receiving more help. Examination of safety and incident reports during a nine-month period showed there were no accidents, no reports of vandalism or car theft, and no police called to a safe home because a batterer had located the victim. In contrast, the shelter had several reports for its residents on all of these incidents during the same time period.

Finally, the evaluation offered evidence on the therapeutic gains made by the women as reflected in the Inventory categories. Specifically, the researchers found that the SHOR clients had substantial reductions in isolation and fear, modest reductions in helplessness, hopelessness, shame and guilt, but only slight reduction in stress.

One aspect that was not covered in this evaluation was the impact on provider families. As noted above, that issue has received serious attention from The Family Place staff.

WHERE DO WE GO FROM HERE?

THE FUTURE OF SHOR

In January 1994, the SHOR program became a permanent model of choice for providing emergency shelter services for Dallas County women. Based on the initial evaluation findings, the board members concluded that they envision ultimately phasing out the shelter program. If this vision is to become a reality, then the number of families served by SHOR must be equal to and eventually exceed the number of families that can be housed in the shelter. In the short run, the goal for the second year is to have 30 safe homes throughout the community.

As noted earlier, however, one of the most critical issues in implementing safe homes has been the successful recruitment of provider families. Although frustrated and somewhat puzzled by the difficulty in finding suitable homes, the staff has responded in proactive fashion. During the pilot phase, a Recruitment

Specialist was hired to help with the development of recruiting strategies and marketing. More recently, a SHOR Steering Committee was appointed with the specific charge of increasing recruitment resources and assisting the SHOR staff with recruiting, particularly in minority population areas.

One of the first recommendations of this committee was that the cultural uniqueness of each population be integrated into the recruitment strategy. Specific changes immediately implemented for dealing with the Hispanic community included translating SHOR materials into Spanish and introducing key Hispanic organization leadership to the SHOR effort. The addition of a bilingual Culturaj Recruitment Specialist to the staff is a strong possibility for the future.

Once successful recruitment of a provider family into the SHOR program has occurred, the relationship with that family is only beginning. And in spite of enthusiastic feedback from the providers, SHOR staff members are well aware that there are some significant costs, mostly emotional, in that commitment. In response, great care has been taken in establishing a system of continual support and constant communication with the provider families. Monthly support groups allow the providers to share experiences with one another. In addition, it is hoped that, in the near future, enough safe homes can be recruited so that providers can take periodic, scheduled leaves of absences. Finally, prospective providers' fears about safety issues should be calmed by the lack of any threat to a safe home by an abuser or a client's revelation of the location of her safe home.

THE FUTURE OF THE FAMILY PLACE

At the same time SHOR has been evolving, The Family Place has also been developing another part of the continuum of services for its clients, the Supportive Living Transitional Housing Program (a 12- to 18-month program of subsidized housing that includes funds for education and child care). In 1993, The Family Place received a major five-year HUD commitment to the effort and an in-kind contribution of 30 apartment units. Key to this transitional program is the SHOR effort. Indeed, what has evolved is a plan that will take a battered woman and her children through immediate crisis intervention into a safe home (for up to four weeks), then into the Transitional Supportive Living program, and finally into six months of after care once permanent housing is secured.

What such an integrated, comprehensive approach represents is a model that in the words of Family Place staff, "will not simply help families handle the crisis that has sent them to a shelter, but help build strong, nonviolent, functional families that will stay that way into the next generation."

There really is no such thing as the "incidence" of domestic violence. It is not a one-time crisis phenomenon, suddenly appearing today where before there was peace and harmony. It is a slowly spreading, family malignancy with roots that may span generations and repercussions that impact everyone within the familiar circle. Breaking this cycle cannot occur with a quick fix, with an emergency amputation of the offender from the victims. And just as creation of the cycle was a slow, ever-growing emotional cancer, so healing must be a supportive, intentional, system-changing process.

If the SHOR program were held up solely as a cost-effective, viable alternative to emergency shelter placement, that contribution in itself would assure its value to society. But, when recognized as a critical component in the process of stopping the cycle of domestic violence, a safe home can truly be called a house of hope.