Coordinated Entry System (CES): Sexual Assault, Domestic Violence, and Gender Based Violence Policy

Prince William Area Continuum of Care (PWA CoC)

1. Purpose

The purpose of this policy is to ensure that survivors of domestic violence, dating violence, sexual assault, stalking, and other forms of gender-based violence ("survivors") have safe, confidential, and equitable access to housing and supportive services through the Prince William Area Continuum of Care (PWA CoC) Coordinated Entry System (CES).

This policy ensures that the PWA CoC CES operates in a manner that prioritizes survivor safety, confidentiality, autonomy, and choice when accessing housing and supportive services.

2. Scope

This policy applies to all CES access points, participating agencies, and partner programs within the PWA CoC. This includes agencies and programs funded through the CoC Program, Emergency Solutions Grant (ESG), and other local, state, and federal housing resources participating in the coordinated entry process.

This policy also applies to domestic violence service providers and other victim service providers participating in the CES process through confidential or parallel coordinated entry access points.

3. Authority/Regulatory Alignment

This policy is established in accordance with federal regulations and guidance governing coordinated entry and survivor protections, including:

- U.S. Department of Housing and Urban Development (HUD) Coordinated Entry requirements under 24 CFR 578.7(a)(8).
- HUD's definition of homelessness under Category 4 – Fleeing or Attempting to Flee Domestic Violence.
- The Violence Against Women Act (VAWA) and associated confidentiality and survivor protection provisions.

4. Guiding Principles

Safety and Confidentiality: The safety and confidentiality of survivors is the top priority in all CES interactions.

Survivor-Centered: Survivors retain control over what information is shared, what services they engage in, and their housing choices.

Trauma-Informed: Staff and partners engage survivors with sensitivity to the impacts of trauma.

Equity and Access: All survivors, regardless of gender, age, race, ethnicity, sexual orientation, disability, or family composition, are provided with equitable access.

5. Definitions

Access Point: A location, provider, or method through which individuals or families experiencing or at risk of homelessness enter the Coordinated Entry System (CES) for screening, assessment, and referral to housing and services. Access points may include both general CES entry points and victim service provider entry points that offer confidential access for survivors of domestic violence, dating violence, sexual assault, stalking, or other forms of gender-based violence.

Comparable Database: A database used by victim service providers that meets data collection and security requirements of both HUD and VAWA, in place of HMIS.

Domestic Violence (DV): Abuse committed by a current or former intimate partner, household member, or family member.

Dating Violence: Violence by a person in a romantic or intimate relationship with the survivor.

Economic Abuse: controls or restricts another person's ability to access financial resources, including preventing employment, controlling income, withholding money, or restricting access to financial accounts or necessities.

Emotional Abuse: behaviors that harm a person's emotional well-being or sense of self-worth, such as insults, humiliation, manipulation, intimidation, threats, or isolation from friends and family.

Gender Based Violence (GBV): harm, or threats to harm, committed against a person(s) based on actual or perceived sex, gender, sexual orientation, gender identity or expression or other such sex/gender related characteristics.

Physical Abuse: the intentional use of physical force that results in bodily injury, pain, or impairment. This may include behaviors such as hitting, slapping, kicking, choking, pushing, restraining, or using weapons against another person.

Psychological Abuse: actions or threats that cause fear, intimidation, or emotional distress, such as threats of harm, coercion, stalking, or controlling behaviors designed to manipulate or dominate another person.

Sexual Assault: any nonconsensual sexual act or behavior.

Sexual Abuse: any sexual contact or activity that occurs without consent, including coercion, forced sexual acts, unwanted touching, or forcing a partner to participate in sexual activities against their will.

Stalking: A pattern of behavior that causes a person to fear for their safety.

Strangulation: intentionally restricting a person's breathing or blood circulation by applying pressure to the neck or throat. This can be done with hands, arms, objects, or by blocking the nose and mouth.

Technological Abuse: use of technology to control, monitor, harass, or intimidate another person, such as tracking location, monitoring phone or online activity, sending threatening messages, or using social media to harass or exploit a victim.

Victim Service Provider (VSP): An organization providing services to survivors of domestic violence, dating violence, sexual assault, or stalking.

6. Access and Entry Points

- Access to the Coordinated Entry System (CES) is available through the CES hotline at 703-792-3366, which serves as the primary access point for housing and service coordination.
- Survivors may initially seek assistance through CES or through a VSP through a coordinated referral. Clients not eligible for DV shelter will be referred back to CES.
- Domestic Violence, Sexual Assault or Gender Based Violence-specific access points include the VSP who can conduct assessments using the CoC's comparable database.
- Non-VSP access points must immediately connect survivors who disclose safety concerns to CES or VSP.
- All access points must ensure accessibility for individuals with disabilities and provide language interpretation services as needed.

7. Safety and Confidentiality

- Client information may not be shared without time-limited, informed consent.
- VSP must record client information in a comparable database that meets the confidentiality and security requirements of both HUD and VAWA.
- CES staff and participating providers must ensure that all communications and referrals prioritize survivor safety.
- Staff shall follow safety planning practices to ensure that a survivor's location, contact information, or other sensitive information is not disclosed in a manner that could compromise safety.
- Safety planning shall be survivor-led and conducted with the support of trained staff.
- Safety plans should be reviewed and updated regularly to reflect changes in a survivor's circumstances, needs, or safety concerns.

8. Assessment Process

- CES conducts a brief, trauma-informed screening including DV-related questions to identify potential needs. CES does not complete full DV assessments.
- Participation is voluntary, and survivors may decline to answer any questions or participate in the assessment; however, they must still be offered emergency services, DV resources, and housing assistance.
- If DV is identified, CES staff obtain informed consent and conduct a warm transfer (Appendix A) to a VSP.
- VSPs are responsible for completing the comprehensive DV assessment in a safe, private, and confidential setting by trained staff, in compliance with trauma-informed and confidentiality standards.

9. Prioritization

- Survivors will be prioritized for housing resources based on the CoC's established prioritization criteria, with consideration for immediate safety risks and housing barriers that may impact their prioritization.

- The CoC will ensure prioritization policies are equitable and do not disadvantage survivors due to lack of consent or HMIS data.

10. Referral Procedures

- CES will obtain consent to share information by reviewing the HMIS Privacy Notice and confirming the survivor would like services.
- When referring to a service provider, the CES will only share non-identifying information unless the survivor consents otherwise.
- Warm transfers should be used whenever possible, meaning the referring agency stays involved until contact with the receiving provider is confirmed (Appendix A).
- No survivor may be denied access or referral based on their choice to remain anonymous or decline to share certain information.

11. Comparable Database

- VSPs will use a comparable database that meets regulatory compliance under 24 CFR 578.7(a)(8) and confidentiality and security standards of both HUD and VAWA.
- Survivor data will be de-identified and in aggregate format when shared for system-level reporting.
- The CoC Lead Agency will ensure compliance through regular audits and training.
- Survivor data may only be utilized for the purpose of service delivery or to satisfy reporting requirements

12. Collaboration and Training

- The CoC will maintain an active partnership with local VSPs, law enforcement, and social service agencies to strengthen referral pathways and safety coordination.
- All CES staff, including access point personnel, will receive annual training on DV-related best practices.

13. Evaluation and Performance Measures

- The CES Lead will review this policy annually in coordination with the CoC and VSPs.
- Survivor feedback will be incorporated into system improvements.
- Data on referrals, housing placements, and service outcomes for survivors will be reviewed for trends and equity.
- Updates will be made as needed based on HUD guidance or local priorities.

14. Appendices/Resources

- Appendix A: Warm Transfer
- Appendix B: Domestic Violence, Sexual Assault or Gender Based Violence Resources
- VAWA Emergency Transfer Plan

Warm Transfer Procedure

Warm Transfer Workflow for Survivors – Housing Coordination Meetings

1. Plan

Prior to initiating a housing coordination meeting, the CES Specialist shall:

- Assess the survivor's immediate safety needs and preferences related to available housing options.
- Clearly communicate that the purpose of the assessment is to connect the survivor to the most appropriate housing and service resources, and that the CES Specialist will provide ongoing support throughout the process.
- Inform the survivor of their right to decline sharing personally identifiable information and that refusal to share such information will not limit access to housing or services.
- Obtain a time-limited and specific Release of Information (ROI) that clearly identifies:
    - What information may be shared
    - With whom the information may be shared
    - The duration of the consent

2. Communication (Housing Coordination/ Warm Transfer)

The CES Specialist shall prepare the survivor for the housing coordination process by:

- Informing the survivor of the date, time, location, and purpose of the coordination meeting or case conferencing process.
- Explain what information may be discussed and who may be present.
- Confirming that the CES Specialist will remain available during the meeting to provide support, advocacy, and clarification as needed.
- During the housing coordination process, the CES Specialist shall:
- Encourage the survivor to lead the conversation, when appropriate and preferred.
- If the survivor chooses not to lead, confirm what information the survivor consents to share and communicate that information on their behalf.
- Remain available to:
    - Support communication
    - Provide clarification
    - Answer questions
    - Advocate for the survivor's preferences and needs
- Ensure that discussions focus on the survivor's strengths, goals, and existing resources, including those the survivor wishes to maintain to support safety and independence (e.g., employment, education, transportation, family connections, faith community).
- When applicable and with informed consent, communicate relevant information to the housing provider to ensure that the survivor's safety considerations and support needs are understood and can be accommodated.

3. Follow-Up

Following the housing stabilization referral, the CES Specialist shall:

- Confirm with the supportive service provider that all referral documentation and consented information have been received.

- Follow up with the survivor to ensure:
  - They feel safe and supported in the referral process
  - The housing option aligns with their safety needs, preferences, and household circumstances
- Address any concerns, barriers, or additional needs identified by the survivor.
- Ensure the survivor remains connected to appropriate services and supports.
- Once the referral process is complete and appropriate connections have been made, transition to supporting additional households in need of assistance.

Implementation Guidance

Assessment & Safety Planning Best Practices

- Ensure the survivor is in a safe, private, and confidential environment prior to beginning assessment.
- Use open-ended, non-leading questions.
- Use reflective language (e.g., "what I hear you saying is…") to confirm understanding.
- Avoid requiring detailed recounting of traumatic events unless necessary for safety planning and only with consent.
- When appropriate, use scenario planning or role play to support effective safety planning.

System Coordination Best Practices

- Victim service providers are encouraged to participate in CoC meetings and By-Name List (BNL) discussions, as appropriate.
- CES and DV providers should utilize shared tools, standards, and workflows where feasible.
- Ongoing cross-training between CES and DV providers is recommended to strengthen coordination and consistency.

References

National Domestic Violence Hotline – Safety Planning: https://www.thehotline.org/what-is-a-safety-plan/

Appendix B

Prince William Area Domestic Violence, Sexual Assault, and Gender-Based Violence Resources

Immediate Emergency Assistance

Emergency Services: Dial 911 if you are in immediate danger.
Prince William County Police (Non-Emergency): 703-792-6500
Manassas City Police: 703-257-8000
Manassas Park Police: 703-361-1136

Local Domestic Violence Services

Action in Community Through Service (ACTS)
Service Area: Prince William County, City of Manassas, and Manassas Park
24-Hour Domestic Violence Hotline: 703-221-4951
Office Phone: 703-221-4460
Website: https://www.actspwc.org/get-help/domestic-violence
Services include emergency safe house shelter, safety planning, crisis intervention, case management and advocacy, court and hospital (strangulation) accompaniment, children's services, and housing support.

Ashiyanaa
Service Area: Northern Virginia
Languages: English and multiple South Asian languages (e.g., Hindi, Urdu, Bengali, Punjabi, Tamil, Telugu).
Helpline: 1-888-417-2742
Website: https://ashiyanaa.org
Services include confidential helpline and advocacy, safety planning and crisis support, referrals to shelter, housing, legal services, and medical care, Court and systems accompaniment, case management and resource navigation

Northern Virginia Family Services
Service Area: Prince William County, City of Manassas, and Manassas Park
Phone: 571-748-2818
Website: Domestic Violence - Northern Virginia Family Services
Services include mental health, multi-cultural center, health and well-being.

Sexual Assault Services

ACTS Sexual Assault Crisis Services
24-Hour Sexual Assault Hotline: 703-497-1192
Services include crisis counseling, hospital accompaniment, legal advocacy, and survivor support.

Crisis and Mental Health Support

24/7 Crisis Line: 703-368-4141
Suicide & Crisis Lifeline: 988
REACH Regional Crisis Line: 855-897-8278

Legal Advocacy and Victim Services

Victim Witness Assistance Program
Phone: 703-392-7083
Services include court accompaniment, case updates, safety planning, and assistance with victim compensation.
Legal Services of Northern Virginia
Manassas Office: 571-482-2680
Main Office: 703-534-4343
Services include protective order assistance, family law support, and legal representation for eligible survivors.
Prince William County Bar Association
Phone: 703-393-2306
Website: Prince William County Bar Association - PWCBA | Manassas
Lawyer Referral Service to facilitate public access to a lawyer.

Statewide Domestic Violence Resources

Virginia Statewide Domestic Violence Hotline: 800-838-VADV (8238)
Virginia Sexual and Domestic Violence Action Alliance: https://www.vsdvalliance.org

National Domestic Violence Resources

National Domestic Violence Hotline: 1-800-799-SAFE (7233)
TTY: 1-800-787-3224
Website: https://www.thehotline.org