

**Building
Comprehensive
Solutions to
Domestic
Violence**

Publication #19

**A Policy and
Practice Paper**

**HarborCOV: One Community's Effort to
Build Comprehensive Solutions
to Domestic Violence**

**Laurie Holmes
Jill Davies**

**A project of the
National Resource
Center on Domestic
Violence, in
collaboration with
Greater Hartford
Legal Aid**

About Building Comprehensive Solutions to Domestic Violence

Comprehensive Solutions to Domestic Violence require:

- Visions, policies, and practices that respond to the current realities facing battered women and their families, especially those living in poverty;
- Effective collaboration; and
- A *woman-defined** advocacy approach that respectfully connects women from different cultures and experiences to resources relevant to their needs.

In practice, women from different cultures, women with financial needs (a living wage job, housing, income, child care, education, health care), women with children affected by domestic violence, women wanting help with parenting issues, and women experiencing chemical dependency or mental health issues, will all find respectful and relevant advocacy and resources.

These efforts are supported by an ongoing Initiative called Building Comprehensive Solutions to Domestic Violence (BCS). BCS is a project of the National Resource Center on Domestic Violence, in collaboration with Greater Hartford Legal Aid, Inc.

BCS resources are available on the Internet at www.vawnet.org; “click” on NRCDV Publications, and then BCSDV Initiative. Resources are also available by calling the NRCDV at 800-537-2238 or (TTY) 800-553-2508.

* Because the overwhelming majority of domestic violence victims are women abused by a male partner, this definition uses “battered woman” when referring to a victim of domestic violence. All victims of domestic violence deserve safety and financial security including victims in same-sex relationships and male victims abused by female partners.

HarborCOV: One Community's Effort to Build Comprehensive Solutions to Domestic Violence

by
Laurie Holmes and Jill Davies

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HarborCOV: One Community’s Effort to Build Comprehensive Solutions to Domestic Violence

Introduction

Harbor Communities Overcoming Violence (HarborCOV)¹ is an organization building comprehensive solutions to violence against women[†] through community development. HarborCOV’s growth, pragmatic approach, and ever-evolving practice provide valuable information for anyone seeking to establish or expand comprehensive solutions advocacy. This paper describes how HarborCOV staff collaborated with people in the Chelsea community to build an innovative organization that transformed services, improving options for women’s safety and their families’ well-being.

This paper is organized into four key sections. The first describes the process, principles, and approach used to develop a comprehensive response to domestic violence in Chelsea. Section 2 discusses the scope of advocacy and services provided. The organizational structure that HarborCOV put in place to support this work is described in Section 3. The final section explores the role the organization plays in the community as a partner and leader to end violence and improve the health and development of the community. The appendices include information about the community, an organizational profile, and a list of HarborCOV’s services and external collaborations.

Section 1 Building HarborCOV: Background, Mission and Approach

In 1998, the local domestic violence program in Chelsea, Massachusetts closed. Concerned about local services and responses, community leaders formed a domestic

[†] This paper uses the phrase “violence against women” to include intimate partner violence, child abuse/neglect, elder abuse/neglect/exploitation, trafficking and sexual slavery. The overwhelming majority of victims are women, as are the survivors served by HarborCOV. Men who are victims of these forms of violence are also served by HarborCOV and the organization has a commitment to serving GLBTQ communities, using gender-neutral language, and employing community organizing strategies that include everyone.

violence task force. At the same time, State agencies that oversaw funding for battered women and children's services turned to Elizabeth Stone House (Stone House), a well-regarded mental health and battered women's program in a nearby community, to develop a new program in Chelsea called Harbor Communities Overcoming Violence.

HarborCOV began its new organizational life with two important resources. One was the support and guidance of the Stone House,² which made a one year commitment to serve as the fiscal agent and contractual partner with HarborCOV's funders. In addition, Stone House staff agreed to serve as an advisory committee of colleagues to supervise the Interim Executive Director, who was also a Stone House staff member. Stone House also assisted in training HarborCOV staff. The second resource was transitional funding. HarborCOV was awarded the remainder of existing contracts that State agencies and the United Way had with the former domestic violence services provider, Harbor Me. However, this funding also meant that the organization inherited commitments to deliver specific services, including emergency battered women's services, work with teens, and to revitalize a defunct transitional housing program in a dilapidated house that needed to be replaced. Transitional funding gave HarborCOV the chance to prove its ability to deliver services until it incorporated as an independent 501(c)(3) and qualified to apply for new contracts and funding. These circumstances provided HarborCOV staff with the chance to learn from experienced domestic violence advocates, use the information and approaches that served the Chelsea community, reject aspects that wouldn't work, and invent new models.

The Interim Executive Director began building the organization by delivering the message that HarborCOV would be community-driven. This meant that HarborCOV's role was to learn from the community about the needs of people affected by domestic violence, and then to build responses in collaboration with residents, city government, local nonprofits, the police, the courts and businesses. (See Appendix A for HarborCOV's community profile.)

HarborCOV's job was made easier by the fact that community stakeholders were already organized. The Chelsea Domestic Violence Task Force was an ad hoc committee

of resident activists, organizational professionals and city employees that formed to ensure that when Harbor Me closed its doors the resources for combating domestic abuse would not be lost. They were anxious to learn about HarborCOV's plans, share their concerns, and influence how services would be provided. The Executive Director welcomed community involvement and the chance to do things differently. To signal the commitment to community collaboration right from the start, she hired a diverse, multicultural, multilingual staff, each of whom was from and/or connected with the geographic and cultural communities served by HarborCOV.

Mission and Approach

With staff in place, HarborCOV began an organizational planning and development phase. The process included formal and informal staff discussions, conversations with women seeking and using HarborCOV's services (referred to as "participants" by HarborCOV and in this paper), meetings with community leaders, and involvement of the Chelsea Domestic Violence Task Force. Staff used three principal questions to guide their analysis and planning:

1. What is important to the people and communities we serve?
2. How will we provide services and advocacy?
3. What kind of workplace will we be?

The answers to these questions helped to define the principles from which staff created HarborCOV's multi-year organizational development plan. Those principles included:

- Provide a respectful, active and culturally competent response to violence;
- Be patient with the process;
- Honor HarborCOV participants as decision-makers;
- Screen participants into and not out of services;
- Develop staff leadership;
- Honor HarborCOV goals and coworkers' goals; and,
- Think big and hold high expectations.

The planning process started with staff development, building organizational capacity on issues such as funding and program services, and continuing to build community partnerships.

As implementation of the plan began, seven strangers who spoke five languages soon became a team and together defined HarborCOV's mission as "dedicated to providing linguistically and culturally relevant emergency and support services for women and their children while working to end domestic violence through community development." This vision required staff to pursue a broad agenda. Therefore, a strategic thinking and planning process was also adopted to ensure that advocacy directly and effectively pursued HarborCOV's mission. While staff were focused on the mission to end violence against women, they also expected the work to evolve in response to community priorities and their own learning. Over time, staff identified the following three core roles for the organization:

1. Service provider;
2. Effective organization; and
3. Participant in community transformation.

The next sections of the paper discuss each of these roles more fully.

Section 2

HarborCOV: Service Provider

HarborCOV is a highly visible and accessible organization that has storefront offices on the main street in downtown Chelsea. A staff of 15 full time and 4 part time employees provides almost 3,000 people with access to advocacy each year. Advocates work collaboratively with community groups, social service agencies and systems, including the courts, welfare programs, and child protection. Every staff person participates in outreach, as well as local or statewide partnerships. A list of HarborCOV services might appear much like any other domestic violence program – hotline,

emergency shelter, court advocacy, and outreach. However, the community-driven approach makes the day to day work different. (See Appendix B for HarborCOV's organizational profile and list of services.)

A Community-Driven Approach

At HarborCOV, community-driven means that services and programs take shape in response to the needs of women and their families in the Chelsea area. To identify those needs, staff ask women about what is happening in their lives, and then listen carefully to what they say. The focus is less about assessing women's problems and more about surveying their interests and priorities. The most useful information comes from regularly asking participants open-ended questions: "What are you really worried about right now?" "What do your kids need?" "What are your ideas about what might help?" "What do you think you need to be safe?"

Early on, HarborCOV staff learned from women that virtually everyone needed help with housing and income. Since women in the harbor communities talk about their basic human needs, and research underscores the interconnection among domestic abuse, homelessness and poverty, HarborCOV's core agenda as a social services provider includes the integration of economic and housing advocacy. Beyond those two basic needs, women ask for a variety of support, such as advocacy and information that will help them protect themselves and their children from violence, assistance with parenting and their children's needs, legal advocacy, emotional support, along with guidance about addiction and mental health issues. In short, a woman's prospects to make her own decisions, end violence, claim power and transform her life is significantly impeded or improved by her ability to meet her basic needs for safety, health, economic stability, and community support.

Listening to women from the community also made it clear that some women do not have the option or opportunity to leave an abusive partner, particularly those who are low-income. Most women in the community cannot or will not choose to go into a shelter; and some may not utilize a "domestic violence service," the courts, support

groups, therapists, or even economic resources. There are cultural, safety, financial, and legal reasons for women to avoid certain services and systems. For HarborCOV, these realities mean that services and advocacy must be relevant and safely accessible to all women in the community, including women from different cultures and women who will stay in their relationships.

HarborCOV staff understand that few women escape violence and poverty on their first try. Each woman will begin in a different place, use different strategies, need particular resources at different points in their struggle, and have unique goals. HarborCOV's approach to services mirrors that reality. It begins with a "screen in, don't screen out" policy. No one is denied services because of a particular issue, history, or manner. For example, staff regularly work with women abusing drugs or alcohol, women who experienced violence years ago, women with criminal records, and male children of all ages who come with their mothers. The message to the community is that anyone can contact the organization for help.

The open door policy also means staff receive requests for a wide variety of help. A woman might call seeking assistance with a housing subsidy, protective order, her child's problems at school, or finding a job. The accessibility also means that staff see women at different points in their decision-making about their lives and their relationships. Some women are just beginning to think about change, others are in crisis and need immediate information and advocacy, while still others are not prepared to make any major decisions. Each request for help, each discussion, each connection is seen by staff as part of the process, part of the woman's effort to make changes in her life. The expectation is that women will come and go and come back again, each time finding something they need. The service might be as simple as listening and validating a woman's fears, or as complex as a multi-faceted plan involving legal interventions, relocation, and job training.

Ana came to HarborCOV because she heard that they helped people who couldn't pay their rent. Maria, the advocate, talked with Ana about her apartment and her financial situation, and what kind of help Ana wanted. The advocate told Ana about a rent paying program for families whose

housing is at risk because of domestic violence. Maria listens as Ana discloses some details about her life and experiences with violence. As they talk, Maria takes clues from what Ana talks about to offer information about groups, individual counseling, children's support, and planning for her physical safety. HarborCOV helps Ana get the rent paid and begins a long-term partnership to support Ana.

Key Aspects of Managing a Broad Service Approach

Staff identify the following three key factors that make it possible for HarborCOV to manage this broad approach to comprehensive services with individual women:

- Advocacy is participant-defined;
- Service and advocacy procedures, rules, and policies are flexible and make it easier for women to get what they need from staff; and
- Extensive internal and external collaboration is necessary in order for women to receive the range of resources and assistance that they need.

Advocacy is Participant-Defined

At HarborCOV, *participant-defined advocacy*³ is a dynamic interactive process through which a person in crisis and an advocate develop a relationship that enables them to work as partners. The goal of the partnership is to help participants make decisions and take action that leads to positive outcomes that they define for themselves.

With the organization's broad accessibility, it might seem overwhelming to apply this individualized approach to day-to-day service provision. However, staff simply begin by asking participants about their priorities and their worries. Advocates listen carefully to ensure that they understand each woman's reality, challenges and goals. Advocates interact by asking questions that can help each participant sort out her complex experiences and identify her own priorities. Staff do not limit their questions to the topic of domestic violence in order to ensure that they get a full sense of what is

important to the participant's life and safety. More "traditional" or perhaps common safety strategies are not usually the focus of the advocacy. For example, leaving an abusive partner, entering a shelter, or calling the police are not assumed to be the best course of action. However, staff do talk with participants about the violence, strategize about safety, and validate how difficult and damaging it can be to have to struggle to survive in a relationship while struggling to survive in the world.

For these partnerships to be effective, there must be trust between staff and participants. Rather than demanding or expecting trust, advocates work to develop a relationship that builds trust. That trust is built, in part, by sharing information and resources, and by talking through how a woman's various choices might unfold. The advocate's responsibility in the partnership is to sensitively provide direct and honest feedback. This is often just repeating a woman's own words. For example, an advocate might say to a woman, "You've told me that when you decide to stop taking your meds everything gets out of control for you. So even though you really hate staying on the meds, let's think through the consequences. Please consider talking with your doctor before you decide to stop." HarborCOV staff seek to achieve a balance between unconditional validation and acceptance, and responsibly sharing professional knowledge, experience, and always limited resources. Advocates will not tell a woman what to do, nor will they just go along with whatever the person says she wants if they know it will turn out badly.

In practice, it takes lots of hard work to support informed decision-making by participants. Every HarborCOV advocate can share stories of how difficult it can be to watch women make mistakes, choose strategies that might not be best for them, or deal with the reality of limited options. For example, a woman's particular circumstances might lead her to decide that she'd be better off getting a driver's license than a restraining order. When a woman is facing deportation and rejection by family at home, it is harder to advise her not to marry the man who, while he abuses her, may also provide her access to a "green card." And it is hard to know what to say to a woman who fears that if she leaves her abusive lesbian partner, she will lose all contact with children she loves.

Every domestic violence advocate also knows that the straight forward, easy, uncomplicated cases are rare. It can feel like guesswork when trying to balance supportive affirmation for a woman's decisions with encouraging her to do something different. Advocates want women to be safe and to be O.K. When it is difficult to know what information to provide, what questions to ask, what strategies to emphasize, HarborCOV advocates lean toward maintaining the connection. The focus is to ensure a woman can continue to access support. Staff keep HarborCOV's door open to her—no matter what.

At fifteen, Chanda left her home in Southeast Asia because an American arranged to bring her to the US and promised to marry her. He raped her for the first time before the ship reached port. The abuse continued and he broke his promise to marry her, which would have allowed her to remain here legally. Chanda came to HarborCOV and began working with KiKi. Everyone on staff was afraid for Chanda's life. For more than a year she would come in and consider her options – all inadequate and unresponsive to her needs because they would increase her risk, get her deported, or keep her underground with no prospects to build a legitimate future. Chanda constantly changed her mind and her decisions. She would bounce between the abuser and her relatives who were afraid of letting her stay with them. She'd hear from her family in Southeast Asia who told her not to return. KiKi, who is also a refugee from Southeast Asia, felt her agony and feared that the violent abuser would kill her. Frustrated and worried, all KiKi could do was listen and work through various strategy scenarios during their sporadic advocacy appointments. She kept the door open. She regularly contacted Chanda to check if she was ok. Over time Chanda knew that KiKi would be there for her even if she was unable to act on a decision. A trust-building partnership between Chanda and her advocate developed. Eventually, KiKi helped Chanda find a good residential program that worked with teens, connect to support, and file her U visa immigration petition.

Advocates are gatekeepers of community resources and information, with the power and responsibility to decide how those assets are used. HarborCOV's open, welcoming approach raises the question of how staff ensures that resources are used wisely. The participant-defined partnership encourages a reciprocal, shared responsibility for using resources and information. Advocates are savvy and have a connection to the community that lets them know when stories don't make sense, or when a woman might say what she thinks she has to say in order to get help. An advocate might say to a woman, "I'm having trouble believing you because the last time we helped you out you couldn't follow through. What is different now?" Additionally, advocates work with participants to help them define goal-centered work. The process ensures strategies are clearly understood, that the resources provided match those strategies, and that advocates will continue to work with participants to meet their goals.

In HarborCOV's experience, it is easier for a woman to be upfront and honest with an advocate when she works well with that advocate, has a sense of community in which she feels comfortable, and knows she will have access to other useful resources in the future.

Elizabeth just knew the minute Jane walked in HarborCOV's door that Jane was in trouble. She looked like she'd been living on the street for some time and her slurred speech told Elizabeth she was drunk. Elizabeth said, "You seem pretty out of it. Are you struggling with alcohol or drugs? Are you dealing with mental health stuff?" Jane got up to walk out. Elizabeth asked her to stay a minute, have a cup of hot coffee, and just rest. They didn't talk much more that day, but Elizabeth made sure Jane knew how to find the homeless shelter.

Two months later Jane showed up and asked for Elizabeth. Her arm was in a sling because the guy she'd been living with dislocated her shoulder. They talked for awhile and Jane began to tell Elizabeth more and more details about her life, including sexual abuse she experienced as a child. Elizabeth talked with Jane about her safety and Jane decided

she'd come back next week to talk some more. After a few more conversations, Jane decided to talk with a rehabilitation counselor from Chelsea Alcohol and Substance Abuse Program. Jane contacted Elizabeth a few weeks later asking for a chance to get into HarborCOV's long-term housing program. Elizabeth talked with Jane about rehab and asked if she was still using drugs or alcohol. Jane said, "No." Elizabeth said, "I know things are hard and you need a place to stay, but I'm concerned about you because you stumbled coming in here and you look like you've been drinking." Elizabeth told Jane that the housing program is drug-free. They talked some more and Jane decided her immediate goal would be to use the support of HarborCOV and her rehab counselor to stop using. Jane also decided to talk with the free therapist that holds office hours at HarborCOV every Thursday.

Service and Advocacy Procedures, Rules and Policies are Flexible.

Listening to women talk about their concerns and name their priorities forces advocates to shift their thinking, priorities, collaborations, and approach. HarborCOV staff constantly look for ways to change service rules and procedures so that it is easier for women to get what they need. For example, after hearing women talk about the need to be close to their jobs, HarborCOV staff changed the emergency intake procedures to make sure that this issue was part of the discussion when advocates explored safety options with the women, such as staying in a shelter or relocating.

Long held assumptions are also open to debate and revision. For example, an assumption in the battered women's movement has been that women seeking domestic violence services must voluntarily seek that assistance in order to promote their empowerment and autonomy. HarborCOV staff acknowledge that mandating services runs counter to the empowerment model, but refuse to deny a woman services because a child welfare or other well-meaning case worker tells her she has to get into a domestic violence program.

Advocates regularly welcome women into group who state that the only reason they're there is because a social worker threatened to remove their kids unless they came. All group participants are notified that staff are mandated child abuse reporters. If social workers request information, they are informed that HarborCOV will not report about a participant's attendance or "progress" unless the participant expressly requests that a report be made. It is not unusual for a participant to ask an advocate to assist her by sharing information or by attending a meeting with the participant and her social worker. More often than not, a woman who starts out with the goals of getting the worker off her back, keeping her kids, and staying with her partner finds something helpful in the interactions with advocates and other group members. HarborCOV's experience is that many formerly mandated women keep the connection voluntarily because they find a community of respectful and honest support.

HarborCOV's flexibility was challenged when it started to provide longer term transitional and permanent housing. Like other service providers, staff was concerned that they'd "get stuck" with residents who would neither make any change in their lives nor move out-- ever. Staff discussion and reflection led to a shared realization that it is HarborCOV's job to work with folks who are not managing to "fix their lives" on their own. Why else would they be at HarborCOV? The organization exists to house and work with those affected by abuse and who also face multiple barriers like mental illness, ineffective and sometimes even harmful institutional responses, and the disadvantages of poverty. This meant HarborCOV's housing programs would need to establish a "give and take" with residents. HarborCOV's long-term housing program, Casa Maribel, provides varying levels of services and participant expectations. As the scenario below illustrates, Casa Maribel staff provide structured support that is "service rich" and customized to meet the needs and realities of each participant.

Denise is a single Mom with two sons. She struggled with parenting and housekeeping and sporadically stopped taking her psychotropic medications. HarborCOV accepted Denise to live in an apartment at Casa Maribel knowing that she would need a lot of support. Early on, she regularly missed appointments with her advocate, and had

difficulty setting up and following through with goal plans. She had a rotten attitude and would become upset and angry when these issues were discussed. More than once staff considered asking her to leave, but stopped short of that knowing that if HarborCOV was unwilling to hang in and support Denise, that surely this young, labeled 'crazy', African American survivor would lose her children and fall through the proverbial cracks.

Denise's advocate adjusted her own and the organization's expectations of Denise. The advocate steadily and patiently worked with Denise to pin down and plan reasonable, attainable goals and timeframes. Home visits from Denise's advocate and the childrens' advocate provided opportunities to assess progress, make suggestions, and model communication. As staff got to know Denise, they better understood her perspectives and struggles, and that helped them to make more helpful suggestions as Denise built her support system. For example, Denise met her community engagement goals through involvement with her church and by volunteering at HarborCOV. When Denise recognized that other women coming from outside of the community into Casa Maribel have a difficult time learning about the community, she acted as a resource for them answering all kinds of questions. Her children began to show healthy progress, and she went on to pursue higher education.

Extensive Internal and External Collaboration is Necessary.

Collaboration is HarborCOV's most effective tool. Staff simply cannot do it all by themselves. Nearly every project HarborCOV takes on involves at least one other community partner organization, and some of the most successful fundraising has been getting grants to implement these collaborative initiatives.

The pay off for putting effort into building relationships comes as, little by little, staff gain experience working with collaborative partners that they learn from and build

upon. Collaboration is so central to the function of the organization that it has a full time Community Collaboration & Partnerships Coordinator. Additionally, everyone on staff participates in at least one community partnership and the Coordinator tracks all of the relationships to promote organization-wide strategic thinking.⁴ A chart reflecting the wide range and role of HarborCOV's collaborations growing out of participant-defined needs can be found in Appendix C.

HarborCOV also values internal collaboration. Coworkers regularly jump in to support one another in day-to-day planning and trouble shooting. Some key advocacy roles are specialized but staff assigned to those roles remain as integral members of the direct services team. This provides expertise and resource development in particular areas, but avoids separate silo-like programs. For example, the Economic Program Coordinator leads the team on issues regarding economic barriers and strategies, and trains all staff to conduct economic assessments. HarborCOV has similar internal collaborations regarding legal, teen, and children's issues. This constant communication sustains an organizational culture that provides everyone on staff with ongoing feedback and support, discussed in more detail in the next section.

Section 3

HarborCOV: Effective Organization

The provision of comprehensive, community-driven advocacy and services described in the previous section, requires a well run, efficient business that includes a staff with the capacity to actively participate in the planning and work of the organization. Responsible business principles and practices enhance HarborCOV organizational efficacy. HarborCOV operates tightly designed systems that support individuals and teams to be well organized and to follow through with commitments to participants, the community, and the organization. For HarborCOV, a well run business means that staff feel respected, motivated, and appreciated, and that everyone who reaches out to the organization for assistance is helped by staff's response. It also means that the bills get

paid on time; funders receive timely and accurate reports; the community believes its resources are being well spent; staff can locate the information they need; and that staff gather and track data that tells them they're "doing the right things and doing things right." The following discussion highlights the business strategies and approaches that HarborCOV finds essential to meeting its mission.

Human Resources Management

For HarborCOV, delivering quality programs and services begins with human resources management. HarborCOV's philosophical approach leads it to hire people who reflect and have strong ties to the communities it serves. When hiring, staff look for applicants with passion, life experience, and creative vision, and weigh those assets more heavily than formal educational credentials. HarborCOV's experience is that paying a decent salary, valuing cultural differences, and providing supportive supervision makes it easier to hire a fabulous and diverse staff. Part of the hiring process includes a group interview with all available HarborCOV staff. This ensures a broad and diverse perspective of each applicant, invests all staff in supporting the applicant ultimately chosen, and right from the start sends the message to applicants that each staff member is part of the decision-making process at HarborCOV. Job applicants are told the expectation is that each staff member will join, lead and 'own' HarborCOV's mission and work.

As HarborCOV stretches limited resources to meet ever increasing need for services, it is difficult, but incredibly important to focus attention and resources toward employee compensation and enrichment. Advocates come into this work with a passion to make a difference, then often find themselves in understaffed programs in which they are underpaid and have neither the time nor the institutional support to participate in their own self care or career enrichment. HarborCOV struggles with these issues too, but maintains a commitment to increase wages, and to provide 100% employer paid medical coverage, paid time off, and staff development allowances for every employee. When economic realities make this harder, HarborCOV uses creative approaches, such as

offering an employee the opportunity to use work time to attend a directly related community college class, when there are no resources to pay tuition.

For HarborCOV to truly meld theory with practice, it invests significant resources for leadership development. Throughout the organization, staff make and stick to explicit commitments to hire and promote people of color, immigrants, and people with less formal education. HarborCOV's commitment is to support each staff person to do all she can to overcome unequal opportunity and other impacts of institutionalized racism and classism. Additionally, HarborCOV provides staff with formalized in-house leadership development opportunities including skills, supervisory and management training, as well as individual, team, organizational planning and community leadership projects. Additionally, all staff are encouraged to attend local conferences and networking groups.

At the core of HarborCOV's human resources management is a commitment to having each staff person be meaningfully involved in the planning and work of the organization. All staff participate through weekly staff meetings, planning retreats, weekly supervision, and an organizational culture that encourages feedback, discussion, and open communication. This does not mean every agency decision, no matter how small, is made by consensus. For example, many administrative decisions, such as salary, benefits, work hours, are made by the management team and executive director. Open communication does mean that staff will understand the rationale and basis for each decision. Expectations for staff work performance and growth are high. Open discussions and internal collaborations work to hold every one on staff, no matter their role, accountable to job expectations, the organization's mission, and each other.

One of HarborCOV's biggest human resources challenges arose out of programmatic and organizational growth. In five years HarborCOV tripled staff, doubled the budget, entered into multiple contracts, and obtained a number of real estate investments. New skills and expertise were needed. Rather than hiring skilled managers from outside, HarborCOV "walked its talk" about leadership development by training and promoting leadership from within. This was not an easy task. Former advocates, administrative assistants and grant writers became team leaders, coordinating activities and supervising staff as the newly appointed Directors of Community Services, Staff

Development, Facilities Management, and Asset Development. Each new director, along with the executive director, committed to learning new skills, sharing power and responsibilities, and supporting each other's leadership. This commitment included weekly meetings and participating in a peer coaching supervision model.

Results matter

Achieving results are an important measure of any business's success. As stewards of community resources, HarborCOV is accountable to measure and report back to its community about the results of its work. Staff work together to clearly articulate goals, identify methods of measuring progress, collect information, and analyze the results. This goes beyond a data base that provides funders with acceptable statistical reports. Data collection and analysis is critically relevant to the participant-defined, community-driven focus. For example, HarborCOV tries to measure outcomes that reflect the experience and goals defined by participants, as well as achieving a better understanding of the concerns of people affected by domestic and sexual violence who do not utilize HarborCOV programs.

Staff use advocacy tools, such as economic and educational surveys and interactive workshops to gather data. Each of these tools, from intake forms to funder reports, is critically evaluated to determine whether participants' complex realities are reflected in the information collected. HarborCOV also is involved in participatory research⁵, not only to inform organizational direction, but also as a community organizing tool to develop skills, leadership, and innovative community solutions.

Fund development, fiscal and facilities management

HarborCOV's primary funding strategies are asset development and diversification. Since government contracts account for about 75% of the current operational budget, the long-term diversification goal is to decrease reliance on these grants. The guiding principle is to always develop program goals first and then look for

funding that match those goals rather than building program in response to externally driven trends. Simultaneously, staff work to develop corporate partnerships and an individual donor base to more readily support prevention, community organizing, and programming beyond intervention services.

Asset development strategies are valued among individuals in the community and for HarborCOV as a community institution. Enough “owned” resources means a better chance to exercise self-determination. For women in HarborCOV programs it often means job choices, a car, and home ownership. For HarborCOV increasing organizational 'self determination' is about achieving financial security to ensure programmatic freedom. In March 2006, HarborCOV moved from leased office and shelter space into a bigger, better building owned by the organization. This move will build current and future assets, and save over \$50,000 in annual facilities overhead cost.

Sound core business systems and practices also includes attention to income, expenses, equipment, and legal responsibilities. Every day, staff and participants rely on organizational resources from petty cash to computer technology. The executive director, bookkeeper, accountant (consultant), and board treasurer instituted financial systems designed to assure fulfillment of regulatory and contractual obligations, adequate cash flow and responsible fiscal oversight and planning. Financial staff conduct multi-level transaction verification and utilize technology to support organized documentation and backup. Budget planning and analysis is a year-round endeavor among director, board and staff. The administrative director oversees systems to take care of buildings and technology needs, supplies, security, insurance, cleaning and other vendor relationships with attention to cost management. When these systems are working smoothly nobody notices anything. When they are not, whatever it is that’s not working can become the focus of attention, distracting staff from their work and advocacy.

Section 4

HarborCOV: Participant in Community Transformation

HarborCOV is committed to community transformation and well-being, which for them means: everyone in the community has her/his basic needs met and the opportunity for productive, meaningful education and work; everyone knows where to find help; and that services are funded by the community to respond to community needs. It also means that each person makes a valuable contribution to her/his family and to society.

HarborCOV's mission to end domestic violence requires community development and ultimately, community transformation.⁶ This approach pushes staff to do more than provide social services to individuals; it requires that those same individuals are supported to gain skills that will help them to improve their own situations, increase the power they have in their communities, and ultimately transform the community as well. To use a common analogy, staff teach participants how to fish rather than just offer a meal of fish, and also support participants to gain decision-making ownership over the river where the fish breed and grow.

HarborCOV uses three principle community development strategies:

1. increase power of community residents through knowledge and skill building;
2. exchange information with the community to ensure members input informs organizational planning and implementation decisions; and
3. increase community capacity for asset development and ownership.

Increase power of community residents

Every day advocates see that a survivor taking control and responsibility for decisions in her life leads to powerful individual transformation. The crux of community transformation is increasing decision-making authority by the collective community, that is, those most affected by the decisions that are made. Communities benefit when local

residents are effective leaders, and when more residents participate and become invested in decisions about which businesses operate in their community, how tax revenue is spent, how community problems such as domestic violence are addressed, and who best represents their priorities.

HarborCOV builds community leadership in its day to day work by supporting survivors' civic education and participation. One of the most effective methods is hiring from the local community and fostering leadership among those staff. HarborCOV is deliberate in providing in-house leadership development for staff, including supervision, facilitation, political analysis, strategic thinking, and management skills.⁷ Staff are trained as trainers, encouraged to facilitate workshops, and are regularly involved in planning meetings and retreats. Organizational policies and staff work plans guide how staff allocate time for their own leadership training and involvement in community partnerships.

HarborCOV also supports leadership development that prepares abuse survivors to lead community organizing and community organizations.⁸ Program participants are seen and treated as more than consumers. Participants regularly hear the message that HarborCOV is “their place” and that they can claim an ownership stake by involving themselves in the organization in a way that makes sense for them. This involvement might be as quick and easy as offering an opinion or could be more extensive, such as joining an advisory committee or volunteering. Support for civic education and participation is also integrated into HarborCOV programs. For example, Casa Maribel (HarborCOV's long term housing program) residents are encouraged to develop civic participation in addition to their personal and economic development work. One Casa Maribel resident got involved with the Parent Teacher Association (PTA) in her community. Participants also understand that their involvement with HarborCOV can shape their individual outcomes, help others, and impact the work of the organization – even when they no longer need or want services.

Another bridge to learning and leadership is through participation on community advisory committees made up of participants, volunteers and other community residents. For example, advocacy and support group graduates are welcome to join the Survivors'

Advisory Committee and/or the Latinas Advisory Committee. Self-facilitated and supported by staff, the groups set their own agendas for learning and community action. The Survivors' Advisory Committee identified community outreach and organizing goals, and have asked HarborCOV for training to learn about public speaking and policy advocacy. Recently, a twelve-member contingent from several HarborCOV groups experienced their power by sharing their experiences and goals with State leaders and reporters as part of the Education Day at the State House organized by Jane Doe Inc., The Massachusetts Coalition Against Sexual Assault and Domestic Violence.

The goal of increasing power of community residents has a direct impact on systemic and individual advocacy as well. Staff support survivor-led and informed efforts to decrease the negative impacts of public or private institutions that operate in the community. For example, after listening to stories about parents' experiences with the local child welfare office (DSS), staff worked with survivors to improve relationships and collaboration among DSS workers, individual survivors, and HarborCOV staff. A cultural competence cross training between DSS and HarborCOV staff was also developed as part of this effort. This was an extensive, multi-year—sometimes challenging—effort that continued to evolve and be informed by survivors.

Political education and analysis is intentionally and explicitly integrated into civic participation capacity building. The goal is straightforward – HarborCOV sees its role as doing more than offering “band aid” social service interventions when an individual experiences a personal crisis. This responsibility arises from an acknowledgement that historic inequality and injustice are at the root of peoples' vulnerability to, and experiences of, violence. These same barriers complicate and add additional obstacles to individuals' opportunity to access helpful support and regain control of their own lives. Social transformation through political education and action is needed to challenge and ameliorate barriers that result from historic oppression.

In addition to supporting participants' involvement in the community, HarborCOV is also directly involved in policy advocacy and political action. For example, the organization endorses broad organizing efforts around immigrant's rights and economic justice issues. Staff develop and adopt organizational opinions and

strategies to address directly mission-related issues, such as family violence criminal justice initiatives and affordable housing. All of these efforts involve ongoing collaborative alliances.

Exchange information with the community

For HarborCOV, being a community-driven organization means that the intended beneficiaries of HarborCOV services hold decision-making power regarding the use of the organization’s resources and funds and have the right to expect results related to criteria they define.⁹ Just as active listening guides individual advocacy, HarborCOV staff listen for collectively identified concerns of constituent groups. Staff consistently ask the community—the women, kids, neighbors, colleagues, local organizations and government agencies—about what they see as community strengths, needs and opportunities to end violence, and about how HarborCOV might help. A variety of formal and informal strategies are used to “ask the community.” Some examples of these strategies include: convening advisory committees, conducting formal and informal surveys, participating in workforce development and youth violence coalitions, and serving as members of the Chamber of Commerce and Rotary Club. Staff are also a part of the network of community relationships in which discussion, ideas, and feedback occur naturally.

Staff and Board then reflect on this community information and use it to frame the organization’s priorities and determine desired outcomes. Staff continuously ask — and require themselves to answer — the why, what, how and for whom, about every key task or activity. Although this approach may seem complicated and burdensome, in practice it has become a dynamic and ongoing process that quickly becomes ingrained, “just the way we do business.” Ongoing strategic thinking informed by the community makes it easier to make good decisions, set priorities for short and long-term work, and determine success. In this way HarborCOV takes a community organizing approach to its work.

A HarborCOV advocate heard from the community that women need more education and training to get well paying jobs. She brought the issue to staff meeting and the discussion raised a number of key questions, such as: “How do we know this is true among the women in our community?” “How do we know where it falls in their hierarchy of needs?” “How do we decide that we should be involved in this kind of program development?” “What are others thinking and doing to respond to this need?” As part of the process to answer these questions, the Advocate developed a one-page survey in English and Spanish and placed it in an inviting display in HarborCOV’s office greeting area. The direct services team also brought the survey to groups and individual advocacy. The survey helped to start conversations with and among participants and gave staff very quick data about these particular community needs.

Data gathered from the survey process gave staff the information to responsibly describe and respond to HarborCOV participant needs for GED, ESL, liberal arts, and career certificate programs and the financial, childcare and support barriers that get in their way. The next step was to meet with the Dean and staff at the local community college to explore how HarborCOV could play a role in coordinating affordability, access to childcare, along with on and off campus support. The Community College and HarborCOV are also partnering to seek funds to support a group of current or former survivors as they attend classes at the college.

The strategic thinking process used to involve the community is a balance between HarborCOV’s experiential lessons, collective knowledge, and vision and the articulated needs and opinions of the larger community. Community-driven is not just doing whatever members of the community say HarborCOV should do. Sometimes staff take a position or move in a direction, even when it challenges community norms or standards.

Examples:

- *HarborCOV works with many women who decide that their best safety plan is to stay with an abusive partner—at least for the immediate future—and to avoid involvement with the police and criminal legal system. The community norm of local law enforcement and child welfare staff—both likely to be involved with such women—prefer that victims leave an abusive partner, relocate, and pursue prosecution. HarborCOV will continue its strong collaboration with those community entities while representing what staff learned in practice from women who decide not to leave, even though it may be an unpopular position.*
- *HarborCOV works with a number of faith communities and faith-based organizations in which the community norm is to deny the existence of domestic and sexual violence. Staff work hard to maintain connections and communication with these groups while taking advantage of every opportunity to speak the truth about violence.*

To continue to foster collaboration—particularly when there is disagreement—HarborCOV maintains a certain level of institutional transparency, freely sharing information¹⁰ and explanations about what staff do, how they do it and why the organization does what it does. It has been particularly important to explain the rationale behind decisions and how decisions are made. Transparency is a cornerstone of the organization’s integrity and its accountability to the community. Confidentiality regarding individual cases is strictly protected, yet HarborCOV staff have found that maintaining the privacy of individuals does not impede information sharing and they do not use it as a reason to compromise the commitment to institutional transparency.

Capacity for asset development and ownership

Going back to the analogy, all those who work for social change believe in teaching participants how to fish rather than just offering a meal of fish. But when the

people harvesting and eating the fish take ownership over the river they expect it to be a resource for them well into the future. Consequently, they become much more deeply invested in environmental conditions and sustainability knowing their future depends on a safe and healthy fish stock. Asset development takes the notion of self sufficiency to a level where real power shifting becomes possible.

HarborCOV shares in a vision for community transformation in which today's supportive housing residents will be tomorrow's homeowners. Survivors receiving trauma recovery services today will soon own businesses on Main Street. Immigrants who get access to legal status through VAWA now, will some day be elected to the city council and school board. HarborCOV's next executive director will come from this community. HarborCOV actively participates toward the actualization of this vision by promoting the concept of 'ownership' through capacity building for asset development. Ultimately, such concrete ownership improves the position of survivors and community residents to make decisions about things that affect them, influence policy, and shift-power toward equality and justice.

HarborCOV employs asset development strategies to promote more tangible forms of ownership through a continuum. For many participant-survivors the process begins with an emergency cash grant that prevents them from becoming homeless. The next step may be in-house financial literacy classes which will lead survivors to attend community workshops on credit repair or first time home-buying. Throughout, advocates support participants' self-identified financial¹¹ goals, which may include getting a better job, completing the next level of formal education, saving money, or buying a home.

HarborCOV builds community capacity through a variety of strategies, including preservation of affordable housing, financial literacy programs, a higher education collaborative, and homeowner education. HarborCOV is currently collaborating with a number of residents and community organizations to initiate an individual development account program. The program's goal is to leverage individual savings and qualify savers for up to 400% match for asset building, such as business start up, higher education, or home ownership. Because obtaining safe, legal, living wage employment is so difficult for most immigrant survivors, the Latinas Advisory Committee, along with

HarborCOV staff, are exploring alternative income generation strategies including starting a cottage industry or microenterprise co-ops.

Conclusion

HarborCOV is a dynamic domestic violence organization, embracing the broad range of needs facing battered women, their families, and their communities. A flexible, diverse, strategic, and collaborative staff defines their work in partnership with individual women and the community as a whole. At the core of HarborCOV's success is a belief in people's capacity for creative, compassionate, transformative individual and collective action. Every day, the staff and participants of HarborCOV visibly and repeatedly make that belief a reality.

For more information about HarborCOV see: <http://www.harborcov.org/> or call 617-884-9799.

Appendix A

HarborCOV Community Profile

HarborCOV serves one of the most ethnically diverse and economically strained areas of Massachusetts. Chelsea, East Boston, Revere, and Winthrop are the harbor communities just northeast of Boston. Adjacent to the sea ports and airport, these cities have historically served as a first stop for immigrants from around the world. Currently, a substantial number of immigrants and refugees come from Cambodia, Bosnia, Somalia and the Middle East. For example, Revere’s large Cambodian population is evident in its schools, in which approximately 12% of the students are Asian, nearly triple the statewide enrollment average. Among the harbor communities, Chelsea has the highest percentage of foreign-born residents (36.1%).

Nearly 60% of Chelsea residents speak a language other than English at home. Chelsea is the city with the second highest percentage (48%) of Latinos in the State, with immigrants coming from various countries throughout Central and South America and the Caribbean. Latino public school children currently account for nearly 70% of Chelsea’s total number of students and for more than 90% of the total other-than-White student population. Census 2000 data also shows that 23% of Chelsea’s 35,000 residents identified themselves as other-than-White, African-American, Latino, Asian or Native American.

Community	Total	White	Latino	African-American	Asian	Other	Biracial
Chelsea	35,080	58%	48%	7%	4%	23%	7%
Revere	47,283	84%	9%	3%	5%	4%	4%
East Boston	38,413	68%	39%	4%	4%	17%	7%
Winthrop	18,303	94%	3%	2%	1%	2%	1%
Massachusetts	6,349,097	85%	7%	5%	4%	4%	2%

Harbor Area Demographics (from Census 2000 data)

Twenty-one percent of Chelsea’s total population lives below the poverty line, compared with a statewide poverty rate of 9%. Among the City’s Latinos, the poverty rate is 43%. Per capita income in 1999 was \$14,628, only 56.3% of the state mean of \$25,952. Nearly one-quarter of Chelsea’s households are headed by females with children under age 18, and 42% of these households are below poverty level. Eighty-three percent of Chelsea schoolchildren qualify for free or reduced lunch programs. In Revere, where nearly 6,000 students attend seven schools,

more than 40% percent are eligible for free or reduced lunch, a rate almost twice the statewide average. More than 40% of adults in Chelsea over the age of 25 lack a high school credential, and more than half of those attended school for fewer than nine years (U.S. Census, 2000).

Chelsea's 35,000 residents densely populate its 1.3 square miles. Neighborhoods are connected by Broadway, a wide boulevard lined by mixed commercial and residential properties. Elected and appointed city government officials are an active and visible presence, partnering with nonprofits on various projects and leading environmental and economic planning for residential, open space and large industrial swaths across the city. Commuter rail and bus lines connect the harbor communities with the Massachusetts Bay Transit Authority. Chelsea's geography, high poverty rates and demographic migration patterns contribute to a high concentration of available social services. For example, two major Boston hospitals maintain clinics in Chelsea and there is an extension branch of Bunker Hill Community College. There are also various options for adult learning including ESL and GED through a consortium of community nonprofits.

Despite increased awareness in general, and concerted organizing and intervention efforts, especially strong in the Chelsea community, domestic violence continues to be a prevalent public health and public safety issue facing the harbor communities (assessed through counts of police calls, protection orders, emergency room visits and resident surveys). The Chelsea Police Department reported 294 domestic violence assault arrests in 2005. As of January 2006 there were 209 active and 979 expired restraining orders. (Correspondence from the Office of the Chelsea Chief of Police, February 2006)

Appendix B

HarborCOV Organizational Profile and List of Services

Profile

HarborCOV (www.harborcov.org) provides emergency and supportive services to individuals and families affected by domestic abuse, addressing violence within the context of family, culture and community. Located in Chelsea, HarborCOV also services East Boston, Revere, and Winthrop.

As of January 2006, there are 15 full time and 4 part time paid employees, and 4 consultants. Three-quarters of the staff is bicultural and bilingual. Staff communicate in the following languages: American Sign Language, English, French, Haitian Creole, Italian, Japanese, Khmer, Portuguese, and Spanish.

Organizational Structure:

A 12 member Board of Directors provides fiscal and programmatic oversight. The Board includes community members, survivors, an attorney, organizational partner representatives, and former staff.

The Management Team includes the executive director, community services director, and development team director. Weekly staff and direct services meetings sustain intra-organizational communication and coordination, staff development, and shared decision making.

Budget:

In 2006, the projected income is about 1.2 million dollars. About 75% of the income is State and federal government contracts, with the remaining income provided through a combination of private foundation grants and contributions from direct mail, local business sponsorships, and events. Financial services supporting the executive director's fiscal responsibilities are provided by on-site consultants three days per week. Payroll and retirement fund administration are outsourced.

Statistics:

Of the nearly 300 women and children sheltered, and 3000 who participate in community-based programs, more than half of those HarborCOV serves are immigrants who speak little or no English. Within our program funded and tracked through Victims of Crime Act (VOCA), of 919 victims receiving services in fiscal year 2004, 55 percent identified their national origin as other than the US.

Services

HarborCOV's comprehensive services are available at no cost and include:

- 24-hour, 7 day/week hotline for women in crisis;
- 14-day emergency housing for battered women and their children, with 12 beds and intensive advocacy and resources;
- Emergency and longer-term individual advocacy;
- Emergency food and emergency cash assistance to meet safety needs such as cabs, medications, and transportation;
- Children's activities, including advocacy, assessment, mental health services, and on and off-site groups;
- Mental health services, including crisis intervention with mental health professionals, therapist on-site one day per week, groups, and therapeutic referrals;
- Legal advocacy in district and probate courts, including protective order and family related issues, walk-in 'law night' twice monthly; and Immigrant legal access project provides legal representation for "T" and "U" visas and self-petitions and relies on active partnership between attorneys, advocates and survivors;
- Economic empowerment, including, advocacy, one-on-one budgeting and goal setting, homelessness prevention cash assistance, Personal Economic Planning-- economic literacy training, a partnership for higher education with Bunker Hill Community College, and collaboration with local employers to provide employment opportunities;
- Support groups for English speaking, Spanish-speaking and Khmer-speaking participants, along with childcare;
- Specialized support group for Spanish-speaking elders;
- Teen dating violence support groups and youth-driven community projects;
- Community outreach and educational events, training and awareness activities, and;
- *Community Housing Initiative*, which includes a continuum of emergency, transitional, and permanent supportive, affordable housing for those affected by domestic violence. The emergency housing has 12 beds, transitional housing has two 2-bedroom apartments and Casa Maribel – a 3 family house in which residents have some program participation requirements but no time limit (the average stay is 4-6 months). In December 2006, the *Initiative* will open 24 new permanent apartments with as-needed services and economic development and children's centers.

Appendix C

HarborCOV’s External Collaborations

Participant-Defined Concerns and Goals	Advocacy, Services, Strategy using significant collaboration	Collaborative Partners
Safety and/or emergency response	<ul style="list-style-type: none"> • Hotline triage, safe home, shelter, advocacy and safety planning • Workplace safety planning • Emergency Cash, transportation, homelessness prevention 	<ul style="list-style-type: none"> • Domestic Violence shelter network and Jane Doe Coalition • Chelsea Police • Greater Boston Legal Services (employment) • Cash: Travelers Aid, Department of Transitional Assistance, Community Action Programs Inter City & Jane Doe Coalition partners
Accessible, affordable, culturally relevant mental health support	<ul style="list-style-type: none"> • On-site free therapy in 5 languages • Therapist available to safe home residents 	<ul style="list-style-type: none"> • On-site therapist, funded through grants • Massachusetts General Hospital • North Suffolk Mental Health • Stone House therapeutic community
Economic Issues	<ul style="list-style-type: none"> • Employment 	<ul style="list-style-type: none"> • Career Source • Chelsea Chamber of Commerce • Business Clubs (Rotary, Zonta, etc.)
Legal Issues	<ul style="list-style-type: none"> • Court advocacy • Law Night - walk in clinic • Legal representation, including child support, custody, visitation, and immigration issues 	<ul style="list-style-type: none"> • Greater Boston Legal Services • Massachusetts Dept. of Revenue (child support) • Mass Immigrant & Refugee Association • Catholic Charities (immigration)
Housing	<ul style="list-style-type: none"> • Shelter, transitional, permanent, • Homelessness Prevention Initiative • Community Housing Initiative, transfer or relocation • Affordable rental housing development 	<ul style="list-style-type: none"> • Jane Doe, Statewide Coalition & networks for teen and specialized populations • Boston Foundation, Tufts Health Care State and local housing authorities • Chelsea Housing Authority, Metro Boston Housing Partnership • City Of Chelsea • State Dept. Housing and Community Development • MMA - Private Tax Credit Partners Chelsea Neighborhood Housing Service

Participant-Defined Concerns and Goals	Advocacy, Services, Strategy using significant collaboration	Collaborative Partners
Children's support	<ul style="list-style-type: none"> • General and mental health assessment • Advocacy and groups • Childcare • Education, school 	<ul style="list-style-type: none"> • Massachusetts General Hospital • Boston Medical Center - Child Witness to Violence Program • Department of Social Services • School department, administration, teachers, and counselors
Culturally relevant information and support	<ul style="list-style-type: none"> • Chelsea Community Collaborative for Abuse Prevention in Racial and Ethnic Minority Communities (CARE)Network 	<ul style="list-style-type: none"> • Chelsea Alcohol and Substance Abuse Prevention • Boston Area Rape Crisis Center • Centro Latino
Chemical dependency	<ul style="list-style-type: none"> • Testing, treatment, and support groups 	<ul style="list-style-type: none"> • Chelsea Alcohol and Substance Abuse Prevention
Education	<ul style="list-style-type: none"> • ESL, Adult Basic Education, GED, employment training • Funding to pay for higher education 	<ul style="list-style-type: none"> • Bunker Hill Community College • Centro Latino
Support for elders	<ul style="list-style-type: none"> • Accessible advocacy and groups 	<ul style="list-style-type: none"> • Chelsea Senior Center
Teen witness or victim of abuse	<ul style="list-style-type: none"> • Advocacy • Group support • Safety planning & triage • In-school support 	<ul style="list-style-type: none"> • Boston Area Rape Crisis Center • Revere High, Choice Through Education, • Chelsea Schools
Abusive partner support, intervention	<ul style="list-style-type: none"> • Batterers' Treatment 	<ul style="list-style-type: none"> • Chelsea Alcohol and Substance Abuse Prevention • Emerge • Common Purpose
Participant leadership development	<ul style="list-style-type: none"> • Structured programmatic input, assessment and evaluation (tools) • Community Advisory Committees • Volunteer training • Policy/organizing training and opportunities 	<ul style="list-style-type: none"> • Boston Area Rape Crisis Center • Building Comprehensive Solutions to Domestic Violence Initiative

Participant-Defined Concerns and Goals	Advocacy, Services, Strategy using significant collaboration	Collaborative Partners
Community awareness/sensitivity	<ul style="list-style-type: none"> • Community resources & information • Coordinated community response 	<ul style="list-style-type: none"> • Chelsea Domestic Violence Task Force • City of Chelsea • City of Revere • Faith community in Winthrop • Chelsea Cable • All other collaborations with service providers and others – working with HarborCOV 's Community Partnerships Coordinator
Staff that is supported, supervised, skilled	<ul style="list-style-type: none"> • Clinical supervision • Skills & leadership development • In-house staff development accounts • Education 	<ul style="list-style-type: none"> • Consultant, LICSW • Jane Doe Coalition • State tuition credit
Systemic change	<ul style="list-style-type: none"> • Local, statewide, national advocacy • Survivors Economic Justice Network 	Chelsea Domestic Violence Task Force; Massachusetts Immigrant and Refugee Association; Jane Doe Coalition; Trafficking Network, Women of Color Network; Women of Color Caucus; Boston Area Rape Crisis Center; Greater Boston Legal Services; Governor's Commission on Sexual Assault and Domestic Violence, including Immigrant & Refugee Subcommittee and Economic Stability Working Group; Building Comprehensive Solutions to Domestic Violence Initiative.

ENDNOTES

¹ Harbor Communities refers to the four communities surrounding Boston harbor, specifically, Revere, Chelsea, Winthrop, and East Boston.

² For more information see <http://www.elizabethstonehouse.org>

³ HarborCOV's "participant-defined advocacy" is similar to the concept and approach used in the Building Comprehensive Solutions to Domestic Violence Initiative, referred to as "woman-defined advocacy." See also, *Safety Planning with Battered Women: Complex Lives/Difficult Choices*. (1998). Davies, J., Lyon, E., and Monti-Catania, D. Thousand Oaks, CA: Sage.

⁴ Other responsibilities include recruiting volunteers and staffing key community organizing efforts such as the Chelsea Domestic Violence Task Force and fundraising projects with the business community.

⁵ Participatory research directly involves the people from the community as partners in the research, including study design and data analysis.

⁶ Another way to describe the range of community activities is as follows:

- Community **services** help people live. Some examples of services include health care, domestic violence advocacy, food programs, shelters, and job training.
- Community **outreach** helps people learn. Some examples of outreach include, workshops, presentations, and brochures and other informational materials.
- Community **organizing** helps people take power. Some examples of organizing include, survivor-led initiatives, voter registration drives, petitions, campaign to change a law, labor or rent strike, or neighbors "taking back" their streets through a neighborhood watch effort.

⁷ For example, HarborCOV encourages staff, as well as participants, to attend undoing racism workshops, and training on issues such as cultural competence, community organizing, civic participation, and public policy advocacy. Other external opportunities for networking, learning

and action used by HarborCOV staff include the Women of Color Caucus, Chelsea Latino Coalition, Disabled People's Network, GLBT committee, and the Survivors Economic Justice Network.

⁸ HarborCOV is currently exploring ways to expand its volunteer training program into career path training for leadership in nonprofit community organizations. HarborCOV will partner with other local nonprofits to place community residents who have been recipients of services into stipended internships while they train. HarborCOV will seek workforce development funding and add administration, management, budget and fundraising to supplement hotline and advocacy training. The plan is to also add courses to support learning in areas such as city government, participatory research, community planning and human rights.

⁹ Most community organizations report to funders and government entities such as the IRS, and are deemed successful according to criteria that may bear no relation to any locally identified priorities. Reports are written, forms are completed and sent off for review, occasional community meetings are held, yet all of these activities fall short of meaningful community involvement.

¹⁰ Confidentiality of individual cases is strictly protected. HarborCOV staff have found that maintaining the privacy of individuals does not impede information sharing.

¹¹ As HarborCOV develops additional supportive permanent housing, it is exploring the possibility of converting Casa Maribel (currently HarborCOV's long-term housing program) to resident ownership. Rent-to-own and co-housing are models being considered.