



Keeping Safe on the Streets

*A guide for providers
working with
homeless women
living on the streets*

Written and produced by the Women's Violence Prevention Project Alliance
A program of Friends of the Shattuck Shelter, Ltd.

Friends of the Shattuck Shelter

Friends of the Shattuck Shelter (the Friends) is dedicated to ending and preventing homelessness among men and women by helping them to achieve self-sufficiency, and to secure and maintain permanent housing.

The Friends serves more than 4,500 people each year, in Boston and across Massachusetts, with services including street outreach, shelter, addiction counseling, job placement, housing and HIV/AIDS education, screening and counseling. Now in its twenty-second year of operation, the Friends is recognized locally and nationally for program innovation and successful outcomes for people who are homeless.

In 2003, with generous donations from foundations, corporations and individuals, the Friends launched WVPP to assist homeless women living on the streets.

Women's Violence Prevention Project (WVPP)

WVPP is an innovative, two-pronged program that assists unsheltered homeless women, who experience violence and use substances, to access programs that increase their safety and sobriety. WVPP Street Outreach identifies battered and addicted homeless women living on the streets of Boston and assists them to avoid and/or respond to violence and to pursue treatment. WVPP Alliance convenes representatives from fields of domestic violence, addiction treatment, law enforcement and homeless programs to improve service-systems' capabilities to help homeless women.

WVPP Funders

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Why a safety planning guide?

Created by the WVPP Alliance, this guide assists providers to help clients increase their safety before, during and after acts of violence. We found that available resource literature on these topics assumes women are in a shelter, apartment or house. We wrote this guide specifically for providers who work with homeless women who sleep on the streets.

The guide's three sections — Prevention Strategies, During Crisis and Responding to Crisis — offer intervention information tailored for women who experience violence on the streets. It considers how prevalent issues — addiction, mental illness, health concerns, trauma and legal matters — are exacerbated by their homeless circumstances.

In gathering information for the guide, we discovered a variety of creative strategies that women use to survive on the streets. In fact, many of our recommendations came directly from clients of WVPP Street Outreach. Hence, the guide gives voice to women and their ideas, with the hope that it will vastly improve service delivery to other women, and men, living on the streets.

Notes

To simplify wording in the guide, we assume perpetrators are male and clients female. We acknowledge that perpetrators, and clients, can be male, female or transgender.

* Greater Boston area resources are indicated with asterisks. Contact information is provided in section V of the guide.

The guide is easily modified for other regions across the country.

We encourage you, as a provider, to be patient with women living on the streets who often look for short-term fixes instead of long-term solutions to their problems.

We recommend that you become educated about the Cycle of Violence,¹ and the connection between violence, trauma, substance abuse, mental illness and homelessness.

Framing your work as 'harm-reduction' may be helpful. The goal may not be to remove a woman from a situation, but rather to help her identify ways of coping and surviving. As a woman builds her feelings of self-worth, it also increases the likelihood that she will move off the streets and into housing.

I. Prevention Strategies

A range of circumstances on the streets can lead to violence. Below are discussion topics and suggestions for advising your client on ways to prevent crises before they occur.

a. Partner Violence

Many women living on the streets have intimate partners who are also homeless, and who can be emotionally and physically abusive. It is important for providers to maintain rapport with a woman's partner, as well as with the woman herself, to foster trust and maintain contact.

- Ask her to think about times she was unsafe with her partner in the past.
What helped her then? What did her friends do in similar situations?
- Who are the people she trusts?
Would it be helpful to maintain ties with people who can help her, or who she trusts?
For example, who are trusted friends, family members, counselors, doctors, clergy or street outreach workers (such as the Friends' Violence Prevention Specialist*)?

- Help her decide what she wants her limits to be.
Encourage her to stick to them.
For example, she may allow yelling, but will leave if hit or punched.
- Suggest she let her partner know what her limits are upfront.
For example, she could tell him that she will leave if he ever hits her.

It may not be feasible or logical for a woman to leave the relationship. Abusive partners often protect women from other assaults on the streets. She is the best expert on what keeps her safe. Your goal should be to guide her to think about her safety strategies with her partner and with unknown assailants.

- Suggest that she pay attention to her partner's triggers for violence.
If possible, she should stay away during these times.
For example, does her partner increase aggressive behavior after drinking?
- If she senses that an argument is on the verge of erupting, suggest she go to a public space rather than remain in isolated locations like alleys or parking garages.
She can also try to slip away for a little bit.
For example, she can say that she has to go buy cigarettes.

- If she senses a violent incident coming or just wants to rest, suggest she go to another part of the city where he would not think of going.

For example, medical respite,* a detox program, day shelter,* women's shelter, safe house,* or to a trusted friend's or relative's house.

- Advise her to keep her own wallet to maintain some financial independence and, if necessary, to have the ability to leave quickly.
- If she gets a Supplemental Security Income (SSI) check, encourage her think about having a payee hold it or depositing it into a bank.
- Discuss the option of getting a restraining order (called a 209A). What makes sense for her?

b. Random Violence

Homeless individuals can be specific targets of hate crimes and other violence from strangers. Women on the streets are especially vulnerable to random acts of violence.

- Most importantly, tell her to trust her instincts.
- Encourage her to be attentive to her surroundings.
- Help her to identify ways to carry herself with confidence and attitude. For example, she could practice walking with her head high and eyes alert.

- If she senses a dangerous situation coming, or feels as if someone is following her, advise her to go to the nearest public place.
- If a suspicious person is following her, suggest she keep an eye on him. For example, she could stop and ask someone a question until he passes by.
- Advise her to be more aware in the early morning hours when there are fewer people around. If she senses danger, she could go to a public place open twenty-four hours. For example, a police station, emergency room or 24-hour convenience store.
- Suggest she stay in a shelter at night; or at least sleep in public places so people will be around if she is attacked. A street outreach worker can assist a woman in locating a shelter bed.
- Ask her if she can talk with her friends, particularly girlfriends, about keeping safe on the streets. Women can be a support system for each other.

c. Sexual Violence

- Make sure she knows that she owes NO ONE sex. It is still considered rape if the perpetrator is her husband, boyfriend or another person she knows well. Her body is hers.
- Encourage her not to sleep outdoors by herself. This makes her very vulnerable. If she has friends that she trusts, she could sleep near them in a group.

- Ask if she would carry a cell phone to call 911 if attacked. Suggest she carry it herself; instead of letting someone else hold it for her. That way SHE can call in an emergency.
- If she seems reluctant to seek emergency assistance, brainstorm ideas with her about what she can do in the case of sexual assault.

Calling 911 if sexually assaulted can be very helpful. If she has criminal issues that would discourage her from calling 911 in the event of an emergency, it is worth her while to clear up these issues before an incident occurs. She might then feel more comfortable seeking police assistance in an emergency.

- Suggest she carry male or female condoms. They are available from street outreach workers, from the Friends' Violence Prevention Specialist* and at most shelters.
- Ask her to think about how much alcohol or drugs she needs to feel okay. Can she use less, or only enough, to make her feel better? This way she will be more aware of what is going on around her.
- Remind her that even though drinking or using drugs may make her feel better or less anxious, using them can make it easier for others to assault her, or coerce her into sexual activities she does not want to perform.

d. Health and Safety

A woman's physical health can directly influence her susceptibility to violence.

- Discuss how food deprivation can make her more vulnerable to violence. She can eat each day by getting food from outreach workers, using food stamps or at community meals.
- Acknowledge that although clean underwear, feminine products and bathroom access may be hard to come by on the streets, there are measures she could take to protect her health.
 - Urge her to consider using tampons instead of pads, which are less sanitary.
 - Recommend she try to wear clean cotton underwear and urinate often to decrease the possibility of urinary tract infections and yeast infections.
- Encourage her to take advantage of outreach workers' supplies such as tampons, soaps, sun block, lotion and Band-Aids. This will help her keep clean, prevent infection, and guard against scabies, bedbugs, lice and fleas. Day shelters* and clinics* have these supplies available.
- Ask if she can wear layers in the winter and keep arms, legs, hands and feet dry and warm to prevent frostbite and hypothermia. Suggest she carry an extra pair of socks if possible.

- When she is going to be outside in extreme heat, encourage her to wear thinner, light-colored, clothes and stay out of the sun.
- If her hair is long, or if she wears it in a ponytail, ask if she would consider a shorter cut. Short haircuts decrease the possibility that someone grabs her hair during an altercation.
- If she is tired, ask if she would consider staying at a shelter, even for just a few days.
She could nap in safe places, such as libraries, bookstores or day shelters (such as Women's Lunch Place or St. Francis House).*
- Encourage her to keep medical appointments.

Clinicians such as a primary care doctor, registered nurse or nurse practitioner can be links for resources such as counseling, medical respite* and Supplemental Security Income (SSI).

- If she has prescribed medication (meds), encourage her to take them as directed.
- If she does not want to take her meds, encourage her to be honest with her doctor about her intentions.
- Advise her to tell no one about her prescription. This will decrease the likelihood of theft.
- Advise her to keep her meds in a safe place, and on her person.

For example, she could keep them in a zippered pocket or at a clinic — not with someone else.

- Explain that she should not take other people’s meds. They could be the wrong dose; or she could have a bad interaction with other medications or drugs she is using.

e. Substance Abuse and Violence

Substance abuse relates closely to violence. One reinforces the other, and both can contribute to keeping a woman homeless.

- Remind her that she never deserves to be hit, pushed, belittled, stolen from, kicked or sexually assaulted — even if she is using.
- Many abusive partners falsely blame their violence on the drugs/alcohol that they are using. A partner often continues battering when he becomes sober. No matter how much someone has used/drank, it is not okay to be abusive.
- Ask if she understands how her drug of choice changes her behavior and how this impacts the people around her. What behaviors, such as being argumentative, outspoken, quiet or dazed, make her a more likely target for violence?
- Ask if she can decide how much to use/drink before she starts.

- What can she do to lessen the harm of drug and alcohol use? Can she drink beverages with lower alcohol levels? For example, she could try drinking beer instead of vodka; or try to drink as much juice, soda or water as alcohol.
- She should always be aware of the possibility that her drugs are contaminated. Tell her she can look for clues if other people use them before her and have negative responses.
- If she is injecting drugs, see if she can carry her own needles and try not to share. Bleach kits, which disinfect needles, are obtainable from most street outreach workers and shelters. She could also drop by the Needle Exchange Van* to get new needles.
- Make sure she knows that mixing alcohol, drugs and prescription meds is dangerous. Encourage her to think about how mixing substances affects her body.
- When she shares substances with others, ask if she can discuss the amounts before she buys to avoid subsequent fights. Maybe someone else can buy the drugs, so she can avoid a potentially dangerous situation.
- Remind her that if she drinks outside in extreme weather, she risks passing out and getting frostbite, hypothermia, sunburn or heatstroke. Educate her about their signs and symptoms.

If you are working with a woman who is seeking substance abuse recovery, understand that there are many different approaches. Help your client to discern which approach will help her in her recovery goals as well as in her safety concerns.

Some more traditional methodologies, such as the 12-Step model, encourage the client to take responsibility for the things that happen to her when she uses. This can be difficult to reconcile with the treatment approaches to domestic violence and sexual assault, which assert that she is not responsible for abuse that occurs.

For more information on this topic, refer to “Promising Directions for Helping Chemically Involved Battered Women Get Safe and Sober” by Theresa M. Zubretsky.

f. Mental Illness and Violence

- If she feels depressed, anxious, is hearing voices or is seeing things, let her know that she is not alone. Living on the streets can cause many women to feel this way.
- Would she consider talking to an outreach worker, case manager, doctor, therapist or confiding in someone else she trusts?

Mental health becomes particularly complicated when medications are involved. Women may also be dealing with substance abuse and mental illness concurrently.

- If she is taking meds, it is important she knows their names so that she can tell someone in an emergency. Encourage her to take them as directed.
- Sometimes women are prescribed medication but decide they do not want to take it because it makes them feel sick. This is normal and understandable. Meds are supposed to help, not hurt. Suggest that she tell her doctor or psychiatrist if something is wrong. The doctor may be able to find a better medication or dosage.
- Remind her that while drugs or alcohol can make her feel great temporarily, they can also make her sick or have a negative reaction with her medications.
- Some women with mental illness prefer to stay alone. If so, ask her where she feels safe. Are there others she trusts near whom she could sleep? Sleeping in public places could increase her safety more than sleeping in isolated areas.

g. Transactional Sex

Some women on the streets exchange sex for drugs, alcohol, shelter, protection, food or money. Although a survival strategy, transactional sex puts them in some of the most dangerous situations. Transactional sex is also not legal and it is important to speak candidly with women about the legal risks.

- Let her know to be careful to avoid clothing that can be used to hurt her, such as long necklaces and chokers.
- Ask if she can wear clothing and shoes that are easy to run in, in case she needs to get away quickly.
- Some women feel more safe working with a partner they trust who knows where they are at all times. Others may choose to work alone. Ask her which approach works best for her.
- Ask her to try to choose a location where she is comfortable and one with which she is familiar. She should make sure someone knows where she is going. If she is alone, she could pretend she is working with a partner.
- If she is in a hotel room, she should try to keep close to the exit.

- Experience has shown that waiting until after a sex act to agree on its price, or waiting to obtain money, can increase the risk of an altercation and violence. Advise her to be prepared for, and assertive about, pricing and collecting money before sex acts.
- Suggest the following as preventative measures for STDs:
 - Make every attempt to use a new condom for each sexual act that occurs.
 - Use a water-based lubricant to keep a condom from breaking. An oil-based lubricant can disintegrate a condom.
 - Wipe off lipstick and chapstick before oral sex (the oils contained in these products can disintegrate a condom.)
 - Check your date/john for visible signs of STDs before sex.
- Explain to your client that she NEVER deserves to be hit, beaten or forced into a sex act that she does not want to do. Her body is HERS.

II. While In Crisis

Despite safety precautions, there is a high likelihood that a woman who is homeless and living on the streets will experience violence. Several things can be done during a violent situation that may prevent, or at least lessen, injury. It is important to teach her to be prepared for anything, to be creative and to think quickly when an incident occurs. This is when she will use the strategies you have discussed with her.

a. Physical or Sexual Violence

Empower a woman to know that she NEVER deserves to be attacked, beaten or raped; and she should not be ashamed to seek out help.

- She should say “stop” loudly and firmly multiple times. This is important especially for rape, to demonstrate to the perpetrator/witnesses/judges that the sex was against her will.
- She should try to make a big scene by yelling and screaming loudly so that the attention of bystanders is called to what is going on.
- Let her know to call 911 if she can, or shout for someone else to call.

Pay-phones are free for 911 calls.

- Encourage her to maneuver herself away from bottles or other potential weapons that can be used to harm her.
- She should try to take note of the person, or persons, attacking her in the event that she will need to identify him/them to the police.
- Suggest that she pretend she is with someone — she can tell the attacker the person is nearby and call out to her or him as if s/he were just around the corner.
- She should not stop fighting back. Often attackers will give up if she is putting up too much of a fight. She can use any means possible: teeth, nails, elbows, high heels or keys even to poke at their eyes. However, she should be careful about using a more serious weapon, such as a bottle, knife or gun, because the perpetrator could take it and use it on her.

III. Crisis Response

The number of women that seek assistance after an assault is small. The number of homeless women who do so is even smaller. The fact that a woman comes to you at all is a big step, and it might be the only one she is willing to take. You cannot force her to accept the services you suggest. She may just want you to listen.

a. Physical Safety

Gather as much information as you can. Listen to her story and help her clarify her decisions. Acknowledge that her feelings may be strong. You can also provide her with information about partner violence, sexual assault and available services, or offer to accompany her to any of them.

- Most importantly, ask her what she needs from you. Affirm her ability to decide for herself how she would like to proceed. You might be the only provider she trusts.
- If she needs immediate medical attention, encourage her to go to the hospital or, if it is serious, to call 911.
- Make sure she is currently safe — that is, physically away from her perpetrator. If she decides that she needs to escape to a different place, check to see that no one followed her to where she is now.

- Explain that the abuse/attack was NOT her fault.
- Determine how likely it is that her perpetrator will be looking for her. Does she have something of his that he will want back? Does she think he will be able to find her? Help her to think about changing locations, even if just for a little while.
- Consider her next steps to remain safe. The Friends' Violence Prevention Specialist* can discuss these options with her.
- She might want to go to a domestic violence shelter or safe house,* even if only for a few days.
- Ask her if it is worth it to stop using for a few days to be in a safe domestic violence shelter, because many will only accept a woman who is not using.
- If she does not want to go to a domestic violence shelter, she could go to a regular shelter that she knows her partner/perpetrator does not go to or would not expect her to go.
- Even going to a hotel for a few nights, if she has the money, could be a safe option if she does not want to go to a shelter.
- Can she go to a detox, medical respite,* or the house of a trusted friend or family member?
- Could she go to another town for a while — for example, if she usually stays in Boston, could she go to Cambridge?

- Think about making a safety plan with her to be prepared for violence. See Part IV for a sample safety plan.

b. Physical Health and Violence

- If she experiences violence, it is likely that she will feel comfortable in the presence of homeless-service providers, such as the Friends' Violence Prevention Specialist* or a member of Boston Health Care for the Homeless,* who can page clinicians and/or help her to medical treatment.
- Ask if she would be willing to go to an emergency room for physical injuries. Would she be willing to go to one that has a domestic violence unit, whose staff can be more sensitive to her situation and her safety?
- Suggest she go to a neighborhood or shelter clinic to get medical treatment for injuries that are not related to sexual assault.

c. Physical Health and Sexual Violence

- If she has been sexually assaulted, educate her about services that she can access at an emergency room, such as:
 - Detection of rape drugs (within 24 hours of time of incidence)
 - HIV preventative medication (within 72 hours)
 - Sexually Transmitted Disease (other than HIV) preventative medication (within 120 hours)

- Emergency contraception — also known as “EC,” “Plan B” and “Morning After Pill” — prevents pregnancy from occurring (within 120 hours)

Recommend that your client seek services at a hospital, particularly a hospital with Sexual Assault Nurse Examiners (S.A.N.E.).* A Sexual Assault Nurse Examiner can take care of her medical needs in a sensitive and gentle manner, and can collect the appropriate evidence in the event charges are pressed.

Even if your client does not want to press charges, she still could be examined for injuries and preventative care. Though this is best done at a hospital, which can provide full and appropriate sexual assault care, if your client won't access a hospital, a shelter-based clinic can provide some services.

- Explain that going to the emergency room does not mean that she has to file a police report.
- If she has been raped, encourage her to talk with a specialist. The Boston Area Rape Crises Center* can be called through its 24/7 hotline anytime after an assault, and it can direct women to medical, legal and counseling services. It offers a medical advocacy program in which a volunteer will meet her at the hospital after an assault to provide support and act as an advocate to meet her needs.

- If she wants to file a police report and have evidence collected, she should not bathe, shower, brush her teeth or change her clothes. If she has already changed, she should put her old clothes in a clean paper bag and bring them with her to the hospital. A Sexual Assault Evidence Collection Kit can be collected within five days of the incident.
- Physicians* can provide further information about medical abortion (RU 486, 4.5 to 9 weeks from last menses), and surgical abortion (4.5 to 18 weeks, 6 days from last menses).
- Ask if she would consider an anonymous and confidential test for HIV. She could do this with the Friends' Green Door Project, Needle Exchange Program or Boston Healthcare for the Homeless.*

d. Legal Issues

Some women may not want to work with law enforcement because of their own criminal involvement. These women may be hesitant to call 911 or reach out to the police in any way. However, if she is interested in working with the police, the following suggestions may be helpful.

- The sooner she reports an incident, the easier it will be to catch the perpetrator.
- If she calls 911 during or immediately after a sexual assault, or incident of partner violence, she can file a police report at that time.

As a provider, you should be alert to signs of partner violence and sexual assault. We recommend you understand the connections between partner violence, sexual assault, trauma, substance abuse, mental illness and homelessness (Pathways of Co-occurrence).²

- To file a police report, she can call or walk into the police office in the district where the incident occurred. In the case of sexual assault, she can contact the Boston Police Department's Sexual Assault Unit,* which is staffed 24/7.
- If she makes a police report or files a restraining order within five days, she can file for victim compensation to cover certain costs.
- The Boston Area Rape Crises Center,* Casa Myrna Vazquez* and Greater Boston Legal Services* have free legal services that can help with police reports, restraining orders and other legal matters.
- Explain the benefits and drawbacks to getting a restraining order. It can serve as proof of abuse for getting into housing or other services. With it, her perpetrator is mandated to not abuse her, and to stay away from where she stays. However, remind her that it can only protect her if her perpetrator complies with the order.
- She has three years from the time of the incident to file a civil suit, and 15 years to file a criminal suit.

e. Mental Health

It is normal for a woman to feel depressed, ashamed, angry or anxious after a violent incident. These feelings may pass, but it is important for her to feel that she can speak with a counselor, outreach worker or someone she trusts.

- Encourage her to talk about what happened with someone she trusts. This can make her feel better, and additionally can alert someone that she may be in danger.
- Intervening soon after a traumatic violent incident can go a long way to reduce negative effects in the long-term.
- Reinforce to her that the incident was not her fault.

Keep it Movin' (K.I.M.)

Do what you can to help her not let violence discourage her from moving forward with her life.
—WVPP Client

IV. Personal Safety Plan

1) The places/situations that are most dangerous for me are (ex. secluded places, dark alleys, places my partner knows and I don't...): _____

2) Safer places for me are (ex. with certain friends, family, at a particular program or location): _____

3) The main triggers of my partner's violence are:

I can try to avoid these situations by: _____

(Remember that things you do might be triggers, but the violence is NEVER your fault.)

4) When the violence is happening, my best reaction would be to: _____

(ex. Does crying make him/her stop? Does fighting back work?)

5) A safe person I can tell about my situation is: _____

(Even if you never ask for help, it is very important that someone other than you knows what's going on).

6) I can keep copies of important documents at (ex. Friend's house, outreach worker's office...): _____

important documents include: birth certificate, social security card, photo ID, restraining orders...

7) My money, documents, and/or meds are kept:

_____ (preferably on you, and NOT with your partner.)

8) If I need to get away quickly I can: _____

(establish a plan now, and communicate the plan to the people who you will go to for help if possible)

9) I will get there by: _____.

And I will contact the people who will help me by:

_____ (make sure you have phone #s, addresses, directions...)

10) My code word to use with friends to alert them of the danger I'm in is: _____

11) When with my partner, I will consider not using/
using less substances in order to stay more alert and safe. A safe limit for me in this case is: _____

12) Some things I can use as weapons that would be readily available where I usually am are: (ex. rocks, rings, keys, my nails...): _____

13) Some things I can do physically to defend myself in a violent situation are: _____

14) My limit for how much violence I'm willing to take before I leave a relationship is: _____

(be specific, i.e. when he hits me, when he uses a weapon, when I get a broken bone, etc.)

Important Contacts:

Name: _____

Telephone: _____

Address: _____

Directions: _____

Name: _____

Telephone: _____

Address: _____

Directions: _____

Hotline #s: _____

V. Boston Area Resources

Women's Violence Prevention Project

A program of Friends of the Shattuck Shelter
Can help providers and clients connect to resources.
(617) 542-3388

Boston Police Department

Sexual Assault Unit
(617) 343-4400

Domestic Violence Shelters/Safe Houses

SAFELINK

A program of Casa Myrna Vazquez
(877) 785-2020 (Domestic Violence Program
Referral Line)

Domestic Violence Related Emergency Travel

Travelers Aid Family Services
Will cover 100% of travel costs if a safe and legitimate
location is verifiable.
(617) 542-7286

Day Shelters

Women's Lunch Place
(617) 267-1722

St. Francis House
(617) 542-4211

Free, anonymous and confidential HIV tests

The Green Door Project

A program of Friends of the Shattuck Shelter

(617) 971-3588

Boston Healthcare for the Homeless

(617) 414-7779

Needle Exchange Program

(800) 383-2437

Needle exchange

Needle Exchange Program

(800) 383-2437

Hospitals with Sexual Assault Nurse Examiners (SANE)

Massachusetts General Hospital

(617) 726-2000

Brigham and Women's Hospital

(617) 732-5500

Boston Medical Center

(617) 638-8000

Beth Israel Deaconess Center

(617) 667-7000

Newton-Wellesley Hospital

(617) 243-6000

Cambridge Hospital

(617) 665-2300

Legal Services (including restraining order information)

Boston Area Rape Crisis Center
(800) 841-8371

Casa Myrna Vazquez Legal Services
(617) 521-0146

Greater Boston Legal Services
(617) 371-1234

Medical respite

McInnis House

A program of Boston Health Care for the Homeless
(617) 488-1760

Primary care clinicians and nurse practitioners

Boston Healthcare for the Homeless

Pager (781) 221-6565

Office (617) 414-7779

Rape Crisis and Related Services

Boston Area Rape Crisis Center

Free, culturally sensitive, age-appropriate services to rape and sexual assault survivors, their friends, and family.

(617) 492-7273 medical advocacy

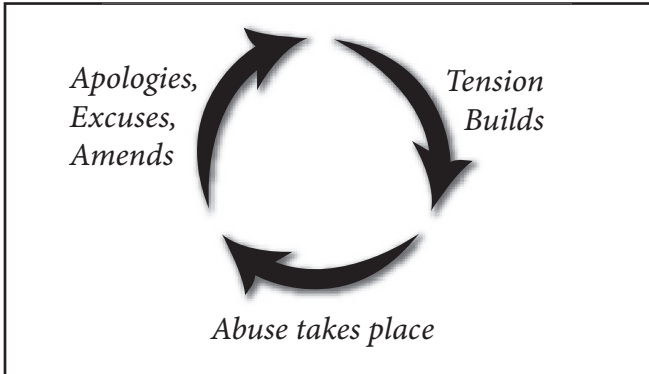
(800) 841-8371 Hotline – English

Rape Crisis Center of Central Massachusetts

(800) 223-5001 Hotline – Spanish

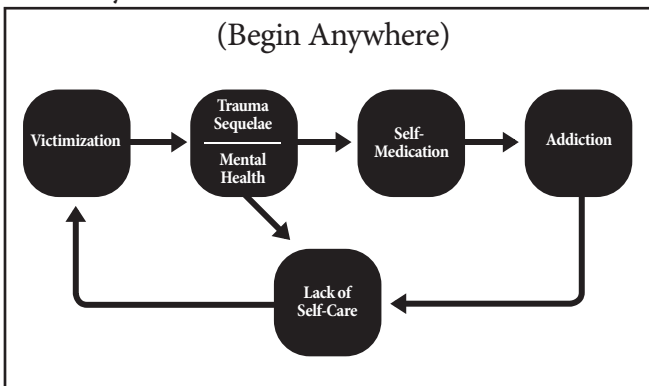
VI. Appendix

1. Cycle of Violence



For information on the Cycle of Violence, visit <http://www.actabuse.com/cycleviolence.html>

2. Pathways of Co-Occurrence



For information on the Pathways of Co-Occurrence, contact the Institute for Health and Recovery at (617) 661-3991

VII. Bibliography

<http://www.actabuse.com/cycleviolence.html>

<http://www.barcc.org>

<http://www.hookonline.org>

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Homeless women throughout the City of Boston

Women's Violence Prevention Alliance

Participant Organizations:

Boston Area Rape Crisis Center
Boston Health Care for the Homeless
Boston Needle Exchange
Boston Police Department
Boston Public Health Commission – Domestic Violence Program
CAB Health & Recovery, Inc.
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