

The Intersection Between Homelessness and Domestic Violence

The intersection between gender-based violence and homelessness is pervasive. Nationally, **80% of women with children who experience homelessness have been victims of domestic/intimate partner violence** (Institute for Children, 2018) and **57% of women cite domestic/intimate partner violence as the immediate cause of their homelessness** (National Alliance to End Homelessness, 2019) - making domestic/gender based violence the lead cause of homelessness for women and children.

Fleeing domestic/intimate partner violence, many women and children are forced into homelessness. Often their children's sole provider, faced with countless barriers such as little to no money or support system, and the lack of affordable childcare and housing, mothers experiencing homelessness must choose between taking care of their children or seeking employment, making the climb out of homelessness impossible for many. Without access to safe, supportive and trauma informed shelter, many women are forced to remain homeless or return to abusive, and potentially lethal, relationships. Barrier-free access to trauma-informed shelter and wrap-around supportive services that meet the specific needs of women and their children are not only life-changing, but life-saving.

Here in our Miami-Dade community, we know that approximately **1 in 4 women experience homelessness because of gender-based violence** (DVOB Gaps & Needs Report, 2020), many of whom have extensive trauma histories stemming from childhood. This year alone, Lotus House has sheltered 1,091 women, youth, and children — a number expected to increase by the end of year. Of these, a staggering 872 (80%) women, children, and youth were victims of crime - of which 532 (61%) were victims of domestic violence and 292 (33%) witnessed domestic violence. Since the start of the COVID-19 pandemic, Lotus House has faced both rising rates of reported domestic violence and increased demand by women and children seeking shelter.

Consistent exposure to adverse childhood experiences and unstable home environments can have detrimental effects on a child's development and create inter-generational cycles of abuse, violence, and homelessness. Children who grow up witnessing domestic violence are **3 times more likely than their peers to engage in violent behavior, and more likely to be in an abusive intimate partner relationship or continue the cycle of violence for the next generation** (U.S. DOJ, 2020). An estimated **3.3 million children are exposed to domestic violence every year** (MDC Domestic Violence Fatality Review Team, n.d.), and data shows that **30-60% of perpetrators of domestic violence also abuse children in the household** (National DV Hotline, n.d.). The Florida Department of Children & Families (DCF) reported that between 2019-2020 there were **3,336 child removals involving domestic violence** (DCF, 2022).

According to the Uniform Crimes Reports of the Florida Department of Law Enforcement (FDLE, 2020), from 2008 through 2020, there were 122,336 reported domestic violence offenses in Miami-Dade County (MDC) and the highest number, and percentage of county-wide total, of reported domestic violence offenses were made by the police departments for (FDLE, 2020):

1. Miami-Dade County – 39,477 at 32.3%
2. City of Miami – 30,216 at 24.7%
3. Miami Gardens – 9,062 at 7.4%
4. Hialeah – 9,000 at 7.4%
5. Miami Beach – 6,185 at 5.1%
6. North Miami – 4,985 at 4.1%

7. Homestead – 4,945 at 4.04%
8. Florida City – 2,816 at 2.3%
9. North Miami Beach – 2,357 at 1.9%
10. Doral – 1,200 at 0.98%

In 2020, there were a staggering **7,470 reported domestic violence related offenses in MDC**, including 23 murders/manslaughters, 308 forcible rapes, 1,505 aggravated assaults and stalking, and 5,634 other assaults (FDLE, 2020). The **top ten highest jurisdictional reported offenses accounted for 92% of all reported domestic violence offenses** and include the following jurisdictions:

1. Miami-Dade County – 3,274 at 43.8%
2. City of Miami – 1,212 at 16.2%
3. Hialeah – 529 at 7.1%
4. North Miami – 414 at 5.5%
5. Miami Beach – 406 at 5.4%
6. Miami Gardens – 399 at 5.3%
7. Homestead – 222 at 3.0%
8. Florida City – 219 at 2.9%
9. North Miami Beach – 105 at 1.4%
10. Doral – 78 at 1.0%

From 2008-2017, MDC ranked #1 in the largest number of reported domestic violence offenses in the state of Florida. In 2018, MDC dropped to the #2 ranking position behind Orange County. However, 2018 was one of the deadliest years on record for domestic violence fatalities (FDLE, 2018). As reported by the MDC Domestic Violence Fatality Review Team between 1999 and 2021, **889 domestic violence related fatal incidents resulted in 1,187 domestic violence related deaths** (MDC Domestic Violence Fatality Review Team, 2021). Children account for **27% of domestic homicide victims - 90% of whom are under age 10, and 56% are under age 2** (MDC Domestic Violence Fatality Review Team, n.d.) To date, MDC has remained amongst the top three in the largest number of reported domestic violence offenses in the State.

Despite these numbers, research shows that the actual number of domestic violence offenses reported is only about **46% of the total domestic violence incidents experienced by victims** (U.S. DOJ, 2021). Although extraordinary work has been conducted in the domestic violence field, there continues to be little awareness of the linkages between domestic violence and homelessness, and the pervasiveness of these issues.

Homelessness and domestic violence are urgent public health issues which can be prevented if adequately resourced via a multi-sector, comprehensive, coordinated system of care providing wrap-around support services and enriched, therapeutic trauma-informed services and resources. In the absence of shelter, many women are forced to remain in abusive situations, which all too often, escalate and become lethal. Often faced with little to no options, emergency shelters and wrap-around supportive services are nothing short of life saving for our most vulnerable women and children.

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217 NW 15th Street
Miami, Florida 33136
T (305) 438-0556
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Application for Admission to Lotus House Emergency Shelter Program

Today's Date: _____

Lotus House welcomes women of all ages, colors, races, religions, classes and ethnicity, without regard to mental health or medical conditions (including HIV status), sexual orientation, or gender identity or expression. We welcome our lesbian, bisexual, transgender, pansexual, queer and questioning guests (individually and collectively, LGBTQ). Your information will be treated confidentially by us in accordance with the terms of our written agreements.

BASIC INFORMATION

Applicant Legal Name: _____

Your preferred or gender affirming name: _____

Date of birth ____-____-____ SSN: ____-____-____

What is the best way to contact you? Phone: _____ Email: _____

Referred by (Agency/Contact): _____

- Dade County Homeless Trust/City of Miami
- City of Miami Beach
- Internal Referral DV
- Internal Referral Youth
- DDA

Where did you sleep last night? (Please provide as much information as possible of the location):

City: _____ Zip Code: _____ County: _____

Neighborhood: _____ Street intersection: _____

What is your preferred language: _____ If other than English, do you feel comfortable communicating in English? Yes ___ No ___

Ethnicity: Hispanic/Latino ___ Other (Non-Hispanic Latino) _____

Race: American Indian/Alaska Native ___ Asian ___ Black or African ___
 Native Hawaiian/ Pacific Islander ___ White ___ Other Multiracial _____

What is your current gender identity? (Check all that apply)

<input type="checkbox"/> Female	<input type="checkbox"/> Queer
<input type="checkbox"/> Male-to-Female(MTF) Transgender Female, Transwoman	<input type="checkbox"/> Questioning
<input type="checkbox"/> Male	<input type="checkbox"/> Pangender
<input type="checkbox"/> Female-to-Male (FTM) Transgender Male, Transman	<input type="checkbox"/> Gender non-conforming/Gender Fluid/Gender/non binary
<input type="checkbox"/> Pansexual	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Prefer not to answer	

Preferred or gender affirming pronoun: She/Her ___ He/Him ___ They/Them ___
 Other: _____

Which of the following do you identify most closely with?

<input type="checkbox"/> Straight/Heterosexual	<input type="checkbox"/> Lesbian/Gay
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Pansexual
<input type="checkbox"/> Queer	<input type="checkbox"/> Questioning
<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Other, please specify:

All rooms at Lotus House are shared. Do you prefer to be roomed, if possible, with another guest who identifies as LGBTQ? Yes ___ No Preference _____

Are you pregnant? Yes ___ No ___ How many months? ___
 Projected date of birth: ___ - ___ - _____

Do you have any children? Yes ___ No ___

Child Name	Social Security Number	Age	Child Resides with

What is your highest level of education: Grade ___ HighSchool ___ GED ___ College ___

Do you have your high school diploma? Yes ___ No ___

Do you wish to obtain your GED? Yes ___ No ___ N/A ___

Are you currently in school or working on any degree and if so where/what level?

College Degree earned _____

Start date _____ End date _____

Have you received any vocational training? Yes ___ No ___ if yes, please explain

Do you wish to obtain vocational training and if so, in what field?

Marital Status: Single ___ Married ___ Divorced ___

Separated ___ Widowed ___ Domestic Partnership ___

Are you a domestic violence survivor? Please remember that abuse can be verbal, not just physical and/or sexual? Yes ___ No ___ If Yes, please explain with dates of when the experience occurred:

When was the last time you had contact with the abuser?

Are you currently fleeing from Domestic Violence? Yes ___ No ___ if yes, please explain

Do you have a restraining order in place? Yes ___ No ___ If No, please explain _____

HISTORY OF HOMELESSNESS

Please explain why you are homeless right now (for example, eviction, unemployment, disability, substance abuse, domestic violence, etc.)? _____

Have you stayed at another shelter such as the HAC, Mother Teresa, Miami Rescue Mission, or Salvation Army? Yes ___ No ___ If Yes, please provide the following information:

Name of Shelter	Dates	Duration of stay	Reason for Leaving

What was your permanent address before you became homeless?

MEDICAL HISTORY

Do you have any health insurance coverage? Yes ___ No ___, if yes indicate below:

___ MEDICAID Start Date: _____

Status (Circle One) Receiving Benefit, Pending Approval, Denied, Ineligible, Interested in Applying, or Other

___ MEDICARE Start Date: _____

Status (Circle One) Receiving Benefit, Pending Approval, Denied, Ineligible, Interested in Applying, or Other

___ Private Pay Health Insurance

___ Other _____

When was the last time you had a medical checkup or wellness exam? _____

Do you have a Medical Home/Primary Care (health services) in place? Yes ___ No ___

If yes, since when? _____. Please provide name, and address _____

Do you have urgent or unmet medical needs? Yes ___ No ___ If yes, please explain _____

Do you have any known medical conditions? Yes ___ No ___ If Yes, please explain _____

Are you receiving treatment for those medical conditions? Yes ___ No ___ If Yes, please explain _____

Do you have urgent or unmet dental needs? Yes ___ No ___ If yes, please explain _____

Do you have urgent or unmet eye care needs? Yes ___ No ___ If yes, please explain _____

Do you need eye glasses? Yes ___ No ___ If so, please explain _____

Do you have any illness or condition that may be contagious or communicable to others? Yes ___ No ___

If yes, please explain: _____

Do you have a disabling condition? Yes ___ No ___, if yes please indicate below:

- ___ Physical _____
- ___ Chronic health condition _____
- ___ Developmental _____
- ___ Drug use _____
- ___ Alcohol use _____
- ___ Drug and alcohol use _____
- ___ HIV/AIDS _____
- ___ Mental health _____

Do you have urgent or unmet mental health needs? Yes ___ No ___ If yes, please explain _____

Do you have any known mental health conditions or concerns? Yes ___ No ___ If Yes, please explain _____

Are you receiving treatment for your mental health conditions or concerns? (i.e. mental health counseling, psychiatrist, etc) Yes ___ No ___ If yes, since when? _____. Please provide reason and name of provider _____

Are you taking any medication? Yes ___ No ___ If Yes, please list them below:

Name of Medication	Dosage	Frequency	Reason for Medication

Do you need assistance with prescriptions, medical devices or service co-pays? Yes ___ No ___ If yes, please explain _____

Are you taking behavioral health medication? Yes ___ No ___ if yes, are you taking it as prescribed? Yes ___ No ___, please explain: _____

Have you ever refused treatment or refused to take medications prescribed by a doctor, psychiatrist, or psychologist? Yes ___ No ___ If Yes, please explain _____

Have you ever been treated in a mental health facility or been admitted to a mental health, crisis or psychiatric unit of a hospital or clinic? Yes ___ No ___ If Yes, please provide the facility names, dates, reasons and your diagnosis _____

Have you been hospitalized in the past 12 months and if so for what and how long? _____

Have you ever had or currently having an alcohol or substance abuse problem? Yes ___ No ___
If Yes, please explain _____

Have you received or are currently receiving treatment for alcohol or substance abuse? (i.e. substance abuse program) Yes ___ No ___ If yes, since when? _____. Please provide the names of facilities, dates, reasons, and state the outcome? _____

LEGAL HISTORY

Country of birth _____ Are you a US Citizen? Yes ___ No ___
Are you a legal resident of the US? Yes ___ No ___

What is your immigration status? Refugee ___ Undocumented ___ Employment Visa ___
Visitor Visa ___ Other _____

Do you need immigration assistance? Yes ___ No ___ If yes, please describe _____

Have you ever had a case with the Department of Children and Families involving you or any of your children? Yes ___ No ___ If yes, please provide the date _____ and explain:

Do you have any current DCF involvement? Yes ___ No ___ If yes, please explain the status of the case _____

Were you ever in foster care as a child? Yes ___ No ___

Are you currently receiving any legal assistance? Yes ___ No _____. If yes, since when? _____. Please provide reason for the assistance, and the name of provider _____

Have you ever had a restraining order issued against you and if so, please explain _____

Have you ever been charged with or convicted of a felony or a misdemeanor, and if so, please state the charges, dates, outcome and convictions: _____

Have you ever spent any time (even one night) in a jail, prison or other correctional facility and if so, please state the facilities, dates and reasons _____

Do you have any charges or outstanding bench warrants currently pending against you and if so, please state the charges and current status (example, trial dates, probation, settlement) _____

Are you on probation? Yes ____ No ____ if yes, please explain: _____

SOURCES OF INCOME

Are you currently employed? Yes ____ No ____
If yes, please state where, type of work, monthly income and work schedule _____

If no, when was the last time you were employed, for how long and please state why you are no longer employed?

Is there any reason you feel you cannot work and if so, please explain _____

Are you currently receiving income from any source? Yes ____ No ____
If Yes, please indicate below and include the amount received:

____ Child Support \$ _____

____ Earned Income \$ _____

____ SSDI \$ _____ Start date _____

Status (Circle One) Receiving Benefit, Pending Approval, Denied, Ineligible, Interested in Applying, or Other

____ SSI \$ _____ Start date _____

Status (Circle One) Receiving Benefit, Pending Approval, Denied, Ineligible, Interested in Applying, or Other

____ TANF (cash assistance) \$ _____ Start date _____

Status (Circle One) Receiving Benefit, Pending Approval, Denied, Ineligible, Interested in Applying, or Other

____ Other Source _____ \$ _____

Are you receiving any non-cash benefits? Yes ____ No ____ If yes, please indicate below:

____ Supplemental Nutrition Assistance Program (Food Stamps) \$ _____ Start date _____

Status (Circle One) Receiving Benefit, Pending Approval, Denied, Ineligible, Interested in Applying, or Other

____ Special Supplemental Nutrition Program for WIC \$ _____

____ Employment Assistance Program \$ _____ Start date _____

Status (Circle One) Receiving Benefit, Pending Approval, Denied, Ineligible, Interested in Applying, or Other

____ Early Childhood Education _____ Start date _____

Status (Circle One) Receiving Benefit, Pending Approval, Denied, Ineligible, Interested in Applying, or Other

____ Other Source _____ \$ _____

Do you have a pending claim for disability income, supplemental social security income, social security or other benefits? Yes ____ No ____ if so, please explain the nature of the claim, when it was filed, and the current status of the case _____

Do you need assistance in applying for a benefit? Yes ____ No ____ If Yes, please explain: _____

REASONS FOR ADMISSION

In your own words, why are you applying for admission to the Lotus House Program? _____

What do you hope to achieve if accepted for admission in the next:
1 month _____
2 months _____
3 months _____

The Lotus House Rules include (but are not limited to) that you must:

- be at Lotus House by curfew at 9pm, unless you are working and have verified this with staff
- stay alcohol and substance free in and outside of Lotus House, as we have ZERO tolerance for alcohol and substance use
- keep our house a sanctuary, for yourself and others, which means no disrespectful or aggressive conduct, yelling, fighting, profanity, threats or other "drama" as we have ZERO tolerance for violence, which may include threatening words in addition to inappropriate physical contact, as failure to adhere to any of the rules may be cause for dismissal.

You will also meet on a weekly basis and work with your resource coordinator, counselor, employment specialist, health coordinator and other members of the Lotus House team to accomplish the goals stated in your Action Plan.

Please write your commitment to the Lotus House rules and action plan:

Lotus House staff randomly drug tests guests throughout their stay at Lotus House. How do you feel about this?

Lotus House encourages its guests to participate in the program's enrichment activities on a weekly basis. Please circle those activities that interest you: Yoga, Art/Crafts, Dance, Tutoring , Youth Game Night, Movie Night, Computer Classes, Reiki, Meditation, and Field trips.

I understand that completing the Application for Admission to the Lotus House Program and the interview and inquiry process does not guarantee admission into the Lotus House Program. I understand that if any of the information I have provided is false or misleading, including a material omission of facts, this may be cause for my admission to be disqualified and for dismissal from the program. I understand that failure to submit to an alcohol and drug test as part of the admission process or a positive test for any alcohol or substance will result in disqualification of my application. I certify that the answers to all of the above questions are true and complete and not misleading in any respect.

Applicant's Signature _____ Date _____

Witness's Signature _____ Date _____



Type of Victimization and Related Services Questionnaire

Participant guest name: _____ Date: _____

1) Are you a victim of a crime? Please circle Yes or No. If Yes, please check all that apply:

As a child / teenage

- Sexually abused / assaulted as a child
- Child physical abuse
- Child neglect
- Child pornography
- Bullying (verbal, cyber, or physical)
- Teen dating victimization
- Domestic/family violence

Adulthood

- Adult Physical Assault/Battery (includes aggravated and simple)
- Adult Sexual Assault
- Domestic violence (with partner) and/or Family violence (when did experienced occurred) _____
- Burglary
- Robbery
- Stalking/harassment
- Bullying (verbal, cyber, or physical)
- Arson
- Elder abuse or neglect
- Hate crime based on: Racial Religious Gender Sexual orientation
- Other hate crime (explanation required) _____
- Human trafficking: labor
- Human trafficking: sex
- Kidnapping (non-custodial)
- Kidnapping (custodial)
- Identity Theft/Fraud/Financial crime
- Terrorism (domestic/international)
- Mass violence (domestic/international)
- Vehicular victimization (e.g. hit & run)
- Other: _____



2) If you are a victim of crime as an adult, when did the crime happen?

- Within a year
- More than a year ago

3) Are you aware that you might qualify for a Victim Compensation Program? Yes No

- a) Would you like more information about this program Yes No
Explain _____
- b) Guest received information package for Victims Compensation Program (i.e. application, eligibility requirements) Yes No
- c) Would you like to receive assistance completing an application for this program? Yes No
Explain _____
- d) Have you previously applied for or are currently receiving assistance through the Victim's Compensation Program for any crime described above in Questions 1 and 2?

If you have previously applied for Victim's Compensation Program and were denied, what was the reason for the denial mentioned in your denial letter, email, or other communication?

4) If you can, please provide the County where the offense took place and the police or court case number for any crime described above in Questions 1 and 2?

5) Would you like to receive any of the following services:

- Receive information about victim rights, how to obtain notifications. .
- Obtain information about the criminal justice process
- Complete a Victim impact statement assistance
- Receive personal advocacy/accompaniment (e.g. go to court, law enforcement, etc)
- Information about criminal/civil justice system assistance
- Other _____

6) Do you need a referral to any other services:

- Referral to other victim service program
- Referral to other services, supports, resources, (includes legal, medical, faith-based Organization, address confidentiality programs, etc)
- Other: _____



WELL- BEING SURVEY

Please answer the following questions to the best of your ability. Mark only one answer for each question.

Participant guest name: _____
 PRE _____ POST _____

Tell us how much you agree with the following statements:	Strongly Agree	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewh at Disagree	Disagree	Strongly Disagree
When you think about your life in general, do you feel like your life has value and worth most of the time?							
When you need to talk about issues in your life or need help solving problems you are having, do you have people you can count on to support you and listen to your issues most of the time?							
After a particularly difficult event or time in your life, do you find that you generally can get back to feeling better or back to whatever "normal" is eventually?							

How often do you feel any of these feelings: nervous, tense, worried, frustrated, or afraid?

- _____ Not at all
- _____ Once a month
- _____ Several times a month
- _____ Several times a week
- _____ At least every day

PCL-5 with LEC-5 and Criterion A

Part 1

Instructions: Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						
9. Other unwanted or uncomfortable sexual experience						
10. Combat or exposure to a war-zone (in the military or as a civilian)						
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
12. Life-threatening illness or injury						
13. Severe human suffering						
14. Sudden violent death (for example, homicide, suicide)						
15. Sudden accidental death						
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience						

Part 3

Below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4



Services for Victims of Violence and Abuse

Miami-Dade County Coordinated Victims Assistance Center (CVAC) (305)285-5900

2400 South Dixie Highway, Miami, FL.

Provides over 28 services including connection to shelters, counseling, Injunctions for Protections, and other legal services for those experiencing domestic violence.

Office of the State Attorney, Domestic Violence Unit (305)547-0140

Office of the State Attorney, Human Trafficking Hotline. (305)349-7867 *

Florida Domestic Violence 24 Hour Crisis Hotline: 1(800)500-1119 *

POLARIS National Human Trafficking Hotline 1(888)373-7888 *

MUJER, Inc Sexual Violence Helpline (305)763-2459 *

27112 South Dixie Highway #7317, Naranja, FL 33032

One-Stop Certified Domestic Violence and Sexual Assault Center

Survivors Pathway (786)275-4364

1801 Coral Way, Suite 405 Miami, Florida 33145

Trauma Informed Advocacy and mental health counseling, support groups for victims of domestic violence and the LGBTQI community, Referrals to immigration services, psychological assessment for immigration purposes, court companionship, HIV/AIDS testing, prevention and linkages to medical care, training and community outreach.

Roxcy Bolton Rape Treatment Center Hotline (305)585-7273 *






Kristi House Children's Advocacy Center (305)547-6800

Trafficking Healthcare Resources and Interdisciplinary Victim Services and Education (THRIVE) Clinic (305)-243-1046

The THRIVE Clinic is a multidisciplinary, multicultural program that battles infringement on human rights by providing primary care, psychiatric and behavioral health services, and gynecological care to victims of human trafficking, all in one location. Volunteers have the unique opportunity to serve these victims, many of whom are referred to the clinic by the U.S. Department of Homeland Security and the Miami-Dade County State Attorney's Office.

***Hotlines are available 24 hours a day, 7 days a week, year round**

Lotus House Group Counseling Calendar 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<p>Seeking Safety- Cierra 6:30pm- 7:30pm 4th floor (Kid's Group-Makeda)</p>	<p> Strength & Hope- Rai 3:00pm- 4:00pm 2nd floor</p> <p>Seeking Safety- Nicole (En Español) 4:00pm- 5:00pm 4th floor (Kid's Group- Makeda)</p> <p>Youth Group- Pat 7:30pm - 9:30pm 3rd floor</p>	<p> Role Model- Rai 2:00pm – 3:00pm 2nd floor</p> <p>Seeking Safety Youth Group- Lunie 3:00pm-4:00pm 3rd floor</p> <p>Seeking Safety- Widline "Anger Management" 4:00pm- 5:00pm 2nd floor</p> <p>Rainbow Lotus- Cynthia and Grecia 5:00pm- 6:00pm 2nd floor</p> <p>Seeking Safety- Cierra 6:30pm- 7:30pm 4th floor (Kid's Group-Belisha)</p> <p>Youth Group- Pat 7:30pm - 9:30pm 3rd floor</p>	<p>Seeking Safety- Nicole (En Español) 11:00am- 12:00pm 2nd floor</p> <p> Empowerment- Rai 2:00pm – 3:00pm 2nd floor</p> <p>Seeking Safety Youth Group- Tiffany 4:30pm-5:30pm 3rd floor</p> <p>Seeking Safety- Lunie 5:00pm- 6:00pm 2nd floor</p> <p>Youth Group- Pat 7:30pm - 9:30pm 3rd floor</p>	<p> Celebrating- Rai 3:00pm- 4:00pm 2nd floor</p> <p> Families Group- Rai 7:00pm-8:00pm 3rd floor</p> <p>Youth Group- Pat 7:30pm - 9:30pm 3rd floor</p>	<p>Youth Group- Pat 7:30pm - 9:30pm 3rd floor</p>