
Transitional Housing for Survivors of Domestic and Sexual Violence: A 2014-15 Snapshot

Chapter 1: Definition of "Success" and Performance Measurement

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Chapter 1: Definition of "Success" and Performance Measurement

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Note about the Use of Gendered Pronouns and Other Sensitive Terms

For the sake of readability, this report follows the example of numerous publications -- for example, by the National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH)¹ and the Missouri Coalition of Domestic and Sexual Violence² -- and uses feminine pronouns to refer to adult victims/survivors of domestic and sexual violence, and masculine pronouns to refer to the perpetrators of that violence. This report also uses feminine pronouns to refer to the provider staff of transitional housing programs that serve survivors. The use of those pronouns in no way suggests that the only victims are women, that the only perpetrators are men, or that the provider workforce is entirely female. Indeed, the victims and perpetrators of domestic and sexual violence can be male or female or transgender, as can the staff that support their recovery, and the shortcut herein taken is merely used to keep an already long document from becoming less readable.

Although the terms "victim" and "survivor" may both refer to a person who has experienced domestic or sexual violence, the term "survivor" is used more often in this document, to reflect the human potential for resilience. Once a victim/survivor is enrolled in a program, she is described as a "program participant" or just "participant." Participants may also be referred to as "survivors," as the context requires. Notwithstanding the importance of the duration of violence and the age of the victim, we use the terms "domestic violence" and "intimate partner violence" interchangeably, and consider "dating violence" to be subsumed under each.

Although provider comments sometimes refer to the perpetrator of domestic violence as the "abuser" or the "perpetrator," this report refers to that person as the "abusive (ex-)partner," in acknowledgement of their larger role in the survivor's life, as described by Jill Davies in her often-cited [Advocacy Beyond Leaving](#) (2009).

Finally, although the Office on Violence Against Women funds transitional housing programs to address the needs of not only domestic violence survivors, but also survivors of sexual assault, stalking, and/or dating violence, the preponderance of program services are geared to DV survivors, the large majority of TH program clients are survivors of domestic violence, and much of the literature and most of the provider quotes are framed as pertaining to domestic violence. Consequently, much of the narrative is framed in terms of addressing "domestic violence" or "domestic and sexual violence," rather than naming all the constituencies.

¹ As stated on page 2 of the NCDVTMH's [A Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors](#) by Warshaw, Sullivan, and Rivera (2013):

"Although many couples engage in mutual or low-level violence that does not alter the power dynamics within their relationship, the larger social problem of "battering" is a form of gender-based violence characterized by a pattern of behavior, generally committed by men against women, that the perpetrator uses to gain an advantage of power and control over the victim (Bancroft, 2003; M. P. Johnson, 1995; Stark, 2007). Such behavior includes physical violence and the continued threat of such violence but also includes psychological torment designed to instill fear and/or confusion in the victim. The pattern of abuse also often includes sexual and economic abuse, social isolation, and threats against loved ones. For that reason, survivors are referred to as "women" and "she/her" throughout this review, and abusers are referred to as "men" and "he/him." This is meant to reflect that the majority of perpetrators of this form of abuse are men and their victims are women. Further, the bulk of the research on trauma and IPV, including the studies that met the criteria for this review, focus on female victims of abuse. It is not meant to disregard or minimize the experience of women abused by female partners nor men abused by male or female partners."

² As stated on page 2, of the Missouri Coalition's [Understanding the Nature and Dynamics of Domestic Violence](#) (2012)

"The greatest single common denominator about victims of domestic violence is the fact that the overwhelming majority are women. According to the most comprehensive national study by the U.S. Department of Justice on family violence, the majority of domestic violence victims are women. Females are 84 percent of spouse abuse victims and 86 percent of victims at the hands of a boyfriend or girlfriend. The study also found that men are responsible for the vast majority of these attacks—about 75 percent. (Durose et al., 2005) And, women experience more chronic and injurious physical assaults by intimate partners than do men. (Tjaden & Thoennes, 2000) That's why feminine pronouns are used in this publication when referring to adult victims and masculine pronouns are used when referring to perpetrators of domestic violence. This should not detract from the understanding that, in some instances, the perpetrator might be female while the victim is male or of the same gender."

1. Executive Summary

The way that a program defines *success* and measures *performance* plays an important role in shaping decisions about the clientele that the program targets, the assistance the program makes available, and the context in which that assistance is provided. The way a program defines success and measures performance is, in turn, shaped by the provider's mission and philosophy, by the expectations and requirements of program funders, by resource constraints and the other realities of the program's operating environment, and to the extent that program leadership and direct service staff embrace the empowerment framework and voluntary services model, by participants' individual goals and priorities and their personal definitions of success.

It is within this framework that transitional housing (TH) programs for survivors of domestic and sexual violence make decisions that govern how prospective participants may access the program; how participants are selected; where and in what kind of housing participants may live; how much financial assistance participants may receive and for how long; the kind of staff hired to support participants; the kind of services offered/provided directly by program staff or other in-house staff, and the kind of services leveraged from other providers; what is expected of participants; and the consequences, if any, of not meeting expectations.

Chapter 1 explores how programs define success and measure performance, and some of the determinants and consequences of these choices. After a brief introduction, the Section 2 narrative observes that different stakeholders -- funders, providers, staff members, and participants -- may have different definitions of success and different priorities, and that there are consequences for ignoring those definitions and priorities. Failure to honor a funder's priorities may jeopardize continued funding; if a participant believes the program is not focused on helping them achieve their goals and priorities, the participant may well become disengaged; and if staff believe that funder or participant priorities are misdirected, they may be less invested in their work.

The narrative observes that whereas the [annual OVW TH grant solicitation](#) urges providers to take a "holistic, victim-centered approach" and to "provide a wide range of flexible and optional services that reflect the differences and individual needs of victims, and allow victims to choose the course of action that is best for them," HUD is more prescriptive with respect to the participant outcomes that its grantees are expected to work towards: first and foremost, permanent housing placement and retention, and secondarily, sustained or improved income and/or employment. Thus, ***programs that combine their OVW and HUD grant funding must balance potentially competing priorities***; the conflict in priorities arises when participants have additional or more urgent priorities than housing and income (e.g., recovering from the trauma, addressing child custody or other legal entanglements with their former partner, re-connecting with their child, etc.).

The shorter the timeframe for achieving those targeted outcomes, the more acute the dilemma for the provider. With a longer program timeframe, staff might be able to invest some effort toward achieving every stakeholder's goals. With the shorter timeframe that HUD is increasingly asking providers to adhere to,³ program and participant efforts must be more focused on HUD's housing priorities in order to be successful.

³ HUD's [Rapid Rehousing Brief](#) makes it clear that the priority for programs receiving rapid rehousing (RRH) grants is to re-house homeless individuals and families as quickly as possible, so that "assistance can be provided to the greatest number of people experiencing homelessness. An operating principle is that households should receive "just enough" assistance to successfully exit homelessness and avoid returning to the streets [or] emergency shelter." (p.1) "Rapid rehousing is not designed to comprehensively address all of a recipient's service needs or their poverty. Instead, rapid rehousing solves the immediate crisis of homelessness, while connecting families or individuals with appropriate community resources to address other service needs. . . . The primary focus of services in rapid rehousing is to provide help with finding housing and to troubleshoot barriers that prevent access to that housing." (p.2) "This crisis-related, lighter-touch (typically six months or less) approach allows financial and staff resources to be directed to as many individuals/households experiencing a housing crisis as possible." (p.5) Indeed, HUD expects that "Efficient programs [can] re-house households in a couple weeks and in most cases in less than 30 days. If it is taking longer, it is possible that the program's policies and procedures need to be streamlined." (p.5)

On the one hand, to the extent that providers want to achieve a housing placement rate that is adequate to assure continued HUD funding, it is in their interest to serve survivors who share HUD's focus on obtaining housing, and who have the income prospects and tenancy credentials to be successful in their efforts.

On the other hand, although securing housing is clearly an important outcome, and is identified as a targeted outcome by the OVW in its annual solicitation, the ***TH grant program's victim-centered approach argues for a definition of success that encompasses a broader range of survivors' priorities, and for a more inclusive participant selection process*** that is open to serving survivors who may not be resolved as to their housing-related goals, and/or who may be facing challenges that are likely to require longer-term assistance, before a sustainable housing placement becomes possible

As the OVW and its federal partners work to find synergistic approaches to addressing homelessness caused by domestic and sexual violence, it may be helpful for those partners to offer ***shared guidance*** for providers on how jointly OVW/HUD-funded programs might better reconcile these sometimes conflicting realities.

Section 2 continues with a discussion about using ***proximal outcomes*** to assess progress towards goals that may not be achievable within the program timeframe. For example, although a college degree might not be attainable within that timeframe, gaining admission and scholarship assistance are sound proximal outcomes.

Proximal outcomes are also useful in measuring progress with respect to the factors that a program can influence, when an outcome is dependent on a mix of factors, including some that are beyond the program's ability to influence. Thus, for example, obtaining legal representation and assembling the necessary documentation for a custody case might be appropriate proximal outcomes, whereas gaining a favorable settlement is dependent on many factors that are beyond the influence of the program.

This exploration of proximal outcomes leads to a discussion about the importance of ***assessing the adequacy of program efforts***, as opposed to focusing exclusively on measuring participant outcomes. Survivors enter programs with diverse strengths, barriers, priorities, and histories -- all of which can have a significant impact on whether they achieve their targeted goals, and how long it takes. Local conditions (e.g., the housing and job markets, availability of affordable health and social services, etc.) can also significantly impact participant outcomes. Without adjusting for differences in local conditions or in the types of clients served -- which is nearly impossible to do -- one cannot meaningfully compare one program's performance and participant outcomes to another, or to some national standard.

Instead, a program can assess whether it has done everything it can and should for participants, given their individually defined priorities and the resources available. Section 2 concludes with a discussion about ***self-reflective practice*** and ***reflective supervision***, with links to useful resources, including recorded webinars.

Section 3 reviews the OVW TH grant program's enabling statute, the annual solicitation for proposals, and the standard data set for the required Semi-Annual Report to gain insight into the OVW's concept of *success*; reviews HUD's definitions and measures of *success* for projects receiving TH or RRH grants; and looks at the metrics used to assess the outcomes of Family Violence Prevention Services Act (FVPSA)-funded programs.

Section 4 explores the ***diverse definitions of success that participants bring*** to a TH program. As a number of researchers have documented, survivors often have difficult ***tradeoffs*** to resolve, including, for example, the safety-related risks attendant to fleeing their abusive partner, the ability to sustain connections to family and friends and their larger community, the ability to be financially self-supporting, and their emotional readiness to give up the relationship with their abusive partner.

As described by [Melbin, Jordan, & Smyth \(2014\)](#), program/staff support for survivors as they weigh their tradeoffs and develop and refine their individual goals is a "direct affirmation of each survivor as a whole person ... with the right to make choices and to establish personal goals, in contrast to the negation of the victim's priorities and aspirations that often characterizes abusive relationships."

Once survivors have identified their goals, TH program staff can work with participants on developing plans to achieve their targeted outcomes. As described in the narrative, **goal sheets** -- using a template promoted by the National Network to End Domestic Violence (NNEDV) -- appear to be the most widely used tool to support survivors in articulating and tracking their progress toward achieving their individually defined goals.

Section 5 describes a **conceptual framework** developed by [Sullivan \(2012, updated 2016\)](#) to illustrate the role of DV-focused programs in "reduc[ing] the risk factors and enhance[ing] the protective factors that have been linked to re-victimization and impaired wellbeing ... [and in] enhance[ing] the promotive factors that contribute to survivors' and their children's wellbeing." The framework identifies eight predictors of adult and/or child wellbeing, and explains how metrics that quantify these predictors of wellbeing could be used (as proximal outcomes) to assess program impact, in lieu of the outcomes related to "future wellbeing" that the program cannot measure. In fact, researchers have developed and tested such metrics, and some of them are discussed in Section 6.

Section 5 also explores the value of **process measures** in assessing aspects of program performance, such as who the program is and isn't serving; the quality, frequency, and types of staff/participant interactions; whether the program is providing the types of assistance that participants want in a format that works for them; participants' overall satisfaction and recommendations for changes, etc. Section 5 concludes with a brief look at **challenges and strategies in collecting and responding to participant feedback, emphasizing the value of obtaining such feedback while there is still time to make changes that enhance those participants' experience in the program.**

Section 6 identifies and provides links to **metrics** developed and tested by researchers and practitioners, specifically drawing from (a) the National Resource Center on Domestic Violence's (NRC DV's) [Domestic Violence Evidence Project website](#); (b) the NRC DV's work addressing the impact of domestic and sexual violence on children and youth; and (c) the work of the [Vera Institute of Justice's Center on Victimization and Safety](#) and its partners to address domestic and sexual violence perpetrated against persons with disabilities. Section 6 also cites and provides a link to a full program evaluation by the Washington State Coalition of its [Domestic Violence Housing First initiative](#), involving nine partnering providers over three years.

Section 7 reprises some of the previously stated caveats about the limits of summary performance metrics, and concludes with an analysis of three sample statements of program goals and definitions of success that illustrate how program- or staff-defined measures of success can potentially shift the focus away from what's important to the survivor, to what's important to the funder, to staff, or to other stakeholders. In each case, we propose a re-framing of the goal statement to edit out any bias about the kind of outcomes that programs should target, and to affirm the survivor's central role in making such decisions.

Section 8 includes three sets of **provider comments** illustrating the different approaches that providers take in defining success. A fourth set of comments illustrates different providers' approaches to measuring program performance and working with participants to measure/track progress towards their personally defined goals.

Section 9 focuses on **data collection**: the regulatory framework, current practices, and recommendations from the field about the type of data that programs need and should collect (versus the kind of "nice-to-know" data that programs can do without) and about how data should be collected, handled, and disposed of.

Section 9 includes a discussion about the specific **confidentiality requirements** established by the VAWA and its periodic reauthorizations, and by HUD. Advocates for survivors of domestic and sexual violence have long been concerned about the confidentiality of information furnished by the significant numbers of homeless survivors who access mainstream programs. Since VAWA and FVPSA only protect the confidentiality of participants in VAWA and FVPSA-funded providers, data contributed by participants in mainstream programs (some, but not all, of which receive HUD funds) would not be subject to those protections.

The narrative cites and discusses an excerpt from a [2015 HUD policy document](#) -- clarifying the rights of **any person enrolled or applying to participate in a HUD-funded program** to refuse to allow their personally

protected information to be entered into the HMIS⁴ and/or to refuse to allow such information to be shared among CoC providers. While this clarification was welcomed by survivor advocates, it is up to survivors to assert those rights, and up to advocates to make sure that survivors understand and are prepared to assert those rights when they seek access to mainstream HUD-funded programs.

Mechanisms to ensure that the confidentiality of survivors' data is protected will need to be strengthened as HUD-funded CoCs increasingly rely on ***coordinated entry systems*** to triage/assess the needs of homeless persons seeking assistance, and to refer them for appropriate housing and services. Current CoC regulations give victim services providers the option of opting out of the mainstream coordinated entry system, provided they participate in a comparable system with other local victim service providers⁵ -- but such parallel systems do not exist everywhere.

As the rate of referrals from mainstream providers to the victim services system increases to ensure that survivors get the support they need no matter which system they enter, there will have to be more reliable mechanisms for protecting the confidentiality of survivors' identifying information.

After a brief description of the data sets and software used to collect data about program participants and the services they receive, Section 9 continues with a discussion about the special challenge of ***collecting data on participants' gender identity and sexual orientation***. Federal agencies are still deliberating about whether and how such data should be collected. (Of course, storing and sharing such data raises other challenges.)

Gender identity and sexual orientation are especially important data points for programs serving survivors of domestic and sexual violence. Collecting that information would formally recognize the diversity of survivors and would provide a straightforward framework for integrating information about participants' gender/sexual identity for staff who might otherwise be afraid to bring it up. And, of course, having such data would provide an indication of how well programs were doing in reaching out to and serving LGBTQ subpopulations.

Section 9 concludes with notes and links to guidance materials on ***collecting data for program evaluation***.

Section 10 contains providers' comments about the ***software*** they use and their ***approach to data collection***.

⁴ HMIS is the HUD-mandated Homeless Management Information System that CoC and ESG grant-funded programs must use to collect and report on client-level data, unless they are exempted under VAWA or FVPSA.

⁵ ESG program regulations allow VAWA- and FVPSA-covered providers to opt out of any requirement to participate in the geographically appropriate coordinated entry system, and do not require the provider to participate in a parallel system with other victim services providers serving the area.

2. Introduction: The Importance and Challenge of Performance Measurement

(a) How the Definition of Success and Choice of Performance Metrics Helps Shape Programs

The way that a program defines *success* and measures *performance* plays an important role in shaping decisions about the clientele that program targets, the assistance it makes available, and the context in which that assistance is provided. The way a program defines *success* and measures *performance* is, in turn, shaped by the provider's mission and philosophy, by the expectations and requirements of program funders, by resource constraints and the other realities of the program's operating environment, and to the extent that program leadership and direct service staff embrace the empowerment framework and voluntary services model, by participants' individual goals and priorities and their personal definitions of success.

It is within this framework that transitional housing (TH) programs for survivors of domestic and sexual violence make and periodically re-assess decisions that govern how prospective participants may access the program; how participants are selected; where and in what kind of housing participants may live; how much financial assistance participants receive and for how long they may receive financial assistance; the kind of staff hired to support participants; the kind of assistance offered/provided directly by program staff or other in-house agency staff, and the kind of assistance leveraged from other service providers; what is expected of participants; and the consequences, if any, of participants not meeting program expectations.

As discussed in this and other chapters of this report, these are not easy decisions, and they involve difficult tradeoffs. For example, providing longer-term assistance to participants means that fewer participants can be served, given budget limitations. Similarly, providing in-house counseling (versus making referrals to mainstream mental health services) may afford participants better access, and may ensure that services are more trauma-informed and more sensitive to the experiences of survivors of abusive relationships -- but may come at the expense of offering other types of participant assistance, like help with job or housing search or credit repair.

These decisions become more complex for programs serving multiple jurisdictions -- with different housing, employment, and service environments -- and for programs with multiple funding sources -- which may target different populations, allow different kinds of spending, and measure success/performance differently.

(b) Whose Priorities? Balancing the Focus on Funder, Provider, and Participant-Defined Goals

In an ideal world, funders, providers, and the survivors they serve would all have the same definitions of success, so that attainment of participants' goals would mean that programs achieve their targeted performance outcomes or objectives.⁶ However, as illustrated by provider comments in this chapter and in [Chapter 12](#) ("Funding and Collaborations: Opportunities and Challenges"), that isn't always the case.

Although the [statutory language](#)⁷ authorizing the OVW TH Assistance Grant program prominently mentions the goals of supporting survivors in "(a) locat[ing] and secur[ing] permanent housing; (b) secur[ing] employment, including obtaining employment counseling, occupational training, job retention counseling, and counseling concerning re-entry into the workforce; and (c) integrat[ing] into a community," *the victim-centered, voluntary services approach that the TH grant program embraces leaves it to the survivors to*

⁶ As described by [Sullivan \(1998\)](#), the primary distinction between "*goals*" and "*outcomes*" is that outcomes are measurable changes due, at least in part, to program efforts, whereas goals may or may not be measurable, and may more generally reflect the overall aspirations or expectations of the funder, the program, or the participant. Outcomes are often timeframe-specific, whereas goals may or may not be. The term "*objective*" may be used to describe a desired "*outcome*;" however, it is also sometimes used interchangeably with the term "*goal*."

⁷ The language in paragraph (b)(3) of [42 U.S. Code §13975](#) about permanent housing, employment, and integration in the community is also reflected in the list of Purpose Areas on p.7 of the [annual solicitation for TH grant proposals](#).

determine the goals they want to pursue and the services they want to utilize. Accordingly, the OVW does not, for the most part, measure program performance in terms of specific participant outcomes.⁸

Generally speaking, the providers we interviewed were appreciative of the flexibility that OVW TH grants allow and encourage. That flexibility is a particularly good match for programs that take a survivor-centered, empowerment approach, allowing staff to focus their efforts on supporting program participants in achieving **their individually defined goals**, without having the pressure to also meet externally defined goals that may be incompatible with, or direct resources away from, addressing survivors' priorities.

A full 42% of the providers we interviewed for this project also receive funding from the U.S. Department of Housing and Urban Development (HUD): (i) **Transitional Housing (TH) grants**, which can fund time-limited stays in provider-owned or provider leased housing, with case management and other supportive services, and/or (ii) **Rapid Rehousing (RRH) grants**, which fund time-limited rental assistance to jumpstart transition-in-place tenancies in mainstream private, unsubsidized (scattered-site) apartments, and which can also pay for a limited amount of case management and other supportive services.

HUD funding can be a double-edged sword: on the one hand, TH and RRH grants awarded under the **Continuum of Care (CoC)** and **Emergency Solutions Grants (ESG)** programs⁹ substantially boost provider capacity, and are often larger than OVW TH grants. On the other hand, receipt of HUD funding comes with:

- An extensive regulatory framework that spells out how funds may be used, and that directs Continuums of Care administering CoC grants and states/counties/jurisdictions administering ESG grants to develop additional **written standards**¹⁰ for determining participant eligibility, prioritizing applicants, and defining potentially more restrictive guidelines governing the amount, duration, and scope of assistance.
- Accountability for meeting **HUD-specified performance standards** (i.e., for TH grants: (i) housing placement, (ii) increased income/employment; for RRH grants: (i) housing retention, (ii) stable or increased income/employment). Although these are perfectly reasonable expectations, and not too different from the general goals of the OVW TH Grant Assistance program, they may not match program participants' priorities and circumstances -- which, in the kind of survivor-centered program that OVW TH grants are intended to support, should determine staff priorities with respect to each participant.
- Pressure from the Continuum of Care or state/county/city administering the HUD grant to operate a program that conforms to the kinds of assumptions and expectations articulated in HUD's [Rapid Rehousing Brief](#), for example:
 - "Households should receive '**just enough**' assistance to successfully exit homelessness and avoid returning to the streets, other places not meant for human habitation, and emergency shelters." (p.1)

⁸ As described in From items #3 and #4 of the list of "Activities that Compromise Victim Safety and Recovery" in the annual solicitation (p.9), one can infer that the OVW TH grant program seeks to ensure that participating survivors receive ongoing access to support for safety planning and for ensuring their physical safety; and from Q32 of the [OVW Semi-Annual Report form](#), one can infer that OVW hopes that participants will exit the program with a lower level of perceived risk from violence than when they entered.

⁹ The CoC program awards TH grants and RRH grants; the ESG program awards RRH grants that are similar, but that have slightly different rules than the CoC RRH grants. (See HUD's [Rapid Rehousing: ESG vs. CoC Guide](#).) For example, although both ESG and CoC RRH grants require that the participant be named on the lease, leases in CoC-RRH-assisted units must be 12 months and renewable, except for cause, whereas leases in ESG-funded units can be for one month at a time.

¹⁰ See p.8 of [HUD's Rapid Rehousing ESG vs. CoC Guide](#) for an explanation of the somewhat different written standards that Continuums of Care are expected to develop, as compared to the written standards that ESG-administering states, counties, and jurisdictions must develop.

- "Rapid re-housing is not designed to comprehensively address all of a recipient's service needs or their poverty. Instead, rapid re-housing solves the immediate crisis of homelessness, while connecting families or individuals with appropriate community resources to address other service needs. . . . The primary focus of services in rapid re-housing is to provide help with finding housing and to troubleshoot barriers that prevent access to that housing." (p.2)
- "The primary barrier to permanent housing for many families experiencing homelessness is their limited finances. To address this barrier, rapid re-housing programs offer financial assistance to cover move-in costs, deposits, and the rental and/or utility assistance (**typically for six months or less**) necessary to allow individuals and families to move immediately out of homelessness and stabilize in permanent housing." (p.3)
- "The focus of services in rapid re-housing is primarily oriented toward helping families resolve their immediate crises, find and secure housing, and connect to services if/when appropriate. . . . This crisis-related, lighter-touch (**typically six months or less**) approach allows financial and staff resources to be directed to as many individuals/households experiencing a housing crisis as possible." (p.5)
- The primary measure of the efficiency of a rapid re-housing program is the amount of time it takes to re-house households. Efficient programs typically re-house households in **a couple weeks and in most cases in less than 30 days**. If it is taking longer, it is possible that the program's policies and procedures need to be streamlined." (p.5)

Given what the National Low Income Housing Coalition's [Out of Reach 2015](#) says about the salary a full-time worker would need to sustainably pay what HUD calls "Fair Market Rents,"¹¹ a Rapid Rehousing program might reasonably be concerned about its ability to meet HUD's expectations about needing only "six months or less" of RRH assistance and crisis-focused services to **stabilize** a homeless household.

A HUD-funded provider seeking to meet those expectations would be understandably reluctant to enroll a survivor whose housing barriers -- e.g., poor credit, unpaid rent/utility arrearages, a housing history with one or more prior evictions, poor prospects for employment beyond minimum wage, and/or a criminal record -- were likely to discourage most landlords from offering her a lease -- even with the promise of time-limited rental assistance.

Likewise, a HUD-funded provider would probably have misgivings about enrolling a survivor with significant physical, psychological, or emotional scars from domestic and sexual violence -- PTSD, complex trauma, TBI, depression, addiction, fear of further abuse, etc. -- if the program was expected to limit the scope and duration of assistance to "helping families resolve their immediate crises, find and secure housing, and connect to services if/when appropriate," rather than offering the "holistic, victim-centered approach" and the "wide range of flexible and optional services," called for in the [OVW's annual solicitation for TH program grant proposals](#). (p.6)

And similarly, a HUD-funded provider might understandably be reluctant to enroll survivors whose top priorities -- e.g., healing from the trauma, revitalizing their relationships with their children, fighting for better custody arrangements, participating in job training that delays their job search -- would threaten the program's ability to meet HUD's more narrowly focused housing and income performance targets.

¹¹ "The 2015 Housing Wage is \$19.35 for a two-bedroom unit, and \$15.50 for a one bedroom unit. The Housing Wage for a two-bedroom unit is more than 2.5 times the federal minimum wage, and \$4 more than the estimated average wage of \$15.16 earned by renters nationwide. The Housing Wage is an estimate of the full time hourly wage that a household must earn to afford a decent apartment at HUD's estimated Fair Market Rent (FMR), while spending no more than 30% of income on housing costs." ([NLIHC, 2015, p.1](#))

Some of the providers we interviewed that receive both OVW and HUD funding (and, perhaps, smaller amounts of other funding) described **segregating their OVW and HUD grants and using them to operate separate programs**, so as to avoid potentially contradictory expectations -- for example operating (i) a longer-term, more intensely staffed congregate or clustered transitional housing (TH) program using OVW funds, for participants that might need more time and more support to navigate their challenges; and (ii) a shorter-term, scattered-site HUD-funded Rapid Rehousing (RRH) program for survivors who have fewer barriers, require less assistance, and seem ready and able to focus on employment and independent housing.

Providers that **combine their HUD and OVW grants**, and then feel the need to tailor their participant selection process in order to meet HUD-defined housing and income performance thresholds -- or the reduced length-of-stay expectations of the Continuum of Care or the state/county/city administering their HUD grant -- may be adopting strategies and approaches that are at odds with: (a) OVW's admonition¹² against "procedures or policies that exclude victims from receiving safe shelter, advocacy services, counseling, and other assistance based on their actual or perceived age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or gender of their children;" and/or (b) federal Fair Housing and/or other anti-discrimination laws, particularly if their participant selection processes have a **disparate impact** on protected subpopulations (e.g., persons with a disability¹³ or from a particular racial or religious community).¹⁴

Nonetheless, some of the providers we interviewed -- like some of the HUD-funded TH providers that [Correia & Melbin \(2005\)](#) interviewed ten years earlier¹⁵ -- described outreach and client selection practices that favor survivors who seem likely to achieve the HUD-targeted outcomes, for example, accepting referrals only from "reliable" sources (like staff from their agency's own DV shelter), and enrolling only survivors who, while in shelter, demonstrated their "motivation" and willingness to make "good use" of program resources, and so, seemed like a "good fit" or "ready" for a TH program that emphasizes housing and income/employment.

Recommendation: In conjunction with the efforts of the OVW and its federal partners to explore strategies for synergistically addressing the homelessness caused by domestic and sexual violence, it would be helpful to offer guidance to jointly OVW/HUD-funded providers on how to reconcile sometimes-conflicting funder expectations.

For example, HUD expects programs to demonstrate a high rate of successful participant outcomes vis-à-vis housing placements and retention, and would like to see Rapid Rehousing projects complete their work in as little as six months (and encourages transitional housing programs to also shorten their timeframe for services, so that they can serve more households).

To the extent that a program serves survivors who are suffering the effects of chronic exposure to violence and abuse, and experiencing trauma and its concomitants, as well as entering with serious barriers to housing and employment, the outcomes targeted by HUD are probably not realistic within the six-month timeframe, and may not be achievable even within a year or more. By contrast, the OVW would like to see its grantees focus on the victim's priorities, and not impose their own or the funder's expectations for engaging in a housing search or pursuing income and employment options. Quite likely, as important as housing and income are, the survivor may

¹² See pp. 8-9 of the OVW's 2015 [annual solicitation of TH grant proposals](#)

¹³ As discussed by [Hopper, Bassuk, & Olivet \(2010\)](#) (see especially Table 3 on p. 149) and [Wisconsin's Violence Against Women with Disabilities and Deaf Women Project \(2011\)](#), the trauma that results from chronic exposure to violence and abuse can contribute to some of the behavior-related barriers that might discourage a provider from enrolling a prospective participant who seems to be "moody," "lazy," "difficult to work with," "disengaged," "lacking motivation," or "unwilling to follow-through." Many of those same "dysfunctional" behaviors could also stem from a traumatic brain injury perpetrated by the abusive (ex-)partner. ([Hibbard, n.d.](#))

¹⁴ See [Chapter 2](#) on "Survivor Access and Participant Selection" for more information about this topic.

¹⁵ All twelve providers interviewed in [Correia and Melbin \(2005\)](#) utilized HUD funding for their DV-focused TH program.

well have other, more urgent priorities, and a provider employing the kind of victim-centered approach called for by the OVW would have its case manager/advocate focus on assisting the survivor with those priorities first.

Back when [Correia & Melbin \(2005\)](#) did their study -- before HUD introduced rapid rehousing or promulgated standardized project performance targets, before HUD's efforts to encourage replacement of TH projects with permanent housing projects that it deemed to be a better, more cost effective use of CoC grant funding¹⁶ -- there was less worry among HUD-funded TH providers about longer lengths-of-stay or lower-than-targeted rates of transition to permanent housing. Although some providers seeking to "boost" performance selected participants who seemed likely to "succeed," other providers focused on "harder-to-serve" survivors, and worked to support them in "improv[ing] their lives in whatever ways the women themselves identify, [whether that means] being safe from harm or getting [their] car fixed or enrolling [their] children in after-school activities," based on the idea that success is about "helping battered women accomplish their goals, instead of measuring their success in relation to the program's own, possibly unrelated, goals." (p.20)

While that approach would likely jeopardize HUD TH renewal grant funding in the current environment, it would be perfectly consistent with the OVW survivor-centered program model, and was, in fact, the approach described by a number of the providers we interviewed, as reflected in their comments in this chapter, in [Chapter 2](#) ("Survivor Access and Participant Selection"), and in [Chapter 6](#) ("Length of Stay").

(c) The Relationship Between Success and Performance Measurement

There's an old cliché that "what gets measured gets done." Performance measurement is a tool for assessing the effectiveness of program efforts by quantifying progress towards achievement of previously defined goals and objectives. Performance measurement, including the use of both process and outcome metrics¹⁷, is not just a vehicle for documenting compliance with funders' requirements and fulfillment of promised outcomes. It is also a tool for helping participants see their progress, and for informing their periodic re-assessment of and commitment to their priorities, expectations, and strategies. And, it is a tool for program self-evaluation that can inform staff and organizational understanding of program strengths and areas for improvement.

¹⁶ See, for example, the [9/18/2013 SNAPS Weekly Focus memo](#) about the limited role of transitional housing, the [July 8, 2015 SNAPS-in-Focus memo](#) discussing HUD's conclusions from the Family Options Study about how Rapid Rehousing is more cost effective, and the [5/16/2016 SNAPS-in-Focus memo](#) explaining the results of the FY 2015 funding competition, in the aftermath of which "funding for transitional housing projects declined by \$155 million to \$171 million, [such that] CoC program-funded transitional housing will serve approximately 15,000 fewer households than the previous year."

¹⁷ As described by [Sullivan \(1998\)](#), a "**process evaluation** assesses the degree to which your program is operating as intended." (p.12) It might answer questions about how the program operates, for example, who it is serving, how they access assistance, who isn't served and why, how needs are assessed, what services are provided and how they are provided, what kinds of referrals are made, how participant confidentiality is protected, what aspects of the program participants appreciate and what they believe could be improved, how staff and volunteers feel about the program, etc.

By contrast, a TH program's **outcome metrics** would track "**measurable change(s) [in participant status] due to your programs' efforts.**" (p.17) Outcome metrics might track, for example, the extent to which program participants: (a) feel better prepared to address abusive behavior by their (ex-)partner; (b) feel better prepared to address the trauma-related impacts on their children;(c) have found alternative housing, if leaving the relationship was a goal; (d) have found a new or better job, if they had employment goals; or (e) obtained needed legal help to help them in a custody battle.

Note that the ability to achieve those goals within the program timeframe depends on many factors, including factors beyond the influence of the program. If a participant's goal was to obtain subsidized housing, and the program's HUD Rapid Rehousing grant limited assistance to 12 months (a timeframe too short to start and successfully complete a subsidized housing search process in most communities), a more appropriate outcome measure might track the extent of progress in the participant's efforts, for example, filing applications and getting on waiting lists, addressing blemishes in their credit history or tenancy record, paying off outstanding arrearages, etc. The process evaluation might look at how the program supported the participant in accomplishing those steps.

An effective TH program can make a positive difference in many aspects of a survivor's life. Reducing the assessment of a program's efficacy to one or two summary metrics runs the risk of overlooking some of those positive impacts -- in the same way that important information about a student's strengths, challenges, and progress may be lost when boiled down to a single test score. Likewise, summary metrics gloss over the impact of other factors -- differences in the strengths and barriers that survivors enter a program with, and local differences in the availability of resources or existence of obstacles that might affect outcomes in different programs. However, like summary test scores, bottom line metrics (e.g., housing outcome and changes in participant income/employment level) offer a simple and, therefore, attractive alternative to more complex approaches to measuring the multi-faceted and nuanced aspects of program performance.

As discussed above and as illustrated by the range of provider comments in this chapter, providers have different ideas about what *success* means, and take a range of approaches to measuring performance. Some focus exclusively on funders' reporting requirements. Others measure performance in terms of agency-defined metrics. Some providers formally track the progress of participants in achieving their individually defined goals; others only informally track that progress as part of their narrative case notes.

(i) The Use of Proximal Objectives

As [Sullivan \(1998\)](#) explains, when the program timeframe is too short to expect measurable progress towards an objective (i.e., when targeted outcomes are likely to occur after the survivor exits the program), or when attainment of an objective is largely dependent on factors beyond the influence of the participant or program, it may be more appropriate to measure attainment of "proximal" objectives, that is, shorter-term or intermediate outcomes whose attainment increases the likelihood of ultimately reaching the end goal.

Thus, although a participant in a GED program might aspire to a nursing degree, it might be more useful to measure progress towards obtaining her High School equivalency, and then, her progress in submitting applications for college admission and financial assistance, if that is what is realistically possible within the program timeframe. Similarly, because so many factors influence the outcome of a custody settlement, it would be more useful to measure program performance in terms of the effort to support a survivor in securing legal representation and assembling the necessary documentation, rather than measuring her satisfaction with the final judgment.

"Enhancing survivor safety" is a goal of every domestic violence program.¹⁸ However, survivor safety depends on many factors beyond the control or influence of the survivor and the program, including (and perhaps most importantly) the behavior of the abusive (ex-)partner. A provider can take all the right steps to protect the safety of a survivor while she is in the program, but those steps may have little or no bearing on her safety once she leaves the program. A survivor might obtain an order of protection, but she still needs a safety plan, because her abusive ex-partner may be indifferent to the consequences of violating such an order.

How might a provider measure the impact of program efforts to prepare survivors to assess and respond to their evolving risks -- that is, to effectively manage their own safety planning -- after they leave the program, and as their living situation or other life circumstances change? One potentially useful tool to help programs assess their progress in supporting survivors in developing the skills and confidence to do their own ongoing safety planning is [Goodman, Thomas, & Heimel's \(2015\)](#) "MOVERS," a metric that measures "safety-related empowerment," that is, "the extent to which a survivor has the internal tools to work towards safety, knows how to access available support, and believes that moving towards safety does not create equally challenging

¹⁸ As discussed in [Chapter 8](#) ("OVW Constituencies"), enhancing the safety of a survivor of sexual assault requires a different kind of safety planning and risk management than is described in this example.

problems." ¹⁹ (p.2) Although a strong MOVERS score doesn't guarantee long-term safety, it is predictive of such safety, in that it reflects her skills, resources, and willingness to act effectively to protect her safety.

"Completion of a high school equivalency," "obtaining effective legal representation and compiling the necessary documentation for a custody case," and "safety-related empowerment" are examples of what [Sullivan \(1998\)](#) might label as "short-term outcome[s] which measure proximal change, where 'proximal changes' are those more immediate and/or incremental outcomes [that] one would expect to ... eventually lead to the desired long-term outcomes." (pp. 17-18)

Tracking short-term measurable outcomes that have a **research-proven link** to longer-term target outcomes adds credibility to program reporting, but is not the only way to demonstrate program effectiveness. Tracking outcomes that are **logically linked** to program activities and that address participants' expressed needs (e.g., tracking engagement with a counselor by survivors who asked for help accessing counseling, tracking issuance of a restraining order on behalf of survivors who asked for help getting a restraining order, etc.) can be an effective evaluation strategy, and is more consistent with the survivor-centered approach that OVW encourages than measuring progress towards goals that a participant has not embraced.

The [Evaluation Tools webpage](#) of the National Resource Center on Domestic Violence' Domestic Violence Evidence Project website provides access to and information about other metrics developed to help programs assess their performance, and are described in the "Specific Metrics" section of this chapter.

(ii) Measuring Participant Outcomes versus Assessing the Adequacy of Program Efforts

Earlier in this chapter, we noted how the strengths and barriers that a participant brings to the program and the resources and obstacles in the local operating environment can all impact participant outcomes.

Thus, for example, survivors struggling with the effects of complex trauma (i.e., victimization as an adult layered on top of childhood trauma²⁰) may have a much harder time mobilizing to address their employment and housing needs than survivors who are not; survivors still facing threats of violence or sabotage may have a harder time building a new life than survivors who are not; survivors with sympathetic and helpful support networks may have an easier time with independent living than survivors without such networks; survivors whose abusive partner would not allow them to hold a job may have a much harder time finding employment than survivors who have a work history; survivors whose abusive partners incurred utility and rent arrearages in their name may have a harder time finding landlords willing to offer them a lease than survivors with less tarnished credit and housing histories; survivors on a long path to sustainable immigration status may face more obstacles to moving forward with their lives than US citizens.

If one program's participants are more successful finding jobs or housing than another's, does that reflect the relative strengths of the two programs, or the differences in the types of clients the two programs serve?

Although affordable housing is in short supply in many communities, the problem is more acute in some parts of the country than others. Likewise, although finding gainful employment despite limited skills or education

¹⁹ Building on [Thomas, Goodman, & Putnins' \(2015\)](#) exploration of the tradeoffs survivors weigh in choosing whether to leave or stay in a relationship, the MOVERS metric includes a "tradeoffs subscale" that measures a "survivor's sense that action toward the goal of safety will cause new problems in other domains. Items include: 'I have to give up too much to keep safe' and 'Working to keep safe creates (or will create) new problems for me [or] for people I care about' " (p.4)

In discussing the relevance of that scale to longer-term safety outcomes, [Goodman et al. \(2014\)](#) cite research indicating that such empowerment "moderated the relationship between IPV severity and posttraumatic stress disorder (PTSD) symptoms, above and beyond access to resources" and that "in a randomized trial, an empowerment-oriented shelter-based intervention was related to less severe PTSD symptomatology and greater safety over time." (p.5)

For more about the MOVERS metric, see the "Empowerment" section of [Chapter 4](#) ("Taking a Survivor-Centered / Empowerment Approach: Rules Reduction, Voluntary Services, and Participant Engagement").

²⁰ See, for example, [Jasinski, et al \(2005\)](#) and [Courtois \(2010\)](#)

can be a challenge anywhere, in some locales, entering the job market without strong credentials is especially difficult. In some areas, lack of a car is no barrier to employment, childcare, school, or other key destinations; elsewhere in the country, being carless could stand in the way of employment and, thus, threaten a tenancy.

If one program's participants are more successful in finding jobs or housing than another's, does that reflect the relative strengths of the two programs, or the differences in the local job and housing markets?

Assessing a program's performance based on participant outcomes, without accounting for the different types and intensities of challenges facing its participants, and without accounting for the distinct advantages and obstacles posed by different operating environments paints an incomplete picture. Although results-oriented funders understandably look at participant outcomes to assess program performance and to make decisions about the relative merits of funding one program versus another, without understanding the different environments the programs operate in and any differences in the clientele they serve, including differences in the priorities of their participants, it is difficult to assess the relative efficacy of the programs.

With their OVW funding, providers have the flexibility to assess their program's performance in terms that are specific to the priorities and circumstances of their participants and the community or region they serve. Although there may not be an easy-to-calculate summary metric that factors in all their clients' distinct priorities and individual differences and the comparative advantages and disadvantages posed by the program's operating environment, providers can assess on a participant-by-participant basis -- for example, as part of periodic supervision -- whether their program has done everything it can and should do, given the agency's internal resources and the community resources it can leverage, to help each participant achieve their targeted outcomes, to be as safe as possible, and as described in the introductory paragraph of the annual solicitation for TH proposals, to "determine and reach their goals for permanent housing."

This is the essence of a self-reflective practice.²¹ The National Center on Domestic Violence, Trauma & Mental Health encourages reflective practice, and provides online access to (a) [recorded trainings and accompanying resources](#) that support the Implementation of a **self-reflective practice** and **reflective supervision**; and (b) to a [tool developed by the Accessing Safety and Recovery Initiative \(ASRI\) and the NCDVTMH](#) that can guide a program or provider agency through a **shared self-reflective process** to explore how the program or agency might make its work more accessible, culturally relevant, domestic violence- and trauma-informed (ACDVTI).

Because programs are accountable to funders, participants, and other stakeholders; and because the different stakeholders -- as well as the provider agency operating the program -- may all have different definitions of success, providers need a variety of ways to measure their programs' impacts and effectiveness. The next few sections of narrative present key funders' definitions of success and approaches to tracking and measuring performance; a conceptual framework for understanding how program efforts might contribute to targeted outcomes; a look at the type of information that "process" metrics can add; notes about challenge of soliciting meaningful participant feedback; some specific metrics developed and tested by "experts" that are available (at no charge) for use by providers; and a final caution about the limitation of summary metrics.

²¹ According to [Amulya \(2004\)](#), "The key to reflection is learning how to take perspective on one's own actions and experience -- in other words, to examine that experience rather than just living it, [thereby] open[ing] up the possibilities of purposeful learning.... [through] the experience of a meeting, a project, a disaster, a success, a relationship, or any other internal or external event, before, during or after it has occurred."

In their trainings on reflective supervision for the National Center on Domestic Violence, Trauma & Mental Health, [Cave & Pease \(Aug. 28, 2013 and Oct. 10, 2013\)](#) explain that in the same way that advocacy with survivors is a collaborative partnership guided by the survivor's priorities, so, reflective supervision is a collaborative partnership between the advocate and her supervisor/mentor, guided by the advocate's desire to learn from and improve her performance, and to do the best she and the program can for each survivor. The success of reflective supervision depends on its feeling safe and non-prescriptive with each party trusting that their contribution to the dialogue will be respected and valued.

3. Funders' Definitions of Success and Performance Metrics

(a) OVW's Definitions of Program Success

The OVW definition of success is embedded in its instructions to applicants for Transitional Housing grants (in its annual solicitation for proposals) and in the federal statute (42 U.S.C. §13975 authorizing these grants:

- **From the [OVW's 2015 TH Grant Proposal Solicitation](#):** *"The OVW Transitional Housing Assistance Grants [program] ... focuses on a holistic, victim-centered approach to providing transitional housing services that move survivors into permanent housing. Awards made under this grant program support programs that provide assistance to victims ... who are in need of transitional housing, short-term housing assistance, and related supportive services. Successful transitional housing programs provide a wide range of flexible and optional services that reflect the differences and individual needs of victims and allow victims to choose the course of action that is best for them. Transitional housing programs may offer individualized services such as counseling, support groups, safety planning, and advocacy services as well as practical services such as licensed child care, employment services, transportation vouchers, and referrals to other agencies. Trained staff and case managers may also be available to work with survivors to help them determine and reach their goals for permanent housing."* (p.6)²²

"Purpose Areas: *In FY 2015, funds ... may be used for the following purposes: 1. Programs that **provide transitional housing...**; 2. Programs that provide **short-term housing assistance**, including rental or utilities payment assistance and assistance with related expenses...; and 3. Programs that provide support services designed to enable a [survivor] to: (a) **locate and secure permanent housing**; (b) **secure employment...**; and (c) **integrate into a community...**"* (p.7)

- **From the [Federal Statute](#):**

"(a) IN GENERAL. *The Attorney General, acting in consultation with the Director of the Violence Against Women Office of the Department of Justice, the Department of Housing and Urban Development, and the Department of Health and Human Services, shall award grants ... to carry out programs to provide assistance to minors, adults, and their dependents -*

- (1) who are homeless, or in need of transitional housing or other housing assistance, as a result of a situation of domestic violence, dating violence, sexual assault, or stalking; and*
- (2) for whom emergency shelter services or other crisis intervention services are unavailable or insufficient.*

(b) GRANTS. *Grants... may be used for programs that provide - (1) transitional housing ...; (2) short-term housing assistance ...; and (3) support services designed to enable a [survivor or dependent of a*

²² In the aftermath of fleeing domestic violence, a survivor may not have a clear permanent housing goal, and it is not the intent of the OVW TH grant program to restrict assistance only to survivors who are committed to permanently ending the relationship with their abusive (ex-)partner and/or who have a clear idea of the kind of permanent housing situation they want to work towards. There are many reasons why a survivor might not wish to permanently end that relationship (e.g., see [Buel \(1999\)](#), [Davies \(2009\)](#), and [Thomas, Goodman, & Putnins \(2015\)](#)), and part of the work of TH program staff is to non-judgmentally support survivors in figuring out the next steps that are in their and their children's best interests. Survivors who have never lived independently, or who are unsure how they will support themselves may need extensive program assistance in exploring their housing options before they set specific housing- or income/employment goals.

survivor] who is fleeing²³ a situation of domestic violence, dating violence, sexual assault, or stalking to - (A) locate and secure permanent housing; (B) secure employment ...; and (C) integrate into a community by providing that [survivor] with services, such as transportation, counseling, child care services, case management, and other assistance. Participation in the support services shall be voluntary. Receipt of the benefits of the housing assistance described in paragraph (2) shall not be conditioned upon the participation of the youth, adults, or their dependents in any or all of the support services offered them."

Although the statute and annual solicitation prominently mention **permanent housing, employment, and community integration**, and although stable housing and the ability to sustain that housing are an important dimension of success, they are not the only targeted outcomes suggested by the statutory language and/or wording of the OVW TH proposal solicitation. For example, the [2015 TH grant solicitation](#) cites the provision of **flexible and optional services that reflect the differences and individual needs of victims**; and in the criteria for being considered a "victim services organization," the solicitation cites the provision of "services that promote the **dignity and self-sufficiency of survivors**, improve their **access to resources**, and create **options for survivors seeking safety** from perpetrator violence...." (p.17)

In addition to data describing the population served and the housing and services provided to survivors, the [standard data set for the OVW Semi-Annual Report](#) includes two specific outcome measures -- housing destination²⁴ and **changes in exiting survivors' perceived risk from violence** -- as well as space to describe progress in achieving program-specific objectives and to report on other program successes. Without minimizing the importance of housing outcomes, the OVW grant program avoids establishing outcome standards that would limit providers' flexibility in defining "success," in tailoring services that can support participants in achieving their goals, and in deciding how to measure or assess program performance.²⁵

(b) HUD's Definition of Program Success

As noted earlier, HUD, the other major national funder of TH programs for homeless survivors, is more prescriptive than OVW when it comes to defining and measuring success. In its [APR Guidebook for CoC Grant-](#)

²³ Section 602 of the [VAWA Reauthorization Act of 2013](#) (see p.56) **removed the word "fleeing"** from the provisions of 42 USC § 13975(a)(1), defining the target population of OVW Transitional Housing grants as: "minors, adults, and their dependents -- (1) who are homeless, or in need of transitional housing or other housing assistance, as a result of fleeing a situation of domestic violence, dating violence, sexual assault, or stalking." The legislation did not remove the word "fleeing" from the very next paragraph, 42 USC § 13975(b), defining the population targeted for supportive services funded by those grants. It is assumed that this was an oversight, and that the legislation was intended to authorize grants for transitional housing for these survivors, including services, whether or not they are still "fleeing" violence.

²⁴ Questions 31 and 34 of the [OVW data set](#), which track the destination of survivors exiting (Q. 31) or terminated (Q. 34) from the program, do not distinguish between housing shared with the abusive (ex-)partner versus independent housing or other "permanent housing of choice." If a survivor's destination is housing with family or friends, it is left to the program to decide whether that housing is "permanent" or "temporary."

²⁵ To complete the [Transitional Housing Semi-Annual Progress Report Form](#) (downloadable from the [VAWA MEI website](#)), OVW grantees must track the demographics of the population served; the type and amount of grant-supported housing made available to participants; the type and number of grant-funded staff; the makeup of its coordinated community response network; how services and housing are made secure and accessible; the numbers of survivors and dependents fully served, partially served, or unserved (and why they couldn't be served); the amounts of housing assistance (dollars or nights of housing) and services (by type of service) provided; for participants who exited or were terminated from the program, their length of stay and housing outcome; exited participant's perception about changes in their relative level of risk from violence; and the types of follow-up services provided. Providers also include narratives about program goals and objectives, the effectiveness of housing and services, remaining areas of need, and how the grant made a difference.

[Funded Programs](#), providing guidance on performance measures for TH and rapid rehousing²⁶ projects funded via its Continuum of Care (CoC) program, HUD defines the following metrics²⁷:

- TH Metric #1: For participants who exited the program during the reporting period, the APR reports on the **percentage and number of persons who obtained permanent housing upon exit**. Projects must compare their actual rates of such transitions to the rates they projected when they initially applied for project funding (historically, approximately 80%).²⁸ One of the scoring criteria in the annual application for new and renewal CoC project funding is the extent to which existing TH, RRH, and supportive services only (SSO) programs have demonstrated an 80% rate of exits to permanent housing during the past year.²⁹
- TH Metric #2 - Projects can either report on "total income" or "earned income," depending on the metric they specified in their grant application. The APR reports on the percentage and number of persons who **increased their total (earned) income**, compared to their income at entry. The APR reports separately on "leavers" (who exited the program in the reporting year) and "stayers" (still in the program at year-end).
- RRH Metric #1 - The APR reports on the **percentage and number of participants (still) housed** as of the end of the reporting year, or who were (still) housed when they exited the program during the reporting year. Projects must compare their actual rates of such permanent housing retention to the rates that they projected when they initially applied for project funding. (See note on TH Metric #1 for description of how HUD's assessment of CoC "system performance" is based on attaining overall 80% "success" rate.)
- RRH Metric #2 - Programs either report on "total income" or "earned income," depending on which metric they specified in their application for grant funding. The APR reports on the **percentage and number of "leavers" and "stayers"** (see definitions above) **who maintained or increased their total (earned) income**, as compared to their income at entry.

²⁶ With respect to the housing arrangement, HUD's Rapid Rehousing (RRH) model is largely similar to the transition-in-place model that many OVW-funded TH programs use, in that the participant receives rental assistance and supportive services in housing where they may remain, if they can sustain the cost of that housing, after the rental assistance ends. However, HUD's regulatory requirements for RRH are more challenging than OVW's requirements. As described in HUD's [Rapid Rehousing: ESG vs. CoC Guide](#), HUD requires that participants in RRH-assisted units have a lease in their name. If the HUD funding comes from a Continuum of Care (CoC) grant, the lease must be a one-year renewable lease; if the funding comes through HUD's Emergency Solutions Grant (ESG) program, there is no minimum lease period. HUD's [Guide](#) also describes other HUD requirements, including housing quality standards, affordability standards, etc. Note that the [CoC Interim Rule](#) (§578.37(a)(1)(ii)(F)) and [ESG Interim Rule](#) (§576.401(e)(2)) waive the usual requirement that participants engage in monthly case management meetings for VAWA-covered providers.

²⁷ A few provider comments describe metrics assessing participant "self-sufficiency" or "self-determination." It has been years since HUD asked funded projects to annually report on participant "self-sufficiency" or "self-determination."

²⁸ Like the previously discussed questions #31 and #34 in the [OVW data set and semi-annual reporting framework](#), HUD's prescribed data set (see item #3.12 on pages 30-31 of the [Homeless Management Information Systems \(HMIS\) Data Dictionary](#)) does not distinguish between housing outcomes involving a return to living with the abusive (ex-)partner versus other permanent housing outcomes. On the one hand, as discussed in the next section of this chapter, returning to the household she fled is not the unequivocally "bad" outcome that an earlier generation of DV programs labeled it; as described, for example, by [Davies \(2009\)](#) and [Thomas, Goodman, & Putnins \(2015\)](#), there are complicated tradeoffs involved in the decision to return to versus permanently leave that relationship. On the other hand, if all such returns -- including returns that were the last resort of survivors who ran out of program options and perceived no viable alternative to prolonged homelessness -- are statistically aggregated as "permanent housing placements," then summary statistics about the housing outcomes of program participants will appear more positive than they actually were.

²⁹ For example, in Section (VII)(A)(5)(d) of [HUD's 2015 Notice of Continuum of Care \(CoC\) Funding Availability](#), which describes scoring for "system performance," HUD explains that "To receive maximum points, a CoC must demonstrate that 80 percent of persons who exit CoC program-funded transitional housing, supportive services only, and rapid rehousing projects exit to a permanent housing destination and that 80 percent of people in CoC program-funded permanent supportive housing remain for at least 12 months."

Ideally, programs would be able to track retention of permanent housing beyond the point of program exit. However, survivor participation in follow-up services is entirely optional, so if program "graduates" choose not to stay in touch with program staff, and if staff are unable or reluctant to contact program alumni (e.g., so as not to inadvertently reveal a survivor's prior program participation to someone with access to the survivor's mail, phone, or email), they have no way of knowing the survivor's ongoing housing status.³⁰

(c) FVPSA's Definition of Program Success

Although Family Violence Prevention Services Act (FVPSA) funds are not used to support transitional housing, many of the provider agencies that sponsor TH programs also operate DV shelters and non-residential supportive services programs (e.g., providing DV-related advocacy, counseling, support groups, etc.) that receive FVPSA funding (and/or other OVW grant funding). FVPSA-funded programs are asked to use two metrics (based on survivors' self-reports) to evaluate their performance:

- At least 65% of participants will have strategies for enhancing their safety; and
- At least 65% of participants will have knowledge of available community resources. ([Lyon & Sullivan 2007](#))

A number of providers interviewed for this project reported using those FVPSA-endorsed metrics to assess the performance of their TH programs; none of these providers indicated that they had adapted those metrics to reflect differences between transitional housing and shelter or non-residential services.

4. Measuring Progress and Success in Meeting Participant-Defined Goals

(a) Measuring Progress and Success vis-à-vis Participants' Self-Defined Goals is Nuanced

[Sullivan \(1998\)](#), [Sullivan & Coats \(2000\)](#), [Melbin, Smyth, & Marcus \(2014\)](#), and the OVW's statement on the first page of its [annual solicitation for TH grant proposals](#) that "successful transitional housing programs provide a wide range of optional and flexible services that reflect the differences and individual needs of victims, and allow victims to choose the course of action that is best for them" all emphasize the importance of **supporting participants in achieving the outcomes that they identify as important** to them. It makes sense, then, to include the survivor's perspective -- that is, their articulation of priority outcomes and their progress in achieving those outcomes -- in any assessment of program successes.³¹

From the survivor's perspective, "success" in transitional housing might involve the attainment -- or progress towards attainment -- of any of a range of outcomes related to her housing, financial stability, personal and family wellbeing: signing a lease; getting a job; buying a car; regaining custody of a child; rebuilding her relationship with her child(ren); obtaining a divorce settlement; getting a GED or college degree; attending English classes; completing a vocational training program; getting a U-VISA; rebuilding her sense of self-worth; feeling empowered; experiencing diminished symptoms of trauma; feeling safer; taking back control over her body and exercising, eating and dressing to please herself; seeing an abusive (ex-)partner imprisoned; recovering possessions taken by that (ex-)partner; repairing cosmetic damage caused by that (ex-)partner; reconnecting with friends, family or community groups were put off limits by that (ex-)partner; etc.

³⁰ Apart from these safety and privacy issues, tracking outcomes over time after participants exit the program would be very time consuming. Since routine OVW and HUD grants contain no extra funds for program evaluation, such long term follow-up would constitute an unfunded burden.

³¹ And, as noted in a prior section, depending on the nature of those outcomes, it may also be helpful to define and assess progress with respect to proximal outcomes, and to assess, as part of reflective practice/supervision, whether the program has done all it can/should to support participants in achieving their targeted outcomes.

Importantly, many survivors hope to be able to heal and return to the relationship they fled, with some strategies that will help to reduce the level of violence, or to simply return to their community, and be able to safely interact with their former partner when their paths cross (which is likely, given the overlap in their circles of friends and family, and especially if there are shared parenting responsibilities). [Davies \(2009\)](#)

Given the complex realities of survivors' lives, "success" is not necessarily an all-or-nothing outcome. Just as there are reasons why a survivor may not wish to end their relationship with the person that abused them (see, for example, [Buel \(1999\)](#) and [Davies \(2009\)](#)), there are reasons why a move to independent housing may be a bittersweet outcome. Whether a return to the household they fled or a move to new housing is seen as a "success" or an unfortunate outcome depends on how *the survivor* understands her tradeoffs ([Thomas, Goodman, & Putnins, 2015](#)) vis-à-vis other options and their likely consequences.

If, from a survivor's perspective, returning to the household she fled is the only way to avoid severing relationships with her extended family, even if it places her in danger of further abuse, that is qualitatively different than if she returns because her only other perceived option is moving to a homeless shelter or living out of her car. While program staff should support her right to decide in either case, in the first case, returning to that household provides important benefits which another alternative might not afford her. In the second case, had the program been able to support the survivor in finding alternate housing, it is quite possible that she would not have returned to her former household.

Assessing whether an outcome represents a success, therefore, depends -- in good part -- on the relationship of that outcome to the survivor's (stated) goals and priorities. There will be shades of gray: if the survivor and her child had time in the TH program to rebuild their relationship away from the abuse and to develop new safety strategies, but are returning to the relationship they fled in order to preserve their connections to the survivor's extended family, their stay in the TH program might be characterized as successful, and the decision to return to the relationship would not represent a failure of the program to facilitate a different outcome. On the other hand, if the survivor had sought to have her abusive (ex-)partner prosecuted, but the program was unable to help her obtain the necessary legal assistance, the outcome might not be seen as successful.

Although some outcomes may be more clearly positive (e.g., transitioning to new housing, if that's what the participant wanted; obtaining a good job, if that was the participant's goal; beginning an apparently positive relationship), or more clearly negative (e.g., succumbing to drug addiction and winding up on the street, being kidnapped by a trafficker), many other outcomes will represent partial successes and partial disappointments to the survivor (e.g., an imperfect divorce settlement or custody agreement; a low wage job that is insufficient to sustain housing; partial success in clearing abuse-related blemishes in her housing and credit histories; reluctantly returning to the household she fled for lack of viable housing options, but with a better safety plan and a stronger sense of [safety-related empowerment](#); relocation to a different community, where she is unable to be in contact with friends and family from her former life; etc.).

Of course, tracking progress towards achieving participant-defined outcomes is not merely a reporting exercise. It is an opportunity to periodically re-focus the work that program and staff are doing to support the participant on their chosen path. If a participant has a less-than-satisfactory job (e.g., inconsistent hours, stressful, difficult commute, etc.), the participant and program staff can focus on getting a better job. If her child is in a pre-school program that isn't working out (e.g., staff can't address the child's special needs, a poor fit with the survivor's work schedule), the participant and program staff can work on finding something better. If the survivor's housing feels unsafe, they can work to find alternate housing. Some imperfect outcomes may be final (e.g., a divorce settlement providing too little support); others might be subject to improvement.

So, while a program affirms an outcome in its statistical report to funders, staff might encourage participants to decide, "Is this outcome an endpoint, or a temporary solution?" If the latter, what's the next step, how high a priority for the survivor is further effort, and what does the participant need in order to take that next step?

(b) Participants' Definitions of "Success" Are Likely Broader than Providers' and Funders'

In their multi-year project documenting how survivors define "success," [Melbin, Jordan, & Smyth \(2014\)](#) found that survivors' personal definitions of "success" don't necessarily match up with any of the traditional categories of "positive program outcomes," and need not have anything to do with the violence. For many of the survivors who participated in their project, "success" was about being connected with family, friends, and other community members -- sometimes including the person who had perpetrated the violence.

That is, although DV program staff and funders may see program participants primarily as "victims" or "survivors" apart from their roles in the community, the women -- especially members of ethnic and cultural communities that de-emphasize the importance of the individual and, instead, emphasize the centrality of the family and broader community -- may well have primary identities that are not about the violence or abuse they have experienced, but rather about their positive roles as mothers, caregivers, and members of support networks. As whole people with personally meaningful roles to play in their communities, ***their definitions of "success" may have less to do with being in or leaving an abusive relationship, and be more about the roles, activities, and accomplishments that are integral to their identity and sense of purpose and ability to contribute*** -- parenting and sharing in the successes of a child, caring for an elder, graduating from high school or college, getting a driver's license, becoming a citizen, etc. As described by [Melbin, Jordan, & Smyth \(2014\)](#),

"Services provide the lens through which practitioners understand survivor identity and success, whereas survivors derive identity and purpose from connection and personal accomplishment far beyond the bounds of the abusive relationship and the walls of the program." (p.7) "Policy advocates and funders described success for survivors in terms of survivors' gaining freedom from the abusive relationship in order to have autonomy and decision-making power in their lives, and access to services and various interventions were the path to that success." (p.24) "The limited focus of traditional domestic violence programs (separation from the person perpetrating violence, transformation from 'victim' to 'survivor' through counseling and case management) manifests in all levels of the work, from policy to funders' expectations of program performance, and, of course, to individual advocacy with survivors and their families. This context greatly influences practitioner's views about their work and limits their ability to see strategies for success outside of programs." (p.29)

Analogously, a surgeon who mends a damaged knee joint has the narrowest lens, measuring success in terms of the structure and functionality of the repaired joint. The physical therapist who works with the patient in the aftermath of surgery has a slightly wider lens, measuring success in terms of the strength and mobility of the repaired joint. The woman whose life -- and lens -- extend well beyond her encounter with the medical system -- will more likely measure the success of the medical intervention in terms of whether she can climb the stairs and garden and play soccer with her kids. The woman is a whole person, and her role as a patient is only ephemeral, and hardly as central to her identity as her role as a mother, wife, contributing member of her community, and perhaps, as a business person or worker. By contrast, her role as a patient is primary to the health care system. The surgeon's and physical therapist's timeframes for measuring "success" end when their respective interventions end; the woman's timeframe for assessing success extends well beyond those interventions, and her focus is not on the knee, but on fulfilling the roles that give her life meaning.

In the same way, a survivor's lens and timeframe are inherently broader than that of the TH provider or the funders, and so she is likely to define and measure success differently. The survivors and providers participating in [Melbin, Jordan, & Smyth's \(2014\)](#) project concluded that to best serve survivors in their programs, "[those] survivors' self-defined and identified ideas of success must be the cornerstone for shaping [programmatic] responses." (p.28) That is, it is important to support participants in identifying and pursuing personally meaningful goals, whether or not those goals are specifically related to the abusive relationship, and whether or not they can be achieved within the timeframe of the program intervention. ***Focusing on survivor-defined goals not only recognizes and addresses the priorities of the clientele that programs exist to serve, but is a direct affirmation of each survivor as a whole person, with a range of assets, resources,***

and challenges, and with the right to make choices and to establish personal goals, in contrast to the negation of the victim's priorities and aspirations that often characterizes abusive relationships.

The more narrowly funders define success and assess performance, the more challenging it can be for a program to focus on survivor-defined goals, if they diverge from funders' expectations. The ***voluntary services model*** embraced by the OVW (and encouraged in the most recent HUD competition for funding³²) emphasizes the importance of survivor self-determination relative to the services and activities they will participate in and the goals and objectives they will pursue. NNEDV and others have developed "[Goals Sheet](#)" templates which a number of the providers we interviewed described using to help staff and participants codify -- and periodically update or revise -- their goals, their definitions about what "success" will look like, and the relevant strategies, resources, and timeframes for achieving those goals and successes.

On the one hand, staff will want to make sure that their focus on goals -- even the survivor's goals -- doesn't put undue pressure on participants. On the other hand, regular reference to and updating of the goal sheets personalizes the focus of the program, and helps ensure staff focus on supporting participants in achieving the goals that they have prioritized. Because, as was noted earlier in this chapter, what gets measured gets done.

5. Performance Measurement In Context

(a) A Conceptual Framework and Theory of Change

Loosely speaking, programs that target assistance to the victims of domestic and sexual violence, and the public and private entities that fund them, share the common goal of restoring or increasing the wellbeing of survivors. As described in earlier sections of this chapter, some funders take a narrower approach to defining success (e.g., specifically focusing on transitions to independent housing and increased income), and some take a more expansive approach (e.g., focusing on participant-defined goals, which may be more related to roles that provide meaning in the survivor's life, and less about escaping the abusive situation). Likewise, as illustrated by their comments, providers and their staff maintain a range of working definitions of success.

[Sullivan \(2012, updated 2016\)](#) outlines a "Conceptual Framework" for understanding how domestic violence-related programs can support survivors in achieving "social and emotional wellbeing." She suggests that although "domestic violence programs [also work to] reduce ***risk factors*** and enhance ***protective factors*** that have been linked to re-victimization and impaired wellbeing ... they are interested in more than preventing a negative event (e.g., abuse, PTSD) from occurring. ***The primary focus of domestic violence programs is to enhance promotive factors that contribute to survivors' and their children's wellbeing.***" (p.6)

Consistent with the survivor-centered approach embraced by OVW, the Conceptual Framework leaves it to the survivor to define for themselves what "wellbeing" means, and focuses instead, on how program efforts can help create and support the conditions in which survivors can enjoy success and experience wellbeing. Consistent with [Melbin, Jordan, & Smyth's \(2014\)](#) work highlighting the community context in which survivors' goals and definitions of success are framed, and with [Goodman et al.'s \(2009\)](#) analysis of the intersection of poverty and domestic violence and the significant role of community support in enabling survivors to cope with and move beyond that violence, the Conceptual Framework "recognize(s) the importance of community, social, and societal context in influencing individual, social, and emotional wellbeing." (p.5)

³² [HUD's 2015 Continuum of Care funding competition](#) awarded points to CoCs in which "at least 75 percent of the permanent housing (permanent supportive housing and rapid re-housing) applications [used a] Housing First model [and] at least 75 percent of the transitional housing projects [used a] Housing First model by ***providing low-barrier transitional housing that does not have service participation requirements or preconditions to entry*** (such as sobriety or a minimum income threshold) and that prioritizes rapid placement and stabilization in permanent housing." (p.45) Performance of TH projects was still measured in terms of increased income and permanent housing placements, as described earlier.

Sullivan's [Conceptual Framework](#) draws on the literature to identify seven predictors of adult and child wellbeing -- (i) self-efficacy; (ii) hope; (iii) social connectedness and positive relationships; (iv) physical, emotional, and economic safety; (v) access to adequate resources (e.g., police protection, safe housing, employment, transportation, childcare, etc.); (vi) social, political, and economic equity (i.e., the absence of economic, political and social inequity, persecution, and discrimination); and (vii) emotional, physical, and spiritual health -- as well as an eighth predictor, resiliency, especially relevant to child wellbeing.³³ (pp. 7-10)

While wellbeing may be difficult to measure, some of these more specifically defined predictors of wellbeing can be measured using instruments like the standardized, validated metrics that assess "quality of life," "social support," "hope," "life satisfaction," and "housing instability" that are described in Section 3 ("Standardized Measures Related to the Theory of Change") of the [Evaluation Tools webpage of the Domestic Violence Evidence Project](#). Arguably, an increase in a predictor of wellbeing is a successful outcome, in that it is likely to contribute to increased wellbeing. Measuring predictors of wellbeing doesn't replace efforts to track progress in achieving participant-defined goals, but it does provide a possible alternative or supplement to narrowly defined metrics that may overlook or be inconsistent with participants' needs, desires, and circumstances.

Sullivan's [Conceptual Framework](#) categorizes nine typical types of DV program interventions (see pp. 13-16) -- most, if not all, of which are part of the mix of services offered by TH programs (see text box below) -- and cites preliminary evidence (pp. 16-22) that these interventions can make a positive difference and contribute to improvements in the aforementioned predictors of wellbeing. Unlike clinically defined evidence-based practices intended to treat, for example, PTSD³⁴, Sullivan's Framework is not a prescription for a specific mix or duration of services, nor does it recommend standards for how these services should be provided. Instead, it is proposed as a "road map" for linking our collective understanding of domestic (and sexual) violence with the approaches that programs take to address it and what they hope to accomplish by taking those approaches:

"Examining domestic violence work with survivors and their children within a conceptual framework helps programs define and communicate what they do and why they do it. It is also a way to continually examine one's own accountability: How well is a program meeting its goals? Is a program engaging in practices that are likely to lead to their desired goals? Should staff be doing anything differently?" (p.5)

DV Program Interventions that Make a Difference (from [Sullivan's Conceptual Framework](#))³⁵

- i. Providing information** to increase adult and child survivors' knowledge about their rights, options, and available community resources; about the dynamics of the domestic, sexual, or other violence they may have experienced; and about how adult and child survivors might respond to such violence -- so that they can better understand and heal emotionally from their abusive experiences, and make the best decisions for themselves and their families.
- ii. Supporting ongoing and evolving safety planning** by/with survivors and their children, which is flexible, individualized to each survivor's experience and context (and age-appropriate for the children), and based on survivors' judgment about what might reduce future risk of abuse.

³³ [Sullivan \(2012, updated 2016\)](#) observes that "children exposed to abuse against their mothers are at increased risk for physical, emotional, behavioral, social and cognitive problems" (p.10), and that "the most consistent factor cited as promoting children's resiliency post-trauma is a secure attachment to the non-abusive parent or other significant adult caregiver" (p.11); that "mothers' social and emotional wellbeing is fundamentally intertwined with their children's wellbeing" (p.15); and that "unless the children's and family's needs are considered as a whole (with family often including extended family and [fictive kin](#)), mothers' social and emotional wellbeing will not be achieved." (p.16)

³⁴ See for example, [SAMHSA, 2014, Chapter VI](#), describing various trauma treatment modalities and the evidence compiled to document their efficacy.

³⁵ Program interventions rely heavily on text from [Sullivan \(2012, updated 2016, pp. 13-16\)](#).

iii. Supporting survivors' efforts to build skills -- ranging from resume writing, interviewing, parenting, problem solving, budgeting and money management, coping with distress and the symptoms of trauma -- that will allow them to put their knowledge into practice, and experience self-efficacy.

iv. Offering encouragement, empathy, nonjudgmental support, and respect, as well as strategies to help survivors recognize and overcome anxiety that may stem from their trauma. Citing work by [Bandura \(1977\)](#), [Bandura & Cervone \(1983\)](#), and [Hyde et al. \(2008\)](#), Sullivan states that "self-efficacy is influenced not just by prior experiences of success, but by encouragement from others."

v. Providing supportive counseling -- individual counseling, support groups, crisis intervention, and casual conversations with staff -- "to help survivors and their children understand that they are not alone in their experience and are not responsible for their victimization; ... [to help them] identify the impact that the abuse has had on them, and how to ... cope with events that may 'trigger' the same physiological or emotional reactions they experienced when being abused."

vi. Supporting increased access by survivors to community resources and opportunities via empowerment-based advocacy, that is, by working alongside survivors to help them obtain the benefits and protections to which they are entitled; navigate housing-, employment-, or custody-related challenges; etc.

vii. Helping survivors to experience increased social support and community connection, by offering program-based opportunities for mutual support (e.g., support groups, social gatherings); by supporting participants in sustaining, rebuilding, or creating connections with members of the community who can provide meaningful support; etc.

viii. Supporting community engagement and social change work through systems-level advocacy (generally targeted at the criminal justice, health care, welfare, child protective service, and other systems), prevention activities, community education activities, and collaborative community actions.

ix. Addressing survivors' needs as mothers/caregivers, by helping them understand the impact of the abuse on their children, and by supporting them in their parenting, in addressing custody- or visitation-related challenges, and in their interactions with their children's school, Child Protective Services, Family Court, etc.

(b) The Contribution of Process-Focused Evaluation Data

(i) What Process-Focused Metrics Measure

The previously discussed performance metrics prescribed by HUD for transitional housing and rapid rehousing programs and the FVPSA-defined metrics assessing survivors' safety strategies and knowledge of community resources are examples of "**outcome evaluation**" metrics. That is, they measure program performance in terms of the intended benefits to participants, as defined by the funder. The NNEDV goal sheets that may be used to track progress and attainment of participant-defined goals are, likewise, tools for outcome evaluation, measuring program performance in terms of outcomes that are meaningful to participants.

Outcomes are the end-products of the inputs and efforts of participants and the provider agency and its staff members (and all the community resources they leverage) -- mediated by the environment in which participants live and/or the program operates: the housing and job markets, the judicial system, child welfare system, health coverage and health care delivery systems, public education system, public transit system, etc.

To understand how program efforts might relate to those outcomes; to assess whether certain categories of participants are being better served by programs or enjoying better outcomes than other participants, and to inform providers' planning discussions about what their programs might do differently to encourage stronger or more consistent positive outcomes, providers can collect and analyze data that answers the kinds of standard "**process evaluation**" questions described in [Sullivan \(1998\)](#) and [Sullivan & Coats \(2000\)](#). Process evaluation data can provide important details about:

- The kinds of applicants getting into the program (i.e., their demographics and circumstances, how they got to the program, etc.), the kinds of applicants getting turned away and why, and, by comparing

applicant demographics to the population of the overall service area, the kinds of community members who are not even seeking help from the provider³⁶;

- The steps that each participant goes through when they enter the program (e.g., a welcome and orientation, planning meetings with staff to assess participant needs and priorities, etc.), and how that program entry process is working;
- The number and types of meetings/contacts with staff, the types of services offered and the types of services that participants actually engage in, the types of referrals made and followed through on, etc.;
- The extent to which participants are satisfied with the program and their thoughts about how it could be improved, and the extent to which staff are satisfied with the program and *their* thoughts about how it could be improved are service recipients; and
- How the program has changed over time, the kinds of impacts those changes have had, and how the program could be further strengthened.

A process evaluation can collect data about how participants interact with the agency, with the program, and with specific staff members, and can inform changes and performance improvements at each level.

Process evaluation data allow a provider to compare their assumptions and expectations about how a program is working with the actual on-the-ground realities.

- Are the services offered by the program providing the type of assistance that a survivor needs and wants? For example, although program staff may be focusing on helping participants get on as many housing waiting lists as possible, that emphasis may not be meeting the needs of a participant whose most immediate priority is favorable resolution of a pending custody case. Better staff/participant communication to elicit survivor priorities might result in a re-focusing of program assistance.
- Are services being delivered in a way that makes them accessible to survivor? For example, staff may believe that in-house interpreters are adequately serving participants with limited English-speaking capabilities. However, program data may reveal that staff are relying on telephone translation because multilingual staff are often unavailable to serve as translators, or because participants are mistrustful of those staff, because of their connection to the local community.
- Are participant expectations and program practices in sync or out of alignment? For example, staff may assume that levels of housing assistance are adequate, and leave participants sufficient income to cover their other expenses. However, participants may be finding that funds remaining after they meet their share of housing-related costs are insufficient to cover basic needs for themselves and their children. A better feedback system could inform a change in program policy on participant contribution to housing-related costs.
- Are programs providing appropriate information to participants? For example, although program staff routinely offer information to participants about local education and training options, participants may feel that they are not adequately prepared about the cost of enrollment in those options or the challenge of obtaining financial assistance with those costs. Better feedback could inform program efforts to provide clearer information about these costs and better support for accessing scholarship assistance.

³⁶ Given the broad reach of domestic and sexual violence, the diversity of victims/survivors, and their different needs and abilities to access assistance, [Sullivan \(1998\)](#) and [Sullivan & Coats \(2000\)](#) emphasize the importance of assessing -- as part of **both process and outcome evaluations** -- whether and how a program serves and benefits different subpopulations of survivors, as defined by age; race/ethnicity/language(s) spoken/religious affiliation; citizenship status; gender identity and sexual orientation; physical, emotional, and mental health/disability status; literacy; and socioeconomic status.

(ii) An Example: Survivor-Defined Practice - A Measure of Voluntary Services

As described by [Goodman et al. \(2016\)](#), *survivor-defined practice* is an approach to delivering support that is: "(a) shaped by the [survivors'] goals for themselves, (b) offered in the spirit of partnership [i.e., non-hierarchical, and without expectations, and] (c) sensitive to the unique needs, contexts, and ways of coping of individual survivors and their families." (p.165) Echoing [Melbin, Jordan, & Smyth's \(2014\)](#) message about the importance of understanding how survivors define "success," [Goodman et al. \(2016\)](#) explain that "At the very heart of survivor-defined practice is the work of eliciting a survivor's own priorities and then supporting her efforts to reach them." (p.167)

[Goodman et al., 2016](#) proposed and statistically tested for reliability and validity a *Survivor-Defined Practice Scale (SDPS)* to help programs use direct participant feedback to assess whether their approach to services adequately emphasizes client choice, partnership between staff and participant, sensitivity to each survivor's unique needs, the context in which services are provided, and each survivor's coping strategies. The SDPS measures each of the following elements on a Likert Scale:

- I feel respected by staff in this program.
- Staff help me to shape goals that work for me.
- Staff here support my decisions.
- Staff here do not expect me to be perfect.
- Staff here support me even when things are not going well.
- Staff here make sure that services are right for what I need.
- Staff here offer choices.
- Staff here believe that decisions about my life are mine to make.
- Staff here respect the way I deal with things, whether or not they agree with it.

(c) The Challenge of Soliciting Participant Feedback

How and when the input of participants is solicited may be an important determinant of the quality of the feedback. Participants who have come from relationships in which critical feedback was punished, or whose culture, upbringing, or prior experience with government-supported service systems discouraged questioning authority may not be comfortable offering candid feedback, and may, in fact, fear reprisal. Such participants may have a hard time providing critical feedback directly to staff, especially while they are still in the program. Participants who have suffered the consequence when family or friends broke their trust and shared personal confidences with an abusive partner may not trust fellow program participants to maintain confidentiality in the aftermath of candid group discussion about the program. And they may be rightly concerned that even anonymous feedback, if it is specific enough, can be traced back to the person who shared that feedback.

Notwithstanding all these barriers, ***obtaining real-time specific feedback about how the program is working for each participant is essential to ensuring that it is meeting participant needs. While feedback during an exit interview might inform changes that will benefit future participants, it comes too late to address gaps in assistance or problems that may have limited the effectiveness of the program for the exiting participant.*** Likewise, while anonymous and general feedback about current participants' experience in the program can provide an overall sense of how things are going, it may not be detailed enough to inform modifications or improvements that will benefit those participants.

Ideally, staff and participants are able to develop the kind of trusting relationships that allows participants to candidly share their concerns. And ideally, non-defensive, gracious staff responses that evidence a commitment to participants' wellbeing and a receptiveness to such feedback; a willingness to address survivor concerns, when possible; and honest acknowledgement when such changes aren't possible, serves to affirm participants' rights to assert and to seek support in addressing their needs and desires.

As with many aspects of the transitional housing experience, the quality of the staff/participant relationship is a key determinant of a program's ability to obtain timely and meaningful feedback about services.

Some participants choose to stay in touch with provider staff after they leave a TH program; others do not. While it might inform a provider's (or funder's) understanding of their program's impact to conduct a follow-up interview with the participant several months after her exit from the program, it might not be safe or appropriate for program staff to reach out to her. A number of the providers we interviewed expressed concerns that their phone call, letter, or email might be intercepted by an abusive partner, thereby endangering a former participant. Some providers simply refrain from such follow-up; other providers described asking exiting participants about "safe contacts" (e.g., a survivor's family member or friend) that the provider could reach out to when and if program staff wanted to get in touch with that survivor.

Of course, any participant data should be collected safely and respectfully, protecting participant anonymity, and ensuring that survivors feel safe in providing the information. Data should not be collected when a survivor is under stress or in crisis.

6. Specific Metrics

(a) Resources Featured by the Domestic Violence Evidence Project

The [Evaluation Tools webpage](#) of the *Domestic Violence Evidence Project* website (an initiative of the National Resource Center on Domestic Violence) contains a wealth of information about evaluation and performance measurement, as well as explanations of and links to specific relevant metrics and evaluation tools and participant feedback templates. Specifically, the site includes

- Links to tool kits and guides: (1) [Sullivan's \(1998\)](#) Practical Guide to Outcome Evaluation Strategies for Domestic Violence Programs; (2) [Sullivan & Coats' \(2001\)](#) Practical Guide to Outcome Evaluation Strategies for Sexual Assault Programs; (3) [The National Latin@ Network for Healthy Families and Communities' \(2015\)](#) Building Evidence: An Evaluation Toolkit;
- Links to the following handouts developed by Dr. Cris Sullivan: (1) [Handout 1 – Creating a Plan with Staff for Collecting Outcome Data](#); (2) [Handout 2 – Inviting Program Participants to Complete Program Evaluation Forms](#); (3) [Handout 3 – Example Outcomes for Domestic Violence Programs](#). The third handout focuses on outcomes that would be meaningful to shelters and supportive services providers, but many of those services may be relevant to addressing TH participant needs, and many of the issues addressed in shelter (e.g., safety planning, knowledge of options, greater confidence in personal decision making) continue to be applicable to the work of TH programs.
- Links to **survey instruments** developed by Dr. Sullivan that survivors can use to evaluate the effectiveness of the specific services they received, including [shelter](#), [advocacy](#), individual counseling ([DV](#) and [sexual assault](#)), support group ([DV](#) and [sexual assault](#)), and [parenting support](#). **Note:** [Sullivan \(2011\)](#) observes that providers often describe the client feedback forms they use as "satisfaction surveys," when, in fact, they often also track participants' outcomes related to the services they received. She notes that while client satisfaction data provide intrinsically important information about whether or not participants find services to be respectful and useful, funders are typically more interested in outcomes than satisfaction, and are likely to treat findings more seriously if those findings include (and highlight) outcome data.³⁷
- Links to standardized, statistically validated instruments based on program participant responses to questions answered with a yes/no or using a Likert-type scaled response (e.g., strongly disagree /

³⁷ Thus, if a provider was using a survey instrument that **only** asked about participant satisfaction, it would be advantageous to add questions about participant outcomes.

disagree / agree / strongly agree) to assess [Quality of Life](#), [Satisfaction with Life](#), [Social Support](#), [General Self Efficacy](#), [Hope](#), [Financial Worries](#), [Housing Instability](#), the aforementioned metric assessing [Victim Empowerment Related to Safety \(MOVERS\)](#)³⁸, and the [Trauma-Informed Practice \(TIP\) Scale](#)³⁹ (also available in [Spanish](#)), assessing whether participants found DV program services to be trauma-informed.

Note: While transitional housing program staff may be wary of overburdening participants by asking the full set of questions from some of these evaluation instruments, they might consider using some of the component questions (e.g., "I feel confident in the decisions I make to keep safe" -- from the [MOVERS tool](#) -- and "I can remain calm when facing difficulties because I can rely on my coping abilities" -- from the [Self Efficacy Scale](#)) to give participants a chance to reflect on the progress they have made, and the progress they aspire to. Hearing some of those questions may help participants visualize what it would look/feel like to achieve some of their own goals (e.g., empowerment, safety, self-confidence, etc.).

(b) Outcome Measures for Work with Children and Youth

[Lyon, Perilla, & Menard \(2016\)](#) provides a framework for developing outcome measures that can be used by Domestic Violence programs working with children and youth, and then provide ten sample measures that could be used with parents/caregivers, and ten sample measures that could be used with children/youth age 8 or older. The authors sought to make their work generalizable to a range of residential and non-residential programs, that is, recognizing that participants could have widely varying needs, would participate in programs for varying lengths of time, and might access many or only one specific support.

Those same considerations apply to TH programs: Depending on the nature of the housing (e.g., congregate, clustered, scattered-site), for example, staff may either regularly or only rarely spend time with the children of adult survivors. The TH program may or may not be part of a full service agency and/or connected to a shelter with children's programming, and the children and their parents may or may not have a relationship with staff who lead that programming. To be meaningful, outcome metrics must be linked to the realities of the available assistance and the type of participation supported by the parent.

The authors suggest that such outcome measures "will be most useful if they: (a) apply to a range of services . . . (b) apply with limited amounts of contact . . . (c) are associated with evidence of improved wellbeing for children [e.g., the authors identify ability to regulate emotions, problem solving ability, relationship skills, sense of optimism] . . . (d) can be reduced to a very small number of items . . . (e) apply across cultures . . . (f) apply to all [kinds of] children [e.g., diverse ages and stages of development, with different types of exposures to family violence, etc.] . . . (g) can be implemented with sensitivity to ethical issues." (pp. 2-4)

³⁸ [Goodman, et al \(2015\)](#) explains how empowerment is domain-specific; a woman could feel more empowered in her work or craft, but less empowered in terms of her ability to keep herself and her children safe. The component questions of the MOVERS tool could not only be helpful in measuring progress towards safety-related empowerment, but could also help a survivor clarify for herself what empowerment looks and feels like in other domains, and how she might recognize her progress towards such empowerment.

That same process of deconstructing abstract concepts like empowerment into more concrete experiences could also help a survivor envision what a stronger relationship with her child would look like, what healing from the trauma would feel like, etc. Clarifying what her personal success could look like; grounding that vision in tangible, specific, achievable component elements; and perhaps even rehearsing how she would behave and feel when she is successful, could make success seem more attainable and facilitate attainment of that success. ([Taylor 2011](#), [Taylor and Sherman 2008](#))

³⁹ See [Chapter 11](#) ("Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children") for more about the [Trauma Informed Practice \(TIP\) Scale](#), the American Institute for Research/National Center on Family Homelessness' [Trauma-Informed Organizational Self-Assessment tools](#), and the [Praxis Safety and Accountability Audit](#).

(c) Outcome Measures for Work with Survivors with Disabilities

The [End Abuse of People with Disabilities website](#), managed by the Center on Victimization and Safety (CVS) at the [Vera Institute of Justice](#), serves as a resource for "connect[ing] the practitioners, organizations, government agencies, communities, and individuals that make up the growing movement to end abuse of people with disabilities and Deaf people, [and for] access[ing] the latest resources and research from the field, and to advance the thinking around intervention and prevention." With the help of OVW and other government and foundation funding, the [stated goals of the CVS](#) are to

- Provide technical assistance to communities and organizations across the country, providing them with resources and supporting them to develop and implement best policies and practices.
- Test and evaluate solutions that are realistic and transformative.
- Address problems that impede equal access to services.
- Advocate that the needs of people with disabilities and Deaf people be considered when developing policy solutions and responses to crime.
- Foster a continued dialogue about enduring and emerging issues that inform an inspire change.

As part of that work, the CVS has developed a [Measuring Capacity to Serve Survivors with Disabilities: Performance Indicators webpage](#) with links to guides for different kinds of organizations, including residential DV programs, and an introductory webinar with "practical tips for implementation:"

- [Measuring Your Organization's Capacity to Serve Survivors with Disabilities Introductory Webinar](#)
- [Disability Organization Implementation Guide and Scoring Tool](#)
- [Residential Domestic Violence Program Implementation Guide and Scoring Tool](#)
- [Non-Residential Domestic Violence Program Implementation Guide and Scoring Tool](#)
- [Rape Crisis Center Implementation Guide and Scoring Tool](#)
- [Programs Addressing Domestic and Sexual Violence Implementation Guide and Scoring Tool](#)

(d) Example of a Full Scale Program Evaluation

The Washington State Coalition Against Domestic Violence (WSCDV) conducted a [comprehensive evaluation of its Domestic Violence Housing First program](#), as implemented by nine Cohort 2 agencies from 2011 to 2014. The report provides statistical and narrative information about program strengths, successes, and challenges, and serves as an example of how the collection and analysis of program data -- including the observations of participants -- can be helpful in informing funders and peer providers, as well as providing useful feedback to the program about opportunities for improvement. Too often, data collection is seen as a funder-imposed obligation, rather than as an opportunity to showcase program successes and to better understand how the program works. Clearly, more resources went into that evaluation process and report than most providers have for evaluation; nonetheless, the WSCDV report is a helpful example of how data can be used to benefit survivors and the programs that serve them.

7. A Few Final Words of Caution

(a) The Limitations of Summary Performance Metrics

A funder understandably wants its resources to "make a difference," and typically looks to allocate those resources to programs that perform well, based on that funder's definition of "success." As noted earlier in this chapter, OVW does not define performance standards for its TH grantees, instead, allowing grant recipients to focus their efforts on helping participants address their individually-defined needs, goals, and

priorities. By contrast, HUD grant recipients must report on -- and are evaluated in terms of -- their progress vis-à-vis standard metrics; thus, TH projects must report their rate of placing participants into permanent housing, and rapid rehousing projects must report the percentage of participants who retain their housing or transition into other permanent housing.⁴⁰

Some of the providers we interviewed spoke about routinely helping survivors transition to housing within six months; other providers described challenges supporting successful transitions within a two year timeframe. Does that kind of bottom line difference mean that one group of providers was outperforming the other -- or do those summary metrics misleadingly overlook important information?

As discussed earlier in this chapter, a provider's approach to participant selection (e.g., targeting survivors with fewer barriers versus survivors facing more extensive challenges in accessing housing and/or employment) and that provider's operating environment (e.g., local availability of decent affordable housing and/or housing subsidies, competitiveness of local job market and adequacy of prevailing wages vis-à-vis housing costs) may have a significant bearing on measures of performance based on participant outcomes.

Similarly, the resources available to a program, whether in-house or via relationships with other community providers, may also have a significant bearing on participant outcomes. It stands to reason, for example, that all things being equal, programs that are better funded, that can leverage a stronger mix of in-house staff and other resources, and that serve communities which offer participants good access to supplementary health and social services would likely have higher housing and job placement/retention rates than stand-alone programs with very limited staff, and little or no ability to leverage other in-house or external resources.

Finally, funder-defined constraints may also play a role in program performance. For example, programs that more sharply limit lengths of stay, whose participants have less time to search for housing, less time to rise to the top of housing/subsidy wait lists, less time to build their housing credentials (e.g., increase their income, clean up their credit, pay down debts, etc.), and less time to heal from addiction, mental health, and other trauma-related challenges would likely have lower placement/retention rates -- unless those programs largely screen out participants with more complex, time-consuming needs.

Generally speaking, programs that serve participants with more complex needs, that have fewer resources at their disposal, that serve regions with more difficult housing and/or job markets, that are more sharply constrained by their funding sources, and that have less access to in-house and leveraged services and resources are likely to look like "weaker performers" -- if their performance is measured in terms of

⁴⁰ For HUD reporting requirements, see guidance on Questions #36a and #36b of the Annual Performance Report (APR) pertaining to standard performance measures in HUD's [CoC APR Guidebook for CoC Grant-Funded Programs](#) (pp. 46-50). Note that a move from transitional housing into either independent housing or housing with a friend or family member or the survivor's (ex-)partner all count as permanent housing placements for OVW and HUD reporting purposes, if the survivor has the option to stay in that housing as long as they can afford the cost and comply with their lease. (See item #29 in the [APR Guidebook for CoC Grant-Funded Programs](#) (pp. 41-42) for HUD's taxonomy of "destinations"; for OVW's taxonomy of destinations, see the answer options for questions #31 and #34 in the [OVW's semi-annual reporting form](#).)

Note also, that although participants in a transition-in-place project funded with a HUD Rapid Rehousing grant or an OVW Transitional Housing grant can, depending on the project design, continue to receive grant-funded services for a limited time after their grant-funded rental assistance ends, most participants exit the program when that financial assistance ends. Thus, housing retention is typically a measure of whether and/or how long participants remain in their placement housing while they are receiving grant-funded assistance with rent and/or utility costs. (See HUD guidance on item #36a of the APR in HUD's [CoC APR Guidebook for CoC Grant-Funded Programs](#) (pp. 46-50).)

Note, lastly, that neither HUD nor OVW ask providers to report on retention of "placement" housing which survivors accessed when they completed a "traditional" transitional housing program. Because survivors don't necessarily remain in contact with program staff, and because, as noted earlier, reaching out to such survivors runs the risk of inadvertently compromising their confidentiality and safety (i.e., if a provider's outreach letter, call, or email is intercepted by an abusive partner), there is no good statistically reliable way of tracking the longer term outcome of such placements.

standardized housing/job placement and retention metrics -- than better resourced programs serving survivors with fewer barriers in less difficult housing and employment markets.

If all things were equal, summary statistics might provide a sound basis for evaluating and comparing performance. But all things aren't equal: ***to the extent that they don't account for differences in the needs and circumstances of the survivors served, differences in the resources available to providers and program participants, and differences in the challenges posed by the environments in which the programs operate, summary statistics may provide only an incomplete, and potentially misleading, story about performance.***⁴¹

(b) An Ongoing Challenge: Framing Goals that Don't Impose Provider Priorities on Survivors

As part of our interviews, we asked providers what success looked like for them. As illustrated by the comments which follow, many providers fully embrace the survivor-centered approach advocated by OVW, and described on the first page of its [annual solicitation for grant proposals](#):

"The OVW Transitional Housing Assistance Grants [Program] focuses on a holistic, victim-centered approach to providing transitional housing services that move survivors into permanent housing. . . . Successful transitional housing programs provide a wide range of optional and flexible services that reflect the differences and individual needs of victims, and allow victims to choose the course of action that is best for them."

Thus, there are provider comments which define success as supporting participants in working to achieve the goals that they have defined for themselves, as well as comments which envision success as stable, violence-free housing. To the extent that stable housing typically depends on having an adequate income (which either means a decent job or some combination of a housing subsidy plus benefits and/or low-paying work), the stated definition of success often included mention of an income and a job and possibly a housing subsidy.

For many providers, their definition of success is that simple; for many others, success is more multifaceted, reflecting the diversity of philosophies and approaches held by the various provider agencies and their program staffs. From their comments, it seems that some equate success with "independent housing," implicitly embracing the idea that leaving the abusive partner was in the survivor's best interest. Other comments indicate that employment and self-sufficiency are part of their definition of success, implying (or explicitly stating) that a survivor is better off if she doesn't depend on someone else's income, or government benefits. Others comments reflect the opinion that mastery of certain skills and knowledge -- typically, budgeting and money management -- is a prerequisite element of success.

While such differences in vision do not prevent these agencies from running outstanding programs that effectively serve survivors who embrace their vision of success, the more prescriptive definitions of "success" and the policies, procedures, and expectations that follow from such more prescriptive visions, may create counterproductive pressures and tensions for participants who do not share the same definition of "success."

In the same way that provider staff must not impose their own beliefs and opinions on program participants, grantees must guard against program policies and practices which put overt or subtle pressure on program participants to think or behave in ways that align with the provider's frame of reference -- or that bias participant selection decisions in favor of survivors who share the provider's outlook.

As noted at the outset of this chapter, definitions of success and outcome metrics influence the way programs work. If it is true that programs should neither encourage a survivor to reconcile with the partner that abused

⁴¹ This same type of issue plays out when states measure the performance of schools, without accounting for differences in the percentages of "disadvantaged" students, differences in the transiency of the student population, etc. Likewise, medical facilities serving patients whose health has been adversely impacted by poverty, food insecurity, or exposure to poor working or living conditions may have worse outcomes than facilities serving patients with better baseline health.

her, nor encourage her to end the relationship, then it stands to reason that programs shouldn't establish performance objectives which encourage one or the other of those outcomes. Likewise, rather than defining success as a move to independent housing, success might be defined as a transition to housing that the participant feels is the best next step for her and her children, given the tradeoffs associated with her options.

That is, "success" is a very individualized and subjective concept -- shades of grey, and not black and white. A program facilitates success by supporting survivors in weighing the pros and cons of their different options, and avoids creating pressure -- or the perception of pressure -- to choose one or the other course of action.

The following examples of program goals and definitions of success that have been pieced together from actual provider comments (mostly not included in the comment section) illustrate how program- or staff-defined measures of success can potentially shift program focus away from what's important to the survivor, in favor of what's important to a funder, to staff, or to other stakeholders. Although these well-intended and reasonable-sounding goals and definitions of success may resonate with many participants, they may be out of sync with other participants' priorities, and therefore, inconsistent with the OVW's emphasis on survivor-centered programming.

- **Example #1:** Our goal is to support program participants in making a transition to independent permanent housing, rather than returning to the violent situation they fled; and to support participants in getting a good job that enables them to keep that housing, without a subsidy or government benefits.

Comments:

- Although provider staff may personally hope that survivors will not return to a situation with the potential for violence, the choice of whether to permanently leave a relationship or resume living with a previously abusive partner involves complex tradeoffs, and belongs to the survivor. If a survivor seeks independent housing, program staff should, of course, support her in every way they can; but independent housing should not be the program's presumptive goal for every survivor.
- Likewise employment should not be a presumptive goal for every survivor. Although provider staff may personally hope that survivors will find a stable job that allows them to be self-sustaining and independent, not all survivors are ready and able to work, and some may see employment as a problematic option, for cultural or other reasons, particularly if they have little children.
- Although provide staff may feel that relying on public assistance is problematic, that bias should not be reflected in the program's assistance to survivors, who may be legally entitled to such benefits, and who may find them valuable to their recovery. Both the OVW and HUD encourage maximizing the use of mainstream benefits, which are, after all, funded to help people in times of need. Likewise, while program staff shouldn't encourage dependence, they also shouldn't to discourage survivors from seeking help from their agencies' non-residential service programs.

Alternate Framing: Our goals are: (1) To support survivors in weighing their options -- whether to return to the relationship they fled, and if so, under what terms; whether to permanently leave the relationship, and if so, whether to seek independent housing, or to find housing with a family member or friend, either temporarily or on a longer-term basis -- and then based on their decisions, supporting them in taking the appropriate next steps; and (2) To support participants in weighing their income options -- employment, public benefits, child support, etc. -- and based on their decisions, supporting them in taking next steps

- **Example #2:** Our goal is to make sure participants have the parenting, budgeting, and conflict resolution skills they need.

Comment: While stronger parenting, budgeting, and conflict resolution skills are all valuable, they may not be every participant's immediate priority. A survivor might instead, for example, be focused on her and her child's safety; on pursuing legal action against the ex-partner; or on finding a job or housing.

Perhaps even more important, in framing performance objectives -- and in determining the types of assistance that a program will provide -- it is essential that staff recognize and acknowledge the skills and knowledge that survivors enter their program with. An empowering, strengths-based approach that respects what each party brings to the table is integral to building trust between participants and staff. While their abusive partners may have disparaged program participants' abilities, that is not the message staff want to convey by assuming that those participants are starting from scratch, when it comes to parenting, budgeting, conflict resolution, or other such life skills.

Alternate Framing: Our goal is to support participants in building on their existing skills, as needed and desired, so they are better able to implement their life choices. Our program will offer or leverage resources that can support them in strengthening their parenting, budgeting, and conflict resolution skills, and/or other skills which they feel are necessary or helpful to moving forward in their lives.

- **Example #3:** Our goal is to help participants get all the resources they need: counseling; education or training to improve their employability; and mainstream benefits like SNAP/Food Stamps and Medicaid to supplement their income, if any, from work.

Comment: Not all participants need or want counseling; some may be uncomfortable with it because of the stigma attached to mental health issues. Not all participants want or need to go back to school or attend training. Some participants may prefer not to apply for public benefits, because of what it might say about their ability to take care of themselves and their family.

Alternate Framing: Our goal is to support participants in identifying and then accessing the resources they need and want, for example: (a) assisting participants access counseling, if they are looking for that kind of support; (b) helping participants who wish to strengthen their employability to decide upon and take next steps in accessing education and/or training (c) helping participants apply for and obtain whatever mainstream benefits they are eligible for and interested in receiving.

8. Provider Comments on the Definition of Success and Performance Measurement

The following provider comments illustrate the variety of approaches taken in defining success and measuring performance, and the rationales for those approaches. We have grouped the comments in four categories; the first three sets are more focused on the definition of success, and the fourth set of comments is more focused on measurement of participant progress and program performance:

- (a) Comments by providers whose definition of success focuses on obtaining safe, violence-free, sustainable permanent housing and economic self-sufficiency;
- (b) Comments by providers whose primary focus is on supporting participants in defining their own goals and making progress toward achieving them;
- (c) Comments by providers whose definition of success is about supporting participants in getting whatever help they want, and getting to a better place in the broadest sense -- including, increased safety, increased awareness of community resources, feeling better about themselves and their future; etc.
- (d) Comments by providers about how they measuring program performance and participants' progress towards their self-defined goals.

Note: Provider comments touching on efforts to support and measure participant empowerment are more fully presented in [Chapter 4](#) ("Taking a Survivor-Centered/Empowerment Approach: Rules Reduction, Voluntary Services, and Engagement"). Provider comments addressing the extent to which program housing and services are trauma-informed are more fully presented in [Chapter 11](#) ("Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children"). See [Chapter 12](#) ("Funding and Collaboration: Opportunities and Challenges") for a fuller discussion of the tensions and challenges in balancing funder

pressure to achieve housing placements within a shortened timeframe versus affording participants the time they need to heal and, with program support, to work on the priorities that **they** feel are most urgent.

(a) Comments by providers whose definition of success focuses on obtaining safe, violence-free, sustainable permanent housing and economic self-sufficiency.

Inclusion of a comment does not imply endorsement by the authors or OVW of a provider's approach.

In particular, some of the definitions of success appears to describe a more prescriptive approach than is encouraged by the OVW. See the discussion in subsection (7)(b) about taking a more survivor-centered approach to frame definitions of success and performance objectives.

(#01) Our primary goal isn't just to get people into permanent housing; it is to get people into violence-free homes. Somebody straight out of a relationship might not be quite ready to leave that violent home without the counseling and support that transitional housing offers.

(#02) A successful outcome in our program would be an exit into permanent housing. For our OVW program specifically, it would be that they exit to permanent housing, and don't return to a domestic violence situation. Employment. A betterment of the family, so the family can be self-sustaining, whole, and healthy.

(#03) What success looks like, for us, is that the survivor first and foremost is safe and free from violence. That's the top priority. The second tier priorities are that she's economically self-sufficient, that she can stand on her own, live independently in her own apartment or house. And that she's getting what she wants out of life for herself and her children. That's our definition of success.

(#04) The meaning of success is dependent on the client. Perhaps while in the program they attended school, found a job, or just managed to learned the area well enough that they can get on their feet in a new place. It's all dependent on the client. Some clients need to move out of the state. But I would say that it was a fairly successful outcome if a client moved on to a more independent environment that was safe and away from abuse, where they weren't dependent on a case manager or a program -- or an abuser -- to help them.

(#05) The goal is for the survivors to become independent on their own. Having a job, having reliable transportation, having their children in school or in childcare if they work, and being able to live without any subsidy. Oftentimes it comes down to finding a partner who is not abusive.

(#06) A successful outcome is becoming financially stable and able to support themselves, and no longer needing our housing assistance – whether they've gotten a subsidy or a job that enables them to pay rent.

(#07) The most successful outcome would be leaving our housing and going on to live independently and not reliant on public assistance. We would also consider it a success if they just move on to permanent housing and require fewer services from us and require less public assistance. If we're serving somebody who's not working and who's reliant on public assistance, and if we can help that person obtain gainful employment and become less dependent on public assistance, we call that a success, too. A number of women in our transitional housing live on Social Security or disability benefits and will never be able to support themselves without public assistance; if we can help them stabilize and continue to live in safe and decent housing, that's also success.

(#08) Two things: That the individual remains safe while they were with us, and that they transition into permanent housing. We consider that a success, at least in terms of what most of our funders consider success – that they can transition into permanent housing that's either subsidized or sustainable for them.

(#09) Success is that she has maintained an active safety plan; and has been able to work on her economic independence from her abuser so she can sustain a place for herself and her children once they move out.

(#10) Success is someone who has been able to move into permanent housing, has been able to develop a savings account, and is basically self-sufficient. Someone who is able to make decisions, and has spent time looking at the relationship that brought her into the shelter.

(#11) Obtaining safe permanent housing and living violence-free.

(#12) Securing permanent housing at the end of the stay, or obtaining employment, or entering some sort of educational or vocational program.

(#13) Some of what success means is defined for us by our HUD contract: the percentage of clients who leave the program with an increase in income or an increase in employment from when they came in. As a DV provider, helping them transition to somewhere safe, and sustainably safe, is important to us. So permanent housing that they are able to maintain safely, and their kids can go to/from school without incident.

(#14) Safe, affordable permanent housing and self-sufficiency.

(#15) A successful outcome is a participant moving into stable housing, which is our overall goal.

(#16) (Not a current OVW grantee) Success is obtaining housing by 24 months. And since we have HUD funding, we track whether participants have sustained or increased their income. And because we are client focused, we track whether they have attained any of the goals they identified at the beginning of their stay. For example, if furthering their education was a goal, have they managed to stay in school and stay focused?

(#17) The core areas we look at are (1) residents' ability to access permanent housing: whether they left our program to go to safe, stable, permanent housing of their choice, and whether they were able to maintain that permanent housing for six months; (2) whether they were able to increase their level of education, their income from any source, and/or their employment; (3) whether they were able to pay off debts and save money, or achieve other progress on financial security; (4) whether they were able to increase their self-sufficiency and self-determination. We also have outcomes around some of the softer areas – did they achieve personal goals, including any goals they set out to achieve in counseling, or with respect to education, basic life skills, acquiring documentation, resolving legal issues, money management, or parenting.

When seeking other sources of funding and applying for new grants, we try as much as possible to focus on those same outcomes, so that we're gathering and reporting on the same data for our different funders, and not adding a lot more survey questions for our residents to answer, or a lot of extra data entry for our staff.

(#18) I think the HUD performance metrics are okay for a DV-focused transitional or rapid rehousing program. We've always seemed to be able to meet them. One of the biggest reasons why women stay in abusive relationships is because they can't economically make it, so we talk a lot about economic independence. So when it comes to mainstream resources and income and retaining housing, I think that increased income is a perfectly fine measure of performance. As a DV agency, it stretches you a little bit, but I think getting people connected to mainstream resources and helping them go back to work is good.

So we track all that in our data base. A successful outcome is someone being able to live safely in their home and to maintain their home. We do three-month follow ups after rental assistance ends, and our success rate is about 80%. We track whether they're in an apartment; it doesn't have to be the same place. And are they able to maintain that apartment? And we talk about safety again, within the realm of what she can control.

We always have a handful of women that are either not ready to leave the relationship or have really scary abusers that are going to stalk them or do things to sabotage them. If women are losing jobs because batterers are creating scenes at work, getting them fired, physically assaulting them, or stalking them, then our HUD performance measures will go down, and that's about the batterer, not about her or us. That's an awful way to say it, but I don't think that HUD accounts for that, and that kind of worries me.

(#19) A successful outcome for a survivor with children is: (a) that the family members feel that during their time with us, they were able to heal from whatever trauma they had gone through; and (b) that the adult in the family is able to be financially independent and can afford to maintain permanent housing.

(#20) (Not a current OVW grantee) If they have affordable housing when they leave the program, if they can budget, if they've got a decent income and they've got a subsidy, and if their kids are set, that's a success.

(#21) Our definition of a successful outcome is somebody who at the end of the program is able to sustain their transition-in-place housing and can move on into the future without any kind of violence or issues with a domestic partner. Several people that I've worked with that have graduated the program are still able to maintain the apartment they got when they came into the program.

(#22) Participants know we have a time limit when they come into the program. It is not so much that somebody's not going to get continued assistance when they're assessed at six and nine months; the question is, "Are we getting them to a point that they'll be prepared when they come to the end of our assistance?" It's not about whether they still deserve help. For us, it is about evaluating how successful we've been as an advocate for that individual, as of that six month mark, in getting them to where they need to be. And if they are still facing some barriers, what do we do in the next three months to get them where they need to be?

Questions to Consider

1. Should supporting a participant in her efforts to achieve her self-defined goals take priority in allocating staff time and effort, even if staff believe that the participant is leaving herself vulnerable by not allocating "enough" attention to housing and income?

Should staff express concern about what they believe is the participant's inadequate attention to housing and income?

2. Should the compatibility of a survivor's goals with the goals of the program (or the funder) determine whether the survivor is accepted into the program?

Should such compatibility determine whether a survivor who has been in the program for the OVW-required minimum six months is offered the option to continue in the program?

For example, if a program offers assistance on a six-months-at-a-time basis, and after six months in the program, the survivor has not embraced the program's focus on housing and employment, is that a basis for not offering her an additional six-month period of assistance?

3. Participants who embrace the goal of independent housing and gainful employment may face a long path to success. How can outcome metrics be refined to capture -- and allow participants and staff to acknowledge and celebrate -- the "incremental" successes (e.g., implementing a debt repayment plan, submitting an application for education-related financial aid, submitting an application for housing, getting through an interview with a landlord or employer, etc.) that might otherwise get overlooked, but that can contribute to achieving the "big" successes?

4. As discussed, success in obtaining housing is determined by a combination of factors: (a) the local/regional availability of affordable housing or housing subsidies, (b) the income and/or employability of the survivor, (c) the impact of the survivor's trauma and their readiness to mobilize to look for housing, and (d) the types of barriers posed by the survivor's housing history, credit history, immigrant status, etc.

Under what circumstances might it be possible to compare the housing placement rates of programs in two different communities?

If the two communities and the two programs were sufficiently different so as to make a meaningful comparison difficult, in what way might the performance metrics be "adjusted" to take into account the differences in the two communities, or the differences in clientele of the two programs, or the different kinds of resources that the two programs are able to invest in housing placement?

5. Is it fair to conclude that, on average, survivors who are able to lease an apartment in their own name -- which is the prerequisite for participating in a HUD rapid rehousing program -- are "further along" in their progress towards independence than survivors who move into provider-owned or provider-leased transitional housing?

Are survivors who lease their own transition-in-place apartment just as likely to return to the abusive relationship they fled as survivors who move into provider-owned or provider-leased transitional housing?

If "success" for a participant in a transition-in-place program is being able to stay in her apartment after program assistance ends; and if "success" for a participant in a traditional TH program is being able to find and rent her own apartment after program assistance ends; are survivors in transition-in-place programs more likely to be successful than survivors in traditional TH programs?

(b) Comments by providers whose primary focus is on supporting participants in defining their own goals and making progress toward achieving them

Inclusion of a comment does not imply endorsement by the authors or OVW of a provider's approach.

(#01) We give them options -- it's their choice -- if they want counseling, if they want help with employment, if they want to read a book once a week -- something small, especially if they're having some serious health issues. We certainly don't expect them to find a job if they're injured when they come in; it might just be that getting up every morning might be their success.

(#02) As far as the agency is concerned, success is based on the goals they've set out for themselves and what they've accomplished. We have a goal that they go into permanent housing once they leave transitional, which all our participants have accomplished. We consider it a success if they've been able to increase their employability, whether by further education or marketing themselves more effectively, whatever the case may be; even maintaining their employment is a success. Increasing income or employability is a success.

Getting their kids on a routine, going to school regularly, better attendance -- are all successes. Building their self-confidence, too. We don't measure it, but them coming up with their own solutions or plans.

(#03) We're a hard core voluntary service organization -- participation in the program doesn't require you to do supportive services. We're not here to tell you what life choices you should make. We can be an ally and advocate for you, but we're not here to design your goals. For us, it's about the goals the client wants to accomplish. How did those goals evolve while she was in the program? At the end, did she accomplish her goals (which may not have been our goals)? How does she feel upon exiting the program? Does she feel that her family is in a safer place, better prepared to live without violence, more connected to resources?

Maybe she reconnected with family that she's been isolated from as a result of violence. Maybe she stabilized her household for a year, and her kid got to be in the same school for the entire year. We use goal sheets with our clients, and they're all tied to the power and control that happens in domestic violence. With the financial abuse that often happens, domestic violence can be impoverishing, so one of our goals may be financial independence, and the survivor will work with the advocate to find out what that means. At the end, we'll revisit the goal sheets and see what we were able to achieve. It's not about us, it's about, "Look what you've been able to achieve. What else can we help support you to do?" The goal sheet, pre-interview, and exit interview are tools for working with clients and tracking progress. We don't have preconceived goals that 75% of clients will do X, because what we might call success may be different than what they call success.

(#04) The measurement of success varies from person to person. We have individualized plans for every participant, and success is defined by the individual. When they apply to our program and are placed on the wait list, we incorporate their personal goals into what we call a personal plan for independence, how they want to move forward and what they want to accomplish, while they're on our wait list and while they're in our program. Part of our measure of success is looking at the goals they set when we first met with them and how their goals have changed over the time, and their progress in achieving those goals or steps in their plan.

The biggest area we focus on is self-sufficiency -- an increase in education, an increase in employment, or an increase in government subsidies -- whatever resources someone needs to be closer to self-sufficiency by the time they leave our program. Some folks have paid down their debts and we consider that a huge success.

Another area we focus heavily on is housing readiness, so that the individual or family is ready to the best of their ability to maintain safe, and affordable permanent housing when they leave our transitional program.

We've served folks who have taken their time in the healing process and attended individual, family, and group therapies, and who stated that as one of their goals when they moved in. We do an assessment every six months to see where they're at on those goals. From their reports, we've seen tremendous progress in that healing -- that they are stronger and healthier emotionally and socially and prepared for the next phase, which, if they're ready, would be to get employment or to start work on other goals in their personal plans.

(#05) We try to have a holistic approach. Success is defined by the individual. Everyone has different goals. We operate on a voluntary services model, and don't mandate services. We try to ensure that the services we provide are desired and found to be of high quality by the people we serve. We try to collect information about outcomes: Do people feel safer after accessing our services, supported, empowered to work on their goals, informed about how to access community resources that may support them, etc.? Ultimately we like to see people safe and permanently housed. But we keep in mind that everyone has their own journey.

(#06) We try to be trauma-informed. We don't have requirements. Most housing programs choose people who are motivated. Our goal is that survivors are better able to focus on things they want to do when they

feel safe. If you're concerned about housing, you can't get much done. Each survivor is different. The goal is to give them the opportunity to do what they need to do and feel safe.

(#07) Whatever the client has made their own goal; if they were able to achieve it, that's a success. Success might also be a person feeling emotionally healed after years of counseling; a participant who used to feel very uncomfortable being in a group setting now able to be in the community and attend a support group; a participant who now makes her own decisions, who came from a relationship in which they had been told what to do and what they couldn't do and that they were worthless.

Our TA provider talks about knowing the client, what she wants to accomplish, what she can and wants to do. What we might think of as ideal might not be ideal for her. Some people might have to go back to family, but that may be a lot better than when they were in shelter with absolutely nothing. Even getting public assistance and making their own decisions about spending or saving money, it depends on where they started.

(#08) With those clients who are interested in goal setting, we definitely sit down and allow them to identify what three goals they want to achieve, and we make an agreement to work on them. We feel like nobody knows better than them what they want or need to do. We revisit it over a three to six to nine month period to see where they are. And if they feel that they've completed that goal, then we would work with them to add something additional to the plan or replace it. Maybe a couple months before their time in the program ends, I start reminding them of how much success they've had since the time we started, reminding them that they'll be exiting the program at such and such a time. I also talk about, how they're, "doing so well there's no need for me to see you every week, so I'm going to scale that back to maybe twice a month. And then the next month, maybe once a month, because you're doing so great," to prepare them for, "I won't be there as much." It's a slow transition rather than an all-of-a-sudden type of transition.

(#09) Our goal is 100 percent satisfaction; if a client is expressing dissatisfaction, we immediately seek to remedy it. If we tried this approach and you said this approach isn't working for you, what can we do differently? Because the goal is to help you reach self-sufficiency. What can we do to assist you?

Their ability to transition into housing once they leave the program, that's all a part of that evaluation of the process. Our goal is to help them reach their goals. Someone who's met their own self-identified goals is a successful outcome for us. So, for example, for the people who identified education as a goal, whether they reached or exceeded their particular educational goal. Their goal could be to get a GED or a car and, of course, housing. Whatever they've identified as their goal: if they've reached it, that's a success. If you reach your goals, you're going to be happy with the program. We don't have a standardized assessment.

(#10) Program performance is measured by how we help people achieve their own goals -- what success means for them, what they want to do. And we document all that, because understanding that what you are doing is making a difference provides a great level of satisfaction -- both for the staff and for the participants.

(#11) Success can range from our providing safe housing for two years -- to someone being able to utilize that time and our support to achieve their goals to obtain safe, independent living. We would love for everybody to become financially solvent, able to provide for themselves and their children, but that doesn't always happen. So success for us is that they've participated in the program, they've set goals that are important to them, and they've made progress towards achieving those goals.

(#12) Many of the participants don't even know what their goals are. They're almost scared to set goals, so we just meet them where they're at. I think that many of our participants have accomplished more in the program than they ever thought was possible for them. We had a participant whose #1 goal after she left the abusive relationship and filed for divorce was to file bankruptcy so that she would have a clean slate. Bankruptcy isn't most people's definition of a success, but for her it was the ultimate. Success is in the eye of the beholder. Succeeding at their own goals is a first small step in the right direction. We have to take those small successes as they do; they are more important than we know.

(#13) We have a conversation when a woman first moves here about, "what would you like to accomplish in the next two years? What do you need to do in your life?" She might say "I really need a car." Or "I need to get bankruptcy started because I have all this debt." Or "I need a job." We'll periodically check in and ask, "How are you doing with those goals you described?" We had a woman recently who said she wanted to lose weight. We see her and ask, "How are you doing with your weight loss goal?" -- the same way I would check in with a friend about a New Year's resolution to quit smoking. I'd say, "How are you doing with that goal?" Not that I know better than you, and I think you need to quit smoking. Who am I to tell you to quit smoking? We say to them all the time, "You're a grown woman; what do **you** want to do?" In the early days of our program, we'd sit them down every month, and they'd have to turn in information about their progress in meeting our goals. That's so insulting and wrong. I'm embarrassed we ever did that. Thank God for OVW is all I can say.

(#14) A successful outcome is what the client wants; we're client-based so what may be a success for one person may not be a goal for the other. One client's goal was to be divorced; that happened, and that was her success. Another client relocated from the OVW program to live with family members, to get away from a new relationship that was also abusive. That relocation to a safer place was her success. Success varies – securing permanent housing, breaking the cycle of abuse, achieving personal goals such as repairing credit or beginning mental health care, achieving educational or job goals. We have served people who completed college, people who got jobs, and people who've never worked. One of the main goals of the OVW grant is securing affordable housing to live abuse-free and being able to stay in that housing after our support ends.

(#15) I was in supervision with one of my case managers and we were talking about a client. Before this job I was a therapist here in our family justice center and I saw this same person that the case manager is currently working with. She and her two kids live in one of our apartments. When I saw her years ago, she was homeless, and had recently been assaulted by her partner. She came to the shelter, and couldn't read or write. She was undocumented, and had odd jobs. She came to counseling and to our support groups. She got into shelter and now she's working. She has a U Visa. She has fulltime employment. Her kids are in school. They have a babysitter. She has her own apartment with a Section 8 voucher. By comparison to the woman I knew, she's doing really well: her own apartment, employment, the kids are safe, and she's making choices that benefit her. Yet she was on the case manager's list of the "tough clients" that we need to focus on for the next few months to try to get them more engaged in services. The case manager was concerned with the cleanliness of her apartment and the kids' supervision. We, as an agency, measure whether or not we've completed safety plans, who got a job, who's going to school, who accessed permanent housing, and some of those bigger pieces. For the most part we do pretty well. But that doesn't get at some of the nuances, the more individualized, "this is what success looks like to me." It's not about a clean apartment.

(#16) How the women define success in our sober program, is if they are able to stay clean and sober, whether it's three months, six months, a year, five years. They define their own success because one person's success isn't another's. If somebody with a lot of cognitive and physical challenges stays clean and sober, but doesn't get a job with a livable wage job at the end of six months or a year or even two years, is that a

success? If they're able to reestablish a relationship with their family and they're clean and sober, and that's a success to them, then that's a success to us. Many of these women have lost custody of their kids and many -- almost 95% -- that have gone through our program have regained custody. I consider that a success because they wouldn't have gotten their kids back if they weren't in a position to.

(#17) Successful outcomes fall on a continuum. Some people are just looking for a respite from being coercively controlled. It may not shift them into the place that other people would hope for them, but it shifts them. That could be a success. Success could be that some people in transitional housing totally turned their lives around -- got a job, and are doing great. I have worked with women who, when they entered the program, were so beaten down, it's as if their soul was gone, and then just by having some autonomy and free will, they are like new people. That's a success to me. There are tons of barriers in terms of achieving that, but a lot of those barriers are socially and culturally imposed on the people we serve -- people living in poverty who get treated differently throughout the system. We hope to never be a source of those barriers.

(#18) Their ability to live independently upon completion of the transitional program is the broadest and most black-and-white definition of success, and we measure it by providing follow-up services to clients, to ensure that they are successful in maintaining their housing.

There are other benchmarks for success that really vary depending upon the client's unique situation. What did they need in order to be successful? Job training? Completion of an educational program? Getting a child support order in place? Qualifying for Food Stamps? All these are incremental accomplishments that will help them to be successful. That's the ideal, but that's not possible for everybody. In this program, and in all of our programs, our definition of success for each client is different and flexible, depending on the unique set of circumstances that brought that client to us, where they were when we met them, and what success looks like for them. For some clients, success is getting on disability and getting public housing. For other clients, success is completion of a four-year degree and renting a home. For other clients, it's just that they show up every week and that they don't stop coming just because it's hard to come sometimes.

(#19) Success is individual to each client. The whole time one of our former clients was in the program, she was going through a divorce and fighting breast cancer. She survived it, she's in remission and now she's living on her own. She has her own apartment, she's doing great. For her, that's her success. I think it's just them reaching their individual goals and feeling empowered by the time they're done, that they can do this by themselves, and that they can self-sustain and not have to rely on assistance. That they can recognize the patterns of abuse, and the traps to stay away from, so that they avoid abusers. But I would say it's really individualized. I've had some clients that finished school while they were in the program, some that have gotten nursing licenses. It's all individually based on their dreams and reaching their goals.

Questions to Consider

1. "Success" for one survivor might be permanently leaving a relationship and moving to her own apartment; "success" for another survivor might be returning to the relationship she fled with clearer boundaries relative to the kinds of behaviors by her spouse that she will and will not tolerate. From a survivor-centered perspective, each outcome is a "success" because each reflects an outcome the survivor is comfortable with.

- From a funder perspective, is one outcome more of a "success" than the other?

- If a survivor had a valuable respite from abuse while in the TH program, but returned to the living situation she fled for lack of any viable housing options, would her six months of safety constitute a program "success"?

- Should returning to the living situation she fled be counted as a "permanent housing placement" -- and therefore treated (on paper) as a "success" -- even if the participant is concerned about her safety and would have strongly preferred secure, independent housing?

2. Are programs likely to have an explicit or subconscious bias that favors selection of survivors whose personal goals match up with funder-defined goals or the goals that program staff embrace?

3. Does adherence to the voluntary services model trump concerns about program performance when the personal goals of the participant don't coincide with the goals of the funder? For example, if a participant in a program that is jointly funded by OVW and HUD seems to need more time for recovery from her trauma than the "preferred" length of stay would typically allow, or expresses more interest in addressing legal or custody issues than in addressing her housing or income needs, how should the provider balance the program's need to demonstrate satisfactory performance to HUD and the Continuum of Care through which it is funded versus the program's commitment to support participants in defining their own pace and their own path forward?

4. If a participant's goals appear to staff to be too ambitious to achieve within the program timeframe, how can staff have that conversation without unintentionally disparaging the capabilities of the participant?

- Should staff help a participant split their goals into component parts, so that she (and the program) can experience attainable "successes"?

5. How do program work with a program participant whose damaged self-esteem or self-confidence prevents her from setting goals that she seems to be desirous and capable of achieving? When does "encouragement" cross the line and begin to undermine a survivor-centered approach?

6. If a participant abandons previously-stated goals because she is having difficulty achieving them, how does that figure into the assessments of participant progress and program performance?

- Should a decision to abandon previously stated goals because progress is difficult be treated differently than a decision to abandon those goals because, over time, the participant has developed different ideas about her future and, therefore, different goals and priorities?

(c) Comments by providers whose definition of success is about supporting participants in getting whatever help they want, and getting to a better place in the broadest sense, for example, increased safety, increased awareness of community resources, feeling better about themselves and their future, etc.

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(#01) We believe that if we can offer resources, opportunity and education, anyone can achieve success -- even if they don't choose to separate from the abusive relationship. So somebody leaving the relationship or relocating isn't necessarily the measure of success. We believe that providing resources, opportunities, and education is more what success is about than the kind of measurements we're often assigned to report on.

(#02) Success means they can leave our program in a better place, and can be more stable and more independent.

(#03) A successful outcome is someone who leaves stronger, more aware of their personal options and abilities, their ability to have and maintain safe, affordable, permanent housing in an area where they would like to live.

(#04) A successful outcome would typically be a survivor exiting with a perceived lower level of violence.

(#05) Success is about their ability to participate in effective safety planning and becoming self-sufficient. Their ability to recognize that domestic violence cycle, to keep thinking and safety planning and backup planning and surviving are about being successful, regardless of what the present outcome is. Having survival skills equals success... I've seen women who take what's in the program, and they work the program, and they're compliant and do all those things until you get to the end, and they still are only operating in a "But now who's going to pick up where you left off" mode; they're asking, "Help me with this," rather than being able to do it on their own. When their coping skills and ability to be independent and self-sufficient have increased, we see the woman becomes successful in understanding or being able to.

(#06) Having safe housing for the time they're with us. That they have been able to leave an abusive, violent situation and be safe and housed. For us that's success. Anything beyond that is just extra.

(#07) I would define success as someone that utilizes the program, and at the end of two years, is able to establish their own housing. I'd define success as someone that likes our program when they're done – that feels that the support and services we have offered and connected them with have been helpful. We very much believe in the philosophy of voluntary services. We try to offer a menu of options - and that menu changes over the years as the need of our clients change. If we're able to meet the needs of the individuals in our transitional housing, and if they leave feeling better about themselves than when they started, I would say that's a success. I know it would probably be an easier sell to the community to talk about how 100% of our participants leave financially self-sufficient, but because we target individuals with the most needs, it's hard to reach that goal. Even people with no barriers have a hard time becoming financially self-sufficient.

(#08) Every safe night is a success.

(#09) For some people, given the barriers, I think that just being stably housed for six months can be a success. For someone who's never been stably housed, who's never been able to maintain housing, six months could be a success. So I think that measuring success is really individual. And ultimately knowing that we're not going to ever tell anyone what to do or that we know what's best for them; they'll get to decide if it's best to stay in that apartment or if it's best to return to a partner.

(#10) Someone that's got choice about where they want to live and is able to live in a place and be stable with their children in a violence-free environment. They're able to sustain and have the kind of life they want in terms of raising their children or being part of a neighborhood, and not being stalked and abused and harassed, just having peace of mind. A person that's healed emotionally and met their goals and been able to move past their trauma and start anew, whatever that means for them.

(#11) Remaining safely housed for the duration of the program. We like to see participants increase their knowledge of community resources and ways to plan for their safety, but we usually try to keep it basic.

(#12) Abusive relationships deprive a woman of her fundamental right to make decisions about her own life. Hopefully, the housing, services, and support they receive in our programs helps them take back that power,

helps them feel better about themselves and their options going forward, and strengthens their ability to obtain and sustain safe housing for themselves and their children.

(#13) (Not a current OVW grantee) The first thing we look for is safety and happiness. Whether the person feels a bit more secure and whether the violence is in the past or is ongoing. Pretty much a safety focus: are they and the kids safer now? Are they living someplace where they're not subjected to abuse? Or if there is still abuse going on, is it in some way lessened as a result of our intervention?

(#14) The FVPSA has these two safety questions that they want us to ask everybody who uses our other services, so we ask them here too, because they're good questions. And they are: (1) "As a result of using our services, do you believe that you have an increased sense of safety? Or do you know more ways to plan for your safety?" (2) "Do you feel like you have an increased knowledge of local services?"

I think that one of the most important things in ending violence against women is creating communities of support. I think it's something we do really well, but it's almost impossible to capture -- and I don't know that any funder would even pay for it. What's most successful about our program is the sense of community that gets developed. We've been doing transitional housing for a long time, and a lot of people stay in touch, or we run into them in the grocery store and things like that. And we find little pods in the community of women who met in our program and have maintained relationships. If you run into participant "A" who stayed in our program eight years ago, she can keep you up to date on what's happening with participants "B" and "C" because they're all still friends and providing support for each other.

You can't measure community with metrics, although perhaps we could ask people as they leave the program, whether they feel like they have a community of support they can turn to, as a result of being in the program.

(#15) (Not a current OVW grantee) Success looks different for each person. Our goal is for every person who is able to do so, to get into some housing and maintain some quality of life. We don't determine success by whether they're sober, whether they're keeping on their meds, whether they're not with that abusive partner anymore. It's whether they've attained some stability that they're okay with. The big mistake I made coming into this work years and years ago was I thought everybody had what I called my "normal." "Normal" depends on the foundation we have, the skills, how our brain was formed in the womb, the traumas we've experienced -- all of that. So our program doesn't pass judgment on whether somebody's wrong to be content to share an apartment with eight people. Success is based on how the person feels when they're at the end of this process. Were we able to get them to a place where they have enough skills or support to protect themselves from being victimized? Do they have a permanent place to be?

(#16) Our goals are set up in terms of what our agency hopes to achieve, as opposed to what the survivors will achieve, so our OVW transitional housing goals are for us to house so many individuals or families over the course of the grant; to offer so many support groups over the course of the grant; and to offer so many life skills classes over the course of the grant. Of course, we don't require participants to participate in these services. The attainment of our goals depends on the success of our program design. For example, if our goal is to offer so many life skill classes, then we have to understand the kind of things our participants need and want help with. Not necessarily what we decide they need help with. It's about making the program useful for each individual survivor, so they get out of it what they need; and that's a conversation we have with them. Use our program for what you need and let us help you achieve things while you're in this program. And so they do. So we don't measure whether a program participant is successful or not, because success is defined in terms of getting what they wanted out of the program. And program participants are probably happier with the services they get because they're not forced to do something they don't want.

Questions to Consider

1. If transitional housing is clustered or congregate, the presence of staff and/or the higher level of building security may increase participants' sense of safety and being supported. Participants may not have that same sense of safety and support in their permanent housing, for example, if it is located in a less safe (but more affordable) neighborhood, or if they have moved to a more isolated location.
 - What are the implications of a participant transitioning from the program to housing where they feel less safe and/or less supported, and what can a program do to address that?
 - What if the reason she feels less safe and supported is that family and friends of her ex-partner, or members of her own family, are pressuring her to return to the relationship?
 - For some of the same reasons, a survivor might have felt safer and more supported in shelter than in their transition-in-place scattered-site placement. What are the implications and what can a program do, given housing availability and affordability constraints?
2. How does participant satisfaction figure into the overall assessment of program performance?
3. What is the "right" balance between (a) ensuring that being in the program is a positive experience for survivors, (b) ensuring that the program helps survivors accomplish what they've indicated they need and want to accomplish, and (c) ensuring that survivors have a viable next step, given program time limits?
4. How can a program encourage and make it as safe as possible for a participant to provide honest feedback **during** her program stay, so that program staff can make appropriate mid-course changes or otherwise address concerns or preferences expressed by the participant?

(d) Comments by providers about how they measure program performance and participants' progress towards their self-defined goals.

(i) Introductory Note:

As noted earlier in this chapter, OVW-funded providers are expected to complete semi-annual reports describing their clientele, the housing and staff positions funded by the grant, their efforts, the housing outcomes, and, for participants who exit the program (but not for those who are terminated for cause), any changes in their perceptions about their risk of experiencing violence, as compared to when they first sought the assistance of the TH program. The VAWA MEI website makes available a [simple database](#) that providers can download and use to track data for key required fields. Information about progress towards achieving participant-defined goals (or agency- or other funder-defined goals) would have to be tracked separately.

The approach that providers most frequently mentioned when asked about how they measured progress towards achieving participant-defined goals was the use of "[goal sheets](#)," building on the template described by NNEDV, which allows participants to define their own goals, the path they will take to achieve those goals, the resources they will need, and optionally, the timeframe for achieving those goals.

As discussed elsewhere in this chapter, HUD-funded TH and rapid rehousing (RRH) programs serving survivors of domestic and sexual violence are required to collect all of the same data as mainstream HUD-funded programs. VAWA-covered programs are required to use a "comparable database" that collects all the same fields and provides all the same privacy, security, and confidentiality protections as are required under the HMIS data and technical standards. For information about HUD data collection requirements, see HUD's [HMIS Data Standards Manual](#), [HMIS Data Dictionary](#), [2004 Technical Standards](#), and [proposed rule governing data privacy and security](#). HUD-funded VAWA-covered programs are forbidden to provide client-level data to the HMIS or the administering Continuum of Care, ESG-administering state, county, or jurisdiction; instead, they submit annual aggregate reports summarizing participant demographics; changes since program enrollment in participant income and receipt of public benefits (e.g., Medicaid, SNAP/Food Stamps, WIC, TANF child care,

veteran's benefits, etc.); changes in education or employment status; the existence of health and/or disabling conditions (e.g., chronic conditions, physical or mental disability, substance abuse, etc.) and utilization of services to address those conditions; and housing outcomes. Such data must be collected at program enrollment and exit, and, at least annually, if participants are enrolled in a program for longer than one year. In addition to the housing and income/employment outcomes described in section (3)(b) of this chapter, programs are welcome to track and report any additional outcomes that they believe are relevant.

In addition to standard data collection and reporting for OVW and HUD, other approaches that providers described to measure program performance or participant progress were:

- Interviews and/or surveys (at exit and/or at periodic intervals during the participant's stay in the program) to record participant self-assessment of safety, to assess participant satisfaction with services, and to solicit feedback about how the program was helpful or could be more helpful;
- Collection of statistics based on the FVPSA outcomes pertaining to perceived safety and knowledge of resources; and
- Measures of participant utilization of program-furnished and program-leveraged support services⁴², under the assumption that if a participant in a voluntary services program utilizes services, they presumably believe that those services are useful.⁴³
- Use of case notes. Of those providers who said they track participant progress on individually defined goals (e.g., following up on referrals, selecting a childcare programs, completing a training, putting aside income for a security deposit and other anticipated moving costs, repaying an arrearage, etc.), most indicated that they use their case notes, and smaller numbers said they use spreadsheets or special software that allows them to track such progress.

Some providers indicated that they hadn't done as much tracking of participant progress as they might have liked, and hope to do more in the future. Other providers expressed reservations about using metrics to track participant progress or about tracking progress against any kind of timeframe, lest such measurements be perceived by participants as judgments about them.

(ii) Provider Comments:

Inclusion of a comment does not imply endorsement by the authors or OVW of a provider's approach.

(#01) Every three months we ask participants to complete a survey that rates our services. That can sometimes help us respond to a particular concern. But I don't know that participants really use that to give us honest feedback, to tell you the truth. I don't know if they feel comfortable criticizing us.

(#02) Every time a staff member provides a service s/he records it for statistics. We also do reports stating how many people are in program, how many services were provided. Everything is all documented. That's reported to our funders.

(#03) We have goal sheets we work with clients on, and they're all tied to the power and control that happens in domestic violence. Domestic violence often includes financial abuse, and can leave the victim

⁴² The [instrument](#) used to collect data for the OVW's semi-annual reports also tracks service utilization.

⁴³ Of course, even in programs that adhere to the voluntary services approach, participants may attend meetings and access services that they are not enthusiastic about, because they hope the service will get better, because they are used to following instructions, or because they are not convinced that services are truly voluntary, etc.

impoverished; so one of the goals may be financial independence. At the end, we'll revisit the goal sheets and see what we were able to achieve. It's not about us; it's, "Look what you've been able to do and achieve. What else can we help support you do?" We use the goal sheets as a tool for working with clients, and as a way to track progress. The goal sheets, interview at enrollment, and the exit interview provide that info.

(#04) I would advise any new program to allow the clients to set the expectations for what they will accomplish in the program. They set the goals, talk about a time frame, what steps they need to take, and any barriers they might face. I think there's more accountability when they're the ones who have defined the goals. We use nicely laid out goal sheets created with the help of NNEDV; we usually review those goal sheets with the clients on a monthly basis. When they reach a goal I'm their biggest cheerleader. I keep reiterating the positives. Oftentimes, victims of domestic violence and sexual assault don't get to hear the positives.

We do an exit evaluation before they exit the program. We talk to them about safety and where they are now versus where they were before. We talk to them about employment. And we ask them what's worked for them and how we could have improved the program.

(#05) Each goal they set has a time frame. Even the little goals that help them meet the big goals are time specific. As they meet goals, the client and case manager evaluate. It's always a work in progress.

(#06) If the client reports that they have met their goals, then that's what matters to us. If it took them two weeks or two years to get there, the timeframe isn't as important to us, as long as their goal has been met. If they came here today with a certain goal, and next month they wanted to change it, that doesn't matter to us, as long as it's what the client wants and needs.

(#07) We don't have a piece of paper where we measure on a scale of 1-10 how successful someone is. We don't want to pass judgment. Success for us may look very different than success to them.

(#08) Success could be them meeting with one of us, following through with something they need to do, or getting their kids into childcare so they can focus on employment. Those are the little successes we count, but I'm not sure how we would measure or quantify that as far as statistics or reporting.

I honestly don't know if we've done a measurement. I don't think that we've gone back and tracked things, but we should look into it. It would be interesting to go back and check on how people who've moved out are doing and what worked, and what didn't work and get that feedback. Most of the people that leave here -- unless there was some reason -- have a voucher and get into permanent housing, and that's the goal.

At the end, there is an exit survey and interview which asks what was helpful to them, what we could have done differently, the follow-up services they're interested in, and the things they would still like to work on.

(#09) We keep track of the amount of emergency assistance we provide. We keep track of the number of times that we connect people to supportive services. We keep track of the number of times people attend our financial education classes. We keep track of the number of times people open individual development accounts, the number of micro-loans they use, and how well they repay their microloans.

(#10) Up until this point, there were very few benchmarks tracked. We've just implemented a new service plan which tracks 30 different things, because for each person, success means something different. We look at what they have achieved and what they wanted to achieve, where they leave at the end, and put it all

together, so you can get a feeling of success. And obviously, participants have to have input into whether they feel it was successful for them too.

(#11) Two measures of program performance that we have used are that 55-60% of our clients remain in their transition-in-place housing 12 months after our financial assistance ends, and that 20% of transitional clients pursued educational goals and had an increase in their educational level.

(#12) I don't know if a survivor's success in transitional housing would be measurable, but I know in conversation with us and case managers and their therapist, we're seeing that they're successful, like when they're managing things they didn't manage before, for example, good relationship with their children, good relationships within their family units, and they're feeling empowered. Those are the kinds of things that we see, but I'm not so sure how that's captured by numbers and statistics.

(#13) We're very clear with participants who have transitioned out of the program that they can come back, it's just not always safe to repeatedly try and contact someone because we don't know the status of their relationship with the assailant and those kinds of things, and we don't want to endanger anyone. So we don't do much follow up. We're certainly open to being contacted by clients, but we don't pursue them. We do send out satisfaction surveys to try get some feedback about the longevity of their placement, but unfortunately not enough of them come back to give us a really good sense of what's going on. We try to follow up about services once they move out, but it's not very successful. We don't rely on the data we get.

(#14) Success is measured from the participant's perspective. We have a check-out survey that asks women if they feel safer as compared to when they came in, and if they have a safety plan they've individualized.

(#15) We come up with a service plan with the individual that looks at the things they want to accomplish while they are in the program; the participant has to buy into the goals. It could be to build their credit. It could be for them and their child to feel safe at home. And we talk about getting started on some of these things during the initial visit. Whatever we identify as goals, we're going to continue to measure throughout the process. I think that goals should change over time. Because, hopefully, an individual is reevaluating some of their goals.

(#16) From the day they came in til their exit date – how have they improved mentally, emotionally, and also physically? Also, definitely setting up goals for them, making sure that they accomplish certain goals.

(#17) We have wellness visits where we go over their goals and make sure they are staying accountable to their goals, or if they just want to change around some of their goals. We also have semi-annual surveys where we ask for feedback: How is the program working for them? What can we do better to serve them? How do they feel they're doing in the program? What do they want to work on? What things do they feel they have not been able to access yet?

(#18) We look at job retention, or if they're able to obtain employment throughout the program. We look at them meeting mental health goals if they have any, or if they have mental health needs, making sure that they're linked to services. And that kind of pools into emotional support. We want to make sure that we've linked them to some kind of social supports or mental health resources to fulfill that emotional support goal. We also want to make sure that they're able to budget. We look at whether they've been able to increase

their savings and maintain a budget. And we count that as a success. We have a case plan for every participant that includes whatever they set their goals to be, and they review those goals every time they meet with the case manager. The case manager does an assessment at the beginning and enters their starting score into the ETO for each of those goals. It's education, mental health, physical health, etc. And then they're scored on a monthly basis on that same scale throughout their stay.

We don't do formal scaling with participants yet, but we make sure they know what they've accomplished. They tell us, "I got this done." And we tell them, "You've accomplished this step, you've completed that goal, or you've met this outcome." We're working on implementing a system where they scale themselves, as well, but we haven't rolled that out yet.

(#19) When they are enrolled, I encourage them to choose three goals and whenever I have a monthly check-in meeting, I track their progress, and then see what others support services they need.

(#20) We do qualitative and quantitative performance evaluation. We have comment cards in all of our facilities, but we also do annual anonymous surveys for participants in our housing programs, to get a sense of what they like and don't like about our program. We try to ask a pretty wide range of questions. We also have a separate raffle to try to increase the feedback rate and winners receive a gift card. So we use that to gauge participant satisfaction with our performance. Our biggest performance indicator is their housing retention rate. So after someone's exited our program and a year after our last rent assistance, are they still in housing?

And length of time that someone's participating in the program and what services they received while in the program. We look at how long it takes for someone to engage in services that are outside of what we're offering, as well as how long it takes them to transition off our rent assistance. As an organization, we're also looking at the amount of money we spend: did we exhaust all our resources, which of course, we want to do.

(#21) We measure outcomes in three different ways -- safety, recovery from trauma, and self-sufficiency. With regard to safety, have we given the client enough information as to how to manage their safety? Recovery from trauma is more challenging to measure. The staff member who is working with this client knows how the client presented at the very beginning. We encourage everybody entering the program to go into counseling. We let them know that it's part of our program.

When they're in our program in scattered-site housing, they're living in the community on their own, where they feel free. You see that emotionally they begin to make more improvement than when they presented at intake. They talk about going back to school, maintaining their job. The needle is going up. They're making improvement, they're recovering. We give them a scale to rate themselves, one to ten. Compared to where you were when you came into the program, where are you now?"

(#22) We do a specific goal sheet for six months and twelve months and we revisit those. They can change them, rearrange them. Life happens and things change, so the goal sheet is constantly being changed and rearranged as participants feel is appropriate.

(#23) If a participant has specific personal goals, like completing a particular training or connecting with her child's teacher, we note that in our data system, and we have a list of their goals and check them off as they accomplish them. There are a lot of little things, like "be brave enough to have a conversation with my child's teacher." Those are all things we document. We give the measured outcomes to HUD and we give certain percentages when a person exits the program based on what we know they've done during the program.

But most importantly, we have a connection with the client for up to a year after they leave our program to offer follow-up support, and we've absolutely got people that still call and check in and tap our brains for community resources or for emotional support from time to time. We keep documentation of our aftercare meetings, and how things are going, and how the client is doing. So we have a pretty clear idea from being in contact with those people that they're doing well and continuing to meet their goals. But the majority of people we don't track on a two month or six month basis to see if they still have their housing, or whether they've maintained their income. Because people who feel like they've stabilized sometimes relocate, sometimes out of state, and maybe just send a thank you card a few months later.

(#24) At intake in the transitional housing program, we get a complete baseline with the demographic information, and income, employment, education, housing history so we know where folks are, when they start our program. We do an income assessment at least quarterly, as well as at exit. We update employment status; any time there's a change, there's an employment assessment piece. And then, when they move out of transitional housing, we do a complete exit assessment and look at what's been accomplished around education, employment, income, savings, paying off debt, as well as where they're going for their housing, and what kind of housing it is.

At that exit assessment, we also ask folks what else they have accomplished in the program, and their advocate offers some prompts to help them remember things they worked on. We look at what personal goals they set and what was accomplished around money management or parenting, if they have children.

For those interested in our six months of optional follow up services, we talk about what they think will help them be stable in their housing, and what they'd like to work on. We work with them on setting goals, and at the end of six months, we do a follow up for those who participated, measuring whether they are in the same or better permanent housing, income, employment, education, and whether they made progress on any other goals they set during that time.

(#25) We keep goal plans and action plans with the women – we don't have a database where we track it; we could probably do better. I think we could possibly track it. We have a system that our advocates use to keep notes of successes defined by women and so when we report to OVW we write about them and on an annual basis, we also talk about our successes with our CoC. But then there's the issue of outcomes. One of the things I'm trying to pay attention to as a program director is length of stay and transition to permanent housing and how long they are staying in permanent housing.

(#26) A successful outcome is the participant feeling self-sufficient and to be able to maintain their financial obligations, even after we're no longer involved. My job, and the way that our program is set up, is to be empowering. So success would be for them to sustain what's in place on their own terms and not just in the two years that they're with our program.

We do client surveys when they enter our program, and then a couple months out, and then maybe even a couple months further out to show progress from before services to after; we may do another survey sometimes in the middle, and then at the end when they exit the program, so they can also give feedback.

(#27) Tracking milestones in people's lives comes out of our case notes. The data system is still pretty new for us, but I can imagine it could be something that we eventually use. Every three months we have participants fill out an evaluation. We check in about safety, what housing lists they're on, where they're at with permanent housing, and are they completing some of their goals. When they exit, we have them fill out an exit evaluation and all of our grant goals and objectives are reflected in our exit evaluation.

(#28) We rely a lot on exit surveys. We collect a lot of data on bed nights, women and children served, a lot of information through our HUD ESG reports. We're exempt from HMIS participation, though, because we are considered a DV provider. We track income at entry and exit, whether they have earned income or are connected to public benefits that maybe they didn't know how to access, or couldn't access prior to entering. They may not all immediately go from our rural transitional/shelter hybrid program directly to independent permanent housing – because of all those dynamics we talked about, but we might have been able to get them into a more stable situation with family or friends.

(#29) Whether the family is still housed is the first thing we look at when clients come back to us or when we follow up with clients. We don't actually measure it, because it's so hard to do anything if you're not housed. But because the clients are anonymized in our internal database and in the HMIS, it's impossible for us to track returns to the homeless system, so we don't do that.

(#30) Do they have their own home now? "Do they make more money now?" Did they get a GED and/or are speaking English now? Did they get a job? Every person's story is so different. We have a goals sheet and we talk to people about what they need to do, what they want to do, and their short-term and long-term goals. And we like to refer back to that because it shows people how much they've grown. Everybody, of course, would have different goals and things they need and want to accomplish.

(#31) We record a success if they got safe, stable housing and were able to maintain it. But we haven't necessarily been measuring, "Do they go back to an abusive situation?" That would be a good outcome to follow for the transitional program.

There's a lot more focus in the shelter on being safe, believing that you deserve to be safe, knowing how to be safe and how to recognize potentially dangerous situations. If they are in the transitional housing, they've already gotten that in the shelter. When they go into transitional housing, they do a safety plan, and their case managers talk to them about safety, so that's always an issue. But we don't spend time measuring that.

(#32) We use an Excel spreadsheet to track the stats we need. When somebody comes in, we collect all of their demographic information. And then when somebody leaves, we collect data about where they went, what their income level is now. We also track how many service units we provided, what kind of referrals we made and where, for example, to counseling agencies, medical providers, adult education, legal services; and we track the same kinds of things for advocacy. "Did we go to court with them three times?"

And then we track outcomes; tracking their domestic violence outcomes is kind of a work-in-progress for us. Did the adult develop a safety plan? Did they receive DV information? Did they leave with a stalking kit and a 911 phone? And we track material outcomes: Did they access a food pantry? Did we help them get eyeglasses through the Lions? We've tried to decide, "What are the most likely outcomes that people would have?" And put them in categories: DV outcomes, material outcomes, financial support, employment, adult education, counseling, medical, children's outcomes, community and social support, and then other because nobody fits in the boxes no matter how many boxes we make.

We try to track what they are trying to accomplish -- when they come in and then at a couple intervals. And then we check back with them about whether or not they feel like they've accomplished those goals or if they still want to. And then we try to put a number on that when they leave, but it feels like guesswork, saying somebody accomplished 80% of their goals. We try to track outcomes like that, because it informs us. Like if everybody is asking for counseling referrals, maybe it makes sense to have a counselor who's more available.

(#33) Our Board has a program and services committee that we report to on a monthly basis, in addition to all the grant reporting we do. Some of the outcomes and performance measures that we report on to our board committee are around engagement. We talk a lot about the goal setting piece, the accomplishment of goals, and the progress towards accomplishment of goals. And we know that it takes time.

Employment can be a measure of success, if that's what the client identified. Education, obtaining reliable transportation, and obtaining safe child care are all issues we discuss regularly, when we talk about our clients' progress. These discussions help us to determine whether we're doing a good job in serving them.

We track our clients' progress by case notes. The project manager helps us to pull that together. It's not extremely formal, but she takes notes as part of these weekly conversations to keep us on track. The smaller steps are captured primarily by the transitional housing program manager, who reports to our board on a monthly basis about each small success.

(#34) We have a safety assessment that we do with our clients; they measure on a sliding scale of 1-10 how safe they are feeling and how they are feeling about the resources they are gathering.

According to the last stat I heard, on average, batterers stalk their partner up to 21 months after they leave. We are trying to look at how the resources we support and the services we provide impact our clients' wellbeing and sense of safety, and at what point our positive supports are overshadowed by the behaviors of the batterer. Are we, over time, having success in increasing that person's sense of safety, despite what the batterer may be doing? Are the survivors able to move from crisis and trauma and feeling escalated to feeling stronger and more knowledgeable about the situation and how to respond to it.

Every few weeks, or maybe once a month, depending on the client, we might do a check-in and say, "how safe are you feeling today?" We talk about different behaviors, and use a questionnaire to ask about where they are right now; and they answer on a scale of 1 to 10.

(#35) We don't have a great formal tracking system for measuring success. We are looking at integrating something called the [MOVERS tool](#) for measuring survivor empowerment as it relates to safety; it was developed through Lisa Goodman's work at Boston College. We like that model, but haven't yet integrated it into our service delivery. We participated in a couple of research studies that she spearheaded and we've been really impressed with the products that have come out of that. She just sent us a DV-focused trauma-informed scale that they're in the early stages of finalizing and we're really excited to use that with clients.

(#36) When I meet with my clients, I have a goal sheet that I use. It's individualized to the client. Sometimes I will give them a goal, especially when I work with a child, like, "Let's work on doing your homework." Then, I'll give them steps to achieve their goal. For the adults, it's more of them telling me; for kids, you have to focus them, and you sometimes have to give them something to work with. And then when I go through the goal sheets the next time I meet with them, I ask, "Have you achieved your goal? If not, what can I do to help you achieve it yet?" And then we look at how long it takes them to achieve their goals.

If something that should've taken a week is taking a month and a half, we look at where the issue is: "Let's problem solve this and work through it together, and let's figure out what you need. One client's goal was to get into a GED program. We called the school together, and found the person she needed to contact, and she was in the program the next week. So that goal was successfully met.

Between our actual sit-down sessions, I'm checking in, just making sure things are going well, and to keep the lines of communication open. They know that even though we're not scheduled to meet this week I'm still checking in, making sure things are OK. I don't do it every day; it's once a week or every other week. "How are

things going? Is there anything you need?" Sometimes they say, "I didn't want to bother you, but I need this." And I say, "You're not bothering me. It's my job." That's how we measure their successes - based off their goal sheet, and if they feel like they're accomplishing what they need to. If not, I'll help them the best I can.

(#37) We put a lot of stock in participant feedback. We have a voluntary survey that we ask participants to use to give us feedback about whether they feel they were treated with respect, whether they've learned about how to create safety in their lives. We look at whether they've completed some of their personal goals. One of the things we try to look at is the degree to which they've demonstrated increased ability to advocate for themselves, because that is a change they take with them no matter what happens to their housing.

We look at whether -- compared to when they started services -- they're better able to make phone calls and to seek out resources -- things they might have previously asked us for help with. Do they know how to fill out a job application, if they didn't before? That they've got a good self-advocacy foundation is, I think, really important and one of the things that we try to measure.

A lot of it is done through conversation, and in terms of the self-advocacy, it's done through observation. The advocate would be making that assessment. We don't have a specific assessment tool, but there are a number of things we look at that can serve as indicators that self-advocacy has increased.

We don't really have anything that formalized. We have the goal plan that they make when they first come into services and it's pretty easy to go through and look at what has been accomplished, and that's something the advocate would review with the survivor on a pretty regular basis.

We offer participants a feedback form on a regular basis; we wouldn't wait until 18 months later and say, "Here. Could you fill this out?" We seek feedback while the services are being provided -- "Is there more we can do to help? How is this feeling for you?" It helps determine what comes next, what the obstacles are, and what we can do to get around those obstacles. Have the goals changed? The goal plan is a pretty critical piece of work that the survivor and advocate go back to again and again. By the end of their working together, it's pretty easy for the survivor and the advocate to assess whether some of the goals have been accomplished.

Questions to Consider

1. In what ways can program performance metrics distinguish between the successes of the participants and the successes of the program in supporting participants in achieving their targeted outcomes?

What kinds of metrics would show that program services made a positive difference, without taking anything away from the accomplishments of the survivors who deserve to claim their own successes?

2. What kinds of measures of survivor participation provide the best evidence that participants believe that a program is meeting their needs?

3. If participants' progress is only measured at the end of a survivor's stay in transitional housing, the program may miss important opportunities for celebrating participant successes or making mid-course corrections. While programs want to avoid putting undue pressure on survivors with too-frequent assessments of progress, periodic reviews, conducted nonjudgmentally and jointly with the participant, can (a) provide occasions to celebrate participant accomplishments (which can bolster the morale of both participants and staff); (b) identify aspects of the program that are working well and areas where the program could do better; and (c) clarify whether participants feel adequately supported, and identify the issues or obstacles that are surfacing, and, if they feel stuck, the kind of support they need to get "unstuck."

- What are some ways that a program can track and celebrate participant progress in reaching intermediate steps (e.g., obtaining replacement identification, obtaining a reference from a former employer, acquiring an interview suit, etc.) towards the larger goals, like housing, employment, self-sufficiency, and empowerment?

- Are these intermediate milestones in danger of being overlooked if they are not explicitly incorporated into a survivor's plans or goal sheet?

4. What determines whether a participant who is in the middle of her stay in a TH program is able to offer a candid assessment of how well the program is working for her and how it could work better?

- What can a program do to encourage candid feedback?

5. When a participant needs substantially more time than anticipated to pursue her stated goals and priorities, or is unsuccessful in those pursuits, is it useful to assess the possible reasons or contributing factors, for example:

(a) **external factors** (e.g., difficult housing or job market, long waiting time for housing subsidies or subsidized housing, lack of public transportation, lack of access to affordable childcare, etc.);

(b) **barriers that take more time than anticipated to address** (e.g., immigration status; poor housing or credit history, including arrearages caused by the abusive (ex-)partner; limited English literacy; weak employment history; etc.);

(c) **program limitations** (e.g., lack of staff time, shortened stay limits, inability to help with move-in costs, inability to help with transportation, lack of adequate interpreter services, etc.);

(d) **interference by the abusive (ex-)partner or his allies** (e.g., harassment at work, stalking, financial harassment, petty court filings, etc.); or

(e) **insufficient investment of time and energy by the participant.**⁴⁴

- How can a discussion about the reasons for slower-than-hoped-for progress be helpful, and avoid putting the survivor in a defensive position?

6. In an empowerment-based or survivor-centered approach, the survivor's priorities and preferences are paramount. That same philosophical framework underlies the voluntary services model, and elevates the importance of survivor-identified goals.

- Does the use of case notes or goal sheets to track progress in achieving survivor-identified goals signify that the program prioritize those goals below goals that are tracked with formal metrics?

- Would adopting a more formal system for measuring that progress -- paralleling the way that progress is tracked with respect to funders' goals -- signify recognition of the importance of participants' goals in a survivor-centered program ... or would it just put unnecessary pressure on participants?

7. How can performance measurement be most useful to program staff and management? How can it be most useful to participants?

9. Data Collection: Regulatory Framework, Current Practice, Expert Recommendations

(a) Overview: Data Collection, Handling, Release, Storage, Destruction

Data collection is essential to compliance with funder reporting requirements, tracking the provision of essential program services, evaluating program performance, and making the case for funding to potential donors and grant-making organizations.

Data collection can also be overwhelming, alienating, and even traumatizing for survivors who are asked too many questions or asked too sensitive questions too soon; it can be unduly burdensome for staff who have to collect and record participant answers; and improperly handled, it can lead to all kinds of confidentiality and privacy challenges down the road.

The National Network to End Domestic Violence (NNEDV) has developed a [Data Security Checklist to Increase Victim Safety & Privacy](#) which guides provider agencies through the process of thinking through the data they

⁴⁴ There is no value judgment intended here: A participant might choose to focus on other endeavors; she might be limited by depression, PTSD, or other trauma; she might be simply worn out by all the efforts she has had to make; she might prefer to be with her child; she might be discouraged by the challenges she faces; etc.

collect: what data are collected; how that data are collected, stored, and protected from unauthorized access; who can access various types of data and how they get that access; and the policies and procedures governing data collection, access, and quality.

Apart from the data that funders require, what kinds of data and how much data should a provider collect? [Thoughtful Documentation: Model Forms for Domestic Violence Programs](#), describes the process that the Missouri Coalition went through to help answer that question for its intake forms; the same kind of process could be used to think about any data collection effort.

"First, an intake should be as short as possible so that a woman in crisis can begin taking care of her needs rather than sit through a lengthy intake process. Second, given that information contained in intake forms may be used against a woman in criminal, civil and child custody proceedings, intake forms should contain only information that is absolutely necessary to advocate on her behalf. Members of the workgroup set a high standard for determining which data elements should be included in the forms, asking themselves:

- *What is the most critical information needed to provide services?*
- *Does it document what we provided or is it something we would just like to know, or think we need to know, about the survivor?*
- *What can wait or be asked later?*
- *What could be potentially harmful to the survivor?*
- *What must be collected to report to funders?*

As the discussions progressed, three standards for including data elements emerged. Included data elements needed to meet one of the following requirements:

- *Advocates need the information immediately in order to provide basic advocacy for a survivor.*
- *Grant funders require the information.*
- *The information is necessary in the event of an emergency."* (pp. 2-3)

[Thoughtful Documentation](#) encourages programs to develop policies and procedures that address record retention and destruction of both paper documents (i.e., shredding) and electronic records (which can be challenging, given the use of automated back-ups, particularly if providers use externally hosted databases⁴⁵).

The Washington State Coalition's [Model Protocol on Recordkeeping When Working with Battered Women](#) summarizes a very similar approach to data collection this way: "The goal is to have only the specific information needed, for the length of time required." (p.1)

Over the course of a survivor's program participation, different information is needed for different purposes. [Thoughtful Documentation](#) describes how the Missouri Coalition staff went through the same process to create forms for those other purposes, some of which would be stored in the survivor's program record for as long as required by law or by the funder, and others of which would be destroyed after they had served their purpose. For example, an "emergency contact form" could be destroyed after the survivor leaves the program; an "advocacy form" containing supplemental information useful to staff advocacy efforts, but not required by funders or needed to provide other services, could be destroyed after the particular advocacy needs were met. For reporting in the aggregate (e.g., to meet HUD requirements), the Missouri Coalition created an "Aggregate Data Form," which allowed program staff to provide data needed by funders or for grant applications, without linking that data to specific clients.

⁴⁵ As noted below, the Washington Coalition's [Model Protocol](#) recommends against storing program participant information on computers connected to the Internet. (See recommended procedure #6 on page 5.)

In addition to suggesting a variety of sample forms, [Thoughtful Documentation](#) provides explanations as to why the various data elements included in the forms were retained, and why other data elements were excluded from the forms. As they observe, "just because some data elements aren't written down, that does not mean services are not being provided or [that] questions are not being asked."

Finally, the Coalition authors observe that in addition to **what** questions are asked, program staff need to be sensitive to **how and when** questions are asked:

"Instead of rattling off a list of questions, advocates should make the intake process conversational and view it as an opportunity to get to know the survivor as an individual, not a collection of demographic information. Advocates can begin the empowerment process immediately by informing survivors of their rights, such as the right to know why the program wants the information [and how long it will be retained, and why] and the [participant's] right to refuse to disclose information. Programs should be prepared to offer services to individuals regardless of whether they answer all of their questions. Advocates should not make assumptions about anyone's reading ability and should not ask a survivor to fill out the forms herself.

It is not necessary for an intake to be conducted immediately after a survivor arrives at a program. If more pressing issues exist, such as a need to eat, sleep, bathe or get children ready for school, these needs should take precedence over obtaining this information. Mothers should be given an option of not having their children present during conversations about violent incidents; programs should be prepared to watch children during these times. However, it should be up to the mother to decide about the presence of her children and their care."

The Washington State Coalition's aforementioned [Model Protocol](#) suggests the following procedures for collecting, handling, disclosing, and destroying data and client records, building upon documents previously developed by the Pennsylvania and Arizona Coalitions Against Domestic Violence (as cited):

- (1) All staff, volunteers, student interns and board members should sign an agreement to maintain the confidentiality of program participant communications, records and written documentation (including crisis logs, emails and sticky notes).
- (2) All program participants, whether they are receiving services in person or on the telephone, will be informed of the agency's record-keeping practices and the exceptions to breaching confidentiality.
- (3) The agency should inform the program participant of the retention and destruction procedures regarding agency files.
- (4) All contents of program participant files and other written documentation should be limited to information that is required for statistical and funding purposes, establishing goals for the advocacy relationship, and documenting the need for services.⁴⁶
- (5) Emails and other electronic records stored on agency computers should be treated in the same manner as paper records for the purposes of confidentiality and record-keeping.
- (6) Program participant identifying information should not be disclosed in email messages either between program staff or to external parties, and appropriate steps should be taken to ensure the security of the agency's computer network. (For example, program participant information should not be stored on computers connected to the Internet.)
- (7) All records are confidential, even when shared by the program participant in the presence of an advocate and any third parties who are working on behalf of the program participant.

⁴⁶ This appears to be somewhat broader than the Missouri Coalition's standard.

- (8) Requests by any third party for information or records, including the program participant's status as a client, will not be honored without express written permission from the program participant, with the exception of a court order.... Third parties include, but are not limited to, the program participant's attorney, representatives of the criminal justice system, mental health or medical providers, social service workers such as welfare, housing or child protective services, or friends and family.
- (9) If the agency is required to disclose a program participant's personal information or records under a court order, they will make "reasonable attempts" to notify the program participant....
- (10) If a program participant's personally identifying information has to be disclosed because of a court order, the agency will take all necessary steps to protect the individual's safety and privacy....
- (11) The agency should provide the record-keeping policy and supporting documents (such as written releases) in appropriate languages (basic literacy level as well as language translations) and accessible formats (such as tape cassette or large print) to the program participant.
- (12) All program participants' files should be routinely reviewed and unnecessary documents purged from the files, including documents stored electronically.
- (13) The agency should develop a process for responding to subpoenas for records, other work product or communications between the program participant and staff/volunteers.
- (14) The agency should establish a relationship with an attorney who understands the program's legal obligations and potential liability under federal and state confidentiality laws, and is committed to the policies of the program.
- (15) The agency should provide periodic training for staff, volunteer and board members regarding: the legal obligations for records held by domestic violence programs, the meaning and scope of legal privilege for communications between the advocate and victims of domestic violence, and the importance of maintaining the confidentiality of program participants' records.
- (16) The agency should monitor the implementation of the record-keeping policy and workplace practices.

(b) Confidentiality Requirements

(i) Survivor Confidentiality: VAWA Framework

The VAWA Reauthorization of 2013 clarified and extended certain confidentiality- and privacy-related protections on behalf of victims/survivors of domestic and sexual violence who receive OVW grant-funded housing/services.^{47,48} Its provisions affirmed the responsibility of grantees and subgrantees to comply and document their compliance with these and other privacy- and confidentiality-related protections; clarified the kind of information that can be shared or released; described the responsibility of grantees and subgrantees in the event that release of an individual's information is compelled by a court or law; and affirmed the responsibility of grantees to ensure that their subgrantees are aware of, comply with, and document their compliance with those protections.

The specific protections, as outlined in section (b)(2) of [42 U.S. Code §13925](#), are as follows:

⁴⁷ OVW grantees are required to sign an affirmation of their organization's awareness of and intent to comply with the confidentiality-related provisions of VAWA. See "[Acknowledgement of Notice of Statutory Requirement to Comply with the Confidentiality and Privacy Provisions of the Violence Against Women Act, as Amended](#)".

⁴⁸ The 2010 Reauthorization of the Family Violence Prevention Services Act (FVPSA) extended those same protections to FVPSA-funded shelters and non-residential services, as codified at section (c)(5) of [42 U.S. Code §10406](#).

(2) Nondisclosure of Confidential or Private Information

(A) In general - In order to ensure the safety of adult, youth, and child victims of domestic violence, dating violence, sexual assault, or stalking, and their families, grantees and subgrantees under this subchapter shall protect the confidentiality and privacy of persons receiving services.

(B) Nondisclosure - Subject to subparagraphs (C) and (D), grantees and subgrantees shall not—

(i) disclose, reveal, or release any personally identifying information or individual information collected in connection with services requested, utilized, or denied through grantees' and subgrantees' programs, regardless of whether the information has been encoded, encrypted, hashed, or otherwise protected; or

(ii) disclose, reveal, or release individual client information without the informed, written, reasonably time-limited consent of the person (or in the case of an unemancipated minor, the minor and the parent or guardian or in the case of legal incapacity, a court-appointed guardian) about whom information is sought, whether for this program or any other Federal, State, tribal, or territorial grant program, except that consent for release may not be given by the abuser of the minor, incapacitated person, or the abuser of the other parent of the minor.

If a minor or a person with a legally appointed guardian is permitted by law to receive services without the parent's or guardian's consent, the minor or person with a guardian may release information without additional consent.

(C) Release - If release of information described in subparagraph (B) is compelled by statutory or court mandate—

(i) grantees and subgrantees shall make reasonable attempts to provide notice to victims affected by the disclosure of information; and

(ii) grantees and subgrantees shall take steps necessary to protect the privacy and safety of the persons affected by the release of the information.

(D) Information sharing

(i) Grantees and subgrantees may share—

(I) non-personally identifying data in the aggregate regarding services to their clients and non-personally identifying demographic information in order to comply with Federal, State, tribal, or territorial reporting, evaluation, or data collection requirements;

(II) court-generated information and law enforcement-generated information contained in secure, governmental registries for protection order enforcement purposes; and

(III) law enforcement-generated and prosecution-generated information necessary for law enforcement and prosecution purposes.

(ii) In no circumstances may—

(I) an adult, youth, or child victim of domestic violence, dating violence, sexual assault, or stalking be required to provide a consent to release his or her personally identifying information as a condition of eligibility for the services provided by the grantee or subgrantee;

(II) any personally identifying information be shared in order to comply with Federal, tribal, or State reporting, evaluation, or data collection requirements, whether for this program or any other Federal, tribal, or State grant program."

(E) Statutorily mandated reports of abuse or neglect - Nothing in this section prohibits a grantee or subgrantee from reporting suspected abuse or neglect, as those terms are defined and specifically mandated by the State or tribe involved.

(F) Oversight - Nothing in this paragraph shall prevent the Attorney General from disclosing grant activities authorized in this Act to the chairman and ranking members of the Committee on the Judiciary of the House of Representatives and the Committee on the Judiciary of the Senate exercising Congressional oversight authority. All disclosures shall protect confidentiality and omit personally identifying information, including location information about individuals.

(G) Confidentiality assessment and assurances - Grantees and subgrantees must document their compliance with the confidentiality and privacy provisions required under this section.

[Confidentiality Releases](#) (which was revised in 2015, to include the protections defined in the 2013 VAWA Reauthorization).

(ii) Survivor Confidentiality: HUD Provisions

HUD requires victim services providers⁴⁹ that receive funding under its Continuum of Care (CoC) program and Emergency Solutions Grant (ESG) program to collect all of the same data that other similar CoC- or ESG-funded projects are required to collect (see the [HMIS Data Standards Manual](#), [HMIS Data Dictionary](#), and [ESG Program HMIS Manual](#) for information about standard data collection requirements), but in compliance with VAWA, broadly exempts such providers from requirements to participate in the shared data collection system that all other HUD-funded providers must use (the Homeless Management Information System or HMIS), directing them, instead, to enter data into a "comparable database." A "comparable database" must meet or exceed HUD's current [data and technical standards](#) for implementing a Homeless Management Information System (HMIS)⁵⁰, and which allows them to generate "unduplicated aggregate reports based on the data," which must then be provided to the entity administering their ESG grant or CoC grant.

Per §578.57(a)(3) of the [CoC Interim Rule](#), "If the recipient or subrecipient is a victim services provider, or a legal services provider, it may use Continuum of Care funds to establish and operate a comparable database that complies with HUD'S HMIS requirements."

However, victim services advocates have long expressed concern that although HUD regulations protect the confidentiality of survivors who are fortunate to be enrolled in a program operated by a victim services provider, they don't offer comparable protections to survivors who happen to be in a mainstream program -- and who may need the very same protections to avoid being discovered by a stalker or by the perpetrator of the violence they fled. HUD guidance on [Coordinated Entry and Victim Service Providers](#) clarifies that:

"All households, regardless of their DV status, have the right to refuse to disclose their information in HMIS and may refuse to allow the CoC to share their information among providers within the CoC. In fact, all service providers are prohibited from denying assistance to program applicants and program participants if they refuse to permit the provider to enter their information in to HMIS or refuse to allow their information to be shared with other providers. However, some information may be required by the project, or by public or private funders to determine eligibility for housing or services, or to assess needed services. In those instances, the information must still be collected by the recipient to determine whether the individual or family is eligible, but it must not be entered into HMIS if the program participant objects to having information entered into the HMIS. For instance, if a provider needs to verify the presence of a disability in the process of determining eligibility for PSH, the information itself must be collected but not recorded in HMIS. In other words, it should be retained in a separate paper file or closed database." (Q&A #3)

Some of the providers we interviewed suggested that there is inadequate awareness among CoC providers of a client's right to withhold information or to withhold permission for providers to broadly share any such information which is voluntarily furnished. In some cases, there may be a posted notice indicating that a person or family has the option of withholding data or permission to share data; in some cases, there may be a presumption of implicit consent. Although ideally, applicants for CoC assistance would be explicitly informed

⁴⁹ "Victim service provider" is defined in §576.2 of the [ESG Interim Rule](#) and §578.3 of the [CoC Interim Rule](#) as "a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. **This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.**" That is, HUD's definition of "victim services provider" includes OVW-funded TH programs operated by a provider like a YWCA, which would ordinarily not be considered a "victim services provider"). The definition would cover any **project** funded with a VAWA or FVPSA-authorized grant to serve survivors of domestic and sexual violence.

⁵⁰ See, for example, §576.400(f) of the [ESG Interim Rule](#) and §578.57(a)(3) of the [CoC Interim Rule](#).

of those rights, providers might be concerned that such a proactive advisory statement would needlessly discourage client disclosure of information useful to assessment of their needs, program-level reporting, and/or tracking of overall homelessness. All of these provider concerns should, of course, be secondary to protecting the privacy, confidentiality, and safety of survivors, and the NNEDV advises advocates to make sure that survivors seeking mainstream services know how to assert their privacy-related rights.⁵¹

Although mainstream homeless shelters and TH programs do not specifically target homeless survivors of domestic and sexual violence, and don't typically offer services to address the trauma from such victimization, research has substantiated that a significant number of homeless women and families have histories of such violence, including victimization that occurred while they were homeless.⁵² Other data indicate that significant numbers of homeless and runaway youth and young adults are survivors of sexual violence, sexual trafficking, and sexual exploitation. ([NSVRC, 2011](#), [NAEH, 2009](#))

For a variety of reasons, including lack of disclosure to shelter or program or census staff, there are no accurate counts of the overall number of survivors of domestic or sexual violence in mainstream homeless programs,⁵³ nor, of course, are there data about how many of these survivors understood their right to withhold permission to share their information with other providers via the HMIS. Presumably, some portion of those who were unaware of that right would have asserted it, had they better understood that exercising that right would not jeopardize their access to emergency housing or supportive services.

As Continuums of Care take steps to implement HUD requirements to develop and utilize a coordinated entry / coordinated assessment system that rationalizes access to transitional housing, rapid rehousing, and permanent supportive housing based on a standardized assessment of needs and urgency of assistance⁵⁴, the importance of HMIS will continue to grow, as will CoCs' need to collect and integrate additional data that refines their understanding of the circumstances and barriers confronting the homeless individuals and families seeking assistance.

⁵¹ See FAQ #7 in the [NNEDV Fact Sheet on VAWA and FVPSA Confidentiality Provisions](#).

⁵² See, for example, [Goodman, Fels, & Glenn \(2006\)](#), [Jasinski et al. \(2005\)](#), and [D'Ercole & Struening \(1990\)](#). Also:

- [Gubits et al. \(2015\)](#) indicates that 49% of adult respondents in the *HUD-funded Family Options Study* reported adulthood experience of intimate partner violence (IPV), although that violence may or may not have precipitated the episode of shelter homelessness analyzed in the study. In fact, the authors suggest that the 49% statistic **understates** the importance of IPV as a contributing factor to family homelessness among study participants because shelters that targeted DV survivors were excluded from the study for confidentiality reasons, and because some shelters included in the study did not accept families fleeing DV, due to concerns about their inability to ensure those families' safety.
- Although only 17% of the family TH programs in [Burt's \(2010\)](#) landmark study targeted survivors of domestic violence (p. 39), 36% of all homeless mothers in the study cited domestic violence as leading to the family's most recent episode of homelessness. (Table 3.8 on p. 32). Many of these mothers would have been in mainstream TH programs
- The seminal study of homeless mothers and mothers receiving public assistance in Worcester, Mass. by [Bassuk et al. \(1996\)](#) found that 63% of the homeless mothers had been severely physically assaulted by an intimate partner as an adult, and that 25% of the homeless mothers had been sexually assaulted as an adult by a non-intimate partner.

⁵³ HUD's Annual Homeless Assessment Report (AHAR) does not report on the numbers of homeless individuals and families that have experienced domestic and sexual violence. The [2014 AHAR \(Volume 2\)](#) (pages xvi-xvii) notes that the 2014 Homeless Inventory Count (HIC) counted 56,016 individual and family beds reserved for "DV survivors" and that the 2014 "optional" (i.e., incomplete) Point in Time count of homeless persons counted 51,908 DV survivors -- i.e., not even as many individuals and families as would have been in beds reserved for survivors, let alone mainstream beds.

The lack of good HMIS data about the numbers of survivors in mainstream programs is not surprising: it is reasonable to assume that survivors would not disclose their experience of domestic or sexual violence -- let alone discuss whether the perpetrator was an intimate partner or not -- to mainstream shelter or TH program staff or census takers who are not prepared to provide or refer them to appropriate services, and who are collecting the data for statistical purposes.

⁵⁴ See, for example, HUD's [Coordinated Entry Policy Brief](#) and [Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing](#)

Victim service providers will want to make sure that they receive appropriate referrals from the coordinated entry system used by their CoC, and to make sure that the clients they refer receive adequate access to mainstream transitional and permanent housing programs. To the extent that a victim service provider's non-participation in the HMIS or participation in a comparable coordinated system precludes such access, it limits the resources available to meet the housing and supportive service needs of the survivors it serves.

Over the next few years, HUD, the OVW, and affected providers and CoCs will need to work out the mechanisms whereby survivor confidentiality and privacy are adequately protected, without compromising access to mainstream housing programs, and without compromising the ability of victim services providers and the mainstream homeless housing and services system to make appropriate referrals to one another.

The aforementioned [Coordinated Entry and Victim Service Providers FAQ](#) is an important start to that process.

(iii) Other Confidentiality Protections

FVPSA and VAWA are not the only federal laws affecting disclosure of personal information. There are laws protecting survivors' medical records (HIPAA); their primary, secondary, and certain post-secondary school records (FERPA), and the records of survivors attending campus-based post-secondary education programs. There are also protections pertaining to persons receiving mental health and substance abuse treatment services; persons who have tested positive for HIV/AIDS; and persons having privileged conversations with lawyers and advocates. These confidentiality provisions are discussed in [Chapter 12](#) ("Funding and Collaboration: Opportunities and Challenges"), which also includes related provider comments.

(c) How Providers Collect Data for OVW and HUD: Current Practice and Looking Forward

Data collection is essential to compliance with the OVW reporting requirements. The data collection tools and requirements for OVW grantees are available online at the [VAWA MEI website](#) of the Muskie School of Public Health of the University of Southern Maine. Specifically, the website provides access to [OVW instructions for completing the semi-annual report form](#), which describing each of the data fields in the report; a [downloadable paper version](#) of the data collection instrument; and an [online database](#) for entering and storing data necessary to complete the semi-annual report. As indicated in the provider comments at the end of this section, most providers do not use the online database available on the VAWA MEI website, and instead, use other proprietary software to collect and aggregate the required data.

As noted above, although HUD-funded victim service providers⁵⁵ must collect the same data that any other provider receiving HUD ESG or CoC grant funding is required to collect, HUD regulations prohibit them from entering that data into the Homeless Management Information System (HMIS) that they would otherwise be required to use. Instead, they must enter and store that data in a "comparable database" which meets all of the data and technical standards, including data privacy and security standards that providers utilizing the HMIS are required to comply with.⁵⁶ In keeping with the VAWA and FVPSA requirements, providers may not share client level data with the HMIS; they are required, however, to provide the HMIS with unduplicated aggregate data reports which meet applicable reporting standards.

For ESG grant recipients, paragraphs (a) to (w) of §576.500 of the [ESG Interim Rule](#) define the basic recordkeeping requirements; for CoC grant recipients, §578.103(a) of the [CoC Interim Rule](#) defines those basic data collection and recordkeeping requirements. In both cases, more specific information about the required data elements are contained in the [HMIS Data Standards Manual](#) and [HMIS Data Dictionary](#).

⁵⁵ See prior footnote for the operating definition of "victim services provider."

⁵⁶ See HUD's [HMIS Data Standards Manual](#), [HMIS Data Dictionary](#), [2004 Technical Standards](#), and [proposed rule governing data privacy and security](#).

The general requirement to develop and implement written procedures to "ensure that all records containing personally identifying information ... of any individual or family who applies for and/or receives [ESG/CoC] assistance will be kept secure and confidential..." is articulated for ESG grant recipients in §576.500(x) of the [ESG Interim Rule](#), and for CoC grant recipients in §578.103(b) of the [CoC Interim Rule](#). More detailed technical and data handling requirements are spelled out in the [2004 Data and Technical Standards](#), and are foreshadowed in HUD's [proposed rule governing data privacy and security](#) (2011).

Finally, §576.500(y) of the [ESG Interim Rule](#) and §578.103(c) of the [CoC Interim Rule](#) establish the requirement to retain for 5 years all records pertaining to services requested or furnished in each fiscal year, as well as "documentation of each program participant's qualification as a family or individual at risk of homelessness or as a homeless family or individual, and other program participant records...."

Approximately 30% of the providers interviewed for our project were asked about their approach to data collection. In that sample -- which may or may not be representative of the overall provider community, there were no clear patterns or preferences as to the way that data is collected:

Alice	6	ETO	5	VAWAMEI form	2
Apricot	2	Excel	5	<u>Procentive</u>	1
Custom software	3	HMIS ⁵⁷	5	State software	2
<u>EmpowerDB</u>	1	<u>Osnium</u>	3		

(d) A Special Note about Collecting Data on Gender Identity and Sexual Orientation

As noted in other chapters of this report, there is no data from either FVPSA-funded DV shelters, OVW-funded TH programs, or HUD-funded homeless services programs about the utilization of those programs by LGBTQ persons. Anecdotally, from interviews with TH program providers, staff do not routinely ask about gender identity or sexual orientation, and in the absence of such questions, they may be inadvertently sending a signal that information about "non-traditional" gender identities or sexual orientations should not be openly discussed, even with program staff -- a type of, "Don't Ask, Don't Tell" approach. While not all LGBTQ survivors may wish to disclose or discuss the specifics of their sexuality, preempting such discussions would be contrary to the fundamental work of TH programs in affirming survivors for who they are, affirming their right to be free from violence and abuse, and supporting them in healing from the trauma they have experienced.

Solicitation of data about gender identity and sexual orientation is a potentially fraught activity, and must be thoroughly thought through before it is undertaken. The following discussion is from a summary of the proceedings of an October 12, 2012 Institute of Medicine (IOM)-sponsored workshop on "[Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records](#)."

From the "Introduction and Overview" section of the proceedings:

"In 2011, the Institute of Medicine (IOM) released the report, ["The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding,"](#) the first comprehensive compilation of what is known about the health of each of these groups at different stages of life. This report also outlined an agenda for the research and data collection necessary to form a fuller understanding of this subject. One of the recommendations in this report was that, provided that privacy concerns could be adequately addressed, information on patients' sexual orientation and gender identity should be collected in electronic health records, just as information on race and ethnicity is routinely collected. Such data are essential because demographics provide the foundation for understanding any population's status and needs. This recommendation recognized that the possible discomfort on the part of health care workers

asking questions about sexual orientation and gender identity, a lack of knowledge by providers about how to elicit this information, and some hesitancy on the part of patients to disclose this information may be barriers to the collection of meaningful data on sexual orientation and gender identity.

As the next step in exploring this recommendation, an ad hoc committee was assembled to plan and conduct a public workshop on collecting sexual orientation and gender identity data in electronic health records. The workshop, held on October 12, 2012, featured invited presentations and facilitated discussions about current practices around sexual orientation and gender identity data collection, the challenges in collecting these data, and ways in which these challenges can be overcome." (pp. 1-2)

In remarks at the conclusion of the IOM-sponsored workshop on "Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records," Ignatius Bau, who chaired the planning committee for the workshop, made the following summary observations and recommendations. Pursuant to CLAS Standard 12, we respectfully suggest that these ideas be put before stakeholders from different segments of the LGBTQ community for their feedback and insights:

1. *"LGBT people experience significant health care disparities and the Obama administration and HHS are committed to identifying and addressing those disparities through the use of data.*
2. *To address health care disparities in the LGBT population, it is important to identify and understand the barriers that these Americans face and to determine if nondiscrimination policies meant to eliminate those barriers are truly protecting LGBT individuals when they seek health care in real-world settings.*
3. *"If you are not counted, you do not count." The health of every individual depends on disclosing sexual orientation and gender identity, so it is important to educate LGBT people about the need for them to self-identify while at the same time creating a safe environment conducive for doing so.*
4. *In addition to technical issues about the questions they need to ask their patients, health care providers have their own fears and biases that will require a significant amount of education to address, both on an individual and institutional level.*
5. *Employee resource groups in an institution can become a powerful and important internal force of change.*
6. *The use of language in questions about sexual orientation or identity and gender identity is becoming more precise and that will improve the quality of the resulting data collected using these questions.*
7. *It is important as a matter of principle that data is always collected through a self-identification process and that there is always an opt-out option available to patients.*
8. *Though the questions or processes for data collection have room for improvement, data collection should start now to better understand the health care issues experienced by LGBT people."*

(e) Collecting Data for Evaluation

In addition to collecting data for reporting purposes, providers are increasingly interested in measuring the quality and effectiveness of their programs, to ensure that participants are receiving the kind of support and assistance they want and need, to inform efforts to strengthen program performance, and so they can make as strong a case as possible to prospective funders.

While providers should be mindful of all of the guidance in NNEDV's [Data Security Checklist to Increase Victim Safety and Privacy](#), including the advice on p.1 to "minimize what is collected to lessen the safety risks to victims and your organization's liability" and to determine whether there are any "less invasive alternatives to measure outcomes and streamline intake," they may also wish to answer **process evaluation**-type questions (e.g., Is the program working as intended? If not why not? Are participants satisfied with the services they are receiving? What can be done to improve the way the program works?) and **outcome evaluation**-type questions (e.g., Has the program helped participants achieve the goals they hoped to achieve? Has the

program helped participants make the kind of progress that funders are looking for? Has the program helped participants in other intended ways?)

For ideas about the kind of data that providers might collect to inform such evaluations, see Dr. Cris Sullivan's [Outcome Evaluation Strategies for Domestic Violence Programs](#) and her collaboration with Suzanne Coats, [Outcome evaluation strategies for sexual assault service programs: A practical guide.](#), both of which are downloadable from the "Evaluation Tools" page of the [Domestic Violence Evidence Project](#).

See also, the aforementioned Missouri Coalition's [Thoughtful Documentation](#) and the Washington State Coalition's [Model Protocol on Recordkeeping When Working with Battered Women](#). Of course, participants should be made to understand that providing information for such program assessments is entirely voluntary and that there are no repercussions for non-participation.

10. Provider Comments about Data Collection

Note: Provider comments are grouped alphabetically by the software they said they use. Note that providers using "Alice" software, which is being discontinued, will need to explore other alternatives, or may have already done so.

(a) Software = Alice

(#01) We use "Alice" database software. I'm not sure we would recommend it; it's the only thing we know. It works for us.

(#02) We use a program called Alice, which measures the quantity of contacts and not really the quality of them. We are transitioning to an ABS system written to accommodate Alice. I believe we'll be better able to measure the qualitative results of our work. Every time reporting comes up, it's really difficult. I need to look at their names and remember their stories. Quantifying that for funders is difficult.

(#03) Since we have a HUD-funded project, we have to use a comparable database. We use Alice; it's not my favorite. I will say that we are a little bit spreadsheet crazy in terms of capturing our own information and keeping it for annual reports. It seems a little easier to grab data for the reports from spreadsheets, more accurate or more efficient to figure bed nights on a spreadsheet calculator versus relying on Alice to filter and print a million different little reports in different ways. Luckily we have such a small number of participants that we can remember who the person was, and we have a lot of information about their race, and their age and those kinds of things, so our devices have seemed to be more helpful than Alice.

What we're tracking on spreadsheets is who's used what client assistance for what: tires, utilities -- nothing too exciting. Just so we can provide the detailed information; because some of the questions that we have been asked after-the-fact have really been surprising, so we've learned to keep a record of what we may be asked in the future. Sometimes Alice doesn't always end up adding right. There have been things that have been a little off, so spread sheets are something we've used to supplement that.

(#04) We have a full-time position strictly for data collection, so we do surveys and that person compiles the results for us, and we do contact sheets and they're able to run reports for us, and then I do the narratives on grant reports. We use Alice.

It's hard to say how the data helps us with our services. Maybe transitional housing programs when they're really focused on data collection get more rigid and less flexible. My approach to helping people individually is more like individual conversations.

(#05) We have a program called Alice, which is being converted to something called Apricot, we are now comparing Apricot to Osnum.

(#06) Right now we're using Alice, but that's going by the wayside; we're kind of waiting for the State; they're going to be paying for licenses with a new company, but we don't know what company yet. I'm hoping that it's Apricot, but we don't know yet. Meanwhile, we just use an Excel spreadsheet for maintaining the information on the safety assessment, until we can get that integrated into whoever takes over the contract.

(b) Software = Apricot

(#07) We use a spreadsheet that we created; it captures all of the HUD-measured elements that we need to input into the APR for our HUD-funded programs. -- It works for the most part. Where it doesn't work well is the income calculation. HUD has created a downloadable form into which we can input the income data.

The other day, I attended an OVW-organized webinar on user databases. They invited three firms, including Apricot, which is the software my agency is currently using. From that training, I learned that Apricot has the capability to import data into their system that is consistent with HUD's comparable database. We are in the process of training right now, but I'm hoping that before the end of the year we will get into the forms and report where we can create our own system to capture all this data, which will make it easier for us to do our APR report.

(#08) We just switched to Apricot. They just migrated the data two weeks ago and I was on the phone with them today. We haven't inputted anything into it yet because none of us know how to use it. We used to have Alice, but the guy who started Alice just retired, and he sold the rights to his software to Apricot. Most of us who had Alice went over to Apricot so they're in the process of getting all of us up to speed and figuring where things are now in the database that we're going to have to learn.

Everything we collect has been HMIS focused. We hope with Apricot it will have the capacity to give us more forecast and trending information. And we'd like to include some of the new metrics around safety-related empowerment that I mentioned we were involved in the development of with Lisa Goodman at Boston College and other DV programs. And the State will be coming out with some universal outcomes for all their DV-funded programs, which are going to be about safety also.

(c) Software = Custom

(#09) The data for those folks is not collected in any external client-based system, not even HMIS. Just an internal record-keeping system, for confidentiality reasons.

(#10) We have a web hosted database that we use. It's a private database only accessible to our staff and our tech support; it is a customized database for the outcomes we measure. We don't participate in the HMIS system, of course.

(#11) We have not had to use HMIS but now with rapid rehousing we do need to start entering. But we do not enter other data, like from our OVW transitional housing program; we'll only be entering data for HUD rapid rehousing. We worked with a local person who helped us create a database to track all our transitional housing, emergency housing, and our gateway assessment centers, and we track program entry, program exit, demographics, income at entry and exit, resources -- the same things that the HMIS tracks. Just to clarify -- the database is just internal, we do not share it.

It wouldn't be in our database, but we use our files to track progress on some of our participants' more individualized goals: education, banking, etc. We would enter in their file if they got into school, or things like that, but it wouldn't be in the database.

(d) Software = EmpowerDB

(#12) For the past two or three years, we've been using a locally developed database called EmpowerDB that was tailored to address our needs as a full service agency serving survivors of domestic violence and sexual assault. The database gives us the ability to track and report on the clients we serve and the services they receive from our various programs, including community-based, residential, child and adolescent trauma, court programs, etc. It allows us to comply with HUD comparable database requirement and to submit the required aggregate reports on HUD-funded programs, since we are not allowed to enter client-level data in an HMIS. There was, of course, a ramp-up period as we began using it, but it has been great to have something in-house that was designed to address our specific needs.

(e) Software = ETO

(#13) We have a database called ETO, which is Efforts to Outcome. And as case managers put in information about what they're doing with their participants, they enter information about the time spent, and that connects to our pay system, which can pull out the work they did with transitional housing participants. So that amount of their time gets charged to the appropriate grant. And that's how we get extra money to open up those extra beds -- if we're not billing for as much staff time as is budgeted, then we can add more units.

(#14) We're moving to a new system where we're going to track the outcomes and be able to document them in a system. ETO, Efforts to Outcomes. We're realizing that we have more of a need for that. Now, we have paperwork that we fill out when they come in and when they leave, but I wouldn't say it's measured. It's not in any kind of good form right now.

(#15) We use Efforts to Outcome, ETO. We've had it for two years. We've haven't tapped into it's whole potential yet. We have a database manager position that's had two people in it and a third one starting in March. I think that person will help us really get in there and delve into all the wonderful things it can help us do. It's helped us think about our case management appointments with clients differently. Interactions and interventions, instead of statistical data. We're trying to get a different mentality around those things. ETO is good for thinking about client progress on some of the smaller things, as compared to the big picture progress on housing and income that HUD tracks.

(#16) OVW is the only funder for our scattered-site program. The software we use is ETO, Efforts to Outcome. It's still in the preliminary stages on our end. It's through our statewide DV coalition. Eventually, we will not only capture data that we never had before, we'll be able to have the outcomes. We have surveys that we have our clients complete. They do it in private and we send them to our statewide agency. Again, we're in the preliminary stages of utilizing ETO for outcomes.

(#17) As a victims services provider, we are federally exempt from HMIS participation. We have our own internal database. And we regularly provide aggregate data to our CoC, but we collect it in-house, we analyze it in-house. We take confidentiality quite seriously.

We currently use Client Track. We're in the process of designing a new database through ETO/Social Solutions. And both of them have HMIS templates that we include. We collect the same information.

(f) Software = Excel

(#18) We use an encrypted Excel spreadsheet. It's cumbersome, not very useful. But the software that is out there that would be great for us isn't affordable.

(#19) We use Excel. I wouldn't recommend what we do; I think it's much more difficult than it needs to be. It was developed by the previous program manager. Our agency is definitely looking into different data collection systems or programs.

(#20) We use Excel. The spreadsheet is easy to create, easy to manage, but I think as long as they have a specific program for transitional housing, I do want to recommend that. Since I don't have the specific program, I'm just using Excel. I'd like to be collecting data about how participants are feeling about their safety -- pre-test and post-test -- so we can see how their safety has improved during their stay in transitional housing, but it's not something we're doing now.

(#21) Our reporting requirements are not that bad. We are a small program and can actually touch all the information that we need. We keep internal statistics on a monthly basis in an Excel spreadsheet, and we can use that for whoever's asking the questions. HUD doesn't ask a ton of questions; they are mostly interested in the demographics and how many nights people stay and where they go when they leave.

(#22) Some of the homeless families we serve are victims of violence, some are not. Anybody that comes through our program and is a victim of violence, if they're rapidly rehoused, they do not go into our HMIS; however, every other provider who's out there entering data can enter them into the HMIS, so they get in there, but our staff do not enter them into the HMIS.

Homeless families that are not victims of violence do get put into the HMIS because we have separated the parts of our agency that handle the crisis line, the coordinated assessment and referral. So when homeless families get referred to us through coordinated assessment or referral, they're already in the system.

We have a data entry specialist, and that's her full-time job. She does our grant reporting, she does our HMIS entry, and she does our domestic violence data system. People that are not in HMIS go into our DV data system. We keep basic statistics in the aggregate through that data system. In addition to that, we have grantors on the domestic violence side that want to know all kinds of things that are not in HMIS and all kinds of things that are not required by any other funder, and we definitely keep those. The OVW report is an example of report that asks other questions than what homeless funders, or even the statewide DV alliance would ask.

Currently, we just use just Excel spreadsheets for our victims of violence, and sexual assault, and trafficking. However we currently have a consultant from OrgCode – the organization that created the SPDAT assessment that Continuums of Care are using for their coordinated access. They're the ones that are helping us with the electronic case management system.

And we will be having a comparable database, we just haven't picked out which one yet. We've looked at several of them, we have funding for it. I'm not sure which one we're going to end up with.

(g) Software = HMIS

(#23) Unlike most OVW-funded programs, we're not strictly a victim services provider, and since we receive HUD funding, we participate in the HMIS. I can't really speak to how we protect the confidentiality of the DV

survivors we serve that are in our HMIS, because I'm not a data security officer or part of the HMIS data team. I know that all our reporting with our partner agencies is anonymous.

(#24) We use the HMIS. Even though these are not HUD funded programs, we use the HMIS to track the participants. The stipulations under VAWA and the reauthorization of VAWA do identify us as a victim services provider, but only at the point where we ask the question. So this is an area where we've been doing a lot of practice, because we're an anomaly to receive OVW funding, so where we landed with the privacy folks is that the point where we ask someone if they're a survivor of sexual violence, domestic violence, dating violence or stalking, at that point, we have to provide people with the opportunity to opt out of HMIS.

So basically, people at that point have the opportunity to opt out of HMIS and if they don't, we track them. So we review the HMIS with participants and no one is walking into our door identified already as a sexual assault survivor or a domestic violence survivor. We're serving people on the telephone. I think we answered 75,000 calls last year. We serve 9,000 people in person in our program. So with the volume that we're serving people, they're not identified by the location that they're walking into as being a survivor. So we're reviewing their privacy in relation to their specific privacy and confidentiality and safety concerns related to having their data included in HMIS and offering the opportunity to opt out if they want to.

When anybody comes in for a case management intake --men or women -- we go through our safety overview with them and then at any point after that, they can opt out of HMIS. The services are the same. We just capture their information differently. We use an in-house, closed system for that.

(#25) I hate this issue. We do participate in HMIS; we're not, strictly speaking, a victim services provider, so we are not exempt. Even though a lot of our work is working with DV victims, our primary mission is not DV so they don't classify us the same way. I was involved in it while the HMIS was still in formation, so we explained to everybody the benefits of being in the system, what it does for the community, how it can bring more money into the community, how it can help us learn more about issues and stuff like that, but we leave it completely up to the participants to participate or not. In doing things that way, we've just had good luck. I don't have a reporting system specifically for VAWA, so we just use HMIS.

(#26) We're not technically a victim services organization, so we use the HMIS.

(#27) We use HMIS and we enter as much data as they ask us to other than the identifying data and that's anonymized in our system. We put in a false name and then the other identifiers (e.g., date of birth and social security number) are just marked "consent refused". We don't put in gender or last zip code either. But then there's just an incredibly long list of other types of questions that are mandatory, like health conditions and disability; there are probably at least another thirty questions.

(h) Software = Osnium

(#28) We use a database called Osnium. Basically, whenever any of our advocates come into contact with any of our service users, we document it in Osnium. I like it because I'm in a lot of different places, and as long as I can get on line, I can get to the database. We haven't had it very long, so we're all still learning it, getting used to it, learning what we can and should put in there and what we shouldn't put in there. It's a learning curve for us, but what it does for us is it makes information about a service user accessible no matter where we are - at our main advocate office or at our shelter or at a program residence. I would recommend it as long as everybody is using it enough and using it correctly and putting the right information in.

We enter a lot of information – the services we are providing to them: emotional support, like someone just stopping to say hello and check in; information-referral, childcare, information related to parenting, employment assistance, legal -- we have a long list of support and services that we provide. We go through and check off. Is it safety planning, is it case management, is it housing; it's a long list.

Then, we enter the program they sought housing through: did they call the hotline, who were they referred to based on the call -- an external community partner, or somebody within our agency? What was the call or conference about?

If we see that two of us are working with the same person on the same stuff, we can make sure we get together so we're telling her the same thing.

It takes the place of paper files. They give you shelter screening forms as well, those get scanned in and saved to that person's file. So again, anybody, anywhere if they're working with that person they can look and see when it was done and what was documented in that screening.

(#29) We have a database called Osnium that all of the members of the state DV network use. We collect demographic data, and all the stuff that's needed by the funders. We've been working with the people of Osnium to really make it our own -- to get reports that are easy to generate. We're customizing it for our state. But for now, all the programs are using the same database. That is, the database is set up to collect *all* the data our programs have to report on to our funders and for our state reports.

Once that's done, we'll have the opportunity to work with Osnium to create additional reports and add data fields to the database that are particular to our own programs. We haven't gotten there yet. If we want to track something particular, we can work with Osnium to make that happen.

(#30) We have Alice as our data base, but we're going through a process of changing to Osmium. I also use the Mid America Assistance Coalition database, and that's just like straight HUD performance measures. I think with the domestic violence and the housing pieces, there's this natural friction around data: HUD is really data driven and DV organizations are also data driven, but in a different way, and there are safety and confidentiality practices that we're bound by that I think homeless providers get frustrated with. Some of the homeless organizations think that the DV programs are not being cooperative, but our resistance is based on safety considerations. I get frustrated too, because it's not an efficient way of working, but it boils down to safety.

I have additional measures that I look at for other grants that I can provide to HUD, but that they don't seem to care about, and that information doesn't get included in any project review and ranking process. For example, we work with women on safety planning.

(i) Software = OVW Reporting Form

(#31) We've got the OVW report. There's a tool that we use that OVW gives us that we use to collect the Muskie data. We don't have any special software. That's the only data we collect and we stay pretty busy just keeping up with the OVW reports.

(#32) Initially, we take everything down on a spreadsheet, and then we enter the spreadsheet into the Muskie transitional housing database. It's a wonderful database. The state asks us to also use their victim information database, which is not wonderful. That's all I'll say.

And we keep files for each person locked in filing cabinet, so we both do the writing and the electronic recording of things. And then, of course, every six months we have to give a report.

(j) Software = Procentive

(#33) In the past, we used Excel, but the agency adopted Procentive software last year. It allows us to create our own statistical reports. It's more clinical in nature. We've had to have some forms created for our needs. It's not the best system, but it's a system we felt the entire agency could use.

We want to know what happens to the individuals while they are in the program. We also want to know how they feel about the services. There's a customer satisfaction piece, asking them about how services were delivered. Some of our goals we try to align with goals that the homeless provider community has developed, such as the number of individuals who move into permanent housing.

We probably have 20 different grants in my department, and we're also a United Way Agency. Collecting the data allows us to look at the recidivism rates of individuals coming into the program, whether or not individuals feel safer over time, what kind of resources they're using, etc.

(k) Software = State Software

(#34) We used Alice in the past, but don't currently. We have a state statistical reporting system that we report only numbers to the State's Health Department. It's a comparable database for HMIS purposes, so any data that we give to our local Continuum of Care are aggregate, like "15 people, ages 18 to 30." It helps us track counts of people, income, educational level, and all of that.

(#35) The only data we collect is for the semi-annual OVW report. We use a state-developed web-based data collection system that the state asks all victim service providers to use. I don't have access to it, but I track and record all of my interactions, and they get submitted to our data entry department, and they put everything in the computer. Then every 3 and 6 months, they run the reports for me. -- And I keep my own personal records to compare with those reports. I keep a tally sheet with all the fields for the Muskie report, and notes about what was going on. It's just me keeping my own notes, which format I like better than the program I downloaded from the Muskie site.

11. Thoughts about the OVW Semi-Annual Report Form (as requested by OVW)

The OVW asked us to use and review data from the Semi-Annual Reports, and to provide feedback about what we learned. Other chapters of this report contain statistics gleaned from those reports about caseload demographics, the representation of different OVW constituencies, the mix of housing used by programs, the duration of program assistance, and unmet needs. In the following bullets, we discuss how the lack of certain data paints an incomplete picture of the OVW TH grant program, and suggest changes which might fill those gaps in information. We understand the OVW's desire to minimize the data collection burden on program staff, and would defer to their judgment (and to the feedback of providers and advocates that would be solicited by the OMB, pursuant to any proposed changes to the form) about the benefit versus burden tradeoff in adding to the data collected.

- Q21 (survivors not served due to lack of program housing) only counts persons who were not served due to lack of housing if the OVW grant has been used to pay for housing. To the extent that a jointly funded program uses its OVW grant to pay for services and its HUD or TANF grant to pay for housing, these questions would not track persons unserved due to lack of housing. Cumulative data, therefore, undercounts the number of unserved households due to lack of transitional housing. Perhaps better data about unserved survivors would result in increased funding by Congress to address unmet needs.
- Q25 (bed nights in provider-owned or provider-leased housing) and Q26 (months of rental assistance) only count the duration of assistance for persons receiving OVW grant-funded housing assistance and

services. Persons served under the OVW grant, but living in housing funded by HUD or TANF, for example, would not be counted, making it impossible to use these data to determine average point-in-time caseload, which is a useful measure of program/system capacity. To enable a calculation of the average point-in-time caseload, it would be necessary to separately track the duration of any kind of program assistance, whether survivors were in transitional housing units funded by the OVW or other sources. Given that programs sometimes phase out rental assistance while services continue, programs would have to account for periods of time during which services were provided, but while participants were entirely self-supporting.

- Q28 (support services provided) and Q30 (vouchered support services) only count services funded by the OVW grant (including MOU-related services). Given the importance of leveraged services, it would be useful to have parallel data about the numbers of persons receiving services funded by other sources that participants had been referred to or assisted in accessing (e.g., mental health or substance abuse treatment services funded by Medicaid, TANF-funded childcare, summer camp services funded by a local scholarship program, etc.). (**Note:** This information is different from Q14 which asks about the frequency of referrals to or from, consultations, technical assistance, etc.)
- Q31 (housing destination), Q32 (change in perceived risk of violence), and Q33 (length of stay) only count persons **exiting** from housing paid for by the OVW grant. In a jointly funded program that uses its OVW grant to pay for services and its HUD or TANF grant to pay for housing, these questions would not track the destinations, lengths of stay, and changes in perceived risk of violence for persons utilizing housing paid for by those other sources. That is, the report would contain no information about the participant outcomes for participants who utilized housing funded by other sources. It would be informative to collect this missing data about the impact of program services.
- Q34 (housing destination) and Q35 (length of stay) count persons **terminated** from the program who stayed in housing paid for by the OVW grant. In a jointly funded program that uses its OVW grant to pay for services and its HUD or TANF grant to pay for housing, these questions would not track the destinations and length of stay for terminated persons who had utilized housing paid for by those other sources -- which, as above, would provide useful information about the impact of program services. Note that changes in perceived risk of violence is not tracked at all for persons terminated from the program. Since programs terminating a survivor from a program often assist with the transition to an alternate living situation, to minimize that person's vulnerability to avoidable abuse, it would be useful to include the question for terminated persons, as well as persons who routinely exit the program.
- Q23 does not ask about the language spoken by persons with limited English proficiency. Although it might be difficult to capture the full diversity of ethnicities and languages in a multiple choice question, it would be useful for programs to describe program utilization by persons from those specific ethnic and linguistic communities. As described in the discussion about the CLAS standards for cultural and linguistic competence in [Chapter 7](#) ("Subpopulations and Cultural/Linguistic Competence"), such data would help inform programs about their success in serving survivors from the ethnic/linguistic communities in their service area, and might identify segments of the community that require a different outreach approach. Programs would, of course, have to refrain from collecting such data if it might enable identification of specific participants who come from distinct ethnic or linguistic communities.
- Q23 does not ask about gender identity or sexual orientation. Although, as discussed in Section (9)(d) of this chapter, the federal government is still deliberating about how such data should be collected for federally funded programs more generally, awareness of survivors' gender identity and sexual orientation is central to the role of OVW TH programs. As discussed in [Chapter 7](#) ("Subpopulations and Cultural/Linguistic Competence"), it could be useful to provide training for staff with limited experience on how to ask those questions and how to work with survivors with diverse gender identities or sexual orientations. Having a list of standard questions would be helpful to the process, and would send a signal

to LGBTQ survivors that their diversity is acknowledged and welcomed, whether or not they opt to disclose that information.

- Q23 asks about people with disabilities. Given that persons with certain disabling conditions aren't always identified as "persons with disabilities" -- and as such, may not be offered the opportunity to request a reasonable accommodation or a modification of policy or procedures -- it might be helpful to give more examples, and to indicate, for example, that "persons with disabilities" could include a survivor with an alcohol problem, an opioid addiction, PTSD or complex trauma, obesity, etc. It might also be helpful to ask about whether such participants had been asked about and/or needed reasonable accommodations or modifications to policies and procedures in order to make the program and services more accessible. Although programs refrain from asking about disabilities prior to offering a slot in the program (to avoid concerns about possible discrimination), once someone is accepted into the program, the need for such accommodations or modifications can be sensitively and respectfully explored. In fact, because programs often enroll survivors from their agency-operated shelter, they may already know of such disabling conditions, and once they offered a survivor a place in their TH program, could discuss such accommodations.

12. Appendix A: Project Description and Methodology

(a) Project Description: Summary

Transitional Housing for Survivors of Domestic and Sexual Violence: A 2014-15 Snapshot provides an in-depth look at the challenges and approaches taken by Office on Violence Against Women (OVW)-funded providers to address the needs of survivors who have become homeless as a result of having fled domestic violence, sexual assault, dating violence, and/or stalking.

The information in the twelve chapters of the report and accompanying webinars, broadsides, and podcasts comes from 124 hour-long interviews with providers and an in-depth review of the literature and online resources. Our analysis of provider comments was informed by the insights of a small project advisory committee (Ronit Barkai of Transition House, Dr. Lisa Goodman of Boston College, and Leslie Payne of Care Lodge) and the reviews and comments on the initial drafts of chapters by Dr. Cris Sullivan (Michigan State University) and Anna Melbin (Full Frame Initiative).

Although the components of a transitional housing (TH) program -- a place to live and staff support for healing, decision making, and taking next steps -- are simple, the complexities attendant to providing effective survivor-centered assistance are many, as illustrated by the following enumeration of topics covered in the report (which, in many cases, only scratches the surface):

- [Chapter #01](#) - *Definition of Success & Performance Measurement* - Explores how funders and providers define and measure success and program performance; how participant-defined goals are tracked; how participant feedback is collected; and how the definition and measurement of success affects program decisions. Highlights innovative performance and participant outcome metrics. Discusses approaches to collecting, storing, releasing, and destroying data, and the software used to collect, analyze, and report on program data.
- [Chapter #02](#) - *Survivor Access and Participant Selection* - Explores the distinct and overlapping roles of domestic violence (DV) shelters and transitional housing; the pathways that survivors take to get to transitional housing, and how providers select participants from among "competing" applicants for assistance; why providers might decline to serve certain candidates; who is and isn't served; and the regulatory and legal framework within which those processes occur.
- [Chapter #03](#) - *Program Housing Models* - Explores the strengths and challenges of alternate approaches to housing survivors in transitional housing and transition-in-place programs. Examines the pros and cons

of time-limited housing vs. transition-in-place housing, congregate vs. clustered vs. scattered site housing, and provider-owned vs. provider-leased vs. participant-leased housing. Discusses how the type of housing can affect participant selection and the services offered.

- [Chapter #04](#) - ***Taking a Survivor-Centered/Empowerment Approach: Rules Reduction, Voluntary Services, and Participant Engagement*** - Examines the challenges, strategies, and implications of taking a survivor-centered/voluntary services approach, and how such an approach is integral to operating a trauma-informed program. Explores the potential impacts of funder expectations, choice of housing model, staffing patterns, and diverse participant needs and circumstances. Presents comments illustrating the range of providers' interpretations of and responses to the voluntary services requirement, including their approaches to supporting participant engagement and to addressing apparent lack of engagement. Discusses the concept of empowerment, presents comments illustrating the diverse ways that providers see and support survivor empowerment, and cites an innovative approach to measuring safety-related empowerment.
- [Chapter #05](#) - ***Program Staffing*** - Explores program staffing levels and the kinds of positions providers maintain; the attributes and qualifications that providers look for in the hiring process; and how they assess the value of having a clinician on staff, having child-focused staff, and having survivors on staff. Examines how programs support and supervise staff, and their approaches to staff training. Presents comments illustrating providers' diverse perspectives about utilizing volunteers, and describing how programs that do use volunteers screen, train, and support them.
- [Chapter #06](#) - ***Length of Stay*** - Explores funders' and providers' approaches to limiting or extending the duration of housing assistance and services, and the implication of those approaches.
- [Chapter #07](#) - ***Subpopulations and Cultural/Linguistic Competence*** – Discusses cultural and linguistic competence and how providers understand and work to achieve it in their programs. Presents diverse perspectives from the literature and online resources and from provider interviews about the challenges and approaches in serving specific subpopulations, including African American, Latina, Asian American, Native American/Alaska Native, Immigrant, LGBTQ, older adult, deaf, disabled, and ex-offender survivors. Includes an extensive review of the challenges, approaches, and legal framework (e.g., non-discrimination, reasonable accommodation, fair housing) in serving survivors with disabling conditions that affect their mental health, cognition, and/or behavior, including trauma/PTSD, substance dependence, traumatic brain injury, and/or mental illness. Highlights OVW-funded collaborations to enhance the capacity of victim services providers to serve survivors with disabilities and of disability-focused agencies to serve consumers who are also survivors.
- [Chapter #08](#) - ***OVW Constituencies*** - Focuses on the needs and approaches to meeting the needs of survivors of sexual violence -- including survivors of rape and sexual assault, homeless victims of sexual violence, survivors of Military Sexual Trauma, and survivors of human sexual trafficking. Explores possible reasons why survivors of sexual assault constitute only a small percentage of the participants in OVW TH grant-funded programs, even though provider comments generally indicate an openness to serving such survivors. Includes a conversation with senior staff from the Victim Rights Law Center discussing possible options for expanding system capacity to serve sexual assault survivors.
- [Chapter #09](#) - ***Approach to Services: Providing Basic Support and Assistance*** - Explores different frameworks for providing advocacy /case management support (e.g., voluntary services, survivor empowerment, Housing First, Full Frame) and how motivational interviewing techniques could be helpful. Discusses survivor safety and how safety is assessed and addressed (e.g., danger and lethality assessment instruments, addressing batterer- and life-generated risks as part of safety planning, safe use of technology). Looks at strategies and practices for supporting community integration, and providing follow-up support to program alumni.

- [Chapter #10](#) - ***Challenges and Approaches to Obtaining Housing and Financial Sustainability*** - Examines the challenges survivors face in obtaining safe, decent, affordable housing and the approaches providers take to help them, and some useful resources. Explores the added challenges posed by poverty, and approaches and resources leveraged by providers to facilitate access to mainstream benefits, education and training, and decent employment. Other areas of focus include childcare and transportation, resources for persons with criminal records, workplace-related safety planning, and approaches and resources for supporting survivors in enhancing key skills, including financial management.
- [Chapter #11](#) - ***Trauma-Specific and Trauma-Informed Services for Survivors and Their Children*** – Discusses the nature, impacts, and manifestations of trauma; approaches to addressing trauma; what it means to be trauma-informed; and the steps providers take -- and can take -- to become more trauma-informed. Reviews the impact of trauma on children and families, especially the trauma of witnessing abuse of a parent; and discusses the challenges posed and approaches taken in addressing the effects of that trauma. Includes brief sections on custody and visitation.
- [Chapter #12](#) - ***Funding and Collaboration: Opportunities and Challenges*** - Examines sources of funding for TH programs, focusing on OVW and HUD grants -- the regulatory requirements, strengths and constraints of each funding source, and the challenges of operating a program with combined OVW/HUD funding. Explores the potential benefits, challenges, and limitations of partnerships and collaborations with mainstream housing/service providers, including confidentiality issues. Presents provider comments citing the benefits of being part of a statewide coalition; discussing the opportunities and challenges of participating in a Continuum of Care; and illustrating the range of gap-filling service agreements and collaborations with mainstream providers. Highlights published reports describing successful collaborations.

Although the report chapters attempt to divide the component aspects of transitional housing into neat categories, the reality is that many of those aspects are inextricably linked to one another: the definition of success, the housing model, and sources of funding play a key role in how services are provided; the housing model, sources of funding, and length of stay constraints can play a role in influencing participant selection; the subpopulations targeted and served and the program's approach to cultural/linguistic competency, the program's understanding and embrace of voluntary services, survivor-defined advocacy, and what it means to take a trauma-informed approach all inform how the program provides basic support and assistance; etc.

(b) Project Description: Overall Approach

This project was originally conceived as a resource guide for "promoting best practices in transitional housing (TH) for survivors of domestic and sexual violence." However, over the course of our conversations with providers, it became clear that while there are certainly commonalities across programs -- for example, the importance of mutual trust and respect between participants and the providers that serve them, and the fundamental principles of survivor-defined advocacy and voluntary services -- there is no one-size-fits-all "best practices" template for providing effective transitional housing for survivors. Instead, there are a multitude of factors which go into determining providers' approaches:

Survivors from different demographics and circumstances may experience domestic and sexual violence differently and may respond differently to different service approaches. Age, class, race, cultural and linguistic background, religious affiliation, gender identity, sexual orientation, military status, disability status, and, of course, life experience all play a role in defining who a survivor is, how they experienced victimization, and what they might need to support healing and recovery. Each survivor's history of violence and trauma and its impact on their physical, physiological, emotional, and psychological wellbeing is different, and their path to recovery may require different types or intensities of support.

Where a program is located and how it is resourced plays a significant role in shaping a program, the challenges it faces, the opportunities it can take advantage of, the logistics of how housing and services are provided, and the kinds of supplementary resources the program might be able to leverage from other sources. Different parts of the country have different types of housing stock, different housing markets, different levels of supply and demand for affordable housing or housing subsidies, and different standards for securing a tenancy; different regions of the country have different economic climates, different labor markets, and different thresholds for entering the workforce; depending on where they are located, low income survivors could have very different levels of access to emergency financial assistance, health care, mental health care, addiction services, child care, transportation, legal assistance, immigration services, and/or other types of supplemental support.

"Best practices" for a stand-alone TH program in which a part time case manager serves a geographically scattered clientele in a rural, under-resourced region will mean something different than "best practices" for a well-resourced, full-service metropolitan-area provider that affords participants access to different types of transitional housing; that can leverage the support of culturally and linguistically diverse in-house staff and volunteers, that can contribute the services of in-house therapists, child specialists, employment specialists, and other adjunct staff; and that can rely upon nearby providers for additional gap-filling services.

"Best practices" in providing transitional housing for a chronically poor survivor whose education was interrupted, who has never been allowed to work, and who suffers from complex trauma as a result of childhood abuse may well look different from "best practices" in serving a survivor who is better educated, has a credible work history, but who was temporarily impoverished due to her flight from an abusive partner.

"Best practices" in serving a recent immigrant, with limited English proficiency, who lacks legal status, whose only contacts in America are her abusive partner's extended family -- will likely look different from "best practices" in serving a teenage girl who ran away from sexual abuse in her small town home, only to end up pregnant and in an abusive relationship, which she fled when he threatened to hurt her baby -- which, in turn, will look different from "best practices" for serving a middle-aged woman who tolerated her husband's abuse for years, because he supported the family and because she couldn't, and because keeping the family together was what her community and her church expected her to do, and what she would have continued to do until he finally went too far.

While there are commonalities to the approaches taken by the diverse programs awarded OVW TH grant funding, the very nature of the kind of "holistic, victim-centered approach ... that reflect[s] the differences and individual needs of victims and allow victims to choose the course of action that is best for them," called for in the [OVW's annual solicitation for TH grant proposals](#), argues against too many generalizations about one-size-fits-all "best practices."

Recognizing that survivors from a broad spectrum of demographics and circumstances may have different needs and priorities and goals, may have and/or perceive different options for moving forward in their lives, and likewise, may have different definitions of "success," the OVW refrains from asking its TH grantees to render judgments about the quality of specific program outcomes.

In the absence of a consistent measurement of success and a framework for measuring differences in clienteles and program operating environments -- that is, lacking a data-informed basis for assessing whether a particular intervention constitutes a "best" practice -- we chose to take a more descriptive approach for this report. Drawing from providers' own words, the literature, and online resources, we have attempted to frame and provide context for the broad range of challenges and choices that providers face; to describe and offer context for and examples of the approaches they take in furnishing transitional housing for survivors; and to highlight some of the unresolved issues and difficult questions that providers wrestle with.

(c) Project Methodology: Collection and Analysis of Data from Provider Interviews

(i) Development and Implementation of the Interview Protocol

Drawing from information gleaned from the literature and online resources, and from some of the project and advisory team members' personal experience in working with transitional housing programs and/or providing services to survivors of domestic violence, we developed a list of topics and potential questions that we hoped to cover in our provider interviews.

Because there were so many potential subjects to discuss and only an hour to have those conversations, we divided the topics into separate interview protocols. In addition to basic descriptive information ("universal topics")⁵⁷ that would be collected in each interview, we defined four distinct sets of topics⁵⁸ that would be sequentially assigned as interviews were scheduled. Over time, we eliminated certain areas of questioning from the interview protocol if we were not getting new information, and added topics or questions, as we identified gaps in our information. By the time half the interviews had been completed, the four lists of topics/subtopics had been condensed into three lists/interview protocols.

Pursuant to early discussions with the OVW, we agreed that the initial protocol would be "field-tested" by conducting interviews of staff from nine TH providers that the OVW identified and reached out to on our behalf. We also agreed that our interviews would be conversational and driven by the providers we were interviewing. That is, ***although we had lists of topics and questions that we might want to address, we would follow the lead of the provider to make sure we covered any issues or concerns or approaches that they wanted to highlight. Rather than asking a uniform series of questions, we would use our protocols as guides, rather than as interview scripts.*** To realize this objective, our team worked together to make sure we

⁵⁷ **"Universal" Topics:** Program size (number of units, individuals, families); type and configuration of program housing (e.g., temporary versus transition-in-place; congregate versus clustered versus scattered-site; provider-owned versus provider-leased versus participant-leased); target constituency (e.g., survivors of domestic violence, sexual assault, etc.); type/number of direct services staff, use of consultants, involvement of other agency staff; other DV- or non-DV-focused programs operated by agency; how survivors access program and participant selection/prioritization; how staff understand the different roles of DV shelter versus TH; characterization of service area (e.g., metropolitan area, small city, suburban, rural, mixed); program definition of a "successful" outcome and how program promotes success; how program implements voluntary services; maximum, typical, and targeted length of stay; other sources of funding; involvement with local or regional network of DV-focused providers and/or with Continuum of Care; most significant challenges faced by program; perceived differences between TH for other homeless populations and TH for survivors of domestic violence/sexual assault.

⁵⁸ **Group 1 Topics:** staffing details (roles, training, support, etc.); use of volunteers (roles, reasons for/against using, training and support); program philosophy and underlying approach (e.g., trauma-informed, empowerment, survivor-centered, etc.); consumer involvement (Board membership, advisory roles, options for current participants).

Group 2 Topics: assistance obtaining housing (challenges faced, strategies used, partnerships, etc.); employment assistance (challenges faced, strategies pursued, partnerships, etc.); approach to working with participants with significant barriers (e.g., economic, mental health, substance abuse issues, etc.); child- and family-focused services (what triggers needs assessment, needs assessed, how needs are addressed and by whom, interface with schools); follow-up services (type offered, challenges faced, insights into utilization patterns).

Group 3 Topics: challenges, advantages, and reasons for choosing type of program housing and approach to offering financial assistance with housing-related costs; distinctive subpopulations served (population-specific challenges and approach, challenges/approaches pertaining to serving a mixed clientele, etc.); meaning and dimensions of cultural competence; approach to ADA compliance in serving persons with disabilities; collaborations (strategies, challenges).

Group 4 Topics: program rules and the consequences of violating them; performance measurement (formal versus informal approach, specific measures, whether/how participant progress is measured and used to gauge program performance, impact on program design) ; approach to data collection (software used, data collected above and beyond funder requirements, compliance with HUD comparable data base requirement); funding opportunities and constraints (challenges/strategies for government and non-government funding); challenges and benefits of collaboration with local/regional HUD-funded planning entities (Continuum of Care, Consolidated Plan).

had the same general understandings of the protocol and the purpose of the interviews. The nine initial interviews were all conducted by pairs of team members, to facilitate full-team participation in our review of those interviews and in any revisions to the protocol based on that review.

Our team followed up the OVW's initial outreach to the nine providers with emails elaborating on the project (and attaching the OVW's initial letter), and providing supplemental information emphasizing the voluntary nature of participation and how ***provider responses would be kept confidential***.

Each interview began with an introduction of the project; an explanation of how we intended to create a resource document that would describe the what, how, and why of providers' efforts ***in their own words***; a request to record the conversation; and an assurance that ***once the project was over, recordings and transcripts would be deleted, so that all that would be left would be anonymous comments***. We followed this same procedure throughout the project, eventually reaching out to almost 250 providers and securing the participation⁵⁹ of over 50%. Early on, we modified the process, per the request of some of the providers, and began sending a tentative list of topic areas along with the email confirming the date and time of each interview. The email emphasized, however, that the provider should feel free to steer the conversation as they saw fit, to make sure we covered any issues, concerns, or approaches that they wanted to highlight.

Starting with the first "field test" interviews in June 2014 and ending in February 2015, the project team completed interviews with 122 TH providers and one legal services provider that partnered with a TH provider (the Victim Rights Law Center, which asked to be specifically identified), and conducted a joint interview with two providers of LGBTQ domestic violence-related services (identified by Project Advisory Team members, in response to our request for help identifying experts who could help fill that information gap). The project director conducted 62% of the interviews and read the transcripts of all the other interviews.

Of the 122 providers, 92% (112 providers) were current recipients of OVW TH grants; another eight providers had recently lost their OVW grants and, at the time of their interview, were either operating a TH program with other funds, or had ceased TH operations. (Some of these providers subsequently received OVW TH grants.) Only two of the 122 TH providers interviewed had never received OVW TH grants (and were HUD- or state-funded). Fifty-one (42%) of the TH providers we interviewed were current recipients of one or more HUD Continuum of Care Transitional Housing (TH) or Rapid Rehousing (RRH) grants and/or a HUD Emergency Solutions Grant (ESG) RRH grant.

(ii) Processing of Interview Data

All interviews were submitted to a transcription service and the transcript was reviewed for accuracy (and corrected, as needed) by the project director. Transcripts of the interviews were entered into NVivo, a qualitative data analysis software, and then sentences or paragraphs that pertained to each of 27-30 project-defined topic areas⁶⁰ were coded as being related to that topic area. The project director performed the large majority of coding, and reviewed (and, as needed, modified) all of the coding decisions by the project associate, thereby ensuring coding consistency.

The selected provider comments pertaining to each topic area constituted a voluminous amount of data, and had to be boiled down, so that they could be shared with our Project Advisory Team members, and eventually incorporated into the report. Interview comments were edited for clarity and brevity, with an absolute emphasis on retaining the voice and essential message of provider comments. The interviewer's voice was removed. Names of people, places, and programs were removed and replaced with generic references to

⁵⁹ We actually secured the participation of 130 providers; however, six interviews were not included in the analysis because the interviewee was not adequately familiar with the TH program, or the program was too new to have any experience, or the provider no longer operated the TH program and no longer had staff who could answer our questions.

⁶⁰ Several codes were consolidated as the coding process evolved.

ensure confidentiality and anonymity, as had been promised to providers at the outset of each interview, and in our outreach correspondence. The project director did the overwhelming majority of all such editing, and reviewed (and, as needed, modified) all edits proposed by the project associate.

These compilations of provider comments (still averaging 20-30 pages, after editing) were shared with members of our Project Advisory Team and reviewed and discussed in a series of thirteen 90-minute meetings over the course of several months. Insights from those conversations, as well as information and perspectives from the literature and online sources were integrated into narratives that supplement the extensive presentation of provider comments in each of the twelve chapters.

Although this is a qualitative study and not quantitative research, we have included the large majority of the provider comments pertaining to each of the covered topics to provide the reader with not only a **sense of the range of challenges, approaches, and philosophies**, but also with a **sense of the frequency with which they were mentioned or reflected in provider comments**. Some of the comments will seem very similar to one another, some will differ by nuance, and some will be dramatically different.

This report does not include the very important perspective of victims/survivors. Collecting the feedback of survivors served by OVW TH grant-funded programs was deemed by the OVW to be outside the scope of the Technical Assistance grant that generously funded this project. Although our "**Snapshot of Transitional Housing for Survivors Of Domestic and Sexual Violence**" is missing that perspective, we hope it is nonetheless useful to the dedicated providers, researchers, and government officials who are committed to supporting and strengthening these and other efforts to address the scourge of domestic and sexual violence.

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