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

Executive Summary of 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 Violence[2] -- 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.

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[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."*

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.

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[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 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) "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 (NRCDV's) Domestic Violence Evidence Project website; (b) the NRCDV'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 HMIS[4] 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 providers[5] -- 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***.

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[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.

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