

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

The following is the narrative for the webinar presentation: [Methodology and Approach](#)

Slide #1.

(No narration. This is the title slide. There is a brief music interlude.)

Slide #2.

Welcome to the webinar series describing the report entitled, "Transitional Housing for Survivors of Domestic and Sexual Violence: A 2014-15 Snapshot."

This report and related products were developed by the American Institutes for Research, supported by a grant from the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

This project would not have been possible without the valuable contributions of the dedicated provider staff who took the time to candidly share their experience and insights to inform the text, nor would it have been possible without all of the research, advocacy, and creative energy of all of the practitioners whose publications and online resources we learned from and cited.

Special thanks also go to the following people and organizations for their help:

- The Office on Violence Against Women for their funding support, and our project officer, Sharon Elliott, in particular, for her ongoing encouragement and support as this project evolved;
- Ronit Barkai (Transition House), Dr. Lisa Goodman (Boston College), and Leslie Payne (Care Lodge) for their contributions as members of the Project Advisory Team; and
- Dr. Cris Sullivan (Michigan State University) and Anna Melbin (Full Frame Initiative) for their very helpful reviews and comments on initial drafts of the report chapters.

Slide #3.

The project webpage at www.air.org/THforSurvivors contains links to the 12 chapters of the Report. Each chapter of the report contains background information and reference material on the topics covered, and extensive collections of provider comments from our interviews. Each chapter includes an executive summary; some questions that seemed worth thinking about in the aftermath of the interviews and that we invite interested readers to consider; a reference list; and an appendix describing the project methodology and approach.

The project webpage also contains links to:

- A brief webinar describing the project methodology and approach, and four Overview webinars describing the content of the various chapters of the report;
- Four brief podcast interviews highlighting the approaches of a few of the providers we interviewed; and
- "Broadsides" highlighting a couple of the topic areas this report addresses.

Slide #4.

The project report is divided into 12 chapters. The first overview webinar describes chapters 1-4.

Slide #5.

The second overview webinar describes chapters 5-8.

Slide #6.

The third overview webinar describes chapters 9 and 10, and the fourth and final overview webinar describes chapters 11 and 12.

Slide #7.

This webinar describes the project methodology and approach.

Before presenting our methodology, it would be helpful to explain how our vision for this project evolved.

The project was originally conceived as a resource guide for "promoting best practices in transitional housing for survivors." 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 recipe for providing effective transitional housing for survivors. Instead, there are a multitude of factors which influence providers' approaches:

Best practices depend on the individual needs and circumstances of each survivor. Age, class, race, cultural background, preferred language, 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. Apart from demographics, 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.

"Best practices" depend on the resources available to the program. 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 program 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.

And "Best practices" may vary, depending on the challenges and opportunities posed by the operating environment. Different parts of the country have different housing stock, 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 and the providers that serve them could have very different levels of access to emergency financial assistance, health care, mental health care, addiction services, child care, transportation, legal assistance, or other supplemental support.

Slide #8.

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[s] victims to choose the course of action that is best for them," as

called for in the OVW's annual solicitation for proposals, argues against generalizing about one-size-fits-all "best practices."

Recognizing that survivors from a broad spectrum of demographics and circumstances may have different needs, priorities, and goals; may have or perceive different options for moving forward in their lives; and may have different definitions of "success," the OVW refrains from asking its TH grantees to render judgments about whether a particular program outcome was good or bad.

In the absence of a consensus about how to measure success; in the absence of a framework for measuring how the clients of program A differ from those of program B; in the absence of a framework for comparing the operating environments of program A vs. program B, that is, how one housing market or job market or social safety net compares with another; we felt that we lacked an objective basis for assessing whether a particular intervention represented a "best" practice.

Instead, we chose to take a more descriptive approach for this report. Drawing from providers' own words, the literature, and online resources, we tried to frame and provide context for the broad range of challenges and choices that providers face; to describe and offer 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.

This presentation describes our methodology and approach. We have recorded four overview webinars that provide readers with a sense of the kind of information they can expect to find in each of the 12 chapters of the report.

Slide #9.

Drawing from various sources of information, and from some of the project and advisory team members' personal experience in working with transitional housing programs or providing services to survivors of domestic and sexual violence, we developed a list of topics and possible questions that we might cover in our provider interviews.

Because there were so many potential subjects and only an hour to have those conversations, we divided the topics and questions into four separate interview protocols. Each interview would collect some basic information about the program, for example, program size; the type and configuration of program housing; the nature of the region or community served; the target constituency; the program staffing pattern, and extent to which staff from other agency programs were able to contribute their services to TH program participants; how survivors came to be considered for enrollment in the program, and the participant selection process; length of stay; sources of program funding; how the program defined success; how the program implemented voluntary services; challenges faced; etc.

The four different protocols would each include a few supplemental topic areas that the provider would be asked to address. The additional topics for one provider might focus on program philosophy, staffing, and staff support; the additional topics for a second provider might focus on how the program helps participants meet their housing- or employment- or mental health-related needs; the additional topics for a third provider might focus on how the program addresses the distinct needs of different subpopulations; and the additional topics for a fourth provider might focus on the program's approach to implementing voluntary services and working with participants who seem disengaged.

Over time, our different interview protocols evolved as we added or eliminated topics or questions, based on what we had learned from prior interviews, and what we thought would make for the best use of the interview hour.

Before we field tested our interview questions, we shared our ideas with the members of our project advisory team and asked for their perspective about what was important to learn. After further revisions, based on their input, we field-tested the full interview protocol with those advisory team members, to identify gaps and redundancies, and to get their feedback about how we should or should not word our questions.

After still more revisions, we field tested our interview protocols with nine providers that the OVW identified and reached out to on our behalf.

Each interview began with an introduction of the project; an explanation about our desire to create a resource document that would describe the what, how, and why of providers' efforts in their own words; a request to allow us 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, de-identified comments.

Although we had lists of topics and subtopics that we might want to address, we assured providers that our interviews would be conversational, and that we would follow their lead -- if they had issues or concerns or program approaches that they wanted to highlight, we wanted to make sure the interview covered those matters. Thus, our interview protocols were guides, rather than scripts.

These field test interviews went well, and with the OVW's permission, we began our incremental outreach to the larger OVW TH provider community.

We continued to follow the same procedures we had used with the nine initial interviews, eventually reaching out to almost 250 providers and being afforded the opportunity to interview approximately half of them. Early on, we made a slight modification in 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.

Slide #10.

All interviews were submitted to a transcription service and the transcript was reviewed against the recording 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 were coded to indicate which of the 25-30 project-defined topic areas they pertained to. The project director performed the large majority of coding, and reviewed (and, as needed, modified) all of the coding decisions by other project staff, thereby ensuring coding consistency.

The coded provider comments associated with each topic area constituted a voluminous amount of data, and had to be boiled down, so 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 the provider. The interviewer's voice was removed. Names of people, places, and programs were removed and replaced with generic references to 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 substantial majority of all such editing, and reviewed (and, as needed, modified) all edits proposed by project staff, to ensure consistency.

As we approached the midpoint of the interviewing process (50-60 interviews), we shared compilations of provider comments (typically 20-30 pages, after editing) with members of our Project Advisory Team and discussed and analyzed those comments 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. Insights from those conversations also prompted us to add new questions to our interview protocol, and to stop asking other questions which didn't seem to be generating additional information.

Slide #11.

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 with two providers of LGBTQ domestic violence-related services, who were identified by Project Advisory Team members, in response to our request for help finding

experts who could help fill an information gap. We also interviewed staff from the Victim Rights Law Center, a legal services provider that partnered with one of the TH providers we interviewed, and which asked to be specifically identified as an interview participant. 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 of the TH providers we interviewed (a full 42%) were current recipients of one or more HUD Continuum of Care Transitional Housing (TH) or Rapid Rehousing (RRH) grants and/or a Rapid Rehousing (RRH) grant through HUD's Emergency Solutions Grant (ESG) grant program.

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. Comments are listed in the order they were received. We did not want to put them in any order which would suggest preference.

One more note: 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.

Slide #12.

Before starting to explore the individual chapters of the report, we should state the obvious: that many of the topics are interrelated. For example, how a funder measures success may, for better or worse, impact how the providers that depend on that funding shape their participant selection process, the kind of housing their programs support, their programs' policies on participant lengths of stay and the types of assistance staff are asked to provide. Source of funding may well impact all of those aspects of programs, and more. The type of program housing may impact policies on length of stay, participant selection, the definition of success, and staffing decisions. Participant selection policies may impact program decisions about the type of housing to support, length of stay policies, and staffing priorities.

That is, policies, procedures, and decisions affecting one aspect of providing transitional housing for survivors may impact and be impacted by policies, procedures, and decisions affecting other aspects.

One more thing before getting started with the individual chapters. Our report has followed the example of numerous publications -- for example, by the National Center on Domestic Violence, Trauma & Mental Health and the Missouri Coalition of Domestic and Sexual Violence -- 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.

Citing data compiled by the Bureau of Justice Statistics, the Missouri Coalition, in the 2012 edition of *Understanding the Nature and Dynamics of Domestic Violence*, explains that decision as follows:

"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. And, women experience more chronic and injurious physical assaults by intimate partners than do men."

This use of pronouns is not meant to suggest that the only victims are women, or that men are the only perpetrators. 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 our shortcut is only used to keep a long document from becoming a little wordier and less readable.

Lastly, although the OVW 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 targeted 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 address domestic violence. Consequently, most of the narrative is framed in terms of addressing "domestic violence" or "domestic and sexual violence," rather than naming all the OVW constituencies.

Slide #13.

Thank you for taking the time to attend this presentation. We encourage you to return to the project website where all of the webinars, the 12 chapters of the report, the podcasts, and the broadsides can be found.