

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

The following is the narrative for the webinar presentation: [Overview Webinar #1 \(chapters 1-4\)](#)

## Slide #1.

(No narration. This is the title slide.)

## 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](http://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; lists of questions that the interviews raised for us, 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. This is the first overview webinar, describing 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.

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.

Just a reminder for viewers interested in the project methodology and approach, that from the project webpage, you can download a brief webinar on the "Project Methodology and Approach." Alternatively, you can read about the project methodology and approach in an appendix at the end of each report chapter.

## Slide #8. Chapter 1

Chapter 1 addresses the definition of success and performance measurement, which play an important role in shaping decisions about the clientele a 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 individual definitions of success.

## Slide #9.

As illustrated by their comments, provider staff have varied ideas about the definition of "success." And *their* ideas about success and the way that funders' and individual participants define "success" are not always in alignment. Ideally, all three parties would be pulling in the same direction, but for many reasons, that isn't necessarily the case.

When a funder feels like the provider is not paying attention to their definition of success, the provider risks the loss of that funder's financial support.

When a survivor feels like the provider is not focused on that survivor's goals and priorities, that survivor is more likely to become disengaged, which increases the chances of a disappointing program outcome from the participant's perspective, the provider's perspective, and the funder's perspective.

When participants have different priorities than the funder, that can put the provider in the middle of a very challenging situation.

On the one hand, the OVW TH grant program 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 that allows victims to choose the course of action that is best for them."

On the other hand, the HUD TH and RRH grants that provide essential funding support for a significant number of TH providers, including 42% of the providers interviewed for this project, are more prescriptive in their definition of success, and focus entirely on permanent housing placement or retention, and stable or improved income and/or employment.

Although housing, income, and employment are important goals, and are prominently mentioned in the statute authorizing the OVW TH grant program, sometimes the kind of victim-centered approach that is called for in the OVW's annual solicitation for grant proposals requires a program to focus on other survivor priorities, or to work at a more deliberate pace, which may delay or temporarily derail efforts to address housing and/or income.

As discussed in the narrative, reconciling these competing demands can be a real challenge for programs that combine their OVW and HUD grant funding to operate a single program. One way that some providers have historically tried to navigate these difficult waters is by adjusting their participant recruitment and selection processes so as to favor candidates who seem like they will be a "good fit" with the program and its funder-defined performance objectives. As will be discussed in chapter 2, on survivor access and participant selection, that approach may bump up against other OVW grant requirements, as well as leaving some survivors with complex needs unserved.

Operating a survivor-centered program means understanding that participants may see particular outcomes differently than the provider or the funder. An outcome that looks like a "success" on paper may represent a disappointment in the mind of the participant; and likewise, an outcome that disappoints a funder might be seen by the participant as positive, given the possible tradeoffs. Thus, for example, whereas moving into a temporary situation with extended family may be perceived by the funder as a less successful outcome than transitioning to "permanent" housing, it may represent the best possible outcome for the survivor, given her

desire not to be alone, and given the availability of her family to help out with childcare, while she takes classes and works part time. Unfortunately, this kind of nuanced approach to assessing program performance doesn't easily lend itself to standardized metrics.

Some survivor goals may not be realistically attainable within the program timeframe; however, program participants may be able to make important progress, and achieve intermediate or proximal outcomes. For example, although a college degree might not be attainable within the 1-2 year timeframe, gaining admission and scholarship assistance may be possible. Framing goals that are realistically attainable is important for building participant confidence and momentum. Providers can thus support participants in working towards their longer-term goals, by helping them define and achieve such *proximal* outcomes.

Another approach to assessing program performance involves the use of so-called process metrics. Process metrics can provide a wide range of information, for example, about the types and frequency of staff/participant interactions; about participant satisfaction with the types of assistance they are getting, and the way it is being provided; and about how the demographics of the clientele compares with the demographics of the program's service area. These data, in turn, can guide staff in planning changes that strengthen the program's ability to serve participants.

## Slide #10.

Chapter 1 presents a variety of metrics and approaches to measuring program performance, including HUD metrics; metrics used by FVPSA-funded DV shelters which assess survivor perceptions of safety and knowledge of resources; and the use of goal sheets and other approaches to tracking participants' progress with respect to their own goals and priorities.

The narrative summarizes and provides a link to a conceptual framework developed by Dr. Cris Sullivan to explain the connection between the kinds of support and assistance that providers might offer and the kinds of eventual outcomes associated with improved wellbeing that often can't be measured within the timeframe of the program intervention. Some of the assessment instruments developed and disseminated via the National Resource Center on Domestic Violence's (NRC DV's) Domestic Violence Evidence Project website were designed to measure interim/proximal changes and impacts that research suggests may be predictive of the desired longer-term outcomes.

To provide readers with a sense of the range of possible approaches to measuring participant progress and program performance, the Chapter 1 narrative surveys and provides links to some of the tools and resources described and downloadable from the NRC DV's Domestic Violence Evidence Project website; provides links to online examples of work by the Vera Institute of Justice that contributed to the development of metrics for assessing program capacity to work with survivors with disabilities; and provides a link to a full scale program evaluation of the Washington State Coalition's DV Housing First program.

## Slide #11.

Provider comments are the heart of this report, and Chapter 1 includes dozens of comments about how providers define success and/or measure performance, roughly grouped in four categories:

- (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.

**Slide #12.**

The Chapter 1 narrative acknowledges -- and points to some resources that may be helpful to providers in wrestling with -- the challenges attendant to measuring performance, and the difficult decisions they face:

- in trying to balance competing priorities and competing frameworks for defining success; and
- in trying to measure the impact of program efforts when the successes that they, their participants, and their funders aspire to are dependent on so many factors that are beyond their immediate control, and that may not come to fruition until after those participants have moved on from the program.

**Slide #13.**

Collection of data is integral to tracking program performance. The final portion of the Chapter 1 narrative 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 (vs. the kind of "nice-to-know" data that programs can do without) and about how data should be collected, handled, and disposed of.

The narrative reviews and provides links to information about the relevant confidentiality-related provisions, focusing on the Violence Against Women Act (VAWA) and HUD regulations. VAWA non-disclosure protections (and comparable provisions protecting data collected by FVPSA-funded DV shelters) exempt the programs they fund from any HUD data sharing requirements that might otherwise apply to jointly funded programs.

Advocates for survivors have long been concerned about the significant numbers of homeless survivors who access mainstream shelter or transitional housing programs, and who therefore are not protected by VAWA or FVPSA confidentiality provisions. The Chapter 1 narrative cites an excerpt from a 2015 HUD policy document -- clarifying the rights of clients in HUD-funded programs to refuse to disclose information and/or to refuse to allow their information to be shared among CoC providers. At this point, it is up to advocates to make sure that survivors know about and are prepared to assert those rights. Additional information about data confidentiality, along with information about and links to resources developed by the NNEDV regarding safe use of technology, is contained in Chapter 9.

The Chapter 1 narrative suggests that mechanisms to protect the confidentiality of survivors' data will need to be strengthened as HUD-funded CoCs increasingly rely on coordinated entry systems to assess and triage the homeless individuals and families seeking assistance. Regulations allow ESG-funded victim service providers to opt out of participating in such a coordinated entry system. Victim services providers funded through HUD's CoC program may only opt out of that CoC's coordinated entry system if they are part of a comparable system with other local victim service providers; however, such parallel systems do not exist everywhere.

After a brief description of the data sets and software used to collect information about OVW TH program participants and the services they receive, the Chapter 1 narrative explores the as-yet unresolved challenge of collecting data about participants' gender identity and sexual orientation. Collecting that data would provide a framework for asking about and acknowledging this sometimes-hidden aspect of survivor diversity for staff and/or participants who might otherwise be uncomfortable bringing it up. And, like other process data, it would help programs assess how well they are reaching and serving LGBTQ survivors in their service area.

Chapter 1 concludes with information about and links to guidance materials on collecting data for program evaluation, and with provider comments about the software they use to meet their OVW-related data collection and reporting requirements, and their approach to working with data.

**Slide #14. Chapter 2**

Chapter 2 discusses the paths that survivors take to access specialized transitional housing programs and how providers select participants from among the potential applicants for program assistance.

**Slide #15.**

To provide context for the discussion about survivor access and participant selection, the Chapter 2 narrative begins with a look at the program options available to survivors seeking to flee domestic or sexual violence, and how program capacities compare with the need and demand for program housing and assistance. Although research indicates that homeless survivors routinely utilize mainstream shelters, transitional housing, and rapid rehousing programs, such programs are typically not prepared to address their domestic and sexual violence-related needs, and so, participants don't necessarily disclose their history of victimization.

In its 2015 edition of Domestic Violence Counts, a one-day census of DV shelters, TH programs, and non-residential programs serving survivors, the National Network to End Domestic Violence observes that,

*"For many survivors, the common length of stay in an emergency shelter is 30 to 60 days; however, it can take 6 to 10 months or more for a family to secure stable, permanent housing due to the shortage of affordable housing options. Transitional housing or other housing services provide an opportunity for survivors to secure longer-term housing. While in transitional or other housing, many survivors benefit from additional services as they work to rebuild their lives. Without available transitional or other housing, many victims face the untenable choice between homelessness and returning to further violence."*

While the decision to permanently leave or return to an abusive relationship may involve difficult tradeoffs, and while many survivors who weigh those tradeoffs decide to reunite with their abusive partner, for other survivors who **are** ready to leave their abusive relationship, but who have used up their time in a DV shelter, exhausted their informal supports, and lack the means to become financially self-sufficient, the shortage of specialized TH leaves them without a viable alternative. As the NNEDV Domestic Violence Counts report noted, these survivors

*"face a multitude of consequences: remaining unsafe from the abuser; becoming homeless or moving in with family or friends, which can be unsafe and certainly unstable; or leaving town, which could mean giving up a job, children's schools, family, friends, and other support systems."*

The NNEDV's 2015 Domestic Violence Counts census counted 1,418 survivors seeking, but unable to access, specialized TH. Based on available information about the numbers of shelter and TH beds and lengths of stay, the narrative frames the basis for an estimate that there is one TH bed for every nine survivors who would seek TH, if it were available, and if programs publicized openings and maintained waiting lists. As their comments indicated, a significant number of providers do not publicize openings or maintain waiting lists, at least in part, to avoid raising survivors' expectations, about opportunities that they are unlikely to have.

Whether the ratio of need-to-supply is a little higher or a little lower than 1-in-9, it is clear that providers' decisions about which survivors to serve have important consequences for those who are and aren't selected.

## Slide #16.

The next portion of the Chapter 2 narrative and provider comments that follow discuss the similar and different roles of DV shelters and specialized TH programs.

Both FVPSA-funded DV shelters and OVW-funded TH programs provide victim-centered, holistic, trauma-informed services. Although the populations served have broad overlap, they are not identical: DV shelters offer sanctuary and services for survivors of intimate partner or family violence, but not violence perpetrated by a teacher, supervisor, co-worker, or stranger. OVW-funded TH programs can serve survivors of domestic or sexual violence by any perpetrator, but not victims of other types of family violence.

Shelters run the gamut from small and thinly staffed programs offering short-term stays in a motel or safe house to large and generously staffed, longer-term programs on a secure campus. While many shelters limit stays to between 30 and 90 days, many others allow stays of six months or twelve months or longer, which compares with stays in many transitional housing programs. Many shelter programs provide survivors better access to counselors, employment specialists, and children's specialists than are accessible via a TH program.

Given the diversity of shelter and TH programs, it is not surprising that provider comments express a range of sometimes contradictory opinions about the respective roles of shelter and TH programs, and about the kinds of survivor households that are best served by each modality.

Taken as a whole, those comments suggest that ***there is no always-true distinction between DV shelters and specialized TH programs***. Depending on their respective mixes of funding, levels of staffing, levels of security, allowed lengths of stay, and underlying philosophies, a DV shelter in one community could operate like a specialized TH program in another community. And vice versa.

Archetypically, shelter is the first place someone fleeing intimate partner violence would go to access safety, support, time away from the abuse, and/or assistance in addressing their urgent needs. Archetypically, TH programs are where survivors would go for more extensive support and time to look for housing, build financial stability, or address gaps and "blemishes" in their credentials that stand in the way of a successful housing or job search. However, data from our provider interviews suggest that the differences between shelter and transitional housing are sometimes more nuanced.

For example, in one community, shelter may be the resource of choice for persons in crisis, and the TH program is seen as a better option for survivors who are past the point of crisis, and looking forward to next steps. In another community, people fleeing domestic violence may be accepted directly into the TH program. There is no hard and fast rule that says that survivors must wait until they have resolved their most urgent issues before they can move from shelter to transitional housing. Indeed, one provider observed that the path out of an abusive relationship is not a straight line; survivors can go in and out of crisis as threats, issues, and triggers are encountered, no matter what program they are in.

In other words, although providers' comments may accurately describe the differences between the shelter(s) and TH program(s) that serve their service area, their observations and the distinctions they draw are not necessarily generalizable to all such programs.

## Slide #17.

The OVW does not prescribe the type of outreach that funded TH programs should do to solicit referrals or self-referrals of potential candidates for those programs, nor does it prescribe the type of participant selection process a grantee should use to choose from among the candidates that have come forward.

However, the inclusion of an FAQ on the ***VAWA Non Discrimination Grant Condition***, the inclusion of the ***Civil Rights Compliance section in the Solicitation Companion Guide***, and the warning in the ***OVW's annual solicitation for grant proposals*** against "activities that compromise victim safety and recovery," including "policies or procedures that exclude victims ... 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" make it abundantly clear that the OVW intends for survivor access and participant selection to be non-discriminatory, broadly defined.

## Slide #18.

TH programs are subject to federal, state, and sometimes local non-discrimination laws and regulations; providers that own or lease housing that they make available to program participants are subject to federal and state fair housing laws and regulations. Providers are accountable for policies and procedures which explicitly violate those requirements, as well as any policies and procedures which have a "disparate impact" on persons from a protected class, even if that disparate impact was not intended. Lack of awareness is not a legally acceptable reason for violating those laws and regulations.

The Civil Rights Compliance section of the Solicitation Companion references other such obligations, for example, ***Section 504 requirements that federally assisted housing and services be both physically and programmatically accessible by persons with disabilities***, and that programs provide "***reasonable***

**accommodation**" to allow persons with disabilities to participate in the program, unless such accommodation will result in an undue financial and administrative burden or fundamentally alter the nature of the program.

As described in one of the resources cited in the chapter, disability-related protections not only extend to persons with mobility or sensory impairments, but also to persons with mental and emotional disabilities, developmental disabilities, cognitive disabilities (stroke, brain injury, etc.), systemic conditions (cerebral palsy, diabetes, heart disease, multiple sclerosis, spinal cord injury, arthritis, HIV/AIDS, cancer, etc.), alcoholism, and even drug addiction (provided there is no current use of illegal drugs).

In the same way that advocates proactively explore with survivors the ways in which they can be helpful, another resource cited in this chapter advises that *"It is best to inform all applicants of the availability of reasonable accommodations to people with disabilities as part of your obligation to abide by fair housing laws. . . . It is a good practice to include a written statement about the right to reasonable accommodation on the application itself, and to verbally inform all applicants of this right as well."*

Finally, the chapter 2 narrative cites the Civil Rights Compliance section of the Solicitation Companion Guide's reference to civil rights protections against discrimination on the basis of national origin and recommendation that programs take **"reasonable steps" -- including setting aside money in their budgets for interpretation and translation -- to ensure that "persons with limited English proficiency (LEP) have meaningful access to funded programs or activities."**

The narrative includes information from and links to a number of well-written resources for housing and service providers interested in enhancing their understanding of and compliance with these laws.

## Slide #19.

In most communities where there is both a DV shelter and a specialized TH program for survivors, the shelter came first, and in many cases, the shelter and the TH program are operated by the same provider agency, which may also operate an outreach/non-residential services program. Many of the TH providers interviewed for this project are part of agencies that operate a DV shelter, in many **cases, providers told us that staff from the shelter were the primary -- if not the exclusive -- source of referrals into the TH program.**

Quite a few providers told us that by avoiding broader announcements about impending openings in their TH program, and by not keeping a waiting list, they avoid unnecessarily raising the hopes of many more survivors than they can possibly serve. That policy of not announcing openings or maintaining a waiting list, is reflected in data in their OVW semi-annual report, showing that no survivors were turned away due to lack of housing.

As described in their comments, the basis for such an internal referral is often staff assessment that a survivor with whom they have been working would be a "good fit" for the TH program. Such assessments could potentially violate non-discrimination or fair housing requirements, depending on the criteria used, and whether they have a disparate impact on any protected class. To be safe, it would probably be helpful for all programs to periodically refresh their training on strategies for ensuring compliance with those requirements.

One unintended consequence of the heavy reliance on DV shelters for referrals is the more limited access to OVW-funded TH programs by survivors of non-IPV sexual violence. As previously noted, most DV shelters receive FVPSA funds, so the candidates they refer would only include survivors of domestic or family violence.

Indeed, semi-annual reports covering the period 7/1/2012 - 6/30/2014 show that DV survivors accounted for about 84% of persons served by OVW-funded TH programs, while only 8% of TH participants were survivors of non-IPV violence. By comparison, data from the 2011 National Intimate Partner and Sexual Violence Survey indicates that perpetrators of rape and other sexual violence were most often **not** a victim's intimate partner.

Another important reason why DV survivors might account for such a large percentage of participants in OVW TH programs is that fleeing IPV **causes** homelessness, while non-IPV sexual assault doesn't **necessarily** precipitate homelessness. On the other hand, research indicates that significant numbers of homeless women have experienced sexual assault, including victimization while homeless. However, unless these women were also recent survivors of domestic violence, they would not have been served in DV shelters, and would not,

therefore, have been referred by those shelters to specialized TH programs. Instead, if they are homeless, they are more likely to be clients in mainstream shelter, outreach, and TH programs, which don't typically make referrals to OVW-funded TH programs.

Another unintended consequence of the reliance on DV shelters for referrals is the potentially reduced access to transitional housing by survivors who didn't seek shelter when they fled the violence, because they weren't comfortable staying in a typically congregate program -- or because they are part of a demographic -- LGBTQ, older adult, immigrant, or male -- that assumes that DV shelter is not for "people like me."

While referrals from other shelter and outreach programs operated by the same agency may be the primary source of candidates for specialized TH program vacancies, they are not the only source.

Several providers described receiving referrals from other DV providers. A few providers indicated that they accept self-referred survivors or survivors who had been referred by the local or regional hotline -- especially when there were no shelter vacancies. Some of these survivors might still be in an abusive situation, or they may have fled to a shelter or to a family or friend's house ... or they may have come and gone from a shelter, and had to resort to couch-surfing, or -- as one provider put it -- "doing what they needed to do" until a transitional housing program slot opened up.

Many of the 7-9% of TH program participants who were survivors of non-IPV sexual violence were likely referred by a rape crisis program, a nurse examiner from a sexual assault program, the police, or other early responders to sexual assault. A small number of providers whose programs have HUD funding described receiving referrals through their Continuum of Care's (CoC's) coordinated entry process, although several such providers mentioned that the referrals were not always "appropriate" (i.e., not survivors of recent domestic violence, not looking for support for healing or coping with trauma, just needing help with housing).

(As a point of reference, the authorizing statute for the OVW TH program says that the program serves persons who became homeless because of such violence, but does not define eligibility in terms of how recently the violence occurred, or whether the survivor is interested in receiving trauma-related services. Similarly, although the HUD providers are asked to enter data about when the most recent violence occurred, the HUD regulatory definition bases eligibility on homelessness as a result of fleeing or attempting to flee, and not on when the violence occurred or whether the survivor is interested in receiving trauma-related services.)

## Slide #20.

As described by their comments, different providers take substantially different approaches to selecting participants from among the candidates referred for consideration. Some providers select the candidate with the most urgent need (e.g., at imminent risk of further harm); some select the candidate with the greatest need (e.g., the most serious barriers to housing and stability).

Many providers use a first-come-first-serve approach, rather than trying to judge between candidates -- although several such providers mentioned allowing urgency-related exceptions to that approach. One provider described their use of a lottery process to randomize selection of applicants from the waitlist, rather than attempting to weigh the relative needs and risks of competing applicants, or based on when someone got their name on the waitlist.

All providers must make sure that they enroll eligible persons, that is, persons who are homeless and who have survived domestic or sexual violence, and who meet any other requirements of the funding source: OVW, HUD, TANF, etc. Some programs prioritize families with children over single survivors; others target single survivors. Others serve a mix of singles and families. Providers that own or lease specific units of housing units target individuals and families whose household composition can be accommodated by the available units. Programs that lease participant-selected housing or that provide rental assistance to participant-leased units can be more flexible as to the size of client households.

In an increasing number of OVW-funded transition-in-place programs, and by regulation, in every HUD RRH-funded program, participants must be named on the lease. Such programs can only assist survivors who have sufficient "tenancy credentials" (i.e., few serious barriers) to find a landlord willing to put them on a lease.

Although the amount of a survivor's income and near-term employability and earning potential may be impacted by a disabling condition, and although providers are barred from discriminating on the basis of disability, having an adequate income -- specifically, the ability to pay the rent and related housing costs -- is considered to be an "objective" and non-discriminatory basis for making participant selection decisions, if participants are expected to cover a portion of their housing costs early in their program participation.

Note that although some states make it illegal for landlords to discriminate on the basis of source of income (e.g., refusing to lease to SSI recipients or tenants who use a Housing Choice voucher, or who receive interim rental assistance), there are no such protections in most states or federally.

## Slide #21.

Although apparently far less prevalent than in the past, provider comments suggest there are still programs whose participant selection process favors survivors who seem committed to ending the relationship with their abusive partner. While providers may be understandably concerned about the wellbeing of survivors who remain in, or return to such relationships, conditioning assistance on willingness to end that relationship goes against one of the key principles of trauma-informed care -- "supporting consumer control, choice, and autonomy;" is at odds with the broadly held view that staff and programs should not impose their values and judgments on the survivors they serve; and is likewise at odds with the intent of the OVW's annual solicitation of TH grant proposals that describes such "restrictive conditions" as "activities that compromise victim safety and recovery."

While some providers talked about how they prioritize survivors with the most significant barriers, a few providers expressed concerns about the possible consequences of enrolling survivors whose mental health or substance use-related needs might exceed what staff could handle. For example, they worried that the program experience of other survivors in a congregate program might be compromised by a survivor with unmet behavioral health-related needs; or that a survivor suffering from PTSD or severe depression might be at higher risk of self-harm in a scattered site placement where program staff could not regularly see her.

Participant selection practices which have a disparate impact on survivors with these kinds of disabling conditions are at risk of violating non-discrimination and/or fair housing laws, unless these survivors pose a danger to other participants or staff, or the accommodations that such survivors would need would change the fundamental nature of the program. A handful of providers appeared to require such applicants to commit to treatment, which would contradict the VAWA voluntary services requirement and the OVW's admonition against "restrictive conditions."

Some providers select participants based on their apparent "motivation" or whether they seem "likely to be successful" or whether they "demonstrated commitment to making good use of program resources" while they were in shelter. There is increasing understanding that survivors coping with trauma, depression, traumatic brain injury, or the other concomitants of chronic exposure to violence and abuse may *seem* less motivated, less ready to "work the program," or less engaged than other survivors. Basing participant selection on these criteria could have a disparate impact on survivors whose experience of trauma has resulted in PTSD or other disabling conditions affecting their emotional or psychological health or their cognition -- and may therefore be in violation of non-discrimination requirements or, if the provider leases or owns the program housing, in violation of fair housing laws.

Additional training -- and, perhaps, joint guidance from the federal partners -- would probably be helpful to support such providers -- especially those with more limited staff capacity and those in areas which offer only very limited access to supplemental services, even with funded MOUs -- in implementing selection criteria that satisfy OVW requirements, while addressing providers' concerns about participant safety and wellbeing,

or about the ability of participants with such conditions to achieve funder-defined outcomes within the targeted timeframe.

In the meantime, the NNEDV's 2013 update to its *Best Practices for Setting Eligibility Criteria in Transitional Housing Programs* handout explains that practices that bias the referral or selection process in favor of survivors who are likely to "succeed" run counter to the intent of the OVW program:

*"Many programs set eligibility based upon the program's own definition of success in fear of failing or not meeting funder expectations, and as a result only screen in survivors who are believed to be the most 'motivated' or those who have already proven themselves 'successful'.*

*One example is setting eligibility criteria based on previous stays in an emergency shelter and/or based on the survivor's behavior in shelter. Both of these criteria assume that survivors who are accepted into shelter and subsequently follow the rules and 'work towards their goals' are more appropriate for transitional housing. These assumptions are based on the program's perceptions about which survivors are least difficult to serve; or which have the fewest barriers and obstacles; or who are most likely meet the program's ultimate definition of 'success' (for example, permanent housing). ...Acceptance decisions should not be made based on assumptions, but instead based on some basic pre-set eligibility criteria. . . .*

*The goal is to help survivors. The role of the program is not to determine in advance who deserves help or who will be most successful, based on our own definition of success."*

## **Slide #22. Chapter 3**

Chapter 3 presents the various housing models utilized by transitional housing programs and looks at the strengths, advantages, limitations, and challenges posed by each approach, from the vantage point of a participant, and from the perspective of the providers we interviewed.

## **Slide #23.**

The configuration and funding of program housing influences the way a transitional housing program operates, whom it is able and best suited to serve, and whether participants will be able to remain in their unit after assistance ends, or whether they must find and move to other housing.

Housing models can be distinguished in terms of who owns the units (mainstream landlord, non-profit housing provider, victim services agency, etc.); who signs the lease (provider or participant); how the housing is configured (congregate, clustered, or scattered site); and whether the participant has the option of keeping their unit ("transitioning-in-place") or must vacate the unit once their program participation ends ("temporary" or "traditional TH"). Different providers implement the same model in different ways -- for example, by varying the amount, duration, and scope of assistance with housing-related costs; this chapter looks at the implications of their different approaches.

Sections of this chapter examine -- from both the perspective of both provider and participant -- the strengths and challenges of each model, and the factors that might affect which type of housing is the "best fit" for a given survivor. In discussing "best fit" considerations, the narrative explores participant-specific factors (e.g., household size, income prospects, tenancy "credentials," safety issues, participants' desire to stay connected to their home community vs. desire to avoid such contact, participants' desire for formal or peer support); environmental conditions (e.g., the housing and job markets, access to transportation and community-based services, etc.); and the strengths and constraints attached to the grants that typically fund these programs: the OVW's Transitional Housing grants, and HUD's Transitional Housing and Rapid Rehousing grants.

As a reminder, as noted at in the Methodology section of the report, collecting the feedback of survivors served by these programs was deemed by the OVW to be outside the scope of the Technical Assistance grant that generously funded this project, so our use of the term "participant perspective" describes the vantage point of the statement, rather than the actual source of the information.

**Slide #24.**

Ideally, every survivor could work with their local victim services provider to find the program whose housing model, mix of services, and amount, duration, and scope of assistance was tailored to their needs and circumstances. As discussed in Chapter 2, the reality is that there are not enough program slots to meet all of the need. If a survivor is fortunate to have access to a program, that program may not support the housing model best suited to the needs and circumstances of the particular survivor.

**Slide #25.**

The use of provider-owned or provider-leased housing gives the provider more control over the program environment. That is, the provider can enroll participants with limited income and a history that includes evictions and unpaid rent or utility bills that might keep a mainstream landlord from offering a tenancy. A provider can invest in greater security when it owns or has a long-term lease on a property, than when the property is leased in the tenant's name. A provider that owns or leases program housing can ensure that units are convenient to transportation and/or services.

Although both OVW and HUD grants are geography-specific, and although providers can set limits on where program participants can live while still being able to receive services, the use of participant-leased housing leaves it largely up to the participant (within the constraints of the housing market) to determine where they will live while in the program. Generally speaking, the more ready a survivor is to pursue independent living, and the less they need in-person program assistance, the better suited they are to a transition-in-place program. The more support they desire from the provider or from fellow program participants, the better suited they are to a congregate or clustered housing program model, which provides them with a temporary place to live, but from which they will have to move when their time in the program ends.

**Slide #26.**

The providers we interviewed arrived at their current housing model(s) in different ways. Some providers have been receiving HUD funding for years, and their use of provider-owned or provider-leased units dates back to a time when those models were more in favor. Some HUD-funded providers have felt pressured by their Continuum to shift to a scattered site rental assistance model. Providers that use HUD and OVW grant funding to operate separate programs might choose to maintain two different models; providers that combine their pots of funding to operate a single program must tailor their approach to meet the requirements of the more restrictive funding source.

Apart from funding source-related requirements, providers cited a variety of considerations, which are described in more detail in the narrative. A few examples:

- Property ownership can result in large unplanned expenditures, for example on heating systems or major repairs. In contrast, leasing property or providing rental assistance affords a provider greater predictability with respect to their housing costs, and relieves the provider of having to hire or contract for staff with property maintenance skills.
- There are advantages and disadvantages to being both the landlord and the service provider. On the one hand, as the landlord, the provider has the flexibility to overlook concerns that might prompt a less sympathetic landlord to begin eviction proceedings; on the other hand, when a tenancy goes awry, it can turn what is supposed to be a helping relationship into an adversarial relationship, and in some cases, put the provider in the awful position of having to initiate eviction proceedings.
- Leasing or owning property makes it easier to maintain a full caseload, because the provider has more control and can work on filling a unit as soon as it is vacated.
- Although the provider has less liability when the participant is the tenant named on the lease, leasing property allows the provider to choose landlords that will be easy to work with, and to choose locations that will minimize staff travel.

**Slide #27.**

From the vantage point of a participant,

- Provider-owned or provider-leased housing makes it easier for a survivor to move on from shelter, particularly if there are barriers to address -- like outstanding arrearages, or lack of a stable work history - - before the survivor can expect to be able to get a lease in their own name. There's also a little more flexibility about missing an occasional rent payment, if their income is unreliable.
- Temporary housing in a location that the survivor will likely choose to move away from -- or where they won't be able to find housing they can afford -- means having to make yet another transition, and not being able to really put down roots.
- Also, if the survivor's life revolves around the relationships and roles in the community they left behind, having to temporarily live far away from that community may outweigh the benefits of the services and peer support that are available in provider-owned or provider-leased housing.

**Slide #28.**

Different survivors look for and need different things from transitional housing, and there is no one-size-fits-all model of program housing that will satisfy every survivor's preferences and circumstances.

It is important to recognize, however, that some models simply won't work for some participants.

If a survivor is not safe -- or doesn't feel safe -- being in a scattered site unit, or putting their name on a lease in mainstream housing, they need a program that offers a more secure or more confidential living arrangement. If a survivor is simply not financially or emotionally ready for the responsibility of a mainstream tenancy, or if they have too many barriers -- e.g., bad credit, lack of a credible housing or work history, outstanding arrearages -- to find a landlord willing to offer them a lease in a decent apartment, they need a program that can make interim housing available to them, and for survivors in these situations, provider-owned or provider-leased housing may be the best solution.

**Slide #29.**

As scattered site, participant-leased housing becomes an ever-more prevalent model, the system's capacity to serve survivors whose needs and circumstances are a poor fit with that model diminishes.

According to semi-annual program reports covering the two-year period ending June 30, 2014,

- 65% of OVW-assisted units were scattered site, and 80% of those scattered site units were leased by participants
- 27% of OVW-assisted units were "clustered," and
- 8% of OVW-assisted units were co-located with shelter.

Over that two-year period,

- the number of OVW-assisted units increased from 1,253 to 1,464
- 90% of that increase were scattered site participant-leased units
- The % of participant-leased units rose from 52% to 62.5%
- The % of provider-leased units fell from 22% to 12.5%
- The % of provider owned units remained largely unchanged (25-26%)

During that same period, and in the subsequent two years, the number of provider-owned and provider-leased transitional housing units supported by HUD decreased by more than 50%, while the number of participant-leased units increased sharply.

That is, considering both OVW- and HUD-funded units, the shift away from provider-owned and provider-leased units, in favor of participant-leased units has been much more dramatic. While that may be beneficial to some survivors, it may leave other survivors without a viable program option in their locale.

### Slide #30.

Even if a survivor appears to be a good match for a TH program using scattered site participant leased housing, they may not be a good fit for a jointly funded program that uses HUD grant dollars to help with housing costs and OVW funds to mostly pay for the services. The Chapter 3 narrative explores some of the challenges posed by a program using HUD grant fund. The following challenges exist whether HUD grant funds are used to pay for the housing or the services.

- Participants in projects that use HUD funding may only live in housing that meets HUD Housing Quality Standards, which govern ventilation, lighting, food preparation space, room size, housing condition, and a host of other requirements that providers told us are typically more rigorous than local housing inspection standards, and especially problematic in rural areas.
- HUD funding also comes with constraints on the amount of rent that landlords can charge, based on its calculated Fair Market Rents (FMRs). In competitive markets, rents routinely exceed HUD's FMRs, which factor in, but often underestimate the cost of basic utilities. Although HUD rules allow "reasonable" exceptions to FMR limits, the combination of rent constraints and HQS can make it more difficult to find decent housing in some areas.
- As previously noted, HUD's Rapid Rehousing (RRH) funding can only assist tenancies in which the participants are leaseholders. Continuum of Care RRH grants take that requirement one step further, and require that the lease extend for a 12-month period, regardless of the duration of the actual housing assistance. For survivors with shaky tenancy credentials, having to find a landlord who is willing to offer a 12-month lease could be too high a threshold for participation.
- HUD funding increasingly comes with shorter timeframes for assisting participants. In highly competitive rental housing markets, short-term rental assistance is not an adequate incentive for landlords to offer tenancies to survivors with shaky credentials; and does not buy enough time for survivors with limited work histories to develop a sufficient income to sustain market rate housing, or to rise to the top of a wait list for affordable housing or a housing subsidy.

### Slide #31.

As noted earlier in the presentation, in addition to the different housing models, providers take different approaches to implementing those models, particularly with respect to the amount, duration, and scope of assistance.

- The same amount of grant funding that can support 10 tenancies in a lower cost housing market might be able to provide comparable support to only four tenancies in a more expensive housing market (or where heating and other utility costs are more expensive).
- The same amount of grant funding can either be used to provide 12 months of assistance to, for example 8 participants, or six months of assistance to 15 or 16 comparable participants.
- Programs take different approaches to allocating assistance: some offer a predetermined flat amount of assistance or a flat percentage of the rent; some prescribe a schedule of decreasing assistance; some utilize the standard HUD formula for assistance, covering the difference between rent and 30% of survivor income. The higher the dollar value of assistance, the fewer tenancies a grant can assist. Serving large families who need multiple bedrooms, providing assistance in higher rent markets, and serving very low income survivors who are unable to contribute much towards their housing costs adds to the per capita cost of housing assistance, and reduces the number of survivors a program can serve. And, of course, the opposite is true: programs that serve small households, serve lower cost markets, and require participants to contribute a higher portion of their housing costs can serve more survivors.

- Providing deeper or longer term assistance to fewer participants means that a program can serve survivors with more needs to address and more barriers to financial independence. Providing shallower, shorter-term assistance to more survivors means that a program is less able to serve survivors with significant barriers to financial independence, and with a need to devote more time to recovery and non-income-related priorities.
- While OVW leaves these decisions to their grantees, HUD directs the Continuums of Care and the states/counties/jurisdictions that administer its grants to develop "written standards" governing the amount, duration, and scope of assistance, as well as other program parameters.

These and other considerations are the subject of more detailed discussion and an extensive collection of provider comments in Chapter 3.

## **Slide #32. Chapter 4**

Chapter 4 explores the interconnected concepts of rules reduction; voluntary, survivor-centered services; and empowerment, and looks at how those concepts are implemented by providers funded under the OVW Transitional Housing (TH) Assistance Grants program.

## **Slide #33.**

Rules reduction, voluntary services, and an empowerment focus are all integral components of a trauma-informed approach, and the chapter narrative and provider comments frequently reference the impacts of trauma and the importance of taking a trauma-informed approach. (Chapter 11 does a deeper dive into trauma-specific and trauma-informed services for survivors and their children.)

One of the rule changes that has been most important is ending required participation in services or activities, and any accompanying sanctions against survivors who fail to meet participation requirements. As several comments indicate, not all providers are comfortable with that change, and some of the workarounds that programs have put in place may not be exactly consistent with the intent of voluntary services.

With the elimination of requirements to participate in services, programs are forced to more creatively think about how to engage participants, and why some participants might not be as engaged as others.

As is discussed at length in the narrative and provider comments in this chapter, there are many reasons why participants might or might not be engaged, ranging from reasons related to the trauma they carry and its impacts on their physical, physiological, emotional, and psychological health; the options they perceive and their level of hopefulness about the future; the tradeoffs they are wrestling with, and the price they anticipate having to pay, depending on their life choices; the quality of their relationship with program staff, including whether there is mutual trust and respect, and their sense about whether staff are "in their corner;" whether they believe that program services will make a difference in their ability to address their priorities; and whether program services are offered in a manner that feels accessible, welcoming, and perhaps even energizing and enjoyable.

## **Slide #34.**

The discussion about rules reduction draws heavily from the Missouri Coalition Against Domestic and Sexual Violence's (2011) "How the Earth Didn't Fly Into the Sun," which framed the case for rules reduction, and which explained that by reducing and/or eliminating inessential program rules, including rules that require participation in services and that sanction non-participation, programs restore some of the power and control that was forcibly taken from survivors by their abusive (ex-)partners.

The elimination of excessive rules and coercive practices not only creates a more trauma-informed program environment, in which survivors have the opportunity to be more in charge of their choices and their lives; it

also reflects an understanding that some of the challenging behaviors that rules and sanctions have sought to address were caused by, or served as coping strategies while victims were in their abusive situations.

Thus, as described in a much-cited paper by Hopper, Bassuk, & Olivet (2010) and in a 2011 publication by the Wisconsin Violence Against Women with Disabilities and Deaf Women Project, survivors who may be seen by some providers as "unmotivated," "non-compliant," "exhausting to be around," "detached," and/or "difficult-to-serve" may be manifesting patterns of behavior or communication that came about or were exacerbated as a result of chronic exposure to trauma and violence -- so that sanctioning or choosing not to serve these survivors on account of the challenges they pose is a type of "double jeopardy" -- punishing them anew for the violence and abuse they suffered and eventually fled.

Such rules and policies that sanction behaviors that resulted from trauma-related or other disabling conditions, including traumatic brain injury -- any of which may have been caused or exacerbated by experience of the violence and abuse -- and that therefore have a **disparate impact** on persons with disabling conditions may violate federal/state fair housing or anti-discrimination laws, if they are inessential to protecting the safety and wellbeing of staff or other participants.

As cited in the narrative, NNEDV trainings on rules reduction suggests a "less is more" approach to rules; encourage providers to "avoid making rules or policies in response to isolated incidents;" and urge providers to "review policies and rules at least annually" to assess whether they are necessary, respectful, promote positive survivor outcomes, are enforceable, and take into account survivors' varying abilities. They note that well-intended rules can have unintended consequences; for example, strict rules around the use of alcohol or drugs can encourage subterfuge, instead of candor about an addiction that may be linked to the abusive relationship. And, if the consequence of violating a rule is termination of services, and terminating services potentially endangers the survivor, is enforcement the right choice?

The narrative about rules reduction is followed by extensive provider comments on the topic.

## Slide #35.

The Chapter 4 narrative continues by describing the VAWA-based regulatory framework for voluntary services; the OVW interpretation of voluntary services, as reflected in the provisions of its annual solicitation for proposals; and the HUD interpretation of voluntary services, as reflected in the regulations governing its Continuum of Care (CoC) and Emergency Solutions Grants (ESG) programs.

Although there is broad agreement among providers that **program success is largely dependent on the foundation of trust and understanding upon which the staff/participant relationship is built**, the mix of provider comments indicates the existence of a variety of perspectives about what "voluntary services" means and what a provider's proper role is in successfully implementing a voluntary services approach.

The narrative presents some of the NNEDV guidance for OVW-funded providers addressing lingering misconceptions about what staff can do and what they should avoid within a voluntary services framework. For example, it's OK -- and helpful -- to initiate unsolicited contact with participants; it's OK to ask a participant to regularly check-in with her advocate/case manager; it's OK for an advocate to share her concerns about the possible impact of a participant's intended course of action on her safety or wellbeing, so long as the advocate is mindful of the relationship dynamic, and offers the input as an ally, being careful to avoid any appearance of exercising power and control.

The narrative then examines the challenges providers face in finding the "sweet spot" between active support and overreach, which depends on an understanding of where the survivor is in her healing process, the sources of stress in her life, and her particular sensitivities and trauma triggers. The narrative cites the recent work of Goodman et al. (2016) in creating a metric to assess fidelity to "**survivor-defined practice**." The underlying principles of "survivor-defined practice" are closely related to those of "voluntary services" -- focus on the survivor's goals, sensitivity to the survivor's unique needs and coping strategies, and services offered as an ally, rather than from a position of authority.

**Slide #36.**

The Chapter 4 narrative continues with an exploration of some of the many possible reasons why a survivor might not be an "engaged" and active participant in program services, for example, because services don't feel relevant and don't appear to address her highest or most urgent priorities; because she was not as involved as she wanted to be in shaping her path forward; because there are difficult tradeoffs to resolve before the survivor can commit to a particular approach or goal; because of changes to her physical, physiological, cognitive, emotional, or mental health that were caused by prolonged or repeated exposure to violence and abuse; because of anger or resentment or fears related to her situation and the alternatives she feels forced to choose between; because in her transitional housing, she feels isolated from the family, friends, and institutions she was accustomed to relying on for support and advice; because she is apart from her racial/ethnic/cultural/linguistic/religious community, and feels disconnected, even though the staff and participants may treat her well; because she feels a sense of hopelessness; because she is anxious about the consequences of any decision she makes; because of lack of trust in the program or staff; because she feels overwhelmed; or because she is simply relieved to be out of the abusive situation, and is feeling exhausted after running on adrenaline for so long.

One of the challenges most frequently mentioned by providers was working with survivors whose trauma/behavioral health-related need -- e.g., depression, substance dependence, PTSD, and/or traumatic brain injury-related issues -- seem to limit their capacity for engagement and their ability to prepare for a successful transition, once their program assistance ends. There are no easy answers, but the Chapter 4 narrative identifies some potentially helpful resources, and many of the provider comments describe their approaches to this challenge (although not all approaches appear to be consistent with the victim-centered, voluntary services approach that OVW promotes).

While a number of providers described being able to partner with community-based agencies to make clinical services available onsite or in a relatively convenient location for interested participants, other providers cited participant difficulties in accessing treatment services, either because of distance and transportation-related concerns, insurance coverage-related concerns, the lack of community capacity, or inadequate understanding among mental health and addictions treatment professionals of the traumatic impacts of domestic and sexual abuse.

Going forward, supporting the participation of survivors whose trauma- and behavioral health-related needs and challenges seem to limit their ability to make progress is an area where additional training, support, and resources will likely be needed.

**Slide #37.**

Next, the Chapter 4 narrative explores the potentially problematic connection between voluntary services and participant selection, and how a program's approach to soliciting referrals and selecting participants may be impacted by resource constraints, and funder-related length-of-stay constraints and/or pressures to achieve "successful" participant housing/income/employment outcomes -- to the point that the provider tailors the selection of participants to meet the goals of the program, rather than tailoring the program to meet participants' needs and to support them in achieving *their* targeted outcomes.

A small number of providers described offering a baseline level of assistance, and then conditioning the extension of program assistance, or the level of further financial assistance, on the survivor's level of "engagement" or "effort," under the assumption that if these survivors were not ready to be more engaged, provider efforts would be better spent on survivors ready to make use of program resources.

Arguably, a victim-centered program would try to explore with an apparently "disengaged" survivor the reasons underlying her lack of participation, and rather than employing sanctions, would work with her to reshape program assistance, as resources allow, to better address her needs, concerns and priorities. As

evidenced by providers' comments, though, supporting engagement may sometimes be easier to prescribe than to accomplish.

Motivational Interviewing, a collaborative counseling approach which supports participants in examining and hopefully eventually resolving their ambivalence about taking action, could be a useful tool in promoting discussion with survivors about their hesitancy. As Edmund & Bland note in their 2011 training manual for the Alaska Network on Domestic Violence and Sexual Assault, the emphasis in motivational interviewing is "on respecting [an] individual's right to make their own decisions as they are ready to do so, which [is] compatible with the empowerment approach favored by victims' advocates."

Providers looking for additional resources might check out some Tip Sheets recently developed by the National Center on Domestic Violence, Trauma, and Mental Health suggesting possible strategies for "enhancing [survivors'] emotional safety," for "supporting survivors with reduced energy," and for "making connections with survivors experiencing psychiatric disabilities." As noted previously, however, depending on the reason for the limited energy for engagement, there may not be any easy answers.

### Slide #38.

Chapter 4 includes an extensive collection of provider comments, loosely grouped to reflect common themes in their approach to voluntary services, including

- a focus on creating trusting staff/client relationships and encouraging non-judgmental communication;
- a focus on creating safe, supportive, and inspiring program environments;
- using motivational interviewing;
- keeping participants focused on deadlines and natural consequences;
- making participation easy, fun, useful, and rewarding;
- meeting participants where they are, and respecting their boundaries and choices;
- providing persistent outreach, support, and validation, especially when a survivor seems "stuck;"
- requiring periodic check-ins and setting clear expectations (which, depending on the framing of those expectations, and the consequences for violating them, may or may not be consistent with a voluntary services approach); and
- linking continued assistance to a survivor's level of effort and demonstrated progress (which, as previously noted, may or may not be consistent with a voluntary services approach).

A final collection of provider comments focuses on expressions of provider concern and frustration regarding the voluntary services model.

### Slide #39.

Chapter 4 concludes with a discussion about empowerment.

The narrative describes how different researchers and practitioners have defined and conceptualized empowerment, and how it is fundamentally linked to a survivor's ability -- and confidence in that ability -- to make effective choices with respect to her priorities and how she will pursue outcomes that address those priorities.

The narrative cites [Cattaneo & Goodman's \(2015\)](#) work framing empowerment as a domain-specific phenomenon, whereby a person may be empowered in one or more aspects of their life (e.g., in their profession, as a parent, in their sport of choice, etc.) while not being empowered in other domains. Building on that work, [Goodman, Thomas, & Heimel \(2015\)](#) developed and describe an easy-to-use metric called "MOVERS" (downloadable from the NRC DV's [Domestic Violence Evidence Project website](#)) for measuring survivor empowerment as it relates to safety. The authors frame "safety-related empowerment" as "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 problems."

The narrative concludes with a brief discussion about how programs afford current participants and program alumni the opportunity to participate in decision making or other roles which affirm the value of their opinions, experience, and perspectives. (Engagement of survivors in staffing/volunteering roles is further discussed in Chapter 5 ("Program Staffing")).

Chapter 4 concludes with a selection of provider comments about how their programs take an empowerment approach and support participant empowerment, how they know participants are feeling more empowered, and how they solicit feedback from and/or engage current participants and program alumni in advising the program, as volunteers, and in leadership roles.

#### **Slide #40.**

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.