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

Overview Webinar #2 (Chapters 5-8)
Transitional Housing for Survivors of Domestic and Sexual Violence: A 2014–15 Snapshot

Presenter:

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What’s on the Project Webpage?

The project webpage is www.air.org/THforSurvivors. The webpage contains links to

- The 12 chapters of the *Report*, each with an executive summary and a reference list;
- The Methodology webinar and four *Overview webinars*;
- Four brief *podcast interviews* highlighting the approaches of some of the providers we interviewed; and
- *Broadsides* highlighting two of the many important topic areas this report addresses.
Chapters of the Report (Overview Webinar #1)

- #01 - Definition of “Success” & Performance Measurement
- #02 - Survivor Access and Participant Selection
- #03 - Program Housing Models
- #04 - Taking a Survivor-Centered / Empowerment Approach: Rules Reduction, Voluntary Services, Participant Engagement
Chapters of the Report (Overview Webinar #2)

- #05 - Program Staffing
- #06 - Length of Stay
- #07 - Subpopulations and Cultural / Linguistic Competence
- #08 - OVW Constituencies (Domestic Violence - Dating Violence - Sexual Assault - Stalking + Trafficking)

This is Overview Webinar #2.
Chapters of the Report (Overview Webinars #3 & 4)

- #09 - **Approach to Services: Basic Support and Assistance**
- #10 - **Challenges and Approaches to Obtaining Housing and Financial Sustainability**
- #11 - **Trauma-Specific and Trauma-Informed Services for Survivors and Their Children**
- #12 - **Funding and Collaboration: Opportunities and Challenges**
The topics are interrelated.
Chapter 5: Program Staffing
Program Staffing: Current Practice

• On average, OVW grant pays for
  ✓ .8 FTEs of advocate, case management, program coordinator position;
  ✓ .11 FTEs of specialized staff (e.g., counselor, child care worker, support staff, legal advocate, facilities operation)
  ✓ .07 FTEs of administrator

• Provider comments on approach to staffing and factors that impact program staffing decisions
Program Staffing: Provider Staffing Preferences

• What providers look for -- and look to avoid -- when hiring staff
  ➢ Recommendations in the literature and provider comments
  ➢ Background information and provider comments on:
    ✓ Pros and cons of hiring staff who are survivors
    ✓ Pros and cons of having a clinician on staff
    ✓ Pros and cons of having child-focused staff
    ✓ Challenges and approaches vis-à-vis staff diversity
Program Staffing: Training and Support

• Sources of training: State Coalitions, OVW, NNEDV, NCDVTMH
  ➢ diversity of approaches, training curricula, requirements
  ➢ Importance of understanding trauma
• Importance of supervision and support
  ➢ Reflective supervision / Clinical supervision / NASW perspective
  ➢ Secondary Traumatic Stress / Vicarious Trauma / Burnout: prevention, early identification, and response
  ➢ Staff safety
**Program Staffing: Use of Volunteers**

- Roles, Screening, Training, Support
  - Limited roles in most programs (mostly used by other types of programs: hotline, shelter, etc.)
  - Mixed feelings about involving volunteers in direct services
  - Solicitation and use of pro bono professional services
  - If volunteers used, important to provide training / support at same level as entry-level direct staff
  - Broadens program diversity / linguistic capacity
  - Distinguishing between services that are paid / donated
Chapter 6: Length of Stay
(Duration of Assistance)
Length of Stay (Duration of Assistance): Regulatory Framework and Guidance

- OVW and HUD statutory/regulatory framework
  - OVW: minimum of six months, maximum of two years, plus six-month extension, pursuant to waiver
  - HUD TH: no regulatory minimum, up to two years (but can extend to accommodate needs of persons with disabilities)
  - HUD RRH: regulatorily up to 24 months, but...
    - ESG Rapid Rehousing 12-month income assessment
    - Written Standards by CoCs / ESG states, counties, cities
    - HUD RRH Brief: “typically rehouse household in 2 weeks, and in most cases in less than 30 days” -- “just enough assistance” – “typically for six months or less”
Length of Stay (Duration of Assistance): Provider Approaches

• Maximum LOS vs. targeted LOS vs. expected LOS
• Provider approaches to explaining LOS limits to survivors
• Provider comments:
  ➢ Range of approaches to LOS
  ➢ Approaches to extending stays beyond targeted LOS
    ❖ Extensions routinely offered; opportunity to take stock
    ❖ Extensions based on individual needs / circumstances
    ❖ Need for extension = sign that program hasn’t done enough
    ❖ Contingent on demonstrated effort / engagement*
  * potentially problematic: RE voluntary services, restrictive condition, etc.
**Length of Stay (Duration of Assistance): Provider Challenges**

- Pressure on HUD-funded providers to shorten lengths of stay, while maintaining program performance levels poses challenges:
  - “Fit” with programs serving survivors recovering from trauma
  - Challenges implementing voluntary services, focusing on survivor-defined priorities *and pace*, meeting expectations
  - Potential impact on participant selection practices and practices governing duration / level of financial assistance
  - Heightened challenges in communities with acute shortage of affordable housing / housing subsidies, poor job options for survivors with limited employment credentials
Chapter 7: Subpopulations / Cultural & Linguistic Competence
Subpopulations / Cultural & Linguistic Competence

- Context: Diversity has many dimensions
  - Race / cultural background / religion / linguistic community
    - Diversity within racial ethnic communities
  - Gender identity / sexual orientation
    - Diversity within LGBTQ population
  - Age / generation
  - Disability / Deafness
  - Socioeconomics / Class / Survivor of trafficking or prostitution

- Balancing cultural awareness and sensibilities without stereotyping: demonstrating understanding without making assumptions / judgments.
Subpopulations / Cultural & Linguistic Competence: CLAS Standards

- CLAS Standards for Cultural and Linguistically Appropriate Services (HHS Office of Minority Health, 2000)
  - Effective, understandable, respectful, culturally appropriate care
  - Staff diversity that is representative of the community served
  - Training in culturally and linguistically appropriate services
  - Title VI of Civil Rights Act provisions ensuring “meaningful access” for persons with limited English proficiency (LEP)
  - Efforts to ensure that services are appropriate to and meeting the distinctive needs of the community and its subpopulations

- Provider comments on what it means to be “culturally competent” -- and how they demonstrate cultural competence
Subpopulations / Cultural & Linguistic Competence: Resources & Provider Comments

• Diverse Constituencies: Extensive annotated resource listings / Provider Comments on the constituencies they serve
  - Immigrant and diverse populations, in general
  - African American Survivors
  - Latina / Hispanic Survivors
  - Asian American / Pacific Island Survivors
  - Native American and Alaska Native Survivors
  - LGBTQ Survivors
  - Young adult, older adult, and male survivors
  - Ex-offender survivors
  - Deaf survivors
  - Survivors with disabling conditions
Subpopulations / Cultural & Linguistic Competence: Federal Non-Discrimination Requirements

• Non-Discrimination / Requirements for “Reasonable Accommodation” and “Reasonable Modification of Policies and Procedures”
  ➢ Civil Rights Compliance section of OVW TH Grant Solicitation Companion Guide
  ➢ Section 504 / Americans with Disabilities Act
  ➢ Fair Housing
  ➢ Concept of “disparate impact”
  ➢ Implications for survivors with mental and behavioral health-related conditions
Subpopulations / Cultural & Linguistic Competence: 
Serving Survivors with Disabilities

- Serving survivors with behavioral health-related conditions
  - Traumatic Brain Injury (TBI)
  - Strangulation
  - How trauma / complex trauma can affect participant engagement
  - Serving survivors with mental health / substance use issues

- OVW-funded collaborations to build victim services providers’ capacity to serve survivors with disabilities and disability providers’ capacity to serve clients who have experienced domestic and sexual violence.

- Provider comments on serving survivors with disabilities
- Provider comments on serving survivors with behavioral health conditions
Chapter 8: OVW Constituencies: Survivors of Domestic & Dating Violence, Sexual Assault, Stalking, Trafficking
**OVW Constituencies: Overview**

- TH grant applicants are not required to serve all constituencies; specify in the grant application which constituencies they will serve

- **Provider comments:** mostly address IPV; most program participants who were stalked, sexually assaulted are in program because of IPV

- VAWA MEI data about FY 2013-14 TH program participants:
  - upwards of 85% of cases, perpetrator was an intimate/dating partner
  - under 10% of cases, perpetrator was other than intimate/dating partner

- 2011 National Intimate Partner and Sexual Violence Report: Of female victims of rape or other sexual violence (lifetime), the perpetrator was
  - an **intimate partner** in 45.4% (rape) and 36.0% (OSV) of cases;
  - an **acquaintance** in 46.7% (rape) and 43.4% (OSV) of cases.
OVW Constituencies:

What about Sexual Assault Survivors?

• Why the disproportionate representation of DV survivors vs. survivors of sexual assault by non-intimate partner?
  ➢ FVPSA-funded DV shelters are a primary source of referrals
  ➢ Does sexual assault lead to homelessness, or is sexual assault a concomitant of homelessness?
  ➢ Stigma attached to reporting / disclosure

• Where are sexual assault survivors?
  ➢ In the community
  ➢ If homeless, in mainstream shelters, TH programs, on the street
  ➢ In other treatment venues (MH/SA) / incarceration
**OVW Constituencies:**

**Serving Survivors of Sexual Assault**

- Differences in approaches to serving DV survivors vs. survivors of non-IPV sexual violence
  - Victim Rights Law Center (VRLC) resources on safety planning for survivors of non-IPV sexual violence
- How can survivors of non-IPV sexual violence be afforded access to trauma-informed transitional housing that can provide a path out of homelessness? (VRLC interview)
- Resources on serving survivors of non-IPV sexual violence
- Military Sexual Trauma
  - What it is / Incidence rates / VA resources / Other resources
- **Provider comments** on serving survivors of non-IPV sexual violence
**OVW Constituencies:**

**Who Are Survivors of Trafficking?**

- Survivors are ...
  - Foreign-born women and girls smuggled into the country, with little or no family / community to turn to for help
  - Women and teenage boys and girls – including a disproportionate number of Native Americans – who fled dangerous or exploitive home situations, and were kidnapped or tricked into the sex industry
  - Children connected to family-controlled trafficking businesses
- Traffickers control victims with manipulation, drugs, violence
- Trend away from criminalizing the victim, but the stigma remains
OVW Constituencies: Serving Survivors of Trafficking

- Challenges: **Complex trauma, plus ...**
  - Fear of being found / caught / punished by trafficker
  - Stigma attached to prostitution / trafficking
  - Trauma- / mental health-related needs + serious health issues (tuberculosis, sexually transmitted diseases, etc.) + addiction
  - Foreign nationals: isolated by language, culture, fear of deportation, cannot return to home country, fear harm to family in home country
  - Minors cannot be served in residential programs for adults,
  - All the other needs of impoverished victims of sexual violence

- Resources

- **Provider comments** on serving survivors of sexual trafficking
Thank You!
For more information visit: www.air.org/THforSurvivors

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