American Institutes for Research / National Center on Family Homelessness

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

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What's on the Project Webpage?

The project webpage is <u>www.air.org/THforSurvivors</u>. 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)

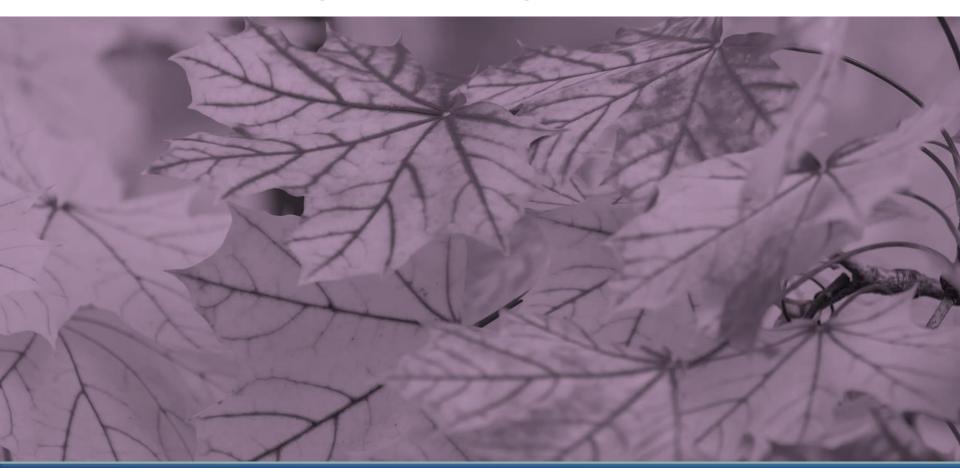
- #09 Approach to Services: Basic Support and Assistance
- #10 Challenges and Approaches to Obtaining Housing and Financial Sustainability
- #11 Trauma-Specific and Trauma-Informed Services for Survivors and Their Children
- #12 Funding and Collaboration: Opportunities and Challenges







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

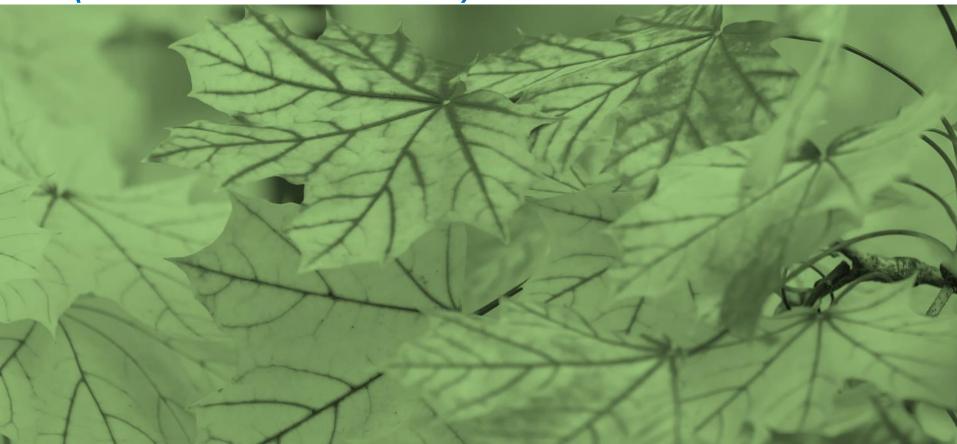


Program Staffing: Use of Volunteers

- 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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