**American Institutes for Research /
National Center on Family Homelessness**

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

Overview Webinar #4 (Chapters 11-12)

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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)

# 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*

This is Overview Webinar #4.

The topics are interrelated.
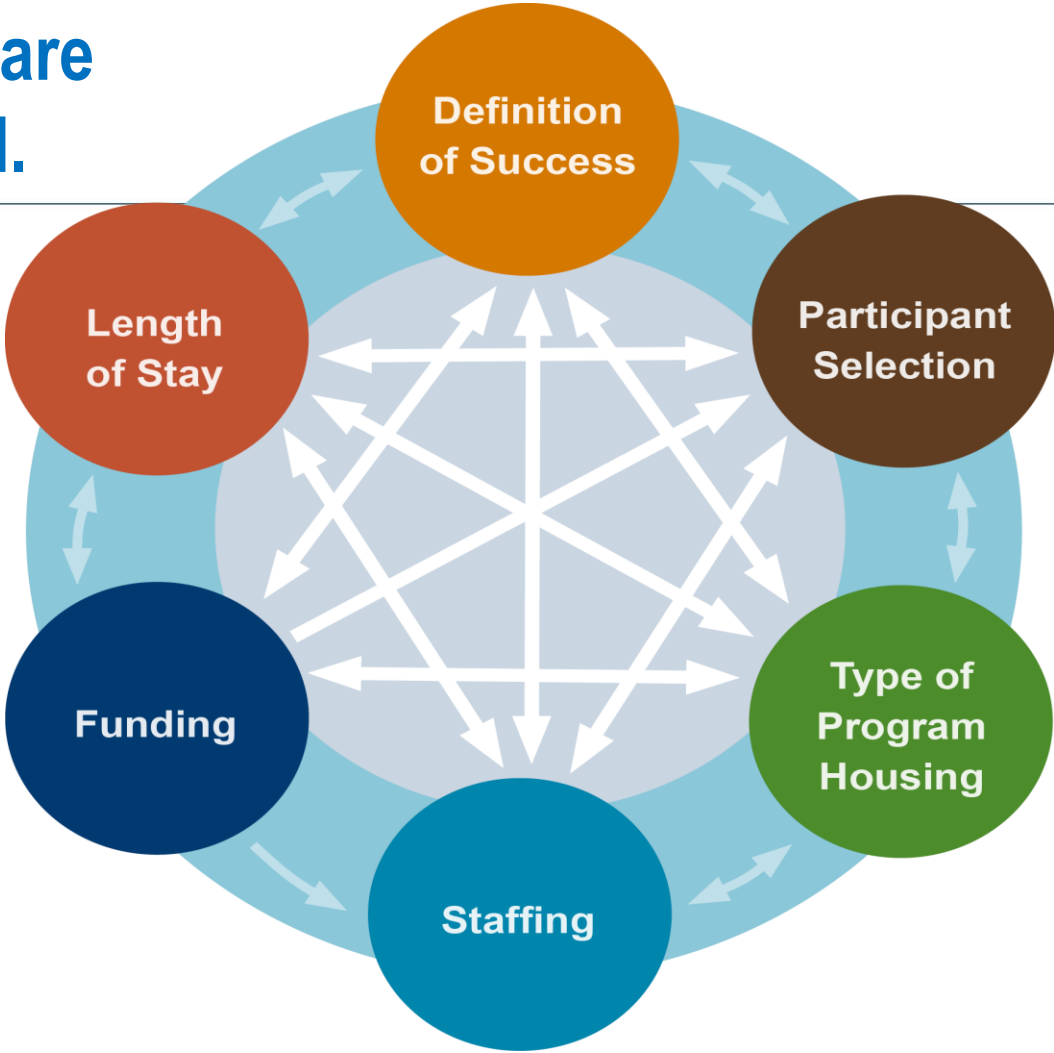
Chapter 11: *Providing Trauma-Specific & Trauma-Informed Services for Survivors and Their Children*
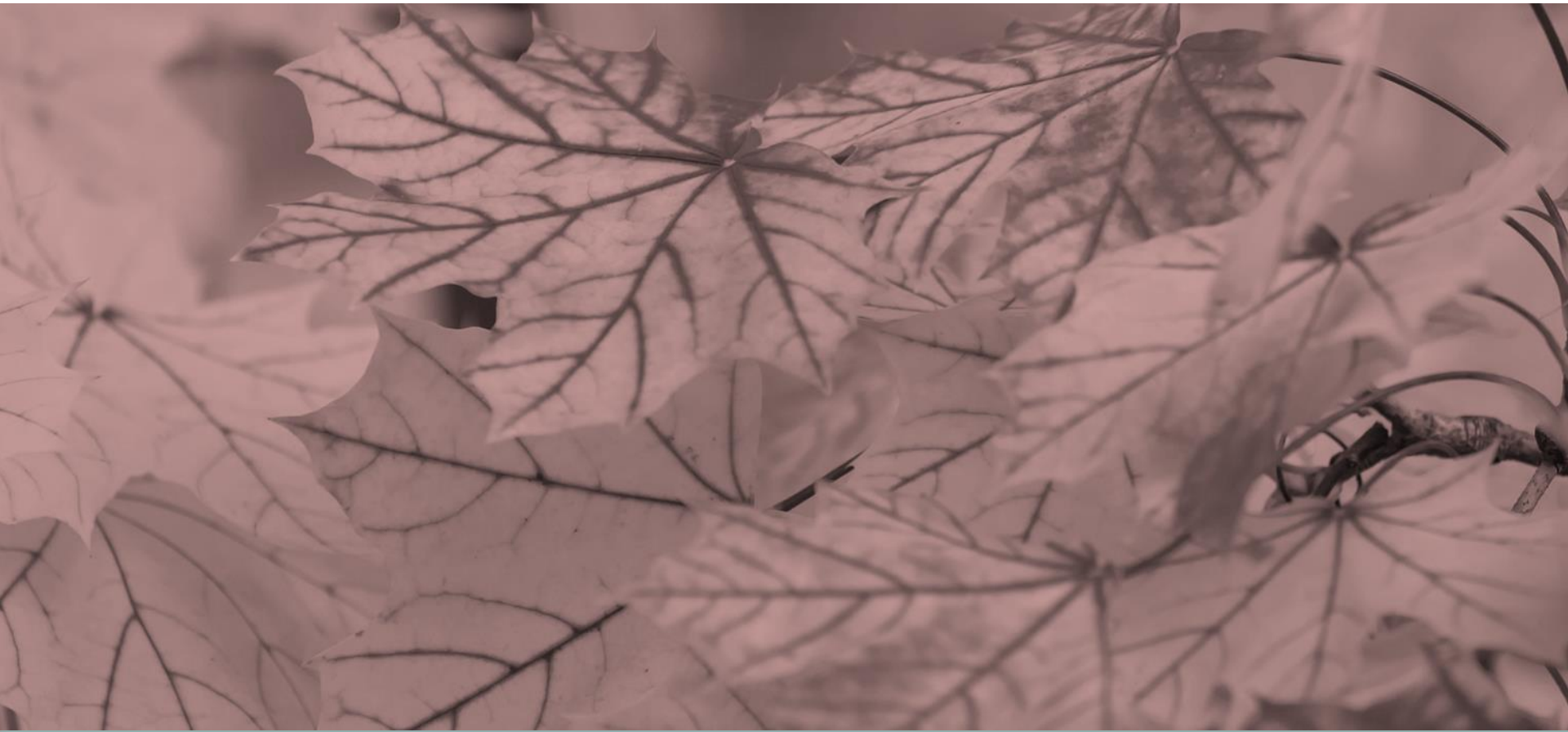
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Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children: Defining Trauma

- *Individual Trauma* – event, series of events, or circumstances experienced as physically or emotionally harmful or life threatening that has lasting adverse effects on a person's functioning and mental, physical, social, emotional, or spiritual well-being.

- *Potential impacts* –
  - ➢ inability to cope with the normal stresses of daily living; to trust and benefit from relationships;
  - ➢ Impacts memory, attention, thinking, ability to regulate behavior or control expression of emotions.
  - ➢ Neurobiological changes affecting health and wellbeing.

- *Some survivors of trauma may not recognize the connection between their traumatic experience and its effects on them.*

Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children: **Key Definitions**

➢ ***Trauma-Specific Services*** - Evidence-based and promising prevention, intervention, or treatment services that address traumatic stress and co-occurring disorders (including substance use and mental disorders) that develop during or after trauma.

➢ ***Trauma-Informed Approach*** – "A strengths-based service delivery approach 'grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment' (*Hopper, Bassuk, & Olivet, 2010, p. 82*). An approach that anticipates and avoids practices that are likely to re-traumatize individuals with histories of trauma, and that supports consumer participation in the development, delivery, and evaluation of services."

Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children:
Types and Impacts of Trauma

- *Sources / Types of trauma*
  - ➤ Victimization, assault, abuse, neglect, abandonment, loss, injury, witnessing violence, chronic poverty, homelessness
  - ➤ Traumatic event ➔ Cumulative / chronic trauma
  - ➤ Complex trauma
  - ➤ Historical trauma / Generational trauma

- *Impact of trauma and how it manifests*
  - ➤ Immediate / delayed reactions: physical, emotional, cognitive, behavioral, existential
  - ➤ Trauma heightens risk of substance abuse / mental illness
  - ➤ Substance abuse / mental illness heighten vulnerability to trauma

Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children:
Impact of Adverse Childhood Experiences (ACEs)

- ACES (Adverse Childhood Experiences) study
  - ➢ Major impact on individual development
  - ➢ Impacts on learning patterns, behaviors, beliefs, cognitions, identity, self-worth, relations with others
  - ➢ Can increase risk of addictions, eating and sexual disorders, *future victimization*, aggressive behavior, dissociation, metabolic and immunologic disorders
  - ➢ Impact can be mitigated by treatment: the earlier the better
  - ➢ Strong, positive parent child relationship can be most important mitigating factor

Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children:
How Trauma Can Impact Program Participation

Trauma can adversely impact participant engagement in programs (Hopper, Bassuk, & Olivet, 2010)

➢ Symptoms: depression, diminished interest, dulled emotions, withdrawal, spacey, difficulty concentrating, non-follow-through

➢ Triggers: Sights, sounds, smells, experiences, deadlines, fear, anxiety, too much information, new people

➢ Learned coping mechanisms: avoidance, resistance, wariness, helplessness, isolating, lack of trust, vigilance, use of alcohol or drugs to soothe / manage emotional responses

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Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children:
Trauma-Specific Interventions

- Examples of Trauma Specific Interventions
  - ➢ Cognitive Behavioral Therapy
  - ➢ Help Overcoming PTSD through Empowerment (HOPE)
  - ➢ [Prolonged] Exposure Therapy
  - ➢ Cognitive Processing Therapy
  - ➢ EMDR (Eye Movement Desensitization and Reprocessing)
  - ➢ Stress Inoculation Training
  - ➢ Cognitive Trauma Therapy for Battered Women
  - ➢ Addiction and Trauma Recovery Integrated Model (ATRIUM)
  - ➢ Beyond Trauma: A Healing Journey for Women
  - ➢ Seeking Safety
- One size doesn't fit all. (Importance of considerations / adaptations for culture, belief system, life experience, presence of ongoing violence, etc.)

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Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children:
Avoiding Judgments with a Trauma-Informed Lens

- *"Our responsibility in a trauma-informed organization is to notice our judgments, impatience, disrespect, and maybe our misuse of power and control with someone who is coping with trauma in the best ways she can....*

  With a better understanding of trauma and its impact, we can think more carefully about our individual and organizational responses to victims/survivors with and without disabilities."

  ~ Wisconsin's Violence Against Women with Disabilities and Deaf Women Project (2011)

Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children:
The Non-Discrimination Framework

Policies or procedures that sanction or have a **disparate impact** on survivors for behaviors associated with trauma, trauma-related conditions (e.g., PTSD, complex trauma), or traumatic brain injury (TBI) could be at odds with:

➢ The VAWA voluntary services requirement;

➢ OVW's warnings against "procedures or policies that exclude victims ... based on their actual or perceived ... mental health condition...."

➢ OVW's warnings against "requiring survivors to meet restrictive conditions in order to receive services...."

➢ Federal anti-discrimination laws, and/or

➢ Fair Housing laws (if the provider owns or leases program housing).

Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children:
Overview of the Trauma-Informed Approach

- Rules reduction / Voluntary services / Empowerment approach are integral elements of a trauma-informed approach

- Eight Core Principles of Trauma-Informed Care (Guarino, et al., 2009)
    1. Understanding Trauma and Its Impact
    2. Promoting Safety
    3. Sharing Power and Governance
    4. Ensuring Cultural Competence
    5. Healing Happens in Relationships
    6. Integrating Care
    7. Supporting Consumer Control, Choice, and Autonomy
    8. Understanding That Recovery Is Possible

- Shifting focus from "What's wrong with you" to "What happened to you?"
    ~ Ferencik & Ramirez-Hammond / Ohio Domestic Violence Network
    Trauma Informed Care Best Practices Manual (2013)

Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children:
Becoming More Trauma-Informed: Resources, Assessments

- Resource listings
- **DV-Specific Tools for Assessing Trauma-Informed Practice:**
  - *Sullivan & Goodman's (2015) Guide for Using the Trauma-Informed Practice (TIP) Scale*
  - *Praxis Safety and Accountability Audit*
  - *Accessing Safety and Recovery Initiative (ASRI) and NCDVTMH (2012) Creating Accessible, Culturally Relevant Domestic Violence- and Trauma-Informed Agencies*
- **Non-DV-Specific Tools for Assessing Trauma-Informed Practice:**
  - *AIR Trauma-Informed Organizational Self-Assessment (part of a larger downloadable*
- **Provider Comments**: How programs take a trauma-informed approach

Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children

Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children: *Potential Impacts of Trauma on Children*

- *Children in all developmental stages experience profound and potentially enduring adverse impacts as a result of chronic exposure to domestic violence.*

  - ➢ Fear, anxiety, withdrawal, depression, PTSD, frequent illnesses;

  - ➢ Regression to earlier developmental stages;

  - ➢ regulating emotions and behaviors, managing relationships;

  - ➢ Memory and attention issues; learning disabilities, language impairments, neurocognitive problems

  - ➢ aggression, delinquency, alcohol / drug use, self-harm, shame, guilt, problematic coping strategies

  - ➢ (per ACES Study) the more adverse childhood experiences, the greater the lifetime risk of chronic illnesses: asthma, heart disease, cancer, autoimmune disorders, etc.

Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children:
Determinants of the Impact of Trauma on Children

- The ***magnitude and duration of a child's trauma*** may depend on many factors:
  - ➢ the child's age, gender, personality, level of awareness, cultural background;
  - ➢ the nature, severity, duration, and apparent impact of the violence;
  - ➢ the child's exposure to other sources of violence or trauma;
  - ➢ the child's level of internal resources and coping skills; and
  - ➢ the child's relationships with siblings, parents, and other persons in a position to provide meaningful and reliable support.

- "***A secure attachment to a non-violent parent or other significant [caregiver] has been cited consistently in the literature as an important protective factor in mitigating trauma and distress***.... Indeed Osofsky (1999) concluded from her review of the literature that ***the relationship with a parent or another familiar and caring adult is the exposed child's greatest protective resource***."
  ~Holt, Buckley & Whelan (2008)

Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children:
Child Custody and Domestic Violence

➢ How "*failure to protect*" and "*parental alienation*" claims seek to blame the victim of abuse, and deny or limit her right to child custody

➢ G. Davis' 2011 report "*Custody Evaluators' Beliefs About Domestic Abuse*," summarizing research suggesting that custody evaluators' negative beliefs about battered mothers are more important determinants of their recommendations than the severity of the abuse described by the victim.

➢ *DVLEAP*, the *Domestic Violence Legal Empowerment and Appeals Project*, which provides policy advocacy, advocate training, and litigation support in custody cases involving domestic violence or child abuse.

➢ the *National Child Custody Project*, an initiative of the *Battered Women's Justice Project*, which provides DV-informed training and technical assistance to courts and advocates addressing child custody disputes.

Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children:
Resources & Summary of Provider Comments

- *Annotated listings of online resources*: (a) for supporting children; and (b) for supporting families (integrated approach = parent and child)
  - ➤ Futures Without Violence / Promising Futures
  - ➤ National Child Traumatic Stress Network
  - ➤ National Center on Domestic Violence, Trauma and Mental Health
  - ➤ International Society of Traumatic Stress Studies
  - ➤ National Resource Center on Domestic Violence

- *Summary of provider comments on addressing children's needs*: huge variation in approach, ranging from largely "hands off" to very involved. Some programs can offer only "incidental services" (e.g., child care or activities while parents are engaged), while other programs can offer more extensive child-focused services, with the help of specialized staff funded by other sources or leveraged from other providers.

Providing Trauma-Specific and Trauma-Informed Services for Survivors and Their Children:
A Recommendation & Provider Comments

- *Recommendation*: Given what's known about the potential adverse impacts of early childhood exposure to violence and trauma:

  - ➢ Advise against waiting until a child enters kindergarten for assessment;

  - ➢ Explore offering staff training on strategies for appropriately engaging parents of pre-school-age children in discussions about adverse impacts of untreated trauma and pros/cons of assessment / treatment via Medicaid EPSDT, Early Intervention, Early Head Start, Head Start

  - ➢ Explore offering staff training on how to support parents in advocating for their children in the school-based IEP process, pros/cons of special education, how to minimize stigma, etc. – and clarify that such support would be within the allowed scope of TH program services.

- **Individual provider comments** on how programs identify and address children's needs

Chapter 12: Sources of Funding and Collaboration: Opportunities and Challenges

Sources of Funding and Collaboration: Opportunities and Challenges

- Few, if any TH programs have enough funding to offer a full menu of housing models, to provide all the housing units and all the necessary services to meet the needs of all the survivors leaving shelter (or other interim living situations) who aren't ready for a "permanent" transition.

- Other sources of funding / resources are needed to fill that gap
  - ➤ HUD grants (CoC-TH & RRH, ESG-RRH) – 42% of providers interviewed
  - ➤ Other OVW and DOJ grants (STOP, Rural, Tribal, etc.)
  - ➤ TANF grants
  - ➤ Foundation grants, fundraised contributions (individual donors and events), in-kind donations, income from thrift stores / social enterprises
  - ➤ Specialized staff at the agency's DV shelter or non-residential programs, whose funding gives them the flexibility to also serve TH participants.

Sources of Funding and Collaboration: Opportunities and Challenges: HUD Framework

- HUD-funded TH and rapid rehousing (RRH) programs are more highly regulated than OVW TH programs; regulations and Notices address:
  - Definition of homelessness
  - ESG Interim Rule and CoC Interim Rule and "Written Standards"
    - Eligibility standards
    - Length of stay expectations
    - Program performance expectations
    - Participant lease requirements
    - Housing Quality Standards, Fair Market Rents, Reasonable Rents
    - Coordinated entry / coordinated assessment – or – parallel system
- The sometimes conflicting approaches of the HUD and OVW grant programs can pose challenges for a jointly funded, victim-centered, holistic program.

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Sources of Funding and Collaboration: *Opportunities and Challenges: Mixing OVW / HUD Funding*

- Challenges for providers using HUD funds:

  - HUD officials have said that serving survivors of domestic and sexual violence is an appropriate role for traditional TH programs

  - However, many TH programs have lost their HUD funding (as part of a system-wide decline by over 50% in the number of funded TH beds in the past 2-3 years).

    - CoCs decisions to de-prioritize TH programs, and focus on RRH in order to boost overall scores on their grant application to HUD.

    - Funding was inadequate to renew all projects while adding high priority permanent housing projects, so many TH projects de-funded.

- Extensive **provider comments** on funding opportunities and challenges, focusing on benefits and challenges of HUD grant funding.

Sources of Funding and Collaboration:
Opportunities and Challenges (two sides of a coin)

Broadening funding is one
strategy for building capacity

Partnering and collaboration is
the complementary strategy

Sources of Funding and Collaboration: Opportunities and Challenges: Collaboration Facilitates Access to More Services

How Collaboration Benefits Participants in TH Programs:

➤ Facilitates participant access to specialized resources not available in-house:
- ✓ community-based affordable housing providers
- ✓ housing search support
- ✓ education and training services
- ✓ employment services
- ✓ life skills and financial empowerment services
- ✓ health, dental health, and/or mental health services
- ✓ substance abuse treatment services
- ✓ child-related services
- ✓ legal services

➤ Allows participants to access services while protecting confidentiality of information they do not want to disclose to in-house staff.

Sources of Funding and Collaboration: Opportunities and Challenges: Collaboration Broadens Access to Services

How Collaboration Benefits Participants in TH Programs:

➢ Supplements services available through the TH program

➢ Facilitates participant access to external services that would otherwise be less accessible due to (a) long waits, high cost, or insurance barriers; or (b) not being trauma-informed or understanding the DV/SA context.

➢ Collaborations with agencies serving specific ethnic, cultural, linguistic or other subpopulations enable TH program to reach and more competently serve segments of the community that may not know about or trust them, or that TH staff lack the knowledge, sensibilities, or language skills to adequately and effectively serve.

➢ Contractual arrangements enable providers without in-house resources to offer clinical supervision or specialized consulting support to staff facing challenging situations, coping with concerns, or feeling stressed.

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Sources of Funding and Collaboration: Opportunities and Challenges: Confidentiality

- VAWA (and FVPSA) Confidentiality Requirements:
  - Nondisclosure of personally identifying information or individual information
    - ✓ "collected in connection with services requested, utilized, or denied ... regardless of whether the information has been encoded, encrypted, hashed, or otherwise protected;"
    - ✓ "without the informed, written, reasonably time-limited consent of the person ... about whom information is sought, whether for this program or any other Federal, State, tribal, or territorial grant program..."
  - Prohibition against requirement for a survivor to consent to release their personally identifying information as a condition of eligibility for services
  - Prohibition against sharing personally identifying information for purposes of compliance with reporting, evaluation, or data collection requirements with any Federal, State, tribal grant program.

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Sources of Funding and Collaboration: Opportunities and Challenges: Confidentiality & HMIS

Implications of VAWA/FVPSA Data Protections on Collaborations with the Mainstream Homeless Services System

- VAWA / FVPSA-covered providers that receive HUD funding **must not use the HMIS** to comply with HUD data collection / reporting requirements. Instead, they must use a **separate, segregated data collection system** and may submit **only aggregate data reports** to the CoC or to the state, county, or jurisdiction administering their HUD grant.

- CoC grant-funded victim service providers may **either participate in the CoC's Coordinated Entry system** (which typically uses the HMIS) or a **parallel system operated by victim service providers** that uses a separate, segregated data system.

- ESG grant-funded victim service providers may simply **opt out of participation in the Coordinated Entry system**

Sources of Funding and Collaboration: Opportunities and Challenges: HMIS & Confidentiality Beyond VAWA-Covered Providers

2015 HUD FAQ on Coordinated Entry and Victim Service Providers:

*"All households, regardless of their DV status, have the **right to refuse to disclose their information in HMIS** and may **refuse to allow the CoC to share their information** among providers within the CoC.*

*In fact, all [HUD-funded] service providers are **prohibited from denying assistance** to program applicants and program participants if they refuse to permit the provider to enter their information into HMIS or refuse to allow their information to be shared with other providers."*

Other Privacy and Confidentiality-Related Laws

HIPAA (health care), FERPA (school records), campus assault (Jeanne Clery), substance abuse/mental health/HIV-AIDS treatment, etc.

Provider Comments on Privacy and Confidentiality matters

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Sources of Funding and Collaboration:
Collaboration with the Mainstream Homeless System

Sources of Funding and Collaboration:
Collaboration with the Mainstream Homeless System

- **There appears to be greater collaboration as compared to findings of the *'Closing the Gap'* study**

  - OVW funded MOU requirement

  - 42% of providers interviewed receive HUD funding / participate with CoCs / expectation about leveraging funding and in-kind services from mainstream

  - Expanded HUD definition of homelessness includes all OVW constituencies

  - VAWA 2013 Reauthorizations and subsequent HUD guidance clarified the HMIS participation exemption for VAWA-covered providers

  - Different sets of providers in "Closing the Gap" vs. "TH Snapshot 2014-15"

- *Doesn't mean that some inherent differences in program philosophy and operating principles aren't still a barrier ... But programs have been able to collaborate, to different degrees, despite barriers.*

Sources of Funding and Collaboration: Collaboration with the Mainstream Homeless System: What would "increased" or "better" collaboration look like?

- What would "increased" or "better" collaboration look like?
  - How could mainstream homeless housing and services providers expand support to DV/SA-focused TH programs and their clientele?
  - How could DV/SA-focused TH programs expand and enhance the capacity of the mainstream homeless system?
- What would it take to achieve that "better" collaboration?
  - Both systems need increased housing and staff capacity
  - Greater understanding of trauma-informed approach by mainstream providers, and the regulatory flexibility to extend and deepen services to allow providers to implement such a trauma-informed approach.
- Notwithstanding current constraints on under-resourced mainstream providers, HUD's 2015 FAQ on Coordinated Entry and Victim Services describes an encouraging vision for a much more trauma-informed system.

Sources of Funding and Collaboration:
State DV & Sexual Assault Coalitions / Continuums of Care

- Benefits of Participation in a DV or Sexual Assault State Coalition
  - Access to trainings, conferences, innovative grant-funded initiatives, model program materials, guidance on emerging or neglected issues, technical assistance, online resources, advocacy for state/local funding.
  - Resources vary from coalition to coalition.
- Benefits of Participation in a CoC
  - Access to resources / information / networking opportunities (with local landlords, employers, businesses, government agencies, etc.) that may facilitate participant access to housing and relevant services, and that may also benefit agency fundraising. Resources vary from CoC to CoC.
  - Opportunity to partner in applying for HUD grants that the victim services provider might not be able to compete for on its own.
- ***Provider comments*** about benefits of participating in a Coalition or CoC

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Sources of Funding and Collaboration:
Collaboration with Other Mainstream Providers

- Challenges and Strategies for Collaborating with Mainstream Providers
  - Providers from different disciplines have different organizational cultures, philosophies and orientations, which result in different understandings of where constituent problems / needs come from and how to address them, and different approaches to addressing needs, which can inspire misunderstanding and mistrust between systems.
  - Collaboration can fill gaps and enhance services or can fragment them.
  - Collaboration can complicate the provision of services when providers bring different perspectives, have different funding-related expectations, complicate participant confidentiality.
  - Setting up a sustainable framework for collaboration can be time-consuming and staff-involved.

Sources of Funding and Collaboration: Opportunities and Challenges: Strategies for Successful Collaborations & Examples

- *Recommendations from Edmund & Bland (2011)*
  - Acknowledge challenges at planning and staff training levels.
  - "Choose your battles: pick consequential issues, not all differences.
  - Avoid articulating negative judgments about the different approaches taken by respective partners; address differences neutrally.
  - Focus on what different partners can learn from each other.
  - Respect different approaches taken by different partners: try to see things through a "both/and" lens rather than as "either/or" ("right/wrong").

- *Examples of Successful Collaborations*: Project Peer (DC), King County (WA), and other collaborations between DV/SA providers and disability providers with help from Vera Institute; "Greenbook" collaboration between DV providers, child welfare agencies and providers, courts.

Sources of Funding and Collaboration: Opportunities and Challenges: Provider Comments

- **Provider comments** about the benefits of partnerships and collaborations: generally, and more specifically with:
  - children's services providers;
  - education providers;
  - employment services providers;
  - health services;
  - housing;
  - legal services;
  - life skills; and
  - mental health & substance abuse services.

Thank You!

For more information visit: www.air.org/THforSurvivors

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