

Testimony Of Grace Bonilla, Administrator, New York City Human Resources Administration

**Oversight: HRA's System of Domestic Violence Shelters Hearing before New York City
Council's Committees on General Welfare and Women's Issues**

October 30, 2017

Good morning. Thank you Chairs Levin and Cumbo for giving us this opportunity to testify and respond to committee questions today. My name is Grace Bonilla and I am the HRA Administrator, I am joined by Marie Philip, Deputy Commissioner for Emergency Intervention Services and Elizabeth Dank Deputy Commissioner and General Counsel for the Mayor's Office to Combat Domestic Violence. As we near the end of Domestic Violence Awareness month, I look forward to updating these committees on the important work we are doing to provide assistance and support for survivors of domestic violence.

HRA is the nation's largest social services agency assisting over three million New Yorkers annually through the administration of more than 12 major public assistance programs including cash assistance, employment programs, food stamps, public health insurance and other supports that help New Yorkers remain in the workforce. HRA also plays a role in the administration of housing programs such as supportive housing and services, designed to assist individuals with HIV and survivors of domestic violence among others. Much of our work focuses on advancing one of this Administration's chief priorities: reducing income inequality and leveling the playing field for all New Yorkers.

We know that domestic violence is far too common and regardless of one's socio-economic status, immigration status, gender identity and sexual orientation – any of us can fall victim to violence, including sometimes in our own homes perpetrated by the person we love. HRA addresses the scourge of domestic violence, a major driver of poverty and homelessness, by ensuring survivors and their families have access to a safe living environment and linkages to comprehensive services, both within the shelter systems and as they transition back into communities, to assist them as they recover from the trauma they endured.

The New York State Domestic Violence Prevention Act was enacted in 1987 to support services for survivors of domestic violence and their children. The law requires counties to provide shelter and services to survivors of domestic violence and establishes funding for these programs. The New York State Office of Children and Family Services promulgated and maintains regulations as to the standards for the establishment and maintenance of residential

and non-residential domestic violence programs, and authorizes the local department of social services with the responsibility for financial and contractual arrangements with providers of domestic violence residential services.

New York City's Domestic Violence shelter system overseen by HRA is the largest in the country. Domestic violence shelters work with individuals and families impacted by domestic violence to address the trauma of domestic violence, strengthen coping skills and enhance self-sufficiency by including economic empowerment services. The system provides temporary emergency housing and supportive services designed to stabilize families in a safe environment, this includes 47 confidential emergency domestic violence facilities throughout all five boroughs. HRA's Office of Emergency Intervention Services is responsible for these 47 provider-run shelters and one directly administered facility. Additionally, there are eight DV Tier II/transitional shelter facilities totaling 263 Tier II units. In 2016, the HRA domestic violence system served 9,205 individuals, which included 3,596 adults and 5,609 children.

Specialized shelter support services include mental health, expressive therapies (art, play therapy, recreational and stress reduction), substance use counseling and onsite medical collaborations with hospitals/medical centers such as the Floating Hospital and crisis mobile van programs. DV shelter providers offer an array of services to children, including, but not limited to, individual counseling for children through dedicated therapeutic Child Care - an example of enhanced services for children as well as programs with onsite licensed Mental Health Services while in shelter which are then linked to continued services with the same therapist once discharged from the shelter. There are 19 shelter provider organizations that include agencies with expertise in working with specific populations such as persons with disabilities and the Latinx, Orthodox Jewish, LGBTQ and Asian communities.

Over the course of the past four years, this Administration has advanced substantial policy changes that have had both immediate and long-term positive impacts for survivors of domestic violence accessing the shelter systems.

Domestic Violence Shelter Capacity Increase

In September 2015, Mayor de Blasio announced that the City would develop 700 additional DV Tier II units and emergency beds – an unprecedented addition by the City to address capacity in the domestic violence shelter system. Under the prior Administration, the City added 736 emergency beds and Tier II units between 2002 and 2010, of which 85 percent were emergency beds, and none since 2010.

As Commissioner Banks testified at HRA's preliminary budget hearing, there was a \$17 million increase in 2018 compared to 2017 for the full expansion of the Domestic Violence Shelter system, which includes 300 emergency beds and 400 Tier II units.

To date 150 of the emergency beds have already been brought online, an additional 89 beds are under development, and the remaining 61 in the pipeline are pending State licensure by OCFS.

For the new 400 DV Tier II units, there is currently an open RFP out and we encourage providers to submit proposals. So far, 54 Tier II beds have been awarded and 20 units are operating. And just last week, an additional DV Tier II proposal was submitted and is under agency review.

Enhanced Domestic Violence Services in DHS shelters

As we reported in April of this year when Commissioner Banks testified at the post-90 day review hearing, as of December 2016, Policy and Training Institute staff from the Mayor's Office to Combat Domestic Violence (OCDV) go to designated Tier II shelters to provide access to domestic violence services and provide Intimate Partner Violence (IPV) specific training for shelter staff, contracted staff, Peace Officers, and security. OCDV and DHS worked together to create a work plan for providing these trainings. Existing social services staff in Tier II shelters participate in enhanced training to provide them with the tools to identify and refer families and individuals to the HRA No Violence Again (NoVA) team, a NYC Family Justice Center (FJC), or other community-based domestic violence providers. To date, more than 2,600 DHS employees and contracted staff system-wide have undergone intimate partner violence training and presentations provided by OCDV staff, and a total of 116 trainings/presentations have been conducted.

HRA's Office of Domestic Violence provides oversight for the 24-hour NYC domestic violence hotline which serves as one of the entry points for the domestic violence shelter system, but also provides safety planning and referrals. Safe Horizon, a private not-for-profit social service agency and DV service provider, is the City contracted provider operating the hotline. In CY16, the DV hotline received 10,453 requests for domestic violence shelter.

Additional policy changes made by this Administration have focused on clients as they transition out of shelter back into the community.

Reinstating Rental Assistance

In 2011, the State and City cut the Advantage rental assistance program, which had devastating impacts on the number of New Yorkers in need of shelter and the DHS shelter census. This negatively impacted survivors of domestic violence, because at that time this was the only

rental assistance program available to facilitate exiting shelters. For those living in the community, State FEPS (the Family Eviction Prevention Supplement), which was intended to prevent homelessness by supplementing the low Public Assistance shelter allowances for families, was not an option unless survivors could demonstrate that they were in eviction proceedings, which most domestic survivors fleeing their abusers were unable to do. This often forced survivors to make impossible decisions concerning their safety and well-being, and their housing options.

Implemented in September of 2014, the City's LINC rental assistance programs help families move from temporary, emergency shelter back to the community by paying a portion of their rent for up to five years, if they continue to qualify. LINC III is specifically designated for domestic violence survivors. To date, LINC III has assisted 1206 households move out of shelter into permanent housing. In 2015, the Administration implemented CityFEPS which has helped 707 households impacted by domestic violence move out of shelter.

Pursuant to the recent Legal Aid - State FEPS settlement, up to 1,000 survivors of domestic violence who are in receipt of cash assistance may now be eligible for shelter allowance supplements each year. These supplements, available under FHEPS, the new City-State Family Homelessness and Eviction Prevention Supplement, Part B, will enable survivors of domestic violence to be able to remain in their apartments or move to new apartments if they have already lost or are otherwise unable to stay in their apartments.

With the implementation of the new FHEPS program, we are now able to finalize the streamlining of the rules for our own rental assistance programs, and we will continue to update these committees on our streamlining process.

Streamlining NYCHA Application Process

Under the Bloomberg Administration there were no New York City Housing Authority (NYCHA) priority referrals or set asides for clients in the HRA or DHS shelter systems. The de Blasio Administration reversed course on both of these decisions.

HRA and NYCHA worked together to streamline the NYCHA application process for families in HRA domestic violence shelters who HRA's NoVA staff certified as survivors of domestic violence. Previously, families were required to obtain duplicative documentation to obtain the N1 NYCHA needs based priority, despite HRA's determination that they were domestic violence survivors. As a result, this made receiving the N1 NYCHA priority difficult and time consuming. This process has now been reformed so that HRA's certification is sufficient. For those clients in HRA's DV shelter system interested in seeking NYCHA housing, individuals and families are eligible for an N1 NYCHA priority due to their NoVA certification or DV shelter certification of

DV, and eligible for this upgrade after 45 days in the DV system – in CY16 there were 736 N1 NYCHA priority upgrades.

This Administration additionally reinstated the NO priority for survivors of domestic violence and eligible DHS shelter residents. This designation is especially beneficial for families in DV shelters who have reached the 180-day state-set limit and would otherwise be discharged to a DHS shelter. From the beginning of this Administration, to date through September 2017, as a result of this policy change, 1,163 DV families have moved from HRA or DHS shelter into NYCHA units through an NO priority.

Streamlining DV to DHS Shelter Moves

New York State Social Services law mandates the provision of shelter services for domestic violence survivors, which HRA provides in accordance with the State Office of Children and Family Services regulations concerning emergency shelter, services and care for survivors of domestic violence.

Emergency domestic violence shelters provide temporary housing and supportive services such as onsite case management, access to social service and crisis intervention in a safe environment for survivors and their families. State regulations limit placements in emergency shelter beds to 180 days. For those clients who time-out of these domestic violence shelters, the Administration has implemented a streamlined transfer process, in consultation with advocates, so that these families can avoid having to go to DHS intake at the PATH (Prevention Assistance and Temporary Housing) Family Intake Center in the Bronx.

This streamlining results in immediate placement in a DHS Tier II facility, avoiding the PATH eligibility process and conditional DHS placement status. There are clear benefits to families who can avoid re-traumatization and disruption to family functioning that might occur in having to complete the intake process which would require a client to disclose their abuse yet again.

While streamlined clients are waiting for DHS placement they maintain their housing in the domestic violence shelter, and as part of their transfer process they complete discharge plans which include links to services such as mental health services. This streamlining also allows the provider to verify the safety of the client's placement within the DHS Tier II system. And finally, this process ensures that when transfers directly to DHS from HRA occur, our clients maintain their NO priority NYCHA status.

As clients move back into communities it is important to take a moment to highlight the ways in which programs and services continue to be made available to them through the NYC Family Justice Centers (FJs) and non-residential community based services. These non-residential services include crisis intervention, case management and advocacy, counseling, support

groups, housing advocacy, and economic security advocacy. Other non-residential services include legal advocacy and assistance in obtaining orders of protection, securing U-visas, and navigating divorce and child support proceedings, as well as services for adolescent and child witnesses of domestic violence. We recognize that oftentimes clients wish to receive services outside of their residence, including shelter if they are homeless, and/or community. It is our goal to ensure that clients are aware of the client-centered service options available to them and are able to access the services of interest to them through referrals and direct linkages.

Under this Administration, the Mayor's Office to Combat Domestic Violence (OCDV) opened Family Justice Centers (FJCs) in Manhattan and Staten Island, finalizing the vision of one FJC in every borough and creating the largest network of FJCs in the country. OCDV operates the City's five Family Justice Centers (FJCs) which provide comprehensive, multi-disciplinary and trauma-informed services for survivors of intimate partner violence, sex trafficking and elder abuse in one location. Last year, the FJCs had over 62,000 client visits across the boroughs. We recognize that FJCs are critical for clients in shelter in receiving the support they need as they are a one-stop shop for a wide range of programs and services. OCDV's FJCs and HRA's domestic violence shelters work closely together to provide a continuum of care through cross-referrals and linkages to crisis intervention and ongoing supportive services for survivors. In 2016, a total of 1,275 FJC clients reported being in a shelter at the time of initial screening.

Recently, through ThriveNYC, OCDV and Health + Hospitals have implemented mental health teams at each FJC with psychiatrists and psychotherapists to provide trauma-informed mental health services to FJC clients. Columbia University Medical Center's Department of Psychiatry, through private funding support, provides ongoing training and technical assistance to the H+H staff providing these services.

NYC Domestic Violence Task Force

The NYC Domestic Violence Task Force, launched in November 2016 by Mayor Bill de Blasio, co-chaired by First Lady Chirlane McCray and Police Commissioner O'Neill, and co-led by OCDV and the Mayor's Office of Criminal Justice (MOCJ), is charged with developing a coordinated, citywide strategy to address domestic violence broadly within NYC. Last week the First Lady announced an additional almost \$4 million in funding for Task Force recommendations, building on the initial investment of \$7 million earlier this year, bringing the City's total investment to almost \$11 million to fund 32 recommendations for new programming, initiatives, research and evaluation. Several of the DVTF recommendations directly impact survivors' access to housing and legal assistance:

- In FY18, \$500,000 was added to existing HRA-contracts for the non-residential (community based) DV programs to expand capacity for domestic violence related

immigration legal services in targeted communities with large, underserved immigrant populations and high levels of domestic violence. The focus will be on providing holistic legal assistance that meets survivors' linguistic and cultural needs and building capacity within these CBOs to provide legal services to their clients. The two legal providers are Sanctuary for Families serving the Bronx and Manhattan and the Urban Justice Center – Domestic Violence Project serving Brooklyn, Queens, and Staten Island.

- In 2016, through the DV Task Force, funding was added to the existing HRA Anti-Harassment Tenant Protection (AHTP) contracts to implement housing legal assistance at each of the FJCs to assist survivors and their families in maintaining their current housing, prevent unfair eviction and avoid homelessness. The contracted housing providers onsite at the FJCs have assisted 566 clients since the program launched in November 2016.
- Through DV Task Force funding, OCDV is partnering with HRA to implement the new Home + Safe program which will provide enhanced safety measures, through alarm systems, for survivors with a full order of protection to remain in their home. The program will also connect survivors with financial assistance and economic empowerment programming to provide additional supports for survivors to help families remain in their home.

Paid Safe Leave Legislation

I want to congratulate the Council and thank Council Members Ferreras-Copeland and Miller on the passage of the "Earned Sick and Safe Time Act," which Mayor de Blasio cosponsored. Amending the NYC Earned Sick Time Act to the Earned Sick and Safe Time Act expands the acceptable reasons to use earned sick days, including paid leave, where applicable, to allow a survivor of domestic violence, sexual assault, trafficking or stalking to take time off of work in order to plan their immediate next steps and focus on safety, without fearing a loss of income. As OCDV and the Department of Consumer Affairs testified during a hearing on this legislation earlier this year, this is critical for survivors of domestic violence who are seeking financial independence from an abusive partner since we know that success in obtaining legal and social services and taking measures to increase personal safety is greatly impacted by employees' ability to take paid leave from work without facing the risk of penalty.

HRA Domestic Violence Programs and Services

No Violence Again (NoVA)

NoVA, established in 1991, addresses the needs of domestic violence survivors seeking emergency housing from the Department of Homeless Services. When a family member discloses that she/he has experienced domestic violence during the DHS intake process (at PATH for families, AFIC for adults without minor children, and single adults), the family or

individual is sent to NoVA for a domestic violence safety assessment and possible placement in a DV shelter. NoVA staff use a set of criteria to determine eligibility based on the following:

- Whether s/he is a domestic violence survivor in accordance with New York Social Services Law § 459 and the definitions and procedures specified in 98-ADM-3;
- Whether there is a relationship between the need for emergency shelter for current safety and the incident of domestic violence; and
- Whether the perpetrator meets the definition of “family or household member” in accordance with NoVA procedures.

Domestic Violence Liaison Unit (DVLU)

The Domestic Violence Liaison Unit (DVLU) is a service mandated by the Family Violence Option Act (FVO), which is intended to protect survivors of domestic violence, both living in shelter and in communities, who could be further endangered through compliance with public assistance requirements, particularly those related to employment and child support.

Liaisons serve all HRA FIA Job Centers and determine eligibility for waivers from work and other requirements as the client’s confidentiality needs dictate. These waivers give some clients a greater opportunity to avoid activities that put their safety in jeopardy and give other clients an opportunity to safely comply with federal and state work requirements, so that they can pick up the skills and training necessary to locate a job, quickly transition off of HRA benefits and services and maintain their financial independence. In CY16, the DVLU assessed 8,274 clients for safety and DV service needs and 5,850 clients received waivers.

Anti-Domestic Violence Eligibility Needs Team (ADVENT)

In CY16, the Anti-Domestic Violence Eligibility Needs Team (ADVENT) provided specialized services to an average of 1,264 clients in DV shelter each month. ADVENT conducts routine and ongoing eligibility determinations, provides case management, and engages survivors of domestic violence in activities designed to address their individualized needs. ADVENT works closely with DVL to monitor and respond to the needs of survivors of DV and their families. The Unit also processes housing applications and lease ups for HRA housing programs for clients in DV shelter.

The Alternative to Shelter (ATS)

The Alternative to Shelter (ATS) program minimizes the need to enter shelter by giving survivors of domestic violence – who have orders of protection – the option of remaining safely in their home. An ATS client’s safety needs are assessed and a safety plan is put in place with close coordination with the NYPD to ensure that the individual and/or family are able to quickly alert the authorities when in danger. The program provides clients with a personal electronic

response alarm system linked to the local police precinct. Survivors of domestic violence can also receive crisis intervention counseling, advocacy and referrals to services. In CY16, ATS had an active caseload of 230 clients per month.

DV Survivors and NYCHA

HRA oversees two programs that provide supportive services for survivors living in NYCHA developments. The Domestic Violence Intervention, Education and Prevention (DVIEP) program is a close partnership between NYCHA and HRA aimed at preventing one of the collateral consequences of domestic violence, homelessness. The program is based in NYCHA police service areas where case managers work closely with Police Officers to respond to domestic violence incident reports and provide crisis intervention, counseling and advocacy for DV survivors in NYCHA housing. In CY16, the DVIEP program engaged 6,000 families in domestic violence services.

The Domestic Violence Aftercare Program (DVAP) works closely with the DVIEP program. DVAP is staffed with case managers and MSW social workers who provide NYCHA residents who are survivors of DV with home-based assessments, case management, referrals and information, advocacy, safety planning, and relocation assistance. In CY16, DVAP provided case management services to an average of 275 NYCHA residents upon approval of their application for an emergency DV transfer.

DV Legal Services

Legal Services are also available for DV shelter residents and survivors in communities, including orders of protection, child custody, child support, immigration issues and divorce. In CY16, HRA contracted non-residential providers assisted an average of 2,040 families each month, and offered legal services to an average of 270 families each month. OCDV's FJCs also have City contracted legal providers onsite to provide legal consultation and representation for family and immigration law related matters.

The following is a summary of FJC clients seeks legal assistance. For Civil Legal Services, in CY16, 12,106 clients received legal services; this includes clients receiving at least one service for any of the following: immigration, family, matrimonial or other civil legal assistance. And in CY17, through (October 27th) an additional 12,096 clients received such services.

Prevention

These programs and services I just discussed are a snapshot of the diverse and multidisciplinary response to domestic violence across agencies, organizations, community stakeholders and faith-based leaders in the City. Although crisis intervention and ongoing supportive services to

domestic violence survivors is critical, we know that in order to reduce the incidence of domestic violence in the City and interrupt the intergenerational cycle of violence, education and prevention efforts with youth is key. HRA's innovative Teen Relationship Abuse Prevention Program (RAPP) has helped teens attending public high schools and middle schools develop healthier relationships. Social workers (MSW) deliver an array of relationship abuse services through four components: prevention classes, intervention counseling, staff development and training, and community outreach. RAPP fosters a school climate with zero tolerance for abusive behavior in all of its forms, thereby promoting a safe and productive learning environment for students and staff. For several years, RAPP has also focused on pregnancy prevention efforts. Currently, 32 MSWs are serving 93 schools citywide. During the 2016-2017 school years, over 7,000 students received RAPP intervention services and counseling, and more than 3,600 completed the three session curriculum.

OCDV's Healthy Relationship Training Academy provides educational workshops to youth, staff and parents, reaching almost 9,000 participants in 2017. The Academy provides free interactive and discussion-based workshops on the topics of teen dating violence and healthy relationships for youth (11-24), parents, and staff/service providers in English + Spanish. Workshops are led by Peer Educators, who are generally young professionals who have received extensive training and ongoing skills development in this area.

Through DVTF funding, healthy relationship education will now be expanded, through the Early-RAPP initiative, to youth in middle schools. OCDV, HRA and DOE will work with community providers to bring healthy relationship education to 128 middle schools throughout NYC with a graduated rollout beginning in the 2017-2018 school year. Early-RAPP incorporates key components from OCDV's Healthy Relationship Training Academy (Academy) and HRA's Relationship Abuse Prevention Program (RAPP) into a new education model that targets middle schools in every borough where high incidents of domestic violence occur.

Response to Legislation

Intro 1739 – The proposed legislation would require the Human Resources Administration (HRA) to issue an annual report on the number of individuals and the number of families who exit domestic violence emergency shelters operated by HRA and the type of housing where the individuals and families would be residing upon exiting emergency shelter.

The report would include, but not be limited to, the total number of individuals and the total number of families who exited a domestic violence emergency shelter during the preceding calendar year, disaggregated by the type of housing such individuals and families would be residing in upon their exit.

The Human Resources Administration regularly reports on move-outs, including the 71,596 men, women and children who have utilized our rental assistance programs to move into permanent housing from the beginning of this Administration through September 2017. Our discharge reasons and corresponding codes are aligned with OCFS regulations concerning exits.

We have some operational concerns about the reporting that would be required, particularly in light of the existing OCFS requirements, but we look forward to working with the Council on a feasible alternative.

Thank you for this opportunity to testify and I look forward to your questions.

Testimony of Womankind (Formerly New York Asian Women's Center)
Before the New York City Council, Committee on General Welfare jointly with the
Committee on Women's Issues
Oversight - HRA's System of Domestic Violence Shelters

October 30, 2017

In recognizing the committees' desire to learn about the work that is happening on the ground to support survivors as they reside within Domestic Violence shelter system, Womankind (formerly New York Asian Women's Center) seeks to testify about our efforts to engage in service provision that caters to the specific needs of the immigrant community within New York City.

Womankind's mission is to work with survivors of gender-based violence to rise above trauma and build a path to healing. We bring critical resources and deep cultural competency to help Asian communities find refuge, recover, and renewal. We provide culturally matched direct services to survivors of domestic and sexual violence, human trafficking, across various ages throughout the life course.

We operate 2 emergency shelters contracted under the Human Resources Administration (HRA). Womankind's Residential program has been in operation since [year] providing shelter and support services with pan-Asian linguistic ability and cultural acumen. The average survivor served by our Emergency Residential Program is 37 years old with two children to support. At intake: 50% live on incomes of \$5,000 or less; and, 75% live on less than \$15,000 a year; 70% are unemployed and/or have not graduated high school; and, 60% are not proficient in English.

Our philosophy is to help survivors recover from trauma by establishing relationships, building trust and community; and as a result, be more proactive in participating in their own recovery from their experience of domestic and/or sexual violence. Linguistically and culturally appropriate services are an important component to work that is meaningful within a residential setting.

Immigrant survivors face a more difficult time leaving an abuse environment. Immigration laws, language barriers, social isolation, and lack of financial resources are some of the factors that make accessing services difficult. Our residential programming offers childcare services, culturally appropriate food provision, financial literacy and empowerment, education and employment assistance, children and youth services, ESOL Tutoring, immigration legal services along with counseling and case management services. Additionally, we offer transitional housing opportunities for survivors exiting our emergency residences. We are also unique in our commitment to offering culturally based alternative wellness activities to help on the path to recovery, such as yoga and mindfulness activities as we understand that trauma's impact lives within the body, mind and spirit.

However, recently, with the increase of immigration related enforcement, survivors are left in a position where accessing help has become more difficult. Fear has increased immensely within the community. Our advocates have experienced difficulty in learning about survivors' immigration status; they do not want to share this information for fear of negative repercussions. Ambivalence has increased in accessing the court system for order of protections, or to navigate custody or child support cases. Housing programs for the most part are not accessible to survivors with an undocumented status. For immigrant survivors that are eligible for the city based housing programs the process in becoming certified is complex and lengthy, well past the 45 day marker proposed by HRA while residing in a shelter. The processing of certifications through the public assistance pathway requires long processing times, where survivors are left to sit and

wait, as the time in the shelter draws down, thus limiting the amount of time to navigate the apartment search process. Additionally, discrimination is experienced, at the hands of landlords, on the basis of income and gender when survivors are going out and conducting searches for apartments that would be safe for survivors and their family members. Limited to no access to appropriate . When immigrant survivors are ready to access services barriers are experienced due to language accessibility issues.

Our work within Womankind to continuously work hard to breakdown these barriers and increase accessibility for immigrant survivors. From providing services in a language that our community members speak, creating living spaces that meet religious and cultural practices, to offering culturally relevant counseling services. Our resourceful advocates expertly navigate issues of language access, cultural norms, and trauma, within the city's systems, to ensure survivors receive the help and support they want and deserve. An example of our work includes enhancing our legal and immigration work to support the communities' comprehension of what remedies that are still available. Linguistically specific know your rights workshops are ways in which we are bringing information to survivors residing in our houses as well as within the communities. Moreover, we are working to navigate the barriers that survivors are experiencing in receiving and then navigating the housing certifications being provided by the city. In order to really engage in meaningful support what we are offering has to work in conjunction with the systems that survivors are interacting with. More support from city-based agencies is needed in ensuring that services are tailored to the needs of the immigrant communities.

Now more than ever, the need for linguistically and culturally relevant programming is crucial as this is an avenue to permanency for immigrant survivors. Womankind urges the Committee on General Welfare and Women's Issues to assess the need for more service provisions for the immigrant community. Increasing access to services like telephonic interpretation, offering housing programming to survivors of undocumented status, and ensuring protections around immigration, is a crucial

part of increasing permanency for immigrant survivors. Protections around immigration in general are needed to ensure the rights of ALL survivors of gender based violence.



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**Testimony of New Destiny Housing Corporation
Joint Hearing by Committee on General Welfare and the Committee on Women’s Issues
October 30, 2017**

**Presented by
Carol Corden, Executive Director, New Destiny Housing Corporation**

Thank you for the opportunity to testify today at this Oversight Hearing for HRA’s Domestic Violence Shelter System. My name is Carol Corden and I am the Executive Director of New Destiny Housing, a 23-year old not-for-profit committed to ending the cycle of domestic violence and homelessness by connecting families to safe, permanent housing and services. New Destiny currently operates 7 service-enriched affordable housing projects—this is permanent housing with services on site-- that set aside at least half of the units for domestic violence survivors and their children leaving HRA shelters.

I want to begin by acknowledging that New York City has one of the largest shelter systems specifically dedicated to victims of domestic violence in the nation with almost 2,230 emergency beds and 245 transitional units. Moreover, this Administration has made a commitment to add 300 new emergency beds and 400 new Tier II family units. It has also developed the LINC 3 and CityFEPS rental subsidies for domestic violence survivors in shelter -- making it possible for more shelter residents to compete for permanent housing in the private market.

Nonetheless, domestic violence continues to be an important contributor to the growing homelessness problem in New York City. In fact, it is now *the* leading generator of family homelessness in our City. And, in New York City, almost 70% of shelter users are families and as many as 27,000 are children. The typical profile of a family shelter user is a young woman of color with one or two young children. According to the City’s own estimates, over 30% of the families entering the non-confidential shelter system have a history of domestic violence or have identified it as the precipitating factor for becoming homeless. In the 2016 HUD Point In Time (PIT) Count for New York City, victims of domestic violence tied for third place as the City’s largest homeless sub-population.

My comments today focus not on the shelter system itself but on **what happens at the end of the survivor’s stay**. New York City’s domestic violence shelter system offers robust support services in a safe, confidential location for survivors of domestic violence. But, it provides survivors only a brief respite because most of the beds available are in emergency shelters with a State-mandated 180-day maximum stay.

The question that haunts DV shelter residents, causing them great stress and fear, is “where can we go after shelter?” **For the majority, the answer is seldom safe, affordable housing.**

For over eight years, New Destiny collected data on the destinations of domestic violence survivors leaving shelter. The percentage of shelter residents leaving for permanent housing seldom reached 20%

even when rental subsidies such as Advantage were available. The overwhelming majority of residents left shelter still homeless and at continued risk of abuse. Some stayed temporarily with family and friends or applied for shelter in the general homeless system. Some, unfortunately, returned to their batterers and the situation they initially gathered the courage to leave.

Since New Destiny stopped collecting data on post-shelter destinations in 2011, we don't know have access to data that tells us what happens to survivors after their shelter stay ends. Yet, this information is critical to assessing how well the shelter system is serving victims of violence.

We, therefore, enthusiastically support Intro 1739 which would require HRA to issue information about where shelter residents go at the end of their time in shelter.

Our City, while it has done a good job of responding to crisis and trying to keep victims out of harm's way, has not focused enough attention and energy on the question of what comes after shelter. This is a particularly critical question for survivors because they are in a short-term system and have children, who like them, are still traumatized by domestic violence and the disruptions caused by homelessness. Domestic violence shelter residents also are overwhelmingly low-income with little or interrupted job histories that make it difficult, if not impossible, to afford housing in New York City without assistance.

The following housing resources should be available to domestic violence shelter residents:

- NYC 15/15 supportive housing** for the most vulnerable individuals and families
- homeless set-aside units** in HPD-funded new construction and preservation projects
- long-term rental subsidies** like Section 8 that open up possibilities in the private housing market, and
- NYCHA housing** obtained through an N-0 priority – the top priority for accessing public housing

Right now, however, **these resources are not available, or not readily available, to domestic violence shelter residents.**

Let's look at two examples: **NYC 15/15 supportive housing** and **HPD homeless housing resources.**

NYC 15/15 supportive housing provides permanent housing with extensive social services on site. There are individuals and families using the domestic violence shelter system who have been severely traumatized by their domestic violence experiences – this trauma in combination with the youth of mothers, the very young children they are responsible for, and their lack of social support networks results in high barriers to housing stability.

However, the gateway to NYC 15/15 supportive housing is the 2010e screening form—a form that is focused on chronically homeless individuals with medical disabilities. New York City's DV system as we have noted is short-term, making it difficult for families to meet HUD's requirement of "chronically homeless," and a medical or mental health diagnosis threatens family stability. A homeless mother labeled as having a medical disability is more likely to lose her children in a custody battle with her batterer. She has two strikes against her – she cannot provide stable housing for her children and she has a diagnosis that threatens her competency as a parent.

A very similar process was used for NY/NY III -- the City/State supportive housing program that ended in 2015. Over a period of 10 years, very few residents of the domestic violence system were able to access supportive housing under NY/NY III. **The new NYC 15/15 program, as currently set up, will also exclude**

most families headed by domestic violence survivors. As a result, this housing is not available to domestic violence shelter users, no matter how great their need.

This doesn't have to be the case. Youth, one of the homeless groups prioritized under NYC 15/15, is not screened using the 2010e process. There is an understanding that youth are vulnerable to homelessness because of their life circumstances not necessarily because of a medical disability. Similar accommodations could be made for vulnerable homeless families headed by domestic violence survivors.

A second source of homeless housing resources are controlled by the City's housing agency. HPD has set aside units in its City-subsidized preservation and new construction projects for homeless households. HPD's Administrative Plan notes that all homeless shelter system users are eligible for the resources controlled by the Agency. However, access to HPD's set-asides is largely controlled by DHS, the City's largest shelter system, and so homeless residents of the general homeless system have an advantage in applying for those units. HRA domestic violence shelter residents should have parity with DHS applicants and should be regularly referred to the HPD pipeline. HPD-administered Section 8 rental subsidies, when available, should also be routinely made available to DV survivors from the HRA shelter system.

We—and by “we” I mean government, public agencies that serve this population, advocates, service and shelter providers—must do a better job of ensuring that domestic violence shelter users have **equal access to existing resources**. Moreover, we must advocate for new resources – such as **rapid rehousing programs and new models of service-enriched housing** specifically for DV survivors. We also need to consider **alternatives to shelter programs** which can help families and individuals who can safely do so remain in their current housing or move quickly to other permanent housing, as has been successfully done in both Washington State and Oregon. The recent announcement of the Home + Safe program by First Lady Chirlane McCray may be a promising move in this direction.

Helping domestic violence survivors transition successfully to safe, permanent housing is one of the key services that shelters must provide to ensure that survivors and their families can build on the healing work done in shelter and continue their progress toward long-term safety and stability, free of violence.

We thank the Council for the opportunity to speak today and welcome any questions you may have.

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moving victims of violence from crisis to confidence

**Testimony of Kelly Coyne, Vice President,
Domestic Violence Shelter Program**

Safe Horizon

**Oversight Hearing: HRA's System of Domestic Violence
Shelters**

**General Welfare Committee
Hon. Stephen Levin, Chair**

**Women's Issues Committee
Hon. Laurie Cumbo, Chair**

New York City Council

October 30, 2017

Thank you, Chairman Levin and Chairwoman Cumbo and members of the Committees, for the opportunity to testify before you today regarding Safe Horizon's approach to providing on-site mental health services to the residents of our domestic violence shelters, as well as our commitment to quality improvement in our shelters and throughout the organization. My name is Kelly Coyne and I am the Vice President of the Domestic Violence Shelter Program at Safe Horizon, the nation's leading victim assistance organization and New York City's largest provider of services to victims of crime and abuse, their families and communities. Safe Horizon creates hope and opportunities for hundreds of thousands of New Yorkers each year whose lives are touched by violence.

Safe Horizon operates eight domestic violence shelters across all five boroughs and we provide a safe, healing setting to over 700 people each night, more than half of whom are children. Our shelter programs are designed to provide assistance to all domestic violence survivors regardless of race, ethnicity, sexual orientation, gender identity, age, or income level. We offer a comprehensive range of services including counseling; advocacy; intervention; childcare; practical assistance with food and clothing; transportation; crisis counseling; and other support to meet the needs of survivors and their families.

Across the organization, Safe Horizon utilizes a safety-focused, trauma-informed, Client-Centered Practice (CCP). CCP is based on the belief that our clients are the experts in their own lives, and that our work with clients will be most successful when it's seen a collaboration. In order

to fully support clients, we use the 4 pillars of CCP: Respect, Compassion, Informed Decisions, and Non-judgment in all of our client interactions.

Funding constraints

Domestic violence shelter providers in New York City and throughout the State are expected to provide life-sustaining services to victims and their families in crisis, but are given very few resources to do this work as effectively as any of us would like. The primary source of funding for DV shelters is the per-diem reimbursement rate which is set by the State, which is expected to cover all of the many expenses associated with operating a 24-hour shelter program – rent, utilities, staffing, services, client assistance, repairs, and so forth. Providers are expected to comply with a litany of State licensing requirements and address rising costs in virtually every area and yet are offered a stagnant per-diem rate that increasingly fails to compensate providers for the cost of operating these programs. For example, the per diem rate increase last year from the State was two-tenths of one percent – a rate increase so inadequate as to be almost laughable if the needs weren't so great.

Despite the high prevalence of post-traumatic stress disorder (PTSD), depression and other symptoms among shelter residents, the per-diem rate simply cannot support the majority of domestic violence shelter providers who wish to offer enhanced on-site mental health treatment to their residents. Instead, providers are forced to compete for outside grants or make other arrangements to address these needs. I will provide a few examples below of Safe Horizon's efforts in this area.

On-site Mental Health Treatment

Recently, the Shelter Program collaborated with Safe Horizon's Research & Evaluation Department to conduct a longitudinal needs assessment (the "Lang Study") of 83 clients residing in emergency shelter over a 10-month period. The findings of the Lang Study emphasized that domestic violence shelter is an effective intervention. The vast majority of the residents in our study reported experiencing less abuse since entering shelter.

We also noted that many of our residents and their children entered shelter with clinically significant symptoms for depression and Post Traumatic Stress Disorder (PTSD), and that families need support in reducing trauma reactions. Upon entering shelter, 68% of participants met criteria for clinical depression. Upon leaving shelter, 56% of participants still met this criteria. Similarly, 57% of participants met criteria for PTSD, while 37% of the participants still met this criteria upon leaving shelter.

While many residents experienced a decrease in their symptoms upon shelter entry; many did not sustain the decrease in symptoms over time. The data from the Lang Study helped Safe Horizon's DV Shelter Program and Counseling Center apply for and receive a three-year Connections to Care grant to address the mental health needs of our residents.

In July 2015, the Mayor's Fund to Advance New York City, the Corporation for National and Community Service's Social Innovation Fund, the Center for Economic Opportunity and the

Department of Health and Mental Hygiene announced the Connections to Care program, a \$30 million public-private partnership to evaluate the integration of mental health support at community-based organizations serving low-income and at-risk populations that struggle with unmet mental health needs. Connections to Care is the largest public-private partnership in *ThriveNYC: A Mental Health Roadmap for All*, and it is one of the largest public-private partnerships in Mayor's Fund history.

The Connections to Care (C2C) grant is aimed at linking at-risk populations with appropriate mental health treatment. Residents come to our shelters dealing with multiple stressors in their everyday life. These life stressors can exacerbate underlying mental health conditions/symptoms or lead to mental health crises while they are at shelter. Mental health crises can happen at any time of the day or night and we know that all staff need to be trained to provide support in these situations.

Currently, the C2C grant allows Safe Horizon Counseling Center staff to train DV Shelter Program staff to provide multiple mental health trainings to all staff working in our domestic violence shelter program. These trainings allow all staff to be trained to be able to provide appropriate support around mental health concerns that arise with residents and their children 24-hours a day. The trainings help equip DV Shelter Staff with the knowledge and confidence on how to identify a resident experiencing mental health symptoms and how to respond in a supportive, empathic manner. Specifically, staff leave trainings with awareness and practice in identifying when a client is experiencing a mental health crisis and how to respond appropriately to this

crisis. Staff are also trained to be able to better identify trauma reactions, teach grounding techniques and help clients manage their feelings about their trauma reactions. The grant also allows clinical staff to receive more training in administering screenings, providing referrals and dealing with their own vicarious trauma so they can become better supports to our residents. Currently the C2C grant allows Safe Horizon DV Shelter staff to be trained in Mental Health First Aid; Risking Connection, psychoeducation and assessments.

Safe Horizon also serves the mental health needs of domestic violence survivors and their children through our **Counseling Center**.

From 2012 to 2016, Safe Horizon was the recipient of a federal grant through the National Child Traumatic Stress network. This funding enabled us to expand the evidence-based, trauma-focused treatment services of our Brooklyn outpatient mental health clinic into satellite operations at other Safe Horizon program locations in Harlem. Specifically, the grant allowed us to develop, license, and launch “tandem” satellite clinics at Rose House domestic violence shelter and at our nearby Manhattan Community Program Office (MCPO). By opening these two clinic programs simultaneously, it allowed us to provide families with the same trauma treatment offered at our main clinic in Brooklyn onsite at Rose House and then to link them to the MCPO for uninterrupted service when the family leaves Rose House. Onsite shelter treatment with the nearby aftercare option is vital for families impacted by domestic violence, as the time after leaving a violent relationship is often the most dangerous (see Safe Horizon’s video “The Most Dangerous Week”). In addition, immediate expert trauma treatment designed for infants and toddlers is also

vital because the majority of people traumatized by domestic violence who are living in shelters in this country are actually infants. The treatments that we provide address the trauma of these children as well as their young caregivers. The New York State Office of Mental Health applauded this onsite treatment innovation and awarded Safe Horizon the first clinic license ever issued for a domestic violence shelter. We hope to roll out this ‘satellite’ mental health clinic at one of our emergency shelters located in Brooklyn within the next year.

Quality Improvement

Safe Horizon is dedicated to utilizing data to support decision-making across all programs. The agency uses the following two quality improvement initiatives to ensure consistency; In-Depth Case Review and Quality Improvement Planning.

In-Depth Case Review (IDCR): The annual IDCR process is designed to advance a client centered, trauma-focused, culturally responsive approach to safety assessment and risk management across all programs by increasing communication, clarity, alignment, and accountability among program managers at all levels. IDCR presents a unique opportunity for staff from all levels of the program to discuss case practice issues, portray site and program data, review supervisory and case documentation, and discuss recorded client interactions.

Quality Improvement Planning (QIP): The annual QIP process follows IDCR. Programs’ senior management and site supervisors collaborate to develop a quality improvement plan, which they then implement over the following year. The Quality Improvement Plan is a guidance document that explains how each program will manage, deploy, and review quality throughout the

program. The plan outlines the processes and activities that will be put into place to ensure that quality services are provided consistently to clients. This process is not a one-time event, but rather one of continuing improvement. Each plan includes measurable short and long-term goals that are reviewed quarterly by senior management and revised as needed.

On behalf of all of our staff in our Domestic Violence Shelter Program and across Safe Horizon, we thank you for convening this hearing and we are happy to respond to any inquiries you may have.

FOR THE RECORD

The New York City Anti-Violence Project (AVP) extends our deep thanks to the New York City Council for inviting testimony on the HRA-operated domestic violence shelter system. AVP appreciates our partnership with the Council on ensuring that LGBTQ and HIV-affected communities have access to safety, support, and services around all forms of violence. We also appreciate our partnership with HRA, with whom we have worked extensively to increase LGBTQ cultural competency among shelter providers in New York City, and with the Mayor's Office to Combat Domestic Violence, which has demonstrated strong leadership in ensuring New York City's prevention and response to domestic/intimate partner violence is relevant across sexual orientation and gender identity. In spite of promising work that is going on across the City, we have a long way to go to make safe, confidential, domestic violence shelter accessible to survivors across the spectrum of gender identity and sexual orientation. New York City has one of the most extensive and essential networks of shelters and safe homes for domestic violence survivors in the state and in the nation, but that lifesaving resource is barred to most LGBTQ survivors of IPV, creating significant risk of escalating, even deadly violence for our communities. This is a crucible moment when we can take strong, positive steps to do just that. AVP offers our expertise as a national provider of training and technical assistance on LGBTQ anti-violence work to support this effort.

AVP envisions a world in which all lesbian, gay, bisexual, transgender, queer (LGBTQ), and HIV-affected people are safe, respected, and live free from violence. AVP's mission is to empower LGBTQ and HIV-affected communities and allies to end all forms of violence through organizing and education, and support survivors through counseling and advocacy. AVP is the only LGBTQ-specific victim services agency in New York City, and the largest organization in the country dedicated exclusively to working with LGBTQ and HIV-affected survivors of all forms

of violence, with a special focus on intimate partner violence (IPV), sexual violence (SV), hate violence (HV), hookup/pick-up/dating violence, stalking, and institutional violence. AVP contracts with HRA as the City-Wide provider of non-residential domestic violence services to LGBTQ communities, and we are the only LGBTQ-specific rape crisis center in New York State. All of our services are free, confidential, culturally specific, and geared towards meeting the needs of diverse LGBTQ and HIV-affected survivors of violence. AVP serves on the New York City Domestic Violence Fatality Review Committee, the New York City Gender Equity Commission, and New York State Office for Victims Services Advisory Council. AVP is an onsite partner at all five New York City Family Justice Centers.

AVP was founded in 1980 in Chelsea by community activists when the police and city had no response to a series of brutal attacks against gay and HIV-affected men. Survivors and their allies took to the streets to advocate for themselves, and decided to support one another, realizing that no one would step in to help. AVP's distinct approach is rooted in this history – that LGBTQ and HIV-affected survivors of violence and their allies must demand action; and that we must create our own culturally competent services. AVP expanded our work to be inclusive not only of violence against our communities, but also within our communities, focusing on IPV, dating violence, SV, and pick-up/hook up violence. Additionally, AVP recognizes that LGBTQ and HIV-affected people often face bias, discrimination, and violence when they reach out for help in the aftermath of violence, from first responders, including police, and from mainstream service providers—particularly around IPV and SV. In response, our work has also grown to focus on the intersecting forms of violence that LGBTQ and HIV-affected people face, and to support survivors to overcome barriers to safety, support, and services. Since AVP's inception, critical service provision and a larger vision for accountability, visibility, and demanding policy change have

informed one another. AVP has remained a relevant, responsive, and culturally competent advocate for LGBTQ survivors through its proven-effective anti-oppressive, survivor-centered and trauma-informed approach of breaking cycles of violence from the individual to the systemic level.

Today, AVP provides free and confidential assistance to thousands of LGBTQ and HIV-affected people each year at eight intake sites across all five boroughs of New York City, who have experienced all forms of violence, through direct services (including counseling, advocacy, safety planning, support groups, legal consultation and representation, information, and referral) as well as community organizing, public advocacy, education, and training.

AVP's work is anti-oppressive, survivor-centered, and trauma-informed. In addition to their sexual orientation, gender identity, and HIV status, we recognize that LGBTQ and HIV-affected people hold multiple and intersecting identities (e.g. around their race, ethnicity, class, age, immigration status, ability, and more) that impact the way they experience violence, and what happens when they reach out for help.

AVP provides direct services to survivors of LGBTQ and HIV-affected survivors of violence, including crisis intervention, safety planning, counseling, advocacy, economic empowerment services, as well as information and referrals to organizations and institutions that provide services and resources outside the scope of AVP's services. AVP operates a free bilingual, 24-hour, 365-day-a-year crisis intervention hotline that is staffed by trained volunteers and our professional counselors and advocates, and welcomes survivors at walk-in hours at all of our eight intake site across the five boroughs, including at all five New York Family Justice Centers, as well as community-based organizations serving LGBTQ and HIV-affected people. By providing direct services in all five boroughs, we are able to LGBTQ and HIV-affected

survivors of all forms of violence who need our services where they live, work, and spend time, and we work with communities to address the issues specific to their neighborhoods.

IPV is as pervasive, as dangerous, and as deadly in LGBTQ and HIV-affected communities, as it is in all communities, yet mainstream domestic violence service prevention and service programs have not kept up with the need to serve all survivors of IPV across sexual orientation and gender identity. According to the United States Centers for Disease Control and Prevention (CDC), LGB people experience intimate partner violence at about the same or slightly higher rate than non-LGB people.¹ The CDC report did not include findings on TGNC people, but research by the Williams Institute shows that 31 – 50% of Trans identified people report IPV in their life time, and 25-47% of Trans identified people report sexual violence from intimate partners in their life time.² AVP recognizes that LGBTQ and HIV-affected people hold multiple, intersecting identities (around race, class, immigration status, ability, age, and more), many of which are marginalized and put them at great risk of violence, including IPV, and which minimize their options for support, safety, and services. LGBTQ communities of color, as well as transgender and gender non-conforming (TGNC) communities, face disproportionate rates of violence and more barriers to support. Within the context of IPV support and services, gay and bisexual men are particularly at risk for IPV and have little—if any—access to safety, support, and services, because mainstream DV services, especially shelter, are geared towards cisgender women abused by cisgender men. In this heteronormative, binary gender paradigm, LGBTQ survivors—particularly gay and bisexual men, and those who identify outside the binary of

¹ Centers for Diseases Control and Prevention, National Center for Injury Prevention and Control, *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation* (Jan. 2013). Retrieved on 4/26/14 at http://www.cdc.gov/ViolencePrevention/pdf/NISVS_SOfindings.pdf This survey did not include transgender or gender non-conforming people and no national federal study does.

² Brown, N.T. and Herman, J. L. (Williams Institute, 2015) *Intimate Partner Violence and Sexual Abuse Among LGBT People: A Review of Existing Research*. Available at: <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Intimate-Partner-Violence-and-Sexual-Abuse-among-LGBT-People.pdf>

cisgender man/woman, like transgender and gender non-conforming (TGNC) communities—are invisible. This can have deadly consequence. According to a report by the National Coalition of Anti-Violence Programs, a project of AVP, LGBTQ and HIV-affected IPV is deadly, with thirteen homicides related to IPV reported in 2015—and we suspect the number is much higher, but under-reported, in part due to the invisibility of LGBTQ IPV. Of the 2015 reported IPV homicides, people of color made up the majority of the reports of LGBTQ and HIV affected IPV homicides. Ten (77%) of the victims were people of color, including seven victims who were black and three who were Latinx. The race and ethnicity of one of the victims is currently unconfirmed. Of the total 13 homicides, six victims were transgender women, four were cisgender men, and three were cisgender women. All six of the transgender women were transgender women of color, including four who were black and two who were Latinx.³

Despite high rates of IPV in LGBTQ and HIV-affected communities, the majority (67%) of survivors reporting to NCAVP shared that they did not report IPV to the police, likely due to historical and current barriers. Of those who interacted with law enforcement, 25% reported that police were hostile or indifferent, and 31% of survivors reported they were arrested, rather than their abusive partner. Police misconduct is one example of the intersecting forms of violence, including hate violence associated with their sexual orientation and/or gender identity, LGBTQ and HIV-affected survivors of IPV have very often experienced as well as other intersecting identities, which carry their own far-reaching negative health implications⁴ that compound the negative impact on physical, emotional, and economic health associated with IPV.⁵

³ National Coalition of Anti-Violence Programs (NCAVP), (2016), *IPV in LGBTQ and HIV-Affected Communities in the US*, available at http://avp.org/wp-content/uploads/2017/04/2015_ncavp_lgbtaipvreport.pdf

⁴ Meyer, I., Ouellette, S., Haile, R. and McFarlane, T. Sexuality Research and Social Policy “We’d Be Free’: Narratives of Life Without Homophobia, Racism, or Sexism,” in *Sexuality Research and Social Policy*, September 2011, Volume 8, Issue 3, pp 204-214.

⁵ Center for Disease Control and Prevention (CDC), *Intimate Partner Violence Consequences*, retrieved on 5/4/14 from: <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html> and Raphael, J. Op. Cit.

Despite the requirement set forth in the reauthorization of the Violence Against Women Act in 2013, which explicitly included anti-discrimination provisions on the basis of sexual orientation and gender identity for the first time in federal law, and in the Administrative Directive⁶ issued in 2015 from the New York State Office of Children and Family Services, which oversees domestic violence shelters there are only four beds in New York City available at any time for survivors who do not identify as straight cisgender women, and who have no dependent children. Here at AVP, our clients regularly report being turned away from shelters and having no where to stay, thereby putting them at risk of further, potentially deadly violence. With hate violence against LGBTQ communities on the rise, these inexcusable practices endanger the lives of LGBTQ survivors. Survivors who cannot get into the domestic violence shelter system often end up in the homeless system, where they too often face hate violence around their LGBTQ identities, from staff and other residents. This is another urgent area for action by the Council.

Each year, millions of federal, state, and local public dollars are given to organizations to provide shelter to domestic violence survivors, and despite the fact that LGBTQ people are at higher risk for IPV, they have been historically excluded from these shelters, particularly gay and bisexual men, and transgender survivors. Historically, domestic violence programs have denied LGBTQ survivors full and equal access to their services, including safe shelter, because LGBTQ survivors did not meet many programs' traditional assumptions about who experiences IPV. As services were designed and structured to assist cisgender women, abused by cisgender men in heteronormative intimate relationships, LGBTQ survivors were excluded from services, and forced to endure abuse far longer and with greater intensity, because no competent service

⁶ http://ocfs.ny.gov/main/policies/external/OCFS_2015/ADMs/15-OCFS-ADM-23.pdf

providers opened their doors. Like other survivors, LGBTQ people were forced to choose between homelessness, going back to their abusive partner, or stay in homeless shelters, increasing an LGBTQ individual's risk of harm, from their partner stalking them at a non-confidential location, and/or due to extensive hate violence experienced by LGBTQ people in homeless shelters. This form of institutional oppression is not only re-traumatizing, but it is also a violation of state and federal law that endangers the lives of IPV survivors.

In 2016, AVP saw a significant increase in the numbers of survivors reporting IPV to us, as compared with 2015, and so far in 2017, we are seeing additional increases. With hate violence against the LGBTQ community on the rise, survivors of IPV may be more isolated and more dependent on their abusive partners, and increasingly desperately need shelter. It is more urgent than ever to ensure that survivors across the spectrum of gender identity and sexual orientation can access lifesaving shelter. The year 2016 was the deadliest year on record for LGBTQ and HIV-affected communities, and once again, LGBTQ people of color and transgender and gender non-conforming people were most impacted by deadly violence. NCAVP recorded 77 total hate violence related homicides of LGBTQ and HIV-affected people in 2016, including the 49 mostly LGBTQ and Latinx lives lost in the shooting at the Pulse Nightclub in Orlando, Florida in June of 2016. Outside of those lives lost during the shooting at Pulse Nightclub, there were 28 homicides of LGBTQ people, an increase of 17% from 24 in 2015.

So far in 2017, AVP's national program, the National Coalition Against Anti-Violence Programs (NCAVP), has recorded the highest number of *single incident* hate violence homicides in the twenty-one years we have been tracking this data. To bring attention to the prevalence and severity of the violence our communities are facing in 2017, NCAVP issued an interim report, *A Crisis of Hate*. This data has continued to demonstrate the deadly impact of escalating hate

violence against marginalized LGBTQ and HIV-affected communities. About half of the homicides have been transgender and gender nonconforming (TGNC) people. There has been a troubling, steady rise in homicides of TGNC people that AVP has tracked and raised awareness of over the last 5 or more years. About half (17) of the homicides were cisgender men, a huge jump from only 4 in 2016. This is a deeply disturbing spike. The majority of these homicides -- have been related to dating violence—hooking up online or through ads, where we are seeing gay men targeted by other men for robbery and violence because of their identity. Over 70% of the victims have been LGBTQ people of color.⁷

Between November 2016 and February 2017, AVP saw a 40% increase in calls to our hotline and new clients presenting for services, when compared to the same period the previous year. This brings home the way that pervasive hate speech and discriminatory policy decisions impact the safety of LGBTQ communities across the City, State, and Country. Since the Trump Administration entered office and has continued to roll out biased and discriminatory policies, we hear from clients and community members that their sense of safety has lessened and the violence they face has increased. AVP's clients share they are afraid to leave their abusive partners, for fear of deportation, because they are frightened to be alone, and they have less access to resources, as hate increases in volume.

In this climate, it is more urgent than ever to expand access for LGBTQ survivors. AVP provides technical assistance to support shelters expand access and meet state and federal guidelines. Our trainings focus on LGBTQ 101, inclusive intake processes, and how to begin to shift practices and cultures to create inclusive shelter spaces. AVP coordinates the New York State LGBTQ IPV Network, which runs a Shelter Access Campaign that launched a Shelter

⁷ NCAVP (2017), *A Crisis of Hate: A Mid-Year Report on Lesbian, Gay, Bisexual, Transgender, and Queer Hate Violence Homicides*, available at <https://avp.org/a-crisis-of-hate/>

Access Toolkit to support mainstream providers in creating safe and affirming spaces for LGBTQ survivors. AVP leads webinars on pertinent topics for shelter staff and management, such as the importance of data collection when serving LGBTQ survivors and other marginalized groups, and the experience of LGBTQ immigrant survivors. We welcome working in partnership with HRA and offering technical assistance around how to increase access to domestic violence shelter and nonresidential services for survivors across the spectrum of gender identity and sexual orientation, particularly for TGNC survivors and gay men, who are often denied access these life-saving services.

HRA has long been an ally in ensuring that all survivors have equal access to safe shelter, regardless of sexual orientation or gender identity. We look forward to continuing this work with HRA to build on this progress together.

Specifically, we respectfully ask that:

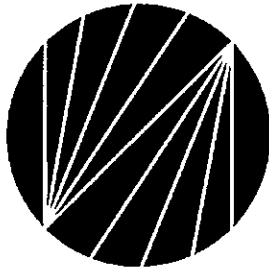
1. The Council work with the Mayor to identify and release more funding to HRA to create space that can accommodate single survivors of IPV in DV shelter, who identify across the spectrum of Sexual Orientation and Gender Identity (SOGI).
2. The Council work with the Mayor to identify and release more funding for community-based organizations and the Mayor's Office to Combat Domestic Violence to collaborate with HRA to provide ore and deeper training for mainstream shelter providers on how to engage survivors across SOGI, and how to create safe and affirming shelter spaces across SOGI.
3. The Council work with the Mayor to create an external oversight board to work with HRA to ensure compliance with local and federal shelter laws, including the 2013 reauthorization of the Violence Against Women Act and the Administrative Directive

from the Office of Children and Family Services prohibiting discrimination on the basis of SOGI for entrance into DV shelter; and The Council work with OCDV and HRA to protect LGBTQ survivors from enduring further violence from shelter staff, volunteers, or residents, once in the shelter system.

4. The Council work with the Mayor to ensure that HRA and DHS has the resources and capacity to support better data collection that includes SOGI from those seeking to enter the homeless or domestic violence shelter systems.

We extend our gratitude to the Council for hearing our testimony, and urge you to act quickly to ensure access to lifesaving confidential domestic violence shelter for all survivors of intimate partner violence, across the spectrum of gender identity and sexual orientation. AVP stands at the ready to work with the Council, with the Mayor's Office to Combat Domestic Violence, and HRA to ensure LGBTQ survivors of IPV have access to safety, support, and services.

Submitted 10/31/2017



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Pilot Sexual Assault Survivors Shelter Program

October 30, 2017

Good morning, I am Mary Haviland, Executive Director at The New York City Alliance Against Sexual Assault (hereafter, the Alliance). Thank you to the Committees on General Welfare and on Women's Issues for allowing us to address you on this important issue. We recognize the gravity of domestic violence in New York City and the need for increased sheltering to adequately help survivors of domestic violence. Access to safe housing is crucial to the safety and recovery of DV survivors. The Alliance would like to make the case that shelter is also crucial to the safety of survivors of sexual assault.

Two years ago, the Alliance went to the Human Resources Agency to ask to initiate a pilot project that would allow survivors of sexual assault to gain access to domestic violence shelters in situations where remaining in their current situation would put them in danger. Currently, domestic violence shelter programs in New York City cannot admit survivors of sexual assault, unless the sexual assault takes place in the context of an intimate partner relationship. Sexual assault survivors who have been victimized by a stranger, a family member or an acquaintance with whom they do not have an intimate relationship only have access to the NYC shelter program for the homeless. Therefore, sexual assault survivors and their dependents in need of shelter often face unsafe living conditions or the threat of homelessness as a direct result of sexual assault.

In order to understand the need for shelter more deeply, the Alliance sent out a survey to Rape Crisis Programs in November, 2015 to obtain estimates of the need for shelter. Nine programs (out of a total of 19) responded. Key survey results are as follows:

- Out of 1,486 sexual assault survivors assisted by the responding rape crisis centers, 201 survivors were in need of shelter as a direct consequence of sexual assault;
- Fifty-nine of the survivors in need of shelter were victimized outside of an intimate partner relationship (making them ineligible for a domestic violence shelters)
- The majority were women with no dependents

- Many suffered from emotional, psychological and psychiatric health issues including post-traumatic stress disorder, major depressive disorder, depression and trauma.

According to the survey, the survivors who needed alternative housing moved in with other relations, became homeless or entered the homeless shelter system.

Several studies show a high prevalence of sexual assault among individuals who become homelessness. The National Center on Family Homelessness longitudinal study found a staggering 92% of the total homeless sample experienced severe physical and/or sexual assault at some point in their lives. More than 40% of this population had experienced child sexual assault, and by the age of 12, 60% had already been severely physically or sexually abused. Moreover, in another study, 13% of homeless women reported having been raped in the last year while half of these women, reported having been raped at least twice. Single women without children and mothers of young children are the fastest growing homeless populations. In addition, evidence shows that homeless women are particularly vulnerable to multiple forms of violence, including sexual and physical assault by strangers, acquaintances, sex traffickers, and intimate partners while they are homeless.

Our experience working with sexual assault survivors and the lessons from the research indicate that the sheltering pilot program will improve the recovery efforts of sexual assault survivors in three ways: It will:

1. Reduce the risk of homelessness of sexual assault victims.
2. Prevent over-crowding of families or admittance to homeless shelters, both of which are can increase victim trauma. This is due to a combined lack of staff training and persistent safety risks.
3. Allow access to resources and trained staff that DV shelters provide which will help survivors recover from their trauma and resume their lives.

The Alliance is working with HRA to establish a pilot program that would:

- Find two domestic violence shelters that are willing to participate in the program;
- Establish intake and reimbursement procedures;
- Clear the program with the NYS Office on Children and Families;
- Conduct training in the two pilot domestic violence shelters for their staff on the needs of sexual assault survivors;
- Create internal policies for services for sexual assault survivors, and
- Tackle long term housing issues.

A primary concern of participating shelters is the pressure this project is likely to put on the number of rooms available in Domestic Violence shelters for single individuals without children. Despite the recent increase in the number of single rooms in domestic violence shelters in NYC, there remains a shortage of this type of shelter space currently. As most victims of sexual assault seeking shelter are likely to fit this profile, admitting sexual violence survivors will likely result in higher demand for these rooms. As a result, we are requesting consideration of three proposals:

- HRA increasing its single person capacity in its shelters,
- HRA increasing its per diem rate for the housing of single residents, and that
- HRA fund the participating programs in the pilot sufficiently to get this pilot program up and running in the next 9 months.

By providing the resources needed to maximize the potential of DV shelters, these proposals will help ensure the success of this pilot program.

We thank you for addressing the crucial issue of sheltering domestic violence victims and for considering the needs of sexual assault victims as part of the NYC sheltering program. We ask that you include both populations in your plans for funding and legislation for domestic violence shelters for the policies you adopt can crucially enhance the option for sexual assault survivors.



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**Testimony of Jelaine Altino,
Deputy Clinical Director of Residential Services
Sanctuary for Families
before the
New York City Council Women's Issues and General Welfare Committees
October 30, 2017**

Good morning. My name is Jelaine Altino, and I am the Deputy Clinical Director of Residential Services at Sanctuary for Families, New York State's largest provider of comprehensive services exclusively for survivors of domestic violence and trafficking. We are so grateful to the New York City Council for the opportunity to testify today—and to Council Members Levin and Cumbo for bringing this critically important discussion of the domestic violence shelter system to the Council's attention. We further want to express our support for Council Member Levin on his proposed legislation that calls for an annual report by the Human Resources Administration on the housing outcomes for individuals and families exiting the domestic violence shelter system.

All of us—domestic violence service providers and city government officials alike—are painfully aware of the crisis of poverty, homelessness, and lack of affordable housing that confronts the poorest members of our community. For more than 25 years, Sanctuary has run a large, 58-family transitional shelter and four small crisis shelters that together provide residence for nearly 400 adult abuse victims and children each year—but the future that awaits these families at the end of their shelter stay has always been a grave concern. Extensive evidence, and simple common sense, show that domestic violence victims who do not have affordable housing and livable income streams when they exit shelter have poor outcomes. They may enter the non-confidential homeless system, which can be dangerous for victims whose abuser is stalking them and in general are sub-optimal for families. They may take residence with friends or family members where the abuser can easily find them. Or, in too many instances, they may return to their former batterer or enter another abusive relationship.

With the advent of new housing subsidy programs in the past several years, Sanctuary and many of its community partners have had notably greater success in securing safe, affordable housing for individuals and families leaving our shelters. Last year, Sanctuary placed 73 crisis and transitional shelter families into permanent housing. However, while these subsidy programs—including LINC, CityFeps, and SEPS—are more widely available than they were even five years ago, they are inadequate to cover even the most modest rents within the current booming New York real estate market. As a result, landlords and brokers often will not accept prospective tenants who have these subsidies. And, even when a landlord is amenable, there are many instances of public assistance offices mistakenly sanctioning or closing a client's PA case—putting these vulnerable abuse victims and families in rent arrears and at risk of eviction while they resolve the PA case.

A white paper by the Family Homelessness Task Force (FHTF) described this problem and the dire situations it creates for many abuse victims. The FHTF further recommended that HRA and Housing Preservation & Development (HPD) prioritize the application process and inspection of units earmarked for homeless families, which would help to prepare apartments for victims exiting shelter at a faster pace. HRA has proven exceptionally responsive in this regard, working closely with Sanctuary to identify eligible clients in our shelters: once their interview date is established, clients generally receive their keys the same day or the following day. But there remains a wide chasm between the supply of affordable permanent housing and demand from victims exiting shelter each year.

In this challenging climate, helping shelter residents find and secure permanent housing from the limited stock of available options involves intensive work by housing specialists: accompanying clients to see apartments, making calls and paying visits to prospective landlords and brokers, engaging in advocacy for housing subsidies, and all the follow up that comes with obtaining permanent housing. In order to meet these needs as well as the urgent clinical and safety needs of abuse victims and children who have recently fled violent homes, shelters require robust staff resources—a level of staffing insufficiently supported by shelter reimbursement rates which have not kept pace with the sharp increases in cost of living, rents, and other expenses necessary to run a high-quality shelter. For Sanctuary, in order to offer comprehensive housing support programs and

trauma-focused clinical support to make housing placements successful, we have no choice but to supplement our shelter reimbursements with private funding. At our flagship Sarah Burke House transitional shelter, which provides 350 residents annually with holistic clinical, childcare, after-school programs, and case management services as well as 24-hour safety staff, Sanctuary invests \$400,000 annually in private funding. Needless to say, this is not a sustainable model over the long term.

As the City seeks to affect improvements in the domestic violence and homeless shelter system, another critical issue to be aware of is the lack of attention to single abuse victims. Like most domestic violence shelter providers, Sanctuary has almost exclusively family shelters, and cannot afford to have single victims occupy family units. There must be more shelter beds made available to singles, and their needs must be part of any conversation about streamlining shelter referral processes as well as prioritization for NYCHA and other affordable permanent housing options.

The City has done a great deal under the de Blasio Administration to improve its domestic violence shelter system—substantially increasing the number of shelter beds and giving abuse victims higher priority for housing voucher programs. But with the acute shortage of affordable housing in our city, there is room for improvement. First, we recommend heightened attention to equitable access to housing subsidies: all domestic violence victims, singles and families alike, should have equal access to NYCHA Priority, HPD homeless set-aside units, HPD Section 8, all versions of LINC, supportive housing, and semi-permanent housing options. Second, direct service providers need broader discretion to determine the best subsidy options for different clients. Third, we strongly believe the duration of LINC and CityFEPS vouchers should be increased to last until the youngest child is 18—rather than the current 5-year time limit, which is an artificial cut-off that does not account for the dire financial straits many abuse victims confront in a pricey real estate market, especially single women with dependent minor children. Finally, we urge the city to make annual adjustments in these vouchers to include annual rent increases matching the rent stabilization guidelines. By taking these steps the City will not only help more abuse victims secure affordable housing after being discharged from shelter: they will help to ensure that those who DO secure permanent housing are able to maintain it,

and not find themselves in arrears and risking eviction, or even soliciting help from former abusers to keep up with rent.

If the City takes these steps, we will surely see better housing outcomes for the most vulnerable abuse victims and their families. HRA has been an outstanding partner in navigating these processes, and together we can work to improve the systems and make sure large numbers of abuse victims achieve durable housing situations and long-term freedom from violence. Thank you for the opportunity to testify today, and thank you for your work on behalf of our community's most vulnerable abuse survivors.

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