Measuring Intimate Partner Violence and Homelessness:

An Examination of Housing and Urban Development's Point in Time Count and National Network to End Domestic Violence's DV Counts Census, and the Policy That Influences Them

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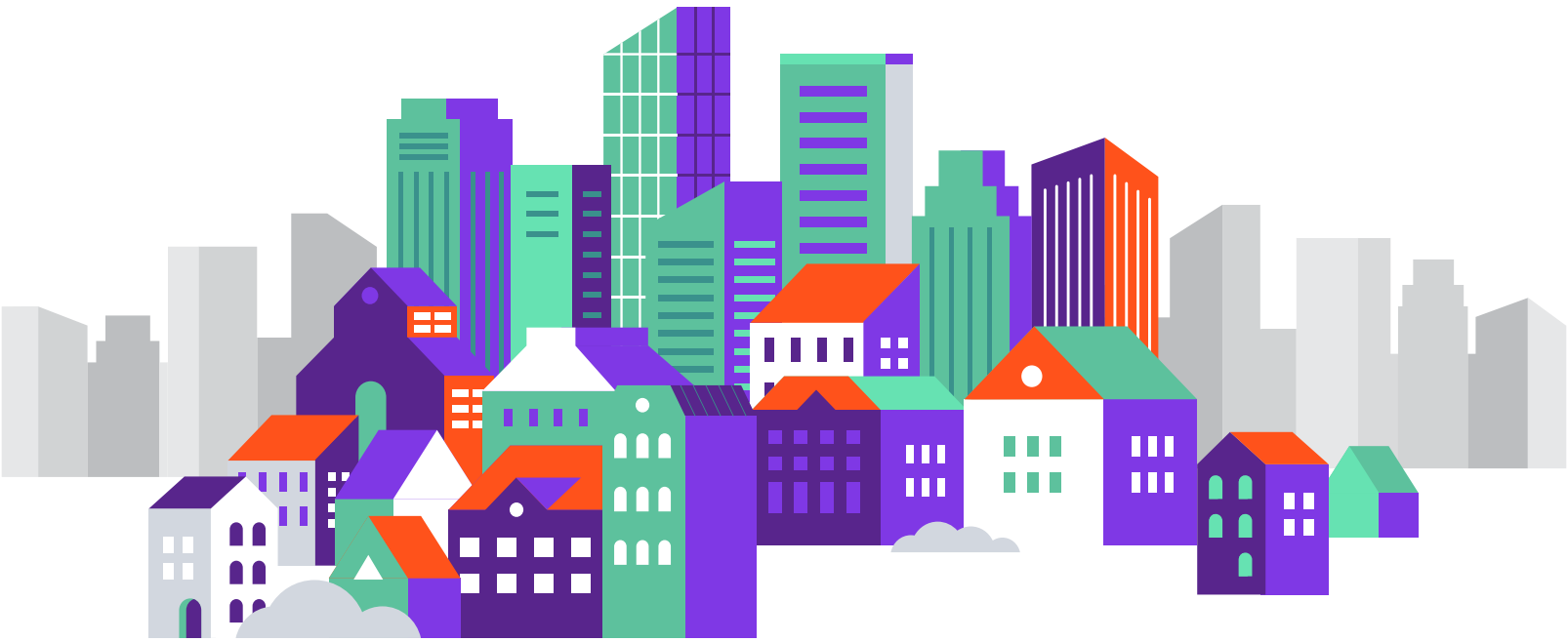

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Intimate Partner Violence Background

Intimate partner violence (IPV) is a major public health issue with 1 in 4 women and 1 in 10 men reporting lifetime sexual violence, physical violence, and/or stalking victimization by an intimate partner.[13] The National Crime Victimization survey reported 847,226 violent victimizations were perpetrated by an intimate partner in 2018, with the vast majority (89%) of victims identifying as women.[8] Women experiencing IPV are at high risk of both direct injury (strangulation, broken bones, soft tissue injuries) and secondary/ chronic health conditions (depression, post traumatic stress disorder, gastrointestinal and cardiac symptoms).[2] The National Intimate Partner and Sexual Violence Survey (NISVS) reports that 68% of women experiencing IPV also experienced a range of impacts, such as "being fearful, concerned for safety, injury, need for medical care, needed help from law enforcement, missed at least one day of work, missed at least one day of school. . . any post traumatic stress disorder symptoms, need for housing services, need for victim advocate services, need for legal services, and contacting a crisis hotline."[13]

The experience of homelessness and housing instability is highly correlated with intimate partner violence, with 80% of homeless mothers with children reporting experiencing previous IPV.[1] For women who experienced intimate partner violence, 75.2% also identified a need for housing assistance in a cross sectional East Coast Study.[3]

80%

Homeless mothers report experiencing previous intimate partner violence (IPV)[1]

75.2%

Of women experiencing intimate partner violence (IVP) identify a need for housing assistance[3]

4X

Women reporting housing instability were 4X higher among women also experiencing intimate partner violence (IPV)[9]

Pavao, et. al (2007) found that the odds of reporting housing instability were 4 times higher among women also experiencing IPV.[9] Housing instability also increases the risk of IPV, with one prospective cohort study finding that women who moved within the last six months had two times the risk of experiencing IPV by a former or new partner as compared to women with stable housing during that same time frame.[15]

Despite this strong overlap found in research, few data sources specifically measure the prevalence of experiencing both IPV and homelessness on a continuous basis. The NISVS uses random digit dialing to survey households and thus, does not sample homeless households.[13] Further, the information on housing instability is not broken out in the summary report. The Web Based Injury and Statistics Query and Reporting system (WISQRS) combines fatal injury, non-fatal injury and violent death surveillance data from across the country, and includes information about residence status at time of injury, however, this database does not capture individuals who self-treat their injuries, nor those who fail to disclose an abusive partner as the source of injury.[16]

Two annual census counts specifically measure the overlap of intimate partner violence and homelessness. The United States Department of Housing and Urban Development's (HUD) Point in Time Count is an annual census counting all sheltered and unsheltered persons on a single day in January of odd years in the United States, District of Columbia, Puerto Rico and Territories. Participation in the count is 100%. The count began in 2005, but was mandatory after 2007 for all programs receiving funding for homeless services through HUD's Continuum of Care funding competition.[10] Currently, most Continuums of Care participate annually; however, Florida and California do not, and these states have some of the largest unsheltered numbers (William Snow, JD, interview June 15, 2021). Asking about Domestic Violence (also known as IPV) is encouraged by HUD, but is not required due to the sensitive nature of inquiring about IPV of people who are living on the street, and the desire to avoid re-traumatization because the census is a count and not outreach services (William Snow, JD, interview June 15, 2021). A companion count completed by HUD, the Housing Inventory Count, occurs annually and counts all available beds in a Continuum of Care. The raw data available includes a breakout of how many IPV and Non-IPV beds are available in a Continuum of Care, however the summary data report does not list IPV specifically, so it is not possible to know how many persons filling beds (IPV and Non-IPV) are experiencing IPV.[10]

The National Network to End Domestic Violence (NNEDV) conducts an annual census each September called Domestic Violence Counts. The count began in 2006, and covers all States and the District of Columbia.[4] Domestic Violence Counts is completed annually

each September, and is sent to all IPV programs and services identified by State IPV coalitions. The census is 100% voluntary, with no funding requirement or other financial incentive to complete it (Ashley Slye interview June 3, 2021). In 2009, census participation reached 83%, and the average participation rate between 2009 and 2020 is 88%.[5] Domestic Violence Counts measures all services provided by IPV programs and services, including shelter and transitional housing.[4] The census also captures the unmet need experienced on the day of the count. It is important to note that the census does not survey victim access of non-IPV shelters and services.

This report explores the two annual census data sources, HUD Point in Time count and NNEDV DV Counts, and examines the trends produced between 2009 and 2020 and the impact that federal homelessness and intimate partner violence policies and program developments may have had on these trends. Recommendations for improving future data collection and reporting are offered.

A table summarizing these data sources, goal, timing, sample, strengths and limitations is provided in Appendix B.

Methods

A preliminary search was conducted to identify sources of surveillance data that capture prevalence of homelessness and prevalence of intimate partner violence, focusing on the overlap (persons experiencing both homelessness and intimate partner violence). These sources were evaluated briefly for strengths and weaknesses related to being able to accurately and consistently capture this population.

Two main data sources were identified: HUD's Point in Time Count and NNEDV's Domestic Violence Counts. Data from 2005 to 2020 was pulled for the Point in Time count and data from 2006 to 2020 was pulled for the Domestic Violence Counts census. Preliminary trend lines were created from these data sets.

Federal policies guiding housing and homelessness funding and programs was researched and reviewed. Federal policies guiding intimate partner violence prevention and intervention funding was researched and reviewed.

Key informant interviews were held with experts from NNEDV, experts from HUD, and experts from Collaborative Solutions, a technical assistance provider on these intersecting issues. Interviews lasted between one to two hours and focused on questions pertaining to how data was collected and recorded. Preliminary trend lines were shared, and informants were asked to comment on how policy may have impacted the trends. NNEDV subsequently provided a more detailed data set. With updated data and context from the interviews, trend lines were revised to include only data between 2009-2020.

A timeline was created, showing the policy changes and shifts that influenced the two data sources (Included in Appendix C).

Trend lines were analyzed against the timeline of policy shifts. Stakeholders with expertise in research, policy and programming for persons experiencing homelessness and intimate partner violence were invited to an expert forum. Data trends and policy influences were shared, and feedback was gathered from the group.

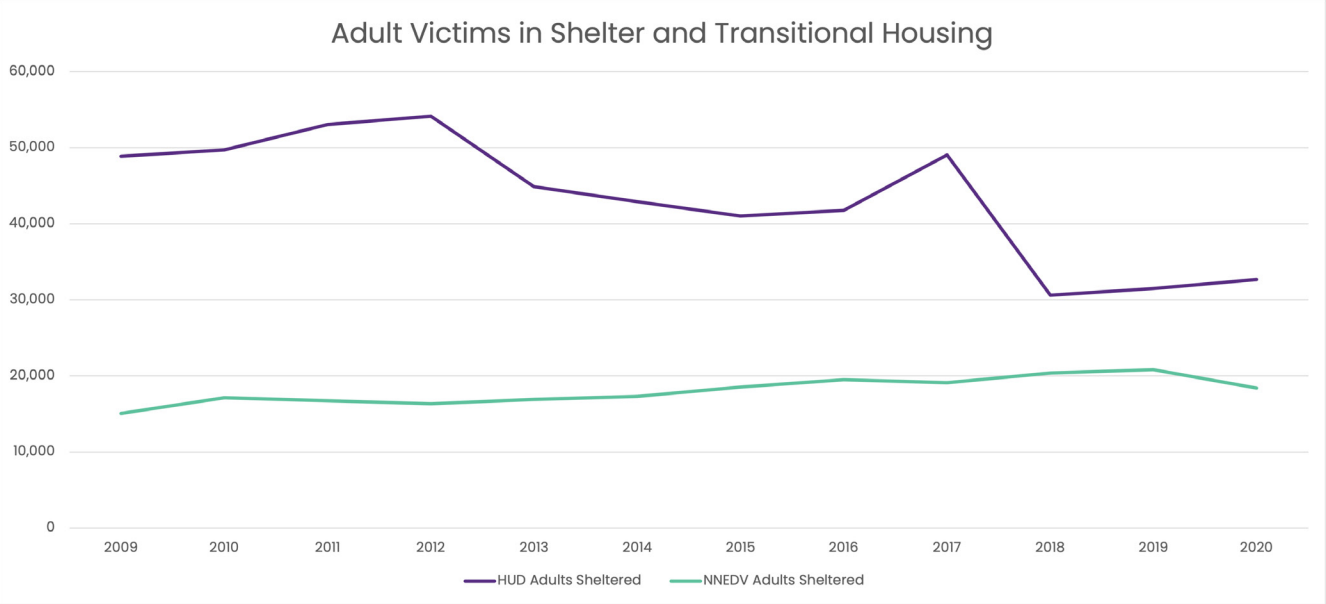
A list of key informants and experts attending the forum is included in Appendix A.

Analysis of Trends

Opposite trends reported by HUD and NNEDV for adult victims experiencing intimate partner violence and Homelessness

In both the Point in Time (PIT) and Domestic Violence Counts (DVC), the censuses capture adults who are sheltered, with shelter including both emergency and transitional housing shelters. The overall trend for the PIT is a decreasing number of adults experiencing IPV and homelessness in Continuum of Care funded shelters. Numbers peaked in 2017, followed by a sharp decrease in 2018. The overall trend for DVC is a steady increase in adults experiencing IPV and homelessness in IPV program shelters. Numbers peaked in 2019.

Figure 1: Comparison of adult victims in shelter and transitional housing: HUD and



NNEDV 2009-2020

It is important to remember that the PIT and DVC are not examining the same population. The PIT takes place in January, and DVC takes place in September. Although both sources count the number of people in shelter and transitional housing, the PIT counts persons in HUD funded shelters, which may or may not include IPV shelters. Each Continuum of Care is instructed to ask their local IPV programs to participate, but there is no mechanism

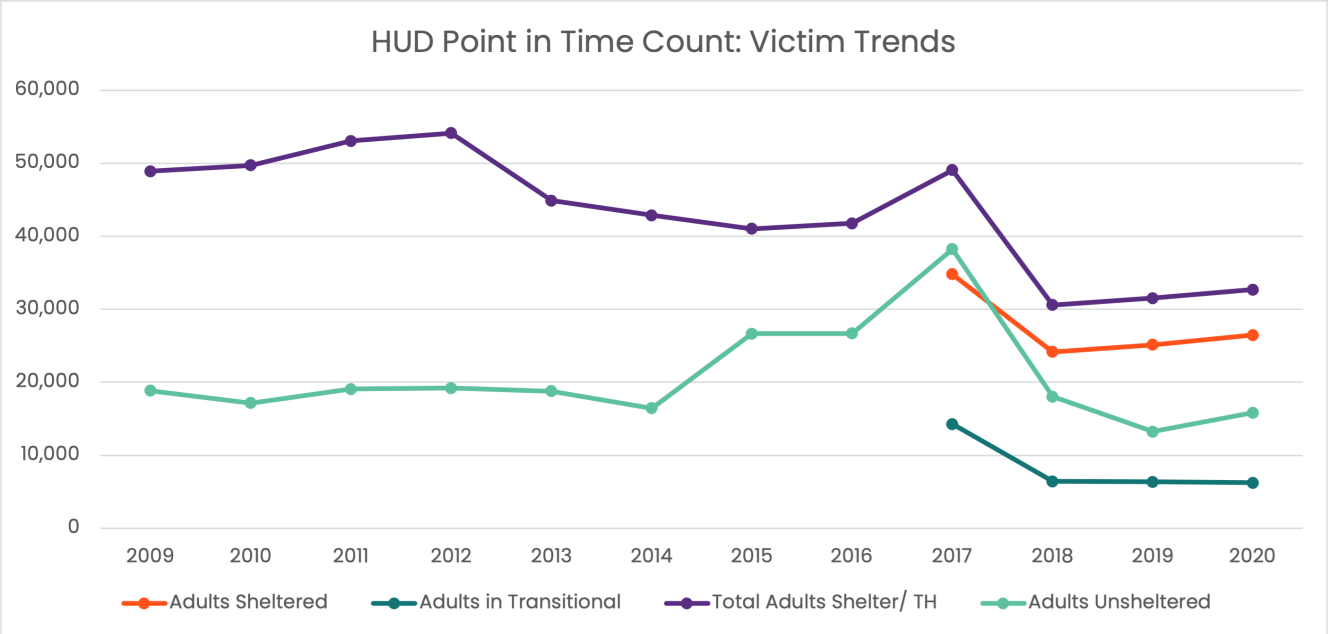
for determining which programs are included in the counts submitted (William Snow, JD, interview June 15, 2021; Jill Robertson, MS, interview June 17, 2021). The DVC census is only collecting data from IPV providers, and does not inquire about victims served through non-IPV shelters and transitional housing.

However, because the internal timing and source population is the same year over year for each census, the data trend can be examined through the lens of policy shifts that may have influenced the collecting and reporting of data, as well as actual magnitude.

HUD Point in Time Count Trends: Decreasing number of victims reported over time and the policy that contributed

The Point in Time (PIT) count shows a steadily increasing number of persons experiencing IPV and homelessness through 2012 (Fig. 2). The 2009 passage of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) act consolidated the competitive grant programs funded by HUD and changed the definition of homelessness to include four categories.[6] Category 4 is generally known as "fleeing and attempting to flee domestic violence".[6] This emphasis on IPV as a specific category of homelessness broadened how homeless service providers thought about homelessness, and was reinforced when HUD issued the Final Rule on the definition of homelessness in 2011.[6]

Figure 2: Sheltered and Unsheltered Victims: HUD's Point in Time Count 2009-2020



In 2013, the Violence Against Women Act (VAWA) was reauthorized, adding protections preventing victim's personally identifying information from being collected and stored in Homeless Management Information Systems (HMIS).[14]

This change in policy may explain why from 2012 to 2013, the unsheltered count (persons living outdoors, in encampments, etc.) stays relatively unchanged, but the sheltered count decreased.

Unexplained is why the number of unsheltered victims rose in 2015, followed by an increase in both sheltered and unsheltered victims in 2017. The increase in 2017 can partly be explained by the defunding of most IPV programs included in the Continuum of Care funding stream. HUD funding is awarded in two tiers. Continuums of Care rank their projects into Tier One funding, which is usually "safe" from cuts, and Tier Two funding, which is competed for nationally. By 2016, most transitional housing programs were being ranked in Tier Two because HUD guidance was to prioritize permanent housing solutions like rapid re-housing and permanent supportive housing. Most IPV programs in the Continuum of Care were transitional housing projects and shelters. In the FY2015 competition, HUD cut most Tier Two funding, which disproportionately impacted IPV programs.[17] Many stopped participating in the Continuum of Care (Jill Robertson, MS, interview June 17, 2021). If less housing was available through IPV providers, it could help to explain the increases in non-IPV sheltered and unsheltered counts.

In 2017, HUD released the Final Rule on VAWA 2013, prohibiting victim service providers from participating in shared Homeless Management Information Systems.[14] This change was absolutely critical to protecting survivor confidentiality, but had the unintended consequence of negatively impacting the count. As a result of the policy change, Continuums of Care revoked victim service provider access (Jill Robertson, MS, interview June 17, 2021), but didn't replace data capture with a way to collect data from IPV providers, creating an example of **"how federal policies fail to translate locally."**

Lynn Rosenthal, JD, expert from July 12, 2021

Following the 2017 peak, was a dramatic decrease in sheltered and unsheltered victims in 2018. A major policy shift likely impacted how victims get counted. In 2017, HUD released the Final Rule on VAWA 2013, prohibiting victim service providers from participating in shared Homeless Management Information Systems.[14] This change was absolutely critical

to protecting survivor confidentiality, but had the unintended consequence of negatively impacting the count. As a result of the policy change, Continuums of Care revoked victim service provider access (Jill Robertson, MS, interview June 17, 2021), but didn't replace data capture with a way to collect data from IPV providers, creating an example of "how federal policies fail to translate locally" (Lynn Rosenthal, JD, expert forum July 12, 2021). The HUD final rule indicated that IPV providers could collect data in stand-alone comparable databases, but there were no financial provisions in the policy for programs to purchase or build such systems, leaving many victim service providers outside of the counting process (Debbie Fox, MSW, interview June 3, 2021).

In the 2018 competition, HUD released dedicated DV Bonus funding to specifically bring victim serving programs back into the Continuum of Care and better address Category 4 homelessness.[12] While these programs did not have to be led by IPV programs, they did have to partner with them. A major barrier to IPV programs taking the lead in projects was the required match. Federal Continuum of Care grants require that programs provide 25% in kind or cash match to the project proposed,[12] something that many cash strapped IPV non-profits do not have (Jill Robertson, MS, interview June 17, 2021). One project type available under the DV Bonus funding was a supportive services only grant to create Victim Coordinated Entry systems – parallel and comparable homeless management information systems that protected victim data while still allowing them to access mainstream housing and homelessness resources.[12] In 2019, the first round of this programming was in place, and the numbers of victims being sheltered was increasing again, in part due to efforts to capture people through Victim Coordinated Entry.

Another contributing factor was likely the period of intense education for IPV providers looking to expand housing assistance provided between 2016 and 2019 (Jill Robertson, MS, interview June 17, 2021). This education was provided by the Domestic Violence Housing and Technical Assistance Consortium, formed in 2015 to elevate the twin issues of intimate partner violence and housing instability and offer best practices, research and technical assistance.[11]

Additional impacts from this intersection of policy and programming is a continued decline in the number of unsheltered victims, likely reflecting the increase in programs providing rapid re-housing to victims under DV bonus funding, but virtually no change in the number of transitionally housed victims counted, reflecting the 2016 reduction in HUD funded programming.

NNEDV DV Counts Census: A steady increase in the number of victims served in the face of policy shifts

The Domestic Violence Counts (DVC) census shows a steady overall increase in adult victims of IPV who were provided with shelter and transitional housing by IPV programs (Fig. 3). At the same time, the unmet requests for these services remained nearly steady. In 2011, there were 2,297 requests for shelter that went unmet by IPV providers, rising to a peak of 2,978 unmet requests in 2019.[5] During this same time period, IPV providers went from sheltering 11,570 victims in a single day in 2011 to sheltering 532 in 2019,[13] an increase of nearly 2,000 victims.[5]

In contrast to HUD, there was no change in NNEDV's overall methodology for capturing annual census data (Ashley Slye, interview June 3, 2021). Whereas policy changes likely changed how many IPV providers were participating in HUD PIT counts, NNEDV data methods did not involve entering data into a shared HMIS. For the DVC census, IPV programs fill out paper, and in later years, electronic surveys. The set of questions has stayed the same with minor variations - some years asked for gender, others did not; later years asked for data broken out by shelter versus other housing requests (Ashley Slye, interview June 3, 2021).

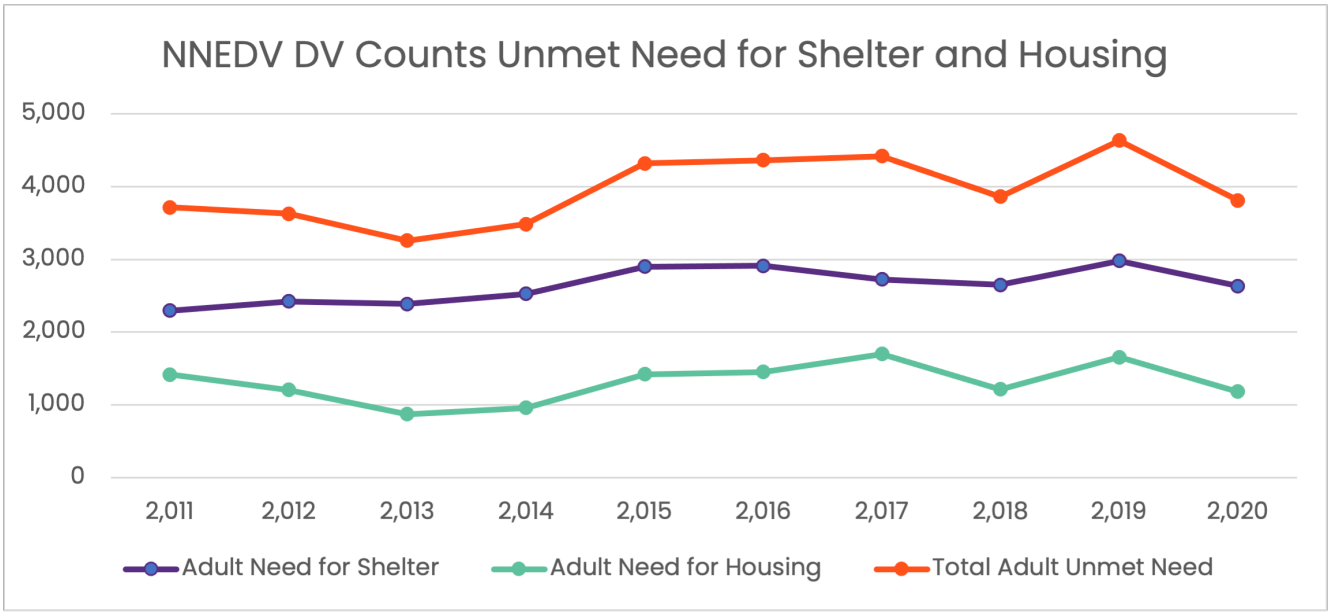
It is likely that the increase in numbers served is related to policy changes from 2009 to 2020 that allowed for IPV programs to expand services, accounting for at least some of the increase in number of adults being served. Most notably, while the 2013 reauthorization of VAWA ensured continuation funding for programs, the Victims of Crime Act (VOCA) funding allocations may have had more of an influence. Prior to 2015, the average release of VOCA funding was $700 million per year. In 2015, the release was $2.4 billion and stayed in the billions, peaking with a record $4.4 billion in VOCA funding released in 2018.[7] The dip

Average Release of Victims of Crime Act (VOCA) Funding

PRIOR 2015	2015	2018
$700 MILLION	$2.4 BILLION	$4.4 BILLION

in victims served in transitional housing in 2017 is likely related to the shutting of programs funded by HUD Continuum of Care dollars when Tier Two funding was reduced in 2016.[17]

Figure 3: Sheltered and Unsheltered Victims: NNEDV DV Counts Census 2009-2020



Of note, the other dip in 2020 is likely attributable to COVID 19. The DVC census is conducted in September, which means that in 2020, the census occurred during the COVID 19 pandemic. Many programs reduced their shelter services and/or moved victims into hotels. A drop in 2020 numbers was not seen in HUD PIT counts (Fig. 2), because that census is conducted in January, two months before the United States instituted social distancing and stay at home orders.

Several policies may explain why victims served in transitional housing continued to rise from 2018 through 2020. IPV programs that received a DV Bonus project in the 2018 or 2019 Continuum of Care funding competition would have increased their transitional housing through Joint Transitional-Rapid Re-Housing component projects. Programs that

When we count matters: COVID 19's impact on 2020 numbers is reflected in the DVC Census as a dip in sheltered clients because the census is conducted in September. However, a similar dip is not seen for HUD's PIT count because that census is completed in January – before stay at home orders were issued.

lost HUD funding in 2016 may have had an opportunity to continue services through the increased VOCA funding. Programs that were funding their transitional housing programs without HUD funding would not have been impacted by the decrease in HUD funding in 2016, and may have used increased VOCA funds to expand these services. Finally, in 2020, many IPV programs applied and received COVID relief funds from the Coronavirus Aid, Relief, Economic and Security Act (CARES) to sustain and expand services through the pandemic.[18] Since transitional housing is typically single family units, this type of housing is easier to sustain than emergency shelter while following public health guidelines, accounting for a steady increase in transitional housing, but a decrease in emergency shelter on the DVC.

Counting the Unsheltered: Two very different definitions

Policy also impacts our understanding of who is unserved. For HUD's PIT count, the definition of unsheltered is persons who are living on the street, in encampments, or in places not meant for human habitation (abandoned buildings, cars, etc.).[10] This count is active surveillance, with communities attempting to find and count all literally unsheltered persons on the night of the count. Notably, it does not capture victims who are attempting to flee, a key part of the Category 4 definition of homelessness.

In contrast, NNEDV's DVC asks IPV providers to record the unmet need for the point in time census.[4] This translates into people who asked for a service (Shelter, Transitional Housing) but were unable to access it on the day of the count (and are therefore unsheltered). As a result, DVC is capturing more persons who are attempting to flee IPV – those persons living with their abusive partner, persons who have fled to a friend of family member, persons who have paid for a temporary hotel room, and persons who are in shelters or literally homeless. IPV providers are not actively surveilling the community to find the full picture of unmet need, just recording who reached out to them that day.

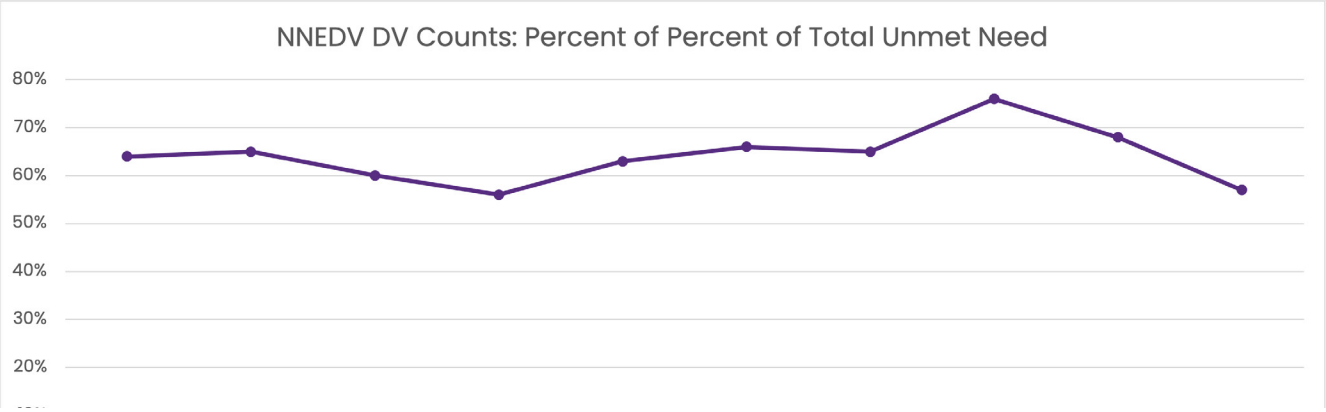


Figure 4: Percentage of Unmet Need Attributed to Shelter and Housing Requests: NNEDV DV Counts Census 2011-2020

On average, between 2009-2020, 63% percent of unmet need requests were for unfilled shelter and housing requests on the DVC census. However, in 2018, that percentage jumped to 76% (Fig. 4), despite the fact that the total number of unmet need for housing and shelter decreased from previous and subsequent years (Fig. 3). One likely explanation for this is that 2018 was when peak funding of $4.4 billion was released in VOCA allocations. Since VOCA funds multiple victim service programs - legal services, counseling, etc. in addition to transitional and rapid re-housing - it is possible that IPV programs were able to provide more services that victims needed in 2018, but that the percentage of non-shelter service requests were better able to be met than the percentage of shelter related requests. This would result in a smaller percent of non-shelter unmet need recorded in that year, and an artificially higher percentage of shelter unmet need.

Limitations

This analysis only looked at the impact that housing/homelessness policy and IPV funding policy had on the data counts. There are likely other policies that also contribute to data trends in counting the overlap of IPV and Homelessness, such as policies that impact homicide rates (Peg Hacskaylo, MSW, expert forum July 12, 2021). Similarly, no analysis was done in relation to non-policy events such as weather or programming changes (Charvonne Holliday, PhD, expert forum July 12,2021). Would a very cold winter result in fewer individuals counted in the Point in Time Count? Are there any socio-cultural and political events that occurred in a given September that influenced who reached out for help to an IPV provider? Does the programmatic decision to classify cash payments as flexible

funding instead of rent result in an artificially lower count of services provided (Suzanne Marcus, MS expert forum, July 12, 2021)? Any of these factors could influence who is being counted in a given year.

Limitations with the data sets include the inability to disaggregate by gender, race and income level, leaving us unable to examine the impact of the gender/ race wage gap (Michele Decker, PhD, expert forum, July 12, 2021). In DV Counts, this information is not collected deliberately to protect survivors from being identified and not overly burden programs participating voluntarily (Ashley Slye, interview June 3, 2021). In the PIT count, many of these elements are required, but this analysis did not review the raw data sets. Additionally, the PIT summary reports do not break out data for the subpopulation of victims in the same way they provide it for other subpopulations. Demographic data may be useful for understanding key determinants to housing instability, and types of programming that best address it. Is the rise or fall in sheltered victims related to people in a certain income bracket? Do high unsheltered rates correlate with specific communities based on sex, gender, race, ethnicity, geography or climate?

Discussion and Recommendations

Measuring persons who experience both intimate partner violence and homelessness is complicated by the bifurcated way in which they receive services. If a person presents to an IPV service provider, they may not be included in counts of homelessness. If they present to a homeless service provider, they may not disclose victimization or be included in counts of IPV services provided. Policy impacts the ability to count across service sectors. VAWA emphasizes the need to protect victim confidentiality, and HUD's final rule on VAWA 2013 affirmed confidentiality is required and necessary, but the unintended consequence is difficulty in obtaining an accurate magnitude of the overlap between victimization and homelessness. Further complicating a complete data set are the inconsistencies in the definitions of "homeless," "sheltered," "unsheltered," and "victim" that are used by the PIT count and DVC census. There is also no data available on how many IPV providers participate in the PIT count for their local Continuum of Care.

Specifically looking at HUD's PIT count, the overall trend is a decreasing number of victims experiencing homelessness. However, the shifting policy and resulting regulations have

resulted in inconsistencies in who is contributing to the collection (rules about who can participate in HMIS databases, guidance versus practice around including IPV providers in the count even if not HUD funded), and when to count a victim as homeless (any IPV history, homelessness directly related to IPV, victims still living with their partners but wanting to flee). These policies and practices likely removed victims experiencing homelessness from the final counts, rendering this population undercounted or not counted at all, and contributed to the overall decrease in numbers reported.

Specifically looking at NNEDV's DVC, the overall trend is an increasing number of victims experiencing homelessness. NNEDV methodology has not been impacted by federal policy changes, creating more consistency in who is counted (all victims seeking services on the day of the count), and when they are counted as homeless (seeking shelter or housing, met or unmet need). The main impact of policy is to increase opportunity for IPV programs to expand programs and services, allowing more victims to be served year over year. Even in light of this increase, however, the percent of unmet requests for shelter and housing requests remains high at an average of 63% of total unmet need for services. Therefore, it is likely that the number of persons experiencing IPV and homelessness is also increasing, not just the reporting. This is an area that bears further research.

Given the high overlap of IPV and homelessness/ housing instability reported in research, it is imperative that programs and policy makers have an accurate sense of the magnitude of the problem. A first step in creating solutions is to improve the quality of the data collected from the two main sources discussed here. Below are some recommendations.

Recommendations

BROADEN HUD'S DEFINITION OF CATEGORY 4: FLEEING OR ATTEMPTING TO FLEE to make explicit that victims living with an abusive partner or living with friends and family after fleeing an abusive partner makes one eligible for homeless programs and services. Provide for a way to capture this number in the PIT count.

MAKE FEDERAL FUNDING AVAILABLE TO SUPPORT THE NNEDV DVC CENSUS. Funding could support the data team administering the annual census. It could also provide IPV programs with incentives to complete the data, potentially increasing participation to above 90% of programs nationwide.

MAKE FEDERAL FUNDS AVAILABLE SPECIFICALLY FOR IPV PROVIDERS TO ADOPT A COMPARABLE DATABASE AND TECHNICAL ASSISTANCE TO IMPLEMENT IT IN COMPLIANCE WITH VAWA AND HUD. Jill Robertson (interview June 17, 2021) noted that many Continuums of Care are still lacking in awareness of the provisions for data security provided in the final rule on VAWA 2013, and are struggling to comply with it, at the same time that IPV providers are being penalized and/or excluded from housing and services because they cannot participate in shared HMIS databases used for prioritization of housing placement.

IN THE PRESENTATION OF HUD HIC SUMMARY DATA, HIGHLIGHT THE DV SPECIFIC DATA for number of beds available and number of victims served/ number of victims turned away.

ADD A QUESTION TO HUD'S PIT COUNT to indicate how many victim service shelters are in the CoC and how many participated in the count.

ADD A QUESTION TO THE DVC CENSUS, asking if the victim service provider also contributes to their CoC's PIT and HIC count.

WAIVE THE MATCH REQUIREMENT FOR IPV PROVIDERS THAT ARE THE LEAD ON DV BONUS PROJECTS to allow more IPV providers to provide housing and transitional housing services in Continuums of Care. A recent study assessing housing provider readiness to serve victims of IPV showed that only 12.5% of providers served IPV victims exclusively, only 25% had an memorandum of understanding with an IPV provider (or were an IPV provider themselves), and IPV providers were significantly more likely than non-IPV providers to have screening protocols, IPV specific resources and services, and training necessary for staff to engage IPV victims appropriately.[19]

About Janice Miller

Janice Miller, MSW, LCSW-C, has worked with people who have experienced intimate partner and sexual violence (IPSV) for the past 31 years. Ms. Miller's strength lies in developing programs that remove barriers to stability as identified by the stated needs of those with lived experience. As the Director of Stability Services for the House of Ruth Maryland, Ms. Miller is well known for her expertise on the intersection of IPSV and homelessness/housing, creating and growing the Safe Homes Strong Communities rapid rehousing program and Baltimore City's Victim Coordinated Entry system. She has been a member of the Baltimore City Continuum of Care Board since 2017. Ms. Miller presents regionally and nationally on innovative programming, and contributes to thinking and policy around the intersections of IPSV and health, survivor centered service provision, and confidentiality in an age of information sharing. She is a technical expert on Measuring Success Framework, House of Ruth Maryland's measurement model that allows IPSV organizations to build practice based evidence for existing and new programming scaled to program size and resources.

Ms. Miller is a Bloomberg American Health Initiative fellow at the Johns Hopkins Bloomberg School of Public Health, and expects to earn her Masters in Public Health in December 2021.

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Appendix A: Key Informants and Experts Consulted

Key Informants:

- Sandi Timmins, House of Ruth Maryland
- Michele Decker, ScD, MPH, Johns Hopkins Bloomberg School of Public Health
- William Snow, JD, U.S. Department of Housing and Urban Development
- Fran Ledger, U.S. Department of Housing and Urban Development
- Debbie Fox, MSW, National Network to End Domestic Violence
- Ashley Slye, National Network to End Domestic Violence
- Shenna Morris, MCJ, Collaborative Solutions
- Jill Robertson, MS, Collaborative Solutions
- Kristin Bevilacqua, PhD candidate, Johns Hopkins Bloomberg School of Public Health

Expert Forum Participants:

- Michele Decker, ScD, MPH, Johns Hopkins Bloomberg School of Public HealthCharvonne Holliday, PhD, Johns Hopkins Bloomberg School of Public Health
- Ashley Slye, Project Manager- DV Counts Survey; National Network to End Domestic violence
- Sandi Timmins, Executive Director, House of Ruth Maryland
- Suzanne Marcus, Director of Partnerships and Community Engagement, National Alliance for Safe Housing
- Lynn Rosenthal, President, The Center for Family Safety and Healing
- Kris Billhardt, Director of Program and Practice Innovation, National Alliance for Safe housing
- Peg Hacskaylo, CEO, National Alliance for Safe Housing

Appendix B: Data Sources Table

Data Sources Capturing the Experience of Intimate Partner Violence and Homelessness

DATA SOURCE	GOAL	TIMING	SAMPLE	STRENGTHS	LIMITATIONS
A snapshot of sheltered and unsheltered persons on a single day.	Gathers national and state-level data on sexual violence, stalking, and intimate partner violence victimization in the U.S.	Ongoing, last summary report: 2015	Nationally representative survey using random digit dialing.	Asks about lifetime and last 12 month violence. National data.	Self Report. Cannot determine incidence. Homeless population not sampled. Impacts from violence are grouped together: housing issues not separated.
Web based Injury and Statistics Query And Reporting System (WISQARS) **Centers for Disease Control**	Captures fatal and nonfatal injury, violent death, and cost of injury data.	Ongoing surveillance	Existing surveillance **Fatal Injury Data:** National Vital Statistics System (NVSS): CDC's Nat'l Ctr. for Health Statistics. **Non-Fatal Injury Data:** National Electronic Injury Surveillance System – All Injury Program (NEISS-AIP): U.S. Consumer Product Safety Commission with CDC. **Violent Death Data:** From the National Violent Death Reporting System (NVDRS): CDC.	Mechanism and intent of injury/ fatality captured. Residence/ homeless data included. Interactive Database.	Non-fatal injury only captures those reported, not self treated. Injury report may not list IPSV as cause of death/ injury. Non-injury impacts not captured.

DATA SOURCE	GOAL	TIMING	SAMPLE	STRENGTHS	LIMITATIONS
Housing and Urban Development Point in Time Count	A snapshot of sheltered and unsheltered persons on a single day.	Required by Continuum of Care funded programs in January of odd years.	Survey of persons living in shelter, transitional housing, and other types. Real time count of persons living on the street/in places not meant for habitation.	Counts unsheltered persons as well as sheltered persons. 100% program participation.	IPSV victimization not required so may be under-counted.
National Network to End Domestic Violence DV Counts	A snapshot of how many intimate partner violence survivors were served and not served on a single day.	Voluntary participation by intimate partner violence programs annually on a day in September. Programs fill out and return survey count of services provided to survivor. Unmet need also recorded.	Programs fill out and return survey count of services provided to survivor. Unmet need also recorded.	Participation rate averages 88% from 2009-2020. Captures survivors who want to flee their home but cannot.	Participation is voluntary. Only counts IPSV specific shelters.

Appendix C: Timeline of Policy Shifts

2005

Housing and Urban Development **launches Point in Time & Housing Inventory Count.** Optional for 2005/2006

2006

National Network to End Domestic Violence **begins DV Counts Census**

2007

Point in Time & Housing Inventory Count are **now mandatory** for HUD funding

2009

The **Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act** passes, notably consolidating the competitive homeless services grant programs and changing the definition of homelessness

2009

DV Counts participation reaches **83%.** Average from 2009-2020 is **88%**

2011

HUD final rule on definition of homelessness includes Fleeing or Attempting to Flee Domestic Violence; limits use of funds to provide services to persons defined as homeless under other Federal laws

2013

Violence Against Women Act is reauthorized; adds protections for survivor personally-identifying information in Homeless Management Information System

2015

The average release of Victim of Crime Act funding jumps from $700 million per year to **$2.4 billion**; peaking at $4.4 billion in the 2018 release

2016

As part of annual Continuum of Care competition, HUD makes sweeping cuts to Tier 2 funding, a**dversely impacting victim service provider** Transitional Housing programs

2017

HUD final rule on VAWA 2013 **prohibits victim service providers from participating** in shared

2018

HUD creates new funding category in CoC competition: **The DV Bonus Project:** Joint Transitional/ Rapid Re-housing; Rapid Re-housing; and funding for Victim Coordinated Entry systems

2019

HUD clarifies that counting domestic violence victims in the Point in Time is intended to count those who are **fleeing or attempting to flee** domestic violence, not anyone with a **domestic violence history**