

Program Overview

Environments Promoting Wellness and Resilience (EmPWR) is a collaboration between the New York City Department of Health and Mental Hygiene (DOHMH) and the New York City Human Resources Administration (HRA) that seeks to transform select communal spaces in 9 domestic violence shelters over four years. The initiative engages domestic violence survivors and shelter staff in a participatory design planning process that explores how changes to the built environment of shelters can promote healing and support the social-emotional needs of survivors and their children. The initiative includes design enhancements to one communal space in each participating shelter, as well as activities designed to build staff capacity to foster a trauma-informed shelter environment. The program is one of five initiatives launched through NYC Opportunity's 2019 Collaborative Innovation competition, which sought to improve government services by promoting greater collaboration within and between City agencies.

Quick Stats

Agency	Start Date	FY21 Estimated Families Served ⁱ	FY21 Budget	FY22 Estimated Families Served	FY22 Budget
DOHMH, w/ HRA	July 2019	438	\$399,549	514	\$569,954

Context

Domestic Violence (DV) shelters provide an essential haven for survivors and their families. In addition to providing safe, confidential physical accommodations, DV shelters work with individuals and families impacted by domestic violence to address the associated trauma, strengthen coping skills, and enhance self-sufficiency. The DV shelter system, overseen by HRA, is the largest in the country, with 54 shelters across five boroughs. There are approximately 1,300 families (3,400 individuals) in DV shelters each month. In CY 2018, the HRA DV system served 9,981 individuals, which included 3,896 adults and 6,083 children.

Research & Evidence

Populations who have survived traumatic events are at risk of adverse physical and mental health outcomes.ⁱⁱ Childhood exposure to adverse events, including domestic violence, is associated with chronic diseases and elevated risk for mental health disorders in adulthood.^{iii,iv} Among adults, DV is associated with adverse mental health outcomes, particularly depression, post-traumatic stress disorder, and anxiety, as well as with reduced economic security long after the violence occurs.^{v,vi}

To identify design changes that will best support the mental health needs of survivors and their children, EmPWR is informed by the principles of trauma-informed care^{vii}, which center safety, trust, collaboration, choice, culture, and the lived expertise of survivors. EmPWR is also informed by research showing that the design and environment of DV shelters can aid in the healing process by encouraging decision making and goal setting.^{viii,ix,x} Additionally, the project leverages best practices from the NYC Active Design Guidelines^{xi} and other built environment projects in DV shelters around the country.^{xii} Previous projects in DV shelters have enhanced child-friendly spaces, health service spaces, outdoor spaces, and resource spaces; moved away from an institutional feel to a safe, home-like feel through paint and lighting changes and visual stimuli; modified spaces to better allow use by multiple residents; and created private areas and opportunities for survivors to have personal control. Prior research and built environment projects demonstrated the importance of a participatory process to engage, empower, and collaborate with service users to develop a robust built environment intervention -- a strategy that will be adopted and incorporated throughout the EmPWR program.^{xiii,xiv}

Program Description

EmPWR's collaborative efforts to reimagine communal spaces in 9 New York City DV shelters will include: 1) Design Consultants, a team of architects who facilitate each project's participatory design planning process, develop the final design plans, and oversee implementation, and 2) funding for installation of the design enhancements at each site.

Led by DOHMH, the initiative will use a participatory approach that invites shelter residents and staff to co-create the design enhancements. Activities include mapping, interactive posters, surveys, interviews, collage-making and schematic design workshops, where shelter stakeholders are presented with design plans that incorporate their input: they are given the opportunity to select or reject design elements, and to refine the architects' understanding of how the space should look, feel, and be utilized by survivors and their children.

EmPWR is guided by prior work and research on built environment considerations for domestic violence shelters and will engage subject matter experts to support the development of proposed enhancements. HRA will advise on the project to ensure that design changes are appropriately scaled and suitable to the overall shelter environment, minimally disruptive, and follow New York State environmental standards and regulations for DV shelters. As a partner to EmPWR in the project's first year, the New York City Administration for Children's Services advised on capacity-building activities for shelter staff and supported efforts to increase language access to project activities.

Target Population

EmPWR will serve children, youth, parents/caregivers, and staff at temporary Emergency (Tier I) and Transitional (Tier II) DV shelter located throughout New York City

Expected Outcomes

EmPWR will employ a participatory approach to developing site specific enhancements and assessing outcomes. For survivors, outcomes may include measures of safety, autonomy, family and community connection, and engagement with the space; for staff, these may include measures of knowledge, attitudes, and behaviors towards fostering a trauma-informed shelter environment.

ⁱ "Estimated families served" is the combined, total number of families residing in each participating DV shelter throughout the fiscal year, referring both to households with children as well as single adults without children. This number includes residents who may have participated in project activities throughout the year, or who may have been exposed to information about the project or on the role of the built environment in promoting well-being. This number also offers an estimate of the combined number of families who will potentially be exposed to the completed design changes across participating sites, once installation is completed. The specific number served at each shelter is not publicly available due to shelter confidentiality policy.

ⁱⁱ Magruder KM, McLaughlin KA, Elmore Borbon DL. Trauma is a public health issue. *Eur J Psychotraumatol*. 2017;8(1):1375338. Published 2017 Oct 9. doi:10.1080/20008198.2017.1375338

ⁱⁱⁱ Chapman, D.P., Whitfield, C.L., Felitti V.J., Dube S.R., Edwards, V.J, Anda, R.F. Adverse Childhood Experiences and the Risk of Depressive Disorders in Adulthood. *Journal of Affective Disorders*. 82: 217–2252004, 2004.

^{iv} Halfon, N. Wise, P.H. and Forrest, C.B. The Changing Nature of Children's Health Development: New Challenges Require Major Policy Solutions *Health Affairs* 33, no.12:2116-2124 doi: 10.1377/hlthaff.2014.0944, 2014.

^v Lagdon S, Armour C, Stringer M. Adult experience of mental health outcomes as a result of intimate partner violence victimisation: a systematic review. *European Journal of Psychotraumatology*. 2014;5:10.3402/ejpt.v5.24794. doi:10.3402/ejpt.v5.24794.

^{vi} Lindhorst T, Oxford M, Gillmore MR. Longitudinal Effects of Domestic Violence on Employment and Welfare Outcomes. *Journal of interpersonal violence*. 2007;22(7):812-828. doi:10.1177/0886260507301477.

^{vii} SAMHSA's Trauma and Justice Strategic Initiative. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. 2014. Retrieved from <https://store.samhsa.gov/system/files/sma14-4884.pdf>

^{viii} Rutledge, K. Victims of Domestic Violence Experiencing Homelessness: Their perceptions and needs influencing architectural support. *Design Resources for Homelessness Spotlight Report*. 2015. http://designresourcesforhomelessness.org/wp-content/uploads/2015/11/FINAL1-VDV_8_2017.pdf

^{ix} Joshi, Rutali. Understanding the Built Environment of Shelter Homes for Survivors of Domestic Violence. All Theses. 2017. https://tigerprints.clemson.edu/all_theses/2642

^x A Safe Place to Start Over: The Role of Design in Domestic Violence Shelters. Sarah M. Kessler. Kansas State University: <http://www.kon.org/urc/v11/kesler.html>

^{xi} Active Design Guidelines: Promoting Physical Activity and Health in Design. New York City Website. <http://www1.nyc.gov/assets/doh/downloads/pdf/environmental/active-design-guidelines.pdf>.

^{xii} Building Dignity. Design Strategies for Domestic Violence Shelter. <http://buildingdignity.wscadv.org/site-design/empower/>

^{xiii} Peterman K, Swenson T, White T, et al. Mental Health by Design: Fostering student emotional wellness in New York City high schools by improving and enhancing built environments. *Journal of Urban Design and Mental Health*; 2018;5:5. <https://www.urbandesignmentalhealth.com/journal-5---nyc-school-design-for-mental-health.html>

^{xiv} Goodman, L.A., Thomas, K.A., Serrata, J.V., Lippy, C., Nnawulezi, N., Ghanbarpour, S., Macy, R., Sullivan, C. & Bair-Merritt, M.A. (2017). Power through partnerships: A CBPR toolkit for domestic violence researchers. National Resource Center on Domestic Violence, Harrisburg, PA. Retrieved from cbprtoolkit.org.