



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

Executive Summary of Chapter 2: Survivor Access and Participant Selection

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Note about the Use of Gendered Pronouns and Other Sensitive Terms

For the sake of readability, this report follows the example of numerous publications -- for example, by the National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH)¹ and the Missouri Coalition of Domestic and Sexual Violence² -- and uses feminine pronouns to refer to adult victims/survivors of domestic and sexual violence, and masculine pronouns to refer to the perpetrators of that violence. This report also uses feminine pronouns to refer to the provider staff of transitional housing programs that serve survivors. The use of those pronouns in no way suggests that the only victims are women, that the only perpetrators are men, or that the provider workforce is entirely female. Indeed, the victims and perpetrators of domestic and sexual violence can be male or female or transgender, as can the staff that support their recovery, and the shortcut herein taken is merely used to keep an already long document from becoming less readable.

Although the terms "victim" and "survivor" may both refer to a person who has experienced domestic or sexual violence, the term "survivor" is used more often in this document, to reflect the human potential for resilience. Once a victim/survivor is enrolled in a program, she is described as a "program participant" or just "participant." Participants may also be referred to as "survivors," as the context requires. Notwithstanding the importance of the duration of violence and the age of the victim, we use the terms "domestic violence" and "intimate partner violence" interchangeably, and consider "dating violence" to be subsumed under each.

Although provider comments sometimes refer to the perpetrator of domestic violence as the "abuser" or the "perpetrator," this report refers to that person as the "abusive (ex-)partner," in acknowledgement of their larger role in the survivor's life, as described by Jill Davies in her often-cited [Advocacy Beyond Leaving](#) (2009).

Finally, although the Office on Violence Against Women funds transitional housing programs to address the needs of not only domestic violence survivors, but also survivors of sexual assault, stalking, and/or dating violence, the preponderance of program services are geared to DV survivors, the large majority of TH program clients are survivors of domestic violence, and much of the literature and most of the provider quotes are framed as pertaining to domestic violence. Consequently, much of the narrative is framed in terms of addressing "domestic violence" or "domestic and sexual violence," rather than naming all the constituencies.

¹ As stated on page 2 of the NCDVTMH's [A Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors](#) by Warshaw, Sullivan, and Rivera (2013):

"Although many couples engage in mutual or low-level violence that does not alter the power dynamics within their relationship, the larger social problem of "battering" is a form of gender-based violence characterized by a pattern of behavior, generally committed by men against women, that the perpetrator uses to gain an advantage of power and control over the victim (Bancroft, 2003; M. P. Johnson, 1995; Stark, 2007). Such behavior includes physical violence and the continued threat of such violence but also includes psychological torment designed to instill fear and/or confusion in the victim. The pattern of abuse also often includes sexual and economic abuse, social isolation, and threats against loved ones. For that reason, survivors are referred to as "women" and "she/her" throughout this review, and abusers are referred to as "men" and "he/him." This is meant to reflect that the majority of perpetrators of this form of abuse are men and their victims are women. Further, the bulk of the research on trauma and IPV, including the studies that met the criteria for this review, focus on female victims of abuse. It is not meant to disregard or minimize the experience of women abused by female partners nor men abused by male or female partners."

² As stated on page 2, of the Missouri Coalition's [Understanding the Nature and Dynamics of Domestic Violence](#) (2012)

"The greatest single common denominator about victims of domestic violence is the fact that the overwhelming majority are women. According to the most comprehensive national study by the U.S. Department of Justice on family violence, the majority of domestic violence victims are women. Females are 84 percent of spouse abuse victims and 86 percent of victims at the hands of a boyfriend or girlfriend. The study also found that men are responsible for the vast majority of these attacks—about 75 percent. (Durose et al., 2005) And, women experience more chronic and injurious physical assaults by intimate partners than do men. (Tjaden & Thoennes, 2000) That's why feminine pronouns are used in this publication when referring to adult victims and masculine pronouns are used when referring to perpetrators of domestic violence. This should not detract from the understanding that, in some instances, the perpetrator might be female while the victim is male or of the same gender."

Executive Summary

In its [2015 edition of Domestic Violence Counts](#), a one-day census of shelters, transitional housing programs and non-residential programs serving victims/survivors of domestic violence, the National Network to End Domestic Violence (NNEDV) observes,

"For many survivors, the common length of stay in an emergency shelter is 30 to 60 days; however, it can take 6 to 10 months or more for a family to secure stable, permanent housing due to the shortage of affordable housing options. Transitional housing or other housing services provide an opportunity for survivors to secure longer-term housing. While in transitional or other housing, many survivors benefit from additional services as they work to rebuild their lives. Without available transitional or other housing, many victims face the untenable choice between homelessness and returning to further violence." (p.4)

In the absence of enough specialized transitional housing (TH)³ to meet the needs of all survivors who seek a supportive next place to heal and prepare for the future, the policies and practices that shape survivor access to these specialized TH programs play a critically important role in determining who gets help, and who does not -- with all the attendant consequences. Chapter 2 explores the range of providers' approaches to survivor access and participant selection, the context in which these approaches have been developed, and the implications for survivors.

Section 2 of this chapter begins with a brief review of the program options for victims/survivors fleeing domestic and sexual violence -- mainstream shelter, TH, and rapid rehousing (RRH) programs; domestic violence (DV) shelters; and specialized TH and RRH programs. The narrative then attempts to estimate the unmet need for specialized TH.

Although research indicates that survivors are routinely part of the clientele of mainstream shelter and HUD-funded TH and RRH programs, such programs are typically not prepared to address survivors' domestic and sexual violence-related needs, and participants don't necessarily disclose their history of victimization.

Although DV shelters are funded to provide victim/survivor-centered, holistic, trauma-informed sanctuary and services, they are typically able to offer only short-term assistance for survivors of domestic and family violence, and their FVPSA grant funding is not intended to pay for services for survivors of sexual assault by a perpetrator other than an intimate partner or family member.⁴

On the basis of these and other considerations discussed in Section 2, for survivors of domestic and sexual violence who need more time to heal and prepare for next steps than a DV shelter can provide, ***specialized TH is the best program option for supporting recovery and community reintegration, and is typically the only option that offers interim housing and trauma-informed support services tailored to the needs of survivors.***⁵

³ In this chapter, the term 'specialized transitional housing' refers to both ***Office on Violence Against Women (OVW)***- and ***U.S. Department of Housing and Urban Development (HUD)***-funded transitional housing (TH) and transition-in-place / rapid rehousing (RRH) programs for survivors of domestic violence, sexual assault, stalking, and dating violence.

A specialized TH program may be largely funded by a grant from the OVW, by grants from both the OVW and HUD, primarily by a HUD grant, and/or by a mix of public and private funding sources, including a state's Temporary Assistance to Needy Families (TANF) block grant, foundation funding, and/or donations from other sources. As described more fully in [Chapter 3](#) ("Program Housing Models"), such TH programs may utilize congregate, clustered, or scattered-site housing, or some mix of those housing types. Typically, transition-in-place / RRH programs utilize scattered-site housing.

⁴ The majority of federal funding for DV shelters comes through ***Family Violence Prevention Services Act (FVPSA)*** grants, which are administered by the Family and Youth Services Bureau of the U.S. Department of Health and Human Services. As discussed in Section 2, FVPSA grants fund those shelters to serve ***survivors of family or domestic violence***, but not survivors of sexual assault by friends, acquaintances, strangers, or other perpetrators who are neither family members nor current or former intimate partners.

⁵ [Chapter 8](#) ("OVW Constituencies") explores challenges and approaches to serving survivors of non-IPV sexual assault, and briefly discusses challenges and approaches to serving survivors of human sexual trafficking.

Unfortunately, specialized TH programs are available to only a fraction of the survivors who need a next-step supportive residential program. The NNEDV's [2015 Domestic Violence Counts](#) census identified 1,418 survivors seeking, but unable to access, specialized TH. Those 1,418 survivors represented approximately **11% of the 12,568 survivors that the NNEDV counted in DV shelters**. (Since shelter beds turn over faster than TH beds, other survivors who may have hoped to access TH had presumably already been discharged from their DV shelter -- perhaps moving to a mainstream shelter or to the home of a friend or family member, or returning to the abusive situation they fled -- and so, may not have been counted.)

According to the four most recent semi-annual reports filed by OVW TH grantees, between December 2013 and June 2015, the average number of survivors who could not be served for lack of available housing was 1,095 -- but those statistics didn't count survivors seeking access to programs that used OVW funding to pay for services-but-not-housing (because those programs are not asked to report the numbers of survivors who could not be served for lack of housing); nor do those statistics include meaningful data about unmet need from the programs that have decided (for reasons discussed later in this chapter) not to broadly solicit applicants or to maintain waiting lists.⁶

Given available but imperfect information about the numbers of units and lengths of stay, ***we conservatively estimate that there is only one opening in specialized TH for every nine survivors who need it***. In other words, ***every decision to select an applicant for transitional housing has potentially adverse consequences for, on average, eight other survivors who need next-step housing and assistance but are not selected***.

While the decision to permanently leave or return to an abusive relationship may involve difficult tradeoffs ([Thomas, Goodman, & Putnins, 2015](#)), and while many survivors who weigh those tradeoffs decide to reunite with their abusive partner ([Davies, 2008](#)), the hard truth is that for some survivors -- especially those who have used up their time in a DV shelter, exhausted their informal supports, and lack the means to become financially self-sufficient -- the shortage of specialized TH leaves them without a viable alternative and "fac[ing] a multitude of consequences: remaining unsafe from the abuser; becoming homeless or moving in with family or friends, which can be unsafe and certainly unstable; or leaving town, which could mean giving up a job, children's schools, family, friends, and other support systems." ([NNEDV, 2015, p.10](#))

Section 3 of this chapter looks at the overlapping roles of DV shelter and specialized TH for survivors, their similarities and differences, and how different providers have different perspectives, based on their own experiences and local conditions, about the purposes and respective strengths of shelter versus specialized TH. Understanding these different perspectives is important, because they inform providers' decisions about the kinds of clients that each type of program should target and serve.

Before getting into the discussion in Sections 5 and 6 on program-specific approaches governing survivor access and participant selection, Section 4 reviews the federal Fair Housing and non-discrimination laws (e.g., Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act), and offers some examples of published guidance on designing participant selection processes that comply with those laws.

Because of the diversity of the survivor population, and, in particular, the significant numbers of survivors who have physical or mental disabling conditions (including violence and/or trauma-related conditions), it is especially important that providers understand their obligations under these anti-discrimination laws, as well as their obligations as OVW grantees to heed the OVW's caution (on pp. 8-9 of its [annual TH grant solicitation](#))

⁶ As discussed in Section 2, instead of broadly soliciting referrals when an opening occurs, some TH programs seek a small number of "appropriate" referrals from their agency's shelter or outreach programs, or from other reliable sources. ***Other survivors who might desperately need transitional housing are never counted as "unserved," because there is no waiting list to be added to, and no broad-based announcement of a program opening that they can respond to***. In addition, in accordance with the [instructions to question #21 in the semi-annual report](#), inability to serve participants for lack of available housing is only reported by programs that use their OVW funding to pay for units. ***For the programs that use HUD funds to pay for units and OVW funds to pay for services, there is no place in the semi-annual report to track survivors who are unable to be served "due solely to a lack of available housing."***

against "procedures and policies that exclude victims ... based on their actual or perceived age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or gender of their children."

Several providers' comments about the way survivors are selected for their programs suggest a need to **update training on strategies for complying with these requirements.**

Section 5 looks at where program participants may come from and the implications of different providers' referral arrangements. For example, as previously noted, to the extent that participants come exclusively from DV shelters, they are not likely to include survivors of sexual assault by an acquaintance or a stranger, because the FVPSA grants that most shelters depend on only fund services for survivors of domestic and family violence. In addition, if TH programs only enroll survivors who have stayed in DV shelters, they will exclude survivors who believe that (typically) congregate shelters are "not for people like them" (e.g., older survivors, male survivors, LGBTQ survivors, survivors from immigrant populations that don't typically access shelter), as well as survivors who may have "timed out" of a DV shelter and relocated to one or a series of other interim living arrangements while they waited for next-step help. Section 5 concludes with provider comments describing and explaining their open or closed referral processes.

Section 6 looks at the criteria that specialized TH providers use to select a participant from among several candidates, and at the factors that may lead a provider to pass over a prospective participant. The provider comments in this section, and in some of the other chapters of this guide,⁷ provide a sense of the challenges that providers face given available resources, obstacles posed by local housing and job markets, funder expectations and constraints, and participants' needs and circumstances:

- There are more survivors with more needs than providers have housing and service resources to address.
- Approximately 42% of the providers we interviewed receive HUD grants; many of those providers feel pressure from the CoC, state, county, or jurisdiction that oversees their HUD grants to demonstrate positive housing and income-related outcomes, with shorter durations of program involvement.
- Housing and job markets are increasingly competitive: just about every provider we interviewed told us that the salaries their participants could earn were inadequate to sustain local housing costs. In a nation where even middle class residents struggle to pay for their housing, and where people with limited educations and skills struggle to find jobs that will enable them to make ends meet, survivors living at the crossroads of chronic poverty and victimization face especially daunting odds.
- While some programs are fortunate to be part of well-funded full-service agencies, many are not. Small programs in agencies with fewer resources often lack the kind of staff diversity and supplemental capacity -- counseling, clinical supervision, children's advocacy/services, employment counseling, legal support -- that better-funded, full-service providers can contribute to serving survivors whose needs and situations pose significant barriers. Similarly, providers in locales with very limited mainstream health and social services cannot leverage the kind of community resources that providers in service-rich areas rely on to fill gaps in in-house capacity.

The participant selection decisions made by providers reflect their different responses to those challenges. While many providers indicated that they maintain an inclusive, open-referral or self-referral process and select participants based on the chronological order of their applications or using objective criteria to prioritize survivors with the greatest or most urgent needs, other providers' comments suggested the use of a more limited effort to solicit referrals (in some cases only accepting internal referrals from staff employed at their agency's shelter or outreach program) and/or the use of more narrow selection criteria, formally or informally applied, that might preference survivors that the program staff felt most capable of effectively

⁷ See, for example, [Chapter 6](#) ("Length of Stay"), the section on survivors with disabilities in [Chapter 7](#) ("Subpopulations and Cultural/Linguistic Competence"), [Chapter 10](#) ("Challenges and Approaches to Obtaining Housing and Financial Stability"), and [Chapter 12](#) ("Funding and Collaboration: Opportunities and Challenges").

serving, and might pass over survivors: (a) who appeared to need more help than staff believed their program can offer or leverage; (b) who seemed likely to need more time than the program was encouraged or allowed to devote; (c) who weren't ready to commit to ending the relationship with their abusive partner; (d) who weren't interested in seeking treatment for mental health or substance dependence conditions; (e) whose individual priorities didn't appear to align with the focus of program services and/or the funder's priorities (e.g., obtaining independent housing and employment); or (e) who didn't seem "ready" or "motivated" to do the work that they would need to do to achieve targeted outcomes within the preferred timeframe.

Their comments suggest that at least some of these selection processes could be at odds with OVW guidance (in its [annual solicitation of TH grant proposals](#)) against the imposition of "restrictive conditions" for receiving assistance, and against "procedures and policies that exclude victims ... based on their actual or perceived age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or gender of their children."

And if the provider's process for choosing program participants disproportionately disadvantaged survivors with a physical, cognitive, or psychological disabling condition that pre-dated, or was caused or exacerbated by the abuse and the trauma surrounding their experience of domestic or sexual violence (including alcohol or drug dependencies, as long as illegal drug use is not current), that selection process might be in violation of federal nondiscrimination or fair housing requirements -- even if its disparate impact was unintended.

The existence of potentially non-compliant participant selection practices argues in favor of periodic ***refresher trainings on fair housing/nondiscrimination requirements and on OVW grant-related expectations vis-a-vis restrictive conditions and non-exclusion of survivors from "harder-to-serve" populations.***

As noted in Section 6, some of these same barriers to accessing assistance were identified over a decade ago in [Correia & Melbin's \(2005\)](#) groundbreaking survey of twelve TH programs, conducted before the OVW TH grant program became what it is today, before HUD developed its Rapid Rehousing grant program, before VAWA was amended to incorporate the voluntary services requirement, etc. -- and their persistence likely reflects the larger society's increasing emphasis on demonstrable outcomes and "measurable results." The OVW TH program model, with its emphasis on survivor-defined advocacy and voluntary services, represents a unique departure from that more prevalent "bottom line" focus; it appears that at least some programs being asked to swim against that mainstream tide need ***additional support -- training, and perhaps, some "officially" recommended practices -- in order to better align with the OVW program model.***

At the same time, some of the aforementioned challenges -- the difficult housing and job markets that leave very low income survivors with few promising options, the lack of access to supplemental health and human services in some parts of the country, and pressure on HUD-funded providers to demonstrate specific housing outcomes within a shorter timeframe -- are clearly larger than the OVW TH program, and suggest the need for ***a collaborative effort between the OVW and its federal partners for systems-level changes:***

- To help providers better distinguish between survivors their programs cannot safely serve versus survivors who can and should be served, even if there are doubts about their ability to make a targeted level of progress within the allotted time; and to reform funding practices that make it risky for providers to serve survivors with serious barriers or competing priorities;
- To help specialized TH providers develop better strategies for supporting survivors with barriers that might ordinarily limit their ability to "succeed" in difficult housing and employment environments; and
- To expand the options and resources available to specialized TH providers' for effectively partnering with mainstream providers that can offer trauma-informed gap-filling services.

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