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

## Executive Summary of Chapter 3: Program Housing Models

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### Submitted to:

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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)<sup>1</sup> and the Missouri Coalition of Domestic and Sexual Violence<sup>2</sup> -- 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.

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<sup>1</sup> 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."*

<sup>2</sup> 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

The configuration and funding of program housing and the way housing assistance is allocated influence the way a transitional housing (TH) program operates, and the participants it is able and best suited to serve. Housing models can be distinguished in terms of housing ownership (mainstream landlord, non-profit housing provider, victim services agency, etc.); who signs the lease (provider or participant); the housing configuration (congregate, clustered, or scattered-site); and whether participants can opt to keep their unit (i.e., "transition-in-place") or must vacate the unit and find and transition to other housing once their term of assistance ends ("temporary" or "traditional TH"). Different providers implement the same model in different ways, for example, by varying the amount, duration, and scope of assistance with housing-related costs).

Chapter 3 reviews the various housing models used by TH programs, their similarities and differences, and the implications of using particular models or taking particular approaches to implementing those models.

Sections of this chapter examine -- from both the vantage point of a provider and a participant<sup>3</sup> -- the strengths and challenges of each model, and the factors that may influence the decision about which type of housing is the "best fit" for a given survivor, assuming a program offers more than one housing option. In discussing "best fit" considerations, we explore participant-specific factors (e.g., household size, income prospects, tenancy "credentials," safety issues, participants' desire to remain connected to their home community versus desire to avoid such contact, and participants' desire for formal and/or peer support); environmental conditions (e.g., the housing market, job market, and access to transportation and community-based services); and the strengths and limitations of grants from the primary funders of TH programs: the OVW's Transitional Housing Assistance Grants Program and the US Department of Housing and Urban Development's (HUD's) Continuum of Care (CoC) and Emergency Solutions Grants (ESG) programs.<sup>4</sup>

Chapter 3 also explores how specific aspects of the various housing models or accompanying regulatory requirements may enhance or limit a program's ability to serve survivors with different needs, attributes, strengths, and challenges. Because most regions of the country are served by, at most, one or two specialized TH programs,<sup>5</sup> and because, as discussed in [Chapter 2](#) ("Survivor Access and Participant Selection"), the need and demand for specialized TH programs far exceeds the supply, survivors of domestic or sexual violence do not necessarily have a choice about the type of program housing they will enter when they are ready to move on from a DV shelter or other interim living arrangement.

Keeping in mind the respective strengths and limitations of the different housing models, the narrative discusses trends toward increased reliance on participant-leased, scattered-site, transition-in-place programs, which have only been accelerated by HUD's funding decisions terminating grants to some traditional TH projects and expanding the number of Rapid Rehousing (RRH) projects. The narrative cites two national models that used supplemental funding to overcome some of the regulatory constraints on the RRH model, enabling it to effectively serve subpopulations that it is ordinarily less well able to serve.

The chapter includes numerous provider comments describing their use of the different housing models, the successes, the challenges they have encountered, and how they have addressed those challenges.

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<sup>3</sup> As noted in the Methodology Appendix, collecting the feedback of survivors served by these programs was deemed by the OVW to be outside the scope of the Technical Assistance grant that generously funded this project, so the term "participant perspective" describes the vantage point, rather than the actual source of the information.

<sup>4</sup> We distinguish between HUD regulations and state/county/jurisdiction-specific "written standards" -- which may be assumed by providers to be HUD regulations -- that entities administering HUD grants must develop (with community input) and implement, governing eligibility and priority for assistance, and the amount, duration, and scope of assistance.

<sup>5</sup> As used in this report, the term "specialized TH program" means a traditional transitional housing program or a transition-in-place or rapid rehousing program, which may be funded by OVW, HUD, and/or other source(s); operated by a victim services provider; and targeting assistance to survivors of domestic or sexual violence. Unless preceded by the word "mainstream," the term "TH program" should be assumed to refer to a "specialized TH program."

## References

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