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

Executive Summary of Chapter 6: Length of Stay

Fred Berman, Principal Author

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Sharon Elliott, Program Manager
Office on Violence Against Women
United States Department of Justice

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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

Chapter 6 explores how different programs approach *length of stay*, the term used to describe the duration of assistance in a transitional housing (TH) program. The narrative (Section 2) addresses the various statutory and regulatory constraints on length of stay governing the use of grants from the two primary funders, OVW and HUD;³ the ways in which the expectations of providers, funders, and HUD grant-administering states, counties, cities, and Continuums of Care impact policies and practices related to length of stay; and the practical implications of those policies and practices, given the diversity of survivors seeking TH program assistance, and given the broad variation in operating conditions -- program funding and staffing levels, housing and job markets, access to supplemental services, etc. -- that shape and constrain the efforts of TH programs serving survivors.

After a brief introduction, the Section 2 narrative surveys the statutory and regulatory provisions governing length-of-stay, including:

- The [OVW TH grant program enabling statute's](#) two-year limit on assistance, option for a six-month waiver extension, and requirement that programs be able to offer at least three months of follow-up services;
- The [HUD Continuum of Care \(CoC\) Interim Rule](#) and the [Emergency Solutions Grant \(ESG\) Interim Rule](#), which provide a detailed regulatory framework, including a two-year time limit for assistance in a grant-funded "Transitional Housing" (TH)⁴ or "Rapid Rehousing" (RRH) project; and
- The "written standards" that Continuums of Care (CoCs), states, counties, and cities administering HUD grants are required to promulgate and implement, which may further narrow eligibility and/or priority for grant-funded assistance, and/or reduce the amount, duration, and/or scope of grant-funded financial assistance and/or program services.

While the statutory and regulatory provisions that explicitly address length of stay appear to indicate that the OVW and HUD grant programs take a compatible approach, other guidance documents -- and the provider comments in Section 3 -- reveal a divergence of approaches that poses one of the more serious challenges for victim services providers using HUD grants⁵ to support their TH or transition-in-place programs:

³ 42% of the providers we interviewed reported receiving grants from the U.S. Department of Housing and Urban Development (HUD), through its Continuum of Care (CoC) and Emergency Solutions Grants (ESG) grant programs, to support their TH or rapid rehousing (RRH) projects. CoC grants are administered by geographically-based consortia called Continuums of Care and ESG grants are administered by states, counties, and cities that receive ESG block grants.

⁴ Like the OVW statute's waiver provision, the HUD [CoC Interim Rule](#) allows an exception for participants in a TH program who require additional time to find or prepare for permanent housing. §578.79 of the [CoC Interim Rule](#) states:

"A homeless individual or family may remain in transitional housing for a period longer than 24 months, if permanent housing for the individual or family has not been located or if the individual or family requires additional time to prepare for independent living. However, HUD may discontinue assistance for a transitional housing project if more than half of the homeless individuals or families remain in that project longer than 24 months."

⁵ The discussion which follows focuses on the pressure to reduce the duration of assistance in a HUD Rapid Rehousing grant-funded project. Providers operating traditional TH projects have felt similar pressures to reduce lengths of stay. Not discussed in this chapter, but addressed in [Chapter 12](#) ("Funding and Collaboration: Opportunities and Challenges"), is HUD's determination that Rapid Rehousing (RRH) projects (which fund what OVW providers call transition-in-place programs) are a more effective vehicle for ending homelessness than "traditional" transitional housing (TH) projects, which provide temporary program housing that participants must transition from when their term of assistance ends. HUD Funding decisions over the last few years have cut by more than 50% the number of TH grant-funded projects, including projects dedicated to serving survivors of domestic and sexual violence. Although at the same time that many traditional TH projects have lost their HUD grant funding, many new RRH projects have been created, including projects dedicated to serving survivors of domestic and sexual violence, the loss of projects utilizing provider-owned and provider-leased housing leaves survivors who are unable to obtain a lease in their own name, even with program rental assistance, without a viable option, which is a serious loss of capacity.

- On the one hand, the OVW program anticipates serving survivors with potentially complex needs above and beyond housing and employment barriers, who may have suffered years of physical, psychological, sexual, emotional, and financial abuse leading to their flight from violence and current homelessness. By contrast, as articulated in its [Rapid Rehousing Brief](#), HUD assumes that "the majority of families and individuals [who will be served by the Rapid Rehousing program] become homeless due to a financial crisis or other crisis that leads to the loss of housing. Addressing homelessness for these households primarily entails addressing their housing barriers to help them return to permanent housing." (p.1)
- On the one hand, the OVW approach emphasizes building a trusting, supportive relationship between the advocate/case manager and the survivor, which will be central to the program's ability to offer the necessary assistance; "walking alongside" survivors, to provide the support and assistance they need to address *their* priorities; and staying engaged *for up to the full two years allowed by statute*. By contrast, the "operating principle [of HUD's Rapid Rehousing program, as articulated in its [Rapid Rehousing Brief](#)] is that households should receive *just enough assistance* to successfully exit homelessness and avoid returning to the streets, other places not meant for human habitation, and emergency shelters." (p.1)
- On the one hand, as described in the [OVW's annual solicitation for TH grant proposals](#), "successful transitional housing programs *provide a wide range of flexible and optional services* that reflect the differences and individual needs of victims and allow victims to choose the course of action that is best for them. Transitional housing programs may offer individualized services such as counseling, support groups, safety planning, and advocacy services as well as practical services such as licensed child care, employment services, transportation vouchers, and referrals to other agencies. Trained staff and case managers may also be available to work with survivors to help them determine and reach their goals for permanent housing." (p.6)

By contrast, [HUD's Rapid Rehousing Brief](#) states that, "the focus of services in rapid re-housing is primarily oriented toward *helping families resolve their immediate crises, find and secure housing, and connect to services if/when appropriate*. Case managers should monitor and provide ancillary services in the short run to promote obtaining and maintaining housing. . . . This *crisis-related, lighter-touch (typically six months or less)* approach allows financial and staff resources to be directed to as many individuals / households experiencing a housing crisis as possible." (p.5)

Thus, while the regulatory limit on HUD-funded TH and RRH assistance remains at two years, there is strong encouragement from HUD to reduce lengths of stay, to as little as six months, so programs can serve more clients and make a bigger dent in homelessness. In turn, that messaging from HUD, reinforced by the need to annually compete for renewal funding, typically translates into pressure from the Continuums of Care, states, counties, and cities administering HUD grants -- that want to make sure they retain their HUD grant funding -- to reduce participant lengths of stay to levels that may be inadequate to properly support survivors in their recovery, and in their preparation for a sustainable transition to permanent housing, if that is their goal.

The Section 2 narrative discusses some of the potential consequences of shortened lengths of stay. For participants in traditional TH programs, the potential consequence is too little time to find placement housing. For both traditional TH and RRH program participants, a potential consequence is too little time to develop an income that is adequate to sustain placement or transition-in-place housing. As [Davies \(2009\)](#) notes, planning for safety is not just a matter of developing strategies to avoid or escape batterer-generated risks; it is also about ensuring that the survivor has the ability to protect herself against life generated risks (e.g., poverty, hunger, homelessness, lack of health care). Although short-term program assistance might enable a survivor to briefly transition from shelter to housing, if she has not had adequate time and support to develop the income she needs to sustain that housing, she may again face a choice between poverty/homelessness and dependence on an abusive partner.

The narrative notes how scattered-site participant-leased apartments now constitute almost two-thirds of all OVW-assisted TH units, and constituted 90% of the new units added over a recent two-year period. Scattered-

site, participant-leased housing comprises an even larger portion of the units jointly funded with HUD grants⁶ (which are not counted in published OVW statistics about the TH program housing stock, even if the survivors in these units receive OVW-funded services). The upshot of this trend is that ***a survivor's ability to obtain a lease in her name is increasingly prerequisite for participation in an OVW-funded TH program.***

In addition to adversely impacting survivor access to transition-in-place programs, the narrative asserts that a too-short program timeframe may also jeopardize the ability of traditional TH programs (which temporarily house participants in provider-owned or provider-leased housing) to successfully serve survivors with significant housing barriers. If such programs cannot sustain their offer of temporary housing until a survivor's housing search finally succeeds, that survivor must be discharged to some other living situation.

The duration of the housing search process is often a determining factor in the length of stay in a "traditional" TH program. It is not uncommon for survivors who are otherwise ready to move on to remain in the program, because they can't find decent housing they can afford -- or a landlord who will rent to them. The last thing a TH provider wants to see happen to a survivor who is ready to move on, is for that survivor to have to return to a shelter, or be forced to "couch surf" with family members or friends, or worst of all, feel like she has no choice but to return to the abusive relationship she fled, if that is a choice she would otherwise not make.

The narrative continues with a discussion about how programs frame their approach to the duration of services and assistance, in light of regulatory or other constraints on the duration of assistance. Some programs simply treat the ***maximum length of stay*** as the ***expected length of stay***, while other programs define a ***targeted length of stay*** or a baseline period of assistance and then allow for extensions -- which may be routinely approved, or conditionally granted -- up to the maximum 24 months. Some programs routinely provide only six months or a year of assistance; others routinely offer the full two years allowed by law.

While there is nothing inherently problematic with setting a target length of stay or dividing the total stay into a baseline period and periodic extensions for the purpose of taking stock of progress made and progress yet to be made, the narrative observes that programs that make such extensions of assistance contingent on "demonstrated effort" or "participation in services" or "progress" may be at odds with the VAWA voluntary services requirement, or at risk of contravening the OVW's warning (in its [annual solicitation of TH grant proposals](#)) against "requiring survivors to meet restrictive conditions in order to receive services."

To the extent that such policies have a ***disparate impact*** on the ability of persons with disabilities (or other protected classes) to receive program assistance, they may violate anti-discrimination laws, and, if the provider owns or leases the housing to which access is conditioned, fair housing laws.

Section 3 consists of the following five groupings of provider comments:

- Comments illustrating the range of approaches to length of stay;
- Comments describing the use of the targeted length-of-stay approach;
- Comments describing provider approaches to granting length-of-stay extensions above and beyond the program-defined baseline stay;
- Comments on why participants exit before they have reached the end of their stay limit; and
- Comments describing the challenges that programs with both OVW and HUD grant funding experience the pressure to maintain shorter lengths of stay.

⁶ HUD funding primarily comes in the form of Rapid Rehousing grants, which require that leases be in the participant's name. The OVW program allows the use of provider-owned and provider-leased units, as well as participant-leased units.

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