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

Executive Summary of Chapter 7:

Subpopulations and Cultural / Linguistic Competence

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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 Violence[2] -- 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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[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[3]

The OVW is committed in its Transitional Housing Assistance Grant program to ensuring that grant-funded housing and services are available to survivors from the full diversity of subpopulations, and are offered in a culturally and linguistically competent manner. Chapter 7 examines the implications of that commitment, that is, the nature of the different subpopulations who need that assistance, and what it means to provide such assistance in a culturally and linguistically competent manner.

The OVW's annual solicitation for TH grant proposals, warns against "procedures or policies that exclude victims from receiving ... assistance 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." (p.3) Above and beyond requiring compliance with civil rights and non-discrimination requirements, the OVW's annual solicitation for proposals states that,

> "*OVW has determined that serving underserved populations is a priority of the office. Therefore, all applicants must identify the* ***underserved population(s)*** *in the community and demonstrate how the proposed project will be responsive to the[ir] needs...."* (p.3)

According to paragraph (a)(39) of 42 U.S. Code §13925, *the term 'underserved populations' means*

> *"populations who face barriers in accessing and using victim services, and includes populations underserved because of geographic location, religion, sexual orientation, gender identity, underserved racial and ethnic populations, populations underserved because of special needs (such as language barriers, disabilities, alienage status, or age), and any other population determined to be underserved by the Attorney General or by the Secretary of Health and Human Services, as appropriate."*

This chapter explores the experience, the challenges, and the approaches of transitional housing (TH) providers in serving survivors of domestic and sexual violence who reflect the full diversity of the United States, and include all of the subpopulations identified by the OVW in these requirements.

The Section 2 narrative largely consists of a description of the Culturally and Linguistically Appropriate Services (CLAS) Standards, which were developed by the Office of Minority Health in the U.S. Department of Health and Human Services, and published at the end of 2000. The CLAS Standards comprehensively define what cultural and linguistic competence might mean for TH programs serving survivors of domestic and sexual violence. The discussion about the CLAS Standards is followed by providers' comments describing their challenges and approaches to offering culturally and linguistically competent services.

The two principal components of Section 3 are (a) extensive annotated listings of resources that may be useful to providers serving African American survivors, Latina/Hispanic survivors, Asian American and Pacific Island survivors, Native American/Alaska Native survivors, and immigrant survivors more generally; and (b) a broad sampling of provider comments about their approaches to serving racially, ethnically, linguistically, and culturally diverse survivors.

The following elements provide context for the resource listings and provider comments that comprise most of this chapter:

- A series of charts comparing the demographics (race and ethnicity) of a national sample of survivors of domestic and sexual violence (as reported in the National Intimate Partner Sexual Violence Survey), with

[3] The terms ***cultural competence*** and ***cultural/linguistic competence*** are used interchangeably in this chapter. Clearly, there are times when cultural competence requires the ability to communicate effectively in a language other than English, and there are other situations, when provider and survivor are both native/fluent English speakers, and different aspects of cultural competence are most important.

the demographics (race and ethnicity) of participants in OVW TH grant-funded programs and survivors served by FVPSA[4]-funded domestic violence shelters and non-residential service programs; and

- A discussion about the challenge and importance of, on the one hand, building program and staff awareness of, and sensitivity to, the beliefs, customs, and values traditionally associated with the different racial/ethnic/cultural communities that participants may come from, while, on the other hand, avoiding unwarranted assumptions based on demographic stereotypes about those participants.

The Section 3 narrative emphasizes that every survivor is a unique individual with life experiences that have helped shape their perspectives and priorities. Providers can only discover those perspectives and priorities, and the relevant information about how each participant came to be in the program and what she is hoping to accomplish, through open communication with that participant, to the extent that she wishes to have such a conversation.

The listed resources reinforce and expand on the importance of balancing awareness of "traditions" with caution about "unwarranted assumptions and generalizations." They make it clear that African Americans, Latinas/Hispanics, Asians and Pacific Islanders, and Native Americans/Alaska Natives are not homogeneous populations. Instead, the identities of community members may be based on a multitude of factors, including, but not limited to,

- their countries, regions, and/or tribes of (family) origin;
- how long they have been in the U.S, if they were not born in this country, and the extent to which they have assimilated into the "mainstream" or maintained traditional ways;
- if they were raised by immigrant parents or parents who were part of a cultural tradition that was outside the mainstream, the extent to which they and their parents attempted to assimilate into the "mainstream" or maintained traditional ways;
- their age, and the age at which they came to the U.S. (and whether/where they attended school), if they are immigrants;
- the extent to which they are currently affiliated with traditional religious or cultural institutions;
- the extent to which they speak English, if English was not their native language or the native language of their parents; and
- their socioeconomic status.

Thus, a survivor's identity and the roles that add meaning to her life[5] may center around a community of origin, a community of affiliation, or both, but shaped and colored by her individual experiences, perspectives, and priorities. Inasmuch as her physical, sexual, psychological, and/or financial victimization were part of an abusive effort to exert power and control by debasing, demeaning, and devaluing her, acknowledgement and affirmation of her chosen identity and roles are an integral part of supporting the survivor in healing and re-asserting her dignity, and in taking back power and control over her own life.

Section 4 focuses on needs and services related to lesbian, gay, bisexual, transgender, and queer (LGBTQ) survivors. In the same way that racial, cultural, and linguistic communities are not homogeneous, the LGBTQ community includes different subpopulations. For example, although there may be commonalities in their struggles, lesbian women, gay men, bisexual men and women, and transgender men and women are likely to have had different experiences with coming out, and with acceptance or rejection by their family of origin, their peers, and the larger community.

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[4] Family Violence Prevention Services Act (FVPSA) grants, administered by the Family Youth Services Bureau in the U.S. Department of Health and Human Services, fund shelters and non-residential services for survivors of domestic and family violence (but not victims of sexual assault committed by persons other than a family member or intimate partner).

[5] See, for example, Melbin, Jordan, and Smyth (2014).

As described in a special interview that we conducted with providers who have focused on serving LGBTQ people, different survivors have different comfort levels with being open about their gender identity and sexual orientation, and some may not yet have come "out." There are parts of the country where lesbians and gay men can be open about their sexuality, and there are parts of the country where they may feel a need to be more careful about coming out. According to the experts we interviewed, bisexual and transgender individuals are often less-well received, even in communities that have nominally welcomed gay and lesbian men and women. Survivors with other, less mainstream gender identities may have even greater concerns about being open about who they are. In addition to any relationship-related trauma, some of these LGBTQ survivors will have trauma related to their personal struggles to break free of their own or the larger society's expectations about who they are, and to make peace with their realities.

Section 4 includes some national statistics about the prevalence of domestic and sexual violence in the LGBTQ population, but since OVW-funded TH programs do not routinely collect and report on data about gender identity or sexual orientation, there are no cumulative statistics to include in this document. As noted in the narrative, the mention of gender identity and sexual orientation in the non-discrimination provisions of the 2013 VAWA Reauthorization represented the first time a federal funding statute extended such protections to the LGBTQ community, so TH program capacity building with respect to serving LGBTQ survivors is ongoing.

Although our interviews collected some general observations about providers' experience with serving LGBTQ survivors, in hindsight, it would have been helpful if we had more explicitly asked about the extent to which programs had knowingly served LGBTQ survivors, and, whether and how they identified and addressed any special needs related to the survivors gender identity and/or sexual orientation.

> ***Recommendation:*** Given the importance of gender identity and sexual orientation, we would encourage the OVW to consider working with LGBTQ advocates and providers to assess whether it is appropriate to formally augment data collection for the TH grant program to include information about gender identity and sexual orientation; and if so, how such questions might be asked and how such data might be collected, and what kind of training would be advisable, so that the collection of such information feels welcoming and inclusive, and does not compromise the safety, confidentiality, or privacy of survivors.[6]

Following narrative notes reflecting published wisdom about serving LGBTQ survivors, Section 4 presents some annotated resource listings, the comments we collected from TH providers, and the comments of the specialized LGBTQ providers that we interviewed, who were referred to us by members of our Project Advisory Committee.

Section 5 addresses the challenges and approaches attendant to serving young adults, older adults, male victims, and families with older children. The narrative begins with a listing of online resources addressing youth and young adult homelessness and victimization in relationship and sexual violence, prostitution, and human trafficking, with an emphasis on the experience of LGBTQ youth. The resource listings are followed by a brief summary of what providers told us, which in turn is followed by the actual provider comments.

The second part of Section 5 contains information from the National Clearinghouse on Abuse in Later Life (NCALL), a listing of additional online resources addressing older adult domestic and sexual violence, a brief summary of what providers told us, and the actual provider comments.

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[6] From our review of a 2011 report and 2012 proceedings of an Institute of Medicine-sponsored conference (see Alper Feit, & Sanders, 2012), we understand that there is an ongoing national discussion about the collection of data on gender identity and sexual orientation; clearly, the OVW can only proceed in ways that comport with national policy.

The third and final part of Section 5 includes a brief discussion on serving male victims and families with older male children, some annotated citations from regulations and guidance documents intended to help providers avoid discriminatory program practices, and a small number of provider comments.

Section 6 addresses the challenges and approaches pertaining to serving ex-offenders. Although quite a few of the providers interviewed for this project spoke about TH program participants' challenges in overcoming their history of criminal justice involvement in order to get a job or housing, only one provider specifically discussed how their program was designed to meet the needs of ex-offenders. This section consists exclusively of annotated summaries of some relevant online resources.

Section 7 addresses the challenges and approaches in serving Deaf survivors. In the absence of specific interview data about serving Deaf survivors, the narrative relies on published materials, primarily drawn from resources identified in the National Resource Center on Domestic Violence's "Special Collection" webpage.

Section 8 addresses the challenges and approaches in serving survivors with disabling conditions. The section begins with a review of the literature on the extent and nature of victimization of people with disabling conditions. The narrative continues with a survey of federal laws -- including Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and the Fair Housing Act -- which define providers' obligations to serve survivors with disabilities, and to offer reasonable accommodations and/or reasonable modifications of policies and procedures, to make programs and services accessible. The narrative also includes an annotated listing of relevant online resources that support compliance by mainstream housing and service providers.

Following those resource listings, the narrative describes the documented efforts of OVW-funded collaborative partnerships designed to simultaneously build the capacity of victim services programs to serve survivors with disabilities, and the capacity of disability-focused programs to address the needs of any of their clients who have experienced domestic and sexual victimization.

The Section 8 narrative continues with a focus on two specific disabling conditions associated with domestic violence -- traumatic brain injury and strangulation -- providing annotated listings of relevant resources about the impacts of such victimization and how programs can best work with survivors.

Drawing heavily from Hopper, Bassuk, & Olivet (2010), the narrative explains how trauma survivors, including survivors with PTSD or complex trauma[7], may evidence a range of physical, cognitive, emotional, and behavioral responses to that trauma, which may be misdiagnosed by clinicians, and misunderstood by service providers, in the absence of an awareness of trauma and its impacts. With a trauma-informed lens, behaviors that could have been mistakenly labeled as "uncooperative" or "difficult" or "lazy" or stemming from a "lack of motivation" may instead be understood as manifestations of traumatic brain injury, or as coping strategies or as resulting from the physical, psychological, emotional, and sexual abuse that survivors endured and fled.

Program participants who are in a hypervigilant state may be especially vulnerable to re-traumatization by “triggers” within the service environment that remind them of their traumatic experiences. Such triggers may include meeting new people, being asked personal questions, being informed about program expectations or deadlines, fearing punishment for not meeting such expectations or deadlines, feeling "overloaded" with information, being in a chaotic environment, hearing raised voices or witnessing conflict involving other program participants or staff, participating in a medical exam, etc. When faced with such triggers, survivors suffering from trauma may respond in ways that appear unreasonable, confusing, or frustrating to providers.

One of the most difficult and frequent challenges that providers mentioned is serving survivors with mental health and/or substance abuse issues. The narrative on serving such survivors begins with information from online resources explaining how and why domestic and/or sexual violence, poverty, mental illness, and substance abuse co-occur and are mutually reinforcing and exacerbating, and the importance of interventions

[7] See Courtois (2010) for a very readable explanation.

that simultaneously take into account all these factors. The narrative continues with a review of online materials providing guidance to program staff serving survivors with these co-occurring complications.

Although TH program staff are not funded to provide clinical services, understanding some of the clinical considerations and approaches can be helpful to supporting and potentially exploring treatment options with survivors with mental health care needs or substance dependencies. The Section 8 narrative concludes with a brief discussion about the importance of cultural competence in providing treatment services to survivors wrestling with these co-occurring conditions.

Section 8 concludes with two sets of provider comments -- the first addressing providers' experiences in working with participants with disabling conditions more generally, and the second addressing providers' experiences in working with survivors with behavioral health-related conditions (i.e., mental illness, substance abuse, traumatic brain injury, etc.)

References

Alper, J., Feit, M. N.& Sanders, J. Q. (2012). *Collecting sexual orientation and gender identity data in electronic health records: Workshop summary.* Board on the Health of Select Populations; Institute of Medicine. Retrieved August 24, 2016, from http://www.nhchc.org/wp-content/uploads/2015/06/IOM_2013_Collecting-sexual-orientation-and-gender-identity-information.pdf

Courtois, C. A. (2010). *Understanding complex trauma, complex reactions, and treatment approaches*. Retrieved June 7, 2016, from http://www.giftfromwithin.org/html/cptsd-understanding-treatment.html

Davies, J. (2009). *Helping Battered Women in Contact with Current or Former Partners: A Guide for Domestic Violence Advocates.* San Francisco, CA: Family Violence Prevention Fund. Retrieved April 27, 2016, from https://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Advocates%20Guide%281%29.pdf

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The open health services and policy journal*, *3*(2), 80-100. Retrieved June 20, 2016, from http://www.traumacenter.org/products/pdf_files/shelter_from_storm.pdf

Melbin, A., Jordan, A. & Smyth, K.F. (2014). *How do survivors define success? A new project to address an overlooked question*. Greenfield, MA: Full Frame Initiative. Retrieved from http://fullframeinitiative.org/how-do-survivors-define-success-report-recommendations/

Missouri Coalition Against Domestic and Sexual Violence (MCADSV). (2015). *Understanding the Nature and Dynamics of Domestic Violence.* Retrieved April 20, 2016, from http://www.mocadsv.org/FileStream.aspx?FileID=387

National Resource Center on Domestic Violence. (2014). *Special collection: Violence in the lives of the deaf and hard of hearing.* Retrieved December 5, 2016, from http://vawnet.org/sc/violence-lives-deaf-or-hard-hearing

Office of Minority Health. (2001). *National standards for culturally and linguistically appropriate services in health care final report.* Retrieved June 14, 2018, from https://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf

Office of Minority Health: National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care, 65 Fed. Reg. 80865 (December 22, 2000). Retrieved May 16, 2016, from https://www.gpo.gov/fdsys/pkg/FR-2000-12-22/pdf/00-32685.pdf

U.S. Department of Justice, Office on Violence Against Women. (2016). *OVW Fiscal Year 2016 Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking: Solicitation.* Retrieved on August 22, 2016, from https://www.justice.gov/ovw/file/800641/download

Warshaw, C., Sullivan, C. M., & Rivera, E. A. (2013). *A systematic review of trauma-focused interventions for domestic violence survivors*. National Center on Domestic Violence, Trauma & Mental Health. Retrieved June 20, 2016, from http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2013/03/NCDVTMH_EBPLitReview2013.pdf