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

Executive Summary of Chapter 8: OVW Constituencies: Survivors of Domestic Violence, Sexual Assault, Stalking, Dating Violence, and Trafficking

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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

The Office on Violence Against Women (OVW) Transitional Housing (TH) Assistance Grant program is statutorily authorized to fund programs providing transitional housing and related assistance to survivors of domestic violence (DV), sexual assault, dating violence, and stalking. Although the various chapters of this report touch on services to address sexual assault and stalking, they are mostly written with a focus on survivors of domestic violence, reflecting the focus of the preponderance of funded programs.

Chapter 8 is the exception to that pattern, addressing the challenges and approaches to serving other OVW TH program constituencies, and in particular, survivors of non-IPV³ sexual assault. A portion of this chapter is also devoted to the needs, challenges, and approaches in serving survivors of human sexual trafficking.

The Section 2 narrative begins by briefly referencing language in the authorizing federal statute and the OVW's annual solicitation for TH grant proposals. The narrative then reviews summary statistics from the cumulative semi-annual TH program reports from four recent reporting periods, which indicate that more than 85% of participants in OVW-funded TH programs were DV survivors, whereas less than 10% were survivors of sexual assault. These percentages generally match what providers told us about the mix of participants in their programs.

Section 2 includes a brief analysis of why survivors of sexual assault constitute such a small percentage of the overall clientele of OVW-funded TH programs. The narrative posits that the most significant reason is that DV shelters, which provide the majority of referrals into TH programs, are not funded to serve survivors of non-DV-related sexual assault, unless the perpetrator is a family member.

Another reason why TH programs may serve more DV survivors than survivors of non-IPV sexual violence is that whereas fleeing domestic violence typically requires the victim to leave the home she shares with the perpetrator, a victim of sexual assault may not have to leave her home in order to be safe; whether she feels the need to relocate may depend on where and by whom she was assaulted. And unlike a DV survivor, who may not have been allowed access to her or the household's assets by her abusive partner, the victim of non-IPV sexual assault may well be able to access her assets, depending on the perpetrator's relationship to her (e.g., parents or other caregivers may control such assets, whereas a co-worker or acquaintance would not).

Thus, whereas fleeing domestic violence all too frequently precipitates homelessness, rape or sexual assault may or may not be **the precipitating factor** in a woman's homelessness; instead, rape, sexual assault, and the trauma that result may be **contributing factors** to subsequent homelessness; and then, once a woman becomes homeless, a source of recurring victimization and trauma, given the lack of a secure place to stay.

As noted in the narrative, a disproportionately high percentage of homeless women in mainstream shelters -- or unsheltered situations -- are survivors of sexual assault (as children or adults), often with co-occurring trauma, mental health problems, and/or substance use issues. Their lack of a stable living situation and co-occurring mental health, substance abuse, and/or trauma-related issues leave these women vulnerable to further victimization, and their involvement in the mainstream homeless services system, where their homelessness and concomitant behavioral health needs typically overshadow their history of sexual abuse -- which may not even have been documented, due to the stigma, victim-blaming, and guilt attached to disclosing/reporting victimization as a child or as an adult -- making it highly unlikely that they will be referred to an OVW-funded TH program.

³ As described in the "Note about the Use of Gendered Pronouns and Other Sensitive Terms" at the beginning of this Chapter, the terms "domestic violence" and "intimate partner violence (IPV)" are used interchangeably in this document. Both terms are intended to include violence and abuse that happens in a "dating" relationship. Both terms would also include stalking by a current or former intimate partner (or dating partner). The term "non-IPV sexual assault" is intended to describe violence perpetrated by someone other than a current or former intimate or dating partner.

The Section 2 narrative concludes with a very brief discussion about the different approaches taken by some TH providers in serving survivors of sexual assault versus DV survivors. For the most part, our provider interviews did not reveal significant differences in programs' approaches to these two constituencies. A number of the staff we spoke with were part of full service DV and sexual assault agencies, which are able to offer in-house access to sexual assault-specific counseling, support groups, and other services. Those staff told us that in most cases, however, the participants in their TH programs were DV survivors who had also been sexually assaulted, rather than women whose primary reason for seeking assistance was sexual assault.

More specific recommendations pertaining to safety planning for survivors of sexual assault, developed by the Victim Rights Law Center (VRLC), are presented in section (3)(c); some of the VRLC's other recommendations, as shared in a special interview,⁴ are presented in section (3)(d).

Section 2 concludes with a set of provider comments about the constituencies their TH programs serve.

Section 3 begins with a review of the literature on the interrelationship of homelessness, sexual assault, behavioral health issues (e.g., substance abuse, mental illness, trauma), and childhood sexual abuse. One study suggests that the percentage of homeless women who have experienced rape and sexual assault may be three times the rate for women in the general population. Another study suggested that the rate of rape and/or sexual assault among women who have been sexually victimized as children is twice as high as the rate among women who have not experienced childhood rape or sexual assault. When multiple risk factors are present, the rate of adult victimization is even higher. Mental illness and substance abuse increases vulnerability to sexual assault, as does the very nature of unsheltered homelessness and/or reliance on overnight shelters, which discharge guests into the street every morning after breakfast.

Given the risks attendant to being on their own in a predatory environment, some homeless women decide to offer sex in exchange for protection from victimization by strangers or other homeless persons whom they fear. Other homeless women may exchange sex for food or drugs or other necessities. In turn, women engaged in such exchanges and/or involved in other risky or illegal survival activities tend not to report instances of victimization, because they fear the authorities, because their credibility is poor and they don't expect to be taken seriously, or because they fear reprisals from the men they might report.

Part (b) of the Section 3 narrative frames the challenge that these women -- and teenage girls and boys, including LGBTQ youth and young adults -- face in finding a path out of homelessness. To the extent that these survivors of multiple, chronic, and often ongoing victimization are far less likely than DV survivors to be referred to specialized TH programs, their primary hope is for referral to a mainstream TH or rapid rehousing (RRH) program, or, if they have serious and long-term disabilities, to a permanent supportive housing (PSH) program. In the meantime, these women stay in mainstream shelters or on the street, where they remain vulnerable to further exploitation and sexual abuse, and lack a reliable path to appropriate help.

While specialized TH programs need to be as prepared as they can be to provide housing and services that can support these survivors in healing, stabilizing their living situation, and hopefully, avoiding future predation, the majority of homeless survivors of sexual assault will be served by mainstream homeless programs. It seems critically important, therefore, that those mainstream programs develop the capacity to better serve survivors of sexual assault, perhaps by partnering with local rape crisis centers or full-service victim service providers: (a) to increase awareness of and access to sexual assault services and counseling; (b) to strengthen staff understanding of and sensitivity to the trauma that survivors carry; (c) to support safety planning that is appropriate to the needs of homeless survivors; and (d) to build capacity to offer trauma-informed services.

Part (c) of the Section 3 narrative introduces and summarizes some of the training materials developed by the Victim Rights Law Center (VRLC) and Transition Projects, an Oregon-based shelter and TH provider, to

⁴ The training director of the VRLC asked that we cite her as the interviewee and identify her as someone that providers could contact with follow-up questions on matters related to addressing the needs of sexual assault survivors.

guide residential service providers in offering **safety planning support** and related assistance to survivors of sexual assault who are homeless and staying in mainstream emergency shelters.

Part (d) of the Section 3 narrative consists of an annotated list of additional resources and reference materials describing the implications and concomitants of sexual assault, and approaches providers can take to support survivors in their recovery from the trauma. Included in the listing is a section on **Pandora's Project**, a volunteer-staffed largely web-based nonprofit resource "dedicated to providing information, support, and resources to survivors of rape and sexual abuse and their friends and family."

Part (e) of the Section 3 narrative focuses on Military Sexual Trauma (MST). The narrative (a) discusses the nature and prevalence of MST; (b) provides an annotated listing of U.S. Department of Veteran Affairs (VA) resource materials describing the nature of the problem and the need for assistance, the VA's multi-pronged approach, and VA programs to help affected service members and veterans; and (c) provides an annotated listing of non-VA resources.

Part (f) of Section 3 consists of an interview with the Director of Training and Technical Assistance at the aforementioned Victim Rights Law Center (VRLC), which describes itself as "the first law center in the nation dedicated solely to advocating for the civil legal needs of sexual assault survivors." Among the many topics addressed in the interview and presented in the narrative are: (a) the pros and cons of alternate approaches to expanding the capacity of the system to address the needs of sexual assault survivors (e.g., supporting programs with a DV focus in expanding their focus to encompass sexual assault, as opposed to trying to develop new TH programs that specialize in addressing the needs of sexual assault survivors); (b) strategies for creating system capacity to serve teenage survivors, given the fact that 40% of women and girls who have been sexually assaulted were first raped before they turned 18; and (c) how services for survivors of non-DV-related sexual assault might be different from services for DV survivors.

Section 3 concludes in Part (g) with the comments of the two TH providers that specifically addressed their work in serving sexual assault survivors during our interview.

Section 4 begins with a look at the prevalence and demographics of human sexual trafficking. Trafficking is a global problem, as well as a widespread, pernicious, difficult-to-stop, and dangerous-to-escape-from problem in the United States. Trafficking increasingly serves as a lucrative and relatively low-risk business opportunity for gangs and organized criminal enterprises. Trafficking victims include: (a) foreign nationals who have been smuggled into the U.S. and who have few, if any, places to turn for help; (b) women and teenage boys and girls -- including a disproportionate number of Native American children and women -- who have been kidnapped or tricked into the sex industry, often having left behind dangerous and exploitive home situations; and (c) children connected to family-controlled trafficking businesses.

Part (b) of the Section 4 narrative consists of a review of the literature on the needs of trafficking victims, and challenges and strategies for serving them.

Part (c) of the Section 4 narrative consists of an extensive, annotated listing of print and online materials that provide information about: (i) the needs of the women and teenage girls and boys who have been trafficked; (ii) the organizations that assist victims in escaping and recovering from the trauma of trafficking and sexual slavery; (iii) paths to legal immigration status for victims whose lack of status increases their vulnerability; and (iv) training and support resources for providers.

Section 4 concludes in Part (d) with comments from the small handful of providers whose programs purposefully serve survivors of trafficking, including one TH program that specifically targets survivors of trafficking.

References

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