Incorporating the Equal Access Rule to Maximize Access to Housing and Services for All Partner Violence Survivors

Violence Against Women Act State of California – Housing and Community Development



Introduction

Current statistics estimate that at least 10 million Americans experience intimate partner violence (IPV) per year,¹ and IPV is a leading cause of homelessness and housing instability.² Historically, housing programs and services addressing IPV have focused almost exclusively on cisgender women in heterosexual relationships.³ As a result, LGBTQ+ survivors of domestic and sexual violence have not had equitable access to victim services and housing programs, despite the disproportionate rates of victimization among LGBTQ+ individuals.⁴

Federal legislation and rulings, including the **Equal Access Rule**, the **Fair Housing Act**, and the **Violence Against Women Act (VAWA)**, require that HUD-funded recipients and subrecipients provide LGBTQ+ survivors with equal access to victim services and emergency, transitional, and permanent housing. This resource guide aims to elevate victim service providers' (VSPs) and other housing providers' understanding of domestic and sexual violence among LGBTQ+ survivors and provide guidance on federal rulings and best practices to help design equitable victim services and housing programs for the LGBTQ+ community.

Definitions

The following terms will be used throughout this resource guide:

- LGBTQ+ an acronym that stands for lesbian, gay, bisexual, transgender, queer, and other gender and sexual orientation diversity
- Sexual orientation an individual's intimate/ romantic attraction (e.g., gay, lesbian, bisexual, straight/heterosexual, queer, pansexual, etc.)
- Gender identity the personal sense of one's own gender that can correlate with a person's assigned sex at birth or can differ from it
- **Cisgender ("Cis")** someone whose gender identity is congruent with the sex they were assigned at birth

- **Transgender ("Trans")** an umbrella term for someone whose gender identity differs from the sex they were assigned at birth (e.g., trans man, trans woman, transmasculine, transfeminine, etc.)
- Non-binary an umbrella term for individuals who do not solely identify as "male" or "female," regardless of their sex assigned at birth; it is not uncommon for individuals to identify as both "trans" and "non-binary"
- Gender non-conforming ("GNC") gender expression that does not fit the traditional standards of "masculine" or "feminine" genders; persons can be cis, trans, and/or non-binary, as well as gender non-conforming

¹ NCADV (2020). Domestic Violence Statistics. National Coalition Against Domestic Violence. Retrieved June 4, 2024, from assets.speakcdn.com/assets/2497/ domestic_violence-2020080709350855.pdf?1596811079991.

² National Network to End Domestic Violence (2019). Retrieved June 3, 2024, from: Library_TH_2018_DV_Housing_Homelessness.pdf (nnedv.org).

³ Ard KL, Makadon HJ. Addressing intimate partner violence in lesbian, gay, bisexual, and transgender patients. J Gen Intern Med. 2011 Aug;26(8):930-3. doi: 10.1007/s11606-011-1697-6. Epub 2011 Mar 30. PMID: 21448753; PMCID: PMC3138983.

⁴ 2022 US Trans Survey. 2022 US Trans Survey. Retrieved June 4, 2024, from ustranssurvey.org/download-reports/#2015report; Peitzmeier SM, Malik M, Kattari SK, Marrow E, Stephenson R, Agénor M, Reisner SL. Intimate Partner Violence in Transgender Populations: Systematic Review and Meta-analysis of Prevalence and Correlates. Am J Public Health. 2020 Sep;110(9):e1-e14. doi: 10.2105/AJPH.2020.305774. Epub 2020 Jul 16. PMID: 32673114; PMCID: PMC7427218.; HRC Foundation (2022). Understanding Intimate Partner Violence in the LGBTQ+ Community. Human Rights Campaign. Retrieved June 4, 2024, from hrc.org/ resources/understanding-intimate-partner-violence-in-the-Igbtq-community.

Intimate partner and sexual violence among LGBTQ+ individuals

While domestic and sexual violence are epidemics in the United States, members within the LGBTQ+ community have significantly higher rates of domestic and sexual violence than have historically been acknowledged or addressed by most VSPs and housing programs. The below statistics highlight some of the disproportionate experiences of domestic and sexual violence within the LGBTQ+ community:⁵

- **50-75%** of transgender (including non-binary) individuals have experienced intimate partner violence in their lifetime.
- Homeless LGBTQ+ youth, particularly trans youth, are disproportionately sex trafficked – with nearly 90% of trans youth being offered money for sex.
- **61%** of bisexual women and **44%** of lesbian women, compared with **35%** of straight women, are survivors of IPV.
- 1 in 5 LGBTQ+ high school-aged students say they have been forced to have sex, compared with 6% of straight students.
- LGBTQ+ people are **10 times more likely** to experience rape or sexual assault than non-LGBTQ+ individuals.

Not only do domestic and sexual violence disproportionately impact LGBTQ+ individuals, but there are several ways that power, abuse, and coercion can play out in LGBTQ+ lives that add to the risk and impact of victimization.⁶ It is not uncommon for LGBTQ+ survivors to not recognize that some of these behaviors fit the definition of "intimate partner violence" or not know that they can and should seek help from VSPs. Some examples of additional risks for power, abuse, and coercion include, but are not limited to:

- Harassment or humiliation about one's sexual orientation and/or gender identity
- Threats to "out" the survivor to their family, employer, church, etc.
- Threats to remove parental rights/custody (particularly effective in states that favor cisgender, heterosexual parental rights)

⁵ 2022 US Trans Survey. 2022 US Trans Survey. Retrieved June 4, 2024, from ustranssurvey.org/download-reports/#2015report; Peitzmeier SM, Malik M, Kattari SK, Marrow E, Stephenson R, Agénor M, Reisner SL. Intimate Partner Violence in Transgender Populations: Systematic Review and Meta-analysis of Prevalence and Correlates. Am J Public Health. 2020 Sep;110(9):e1-e14. doi: 10.2105/AJPH.2020.305774. Epub 2020 Jul 16. PMID: 32673114; PMCID: PMC7427218.; HRC Foundation (2022). Understanding Intimate Partner Violence in the LGBTQ+ Community. Human Rights Campaign. Retrieved June 4, 2024, from hrc.org/resources/understanding-intimate-partner-violence-in-the-lgbtq-community.; HRC Foundation. (2023). The Epidemic of Violence Against the Transgender and Gender Non-Conforming Community in the United States: The 2023 Report. Human Rights Campaign. Retrieved June 4, 2024, from reports.hrc.org/an-epidemic-of-violence-2023#epidemic-numbers; Debra Schilling Wolfe, MEd Johanna K.P. Greeson, PhD, MSS, MLSP Sarah Wasch, MSW Daniel Treglia, PhD, MPP. (2018) Human trafficking prevalence and child welfare risk factors among homeless youth: a multi-city study. The Field Center for Children's Policy, Practice & Research University of Pennsylvania. humantraffickingsearch.org/resource/human-trafficking-prevalence-and-child-welfare-risk-factors-among-homeless-youth-a-multi-city-study/; UCLA School of Law Williams Institute (2022). VAWA and LGBTQ People. Retrieved June 2, 2024, from: williamsinstitute.law.ucla.edu/wp-content/uploads/VAWA-Mar-2022.pdf.

⁶ New York State LGBTQ+ Intimate Partner Violence Network (2018). Power and Control in Relationships: An Assessment Tool. Retrieved June 3, 2024, from: avp.org/wp-content/uploads/2018/01/Power-and-Control-in-Relationships-An-Assessment-Tool.pdf.

Some examples of additional risks for power, abuse, and coercion include, but are not limited to:

- Threats to disclose HIV/AIDS status to family, employer, church, etc.
- Disproportionately high rates of survival sex work and sexual exploitation among homeless, LGBTQ+ youth and young adults, including high incidents of sexual violence⁷

VSPs and housing providers play a vital role in ensuring that LGBTQ+ individuals and families know that it is safe to both seek services and to disclose and have their identities respected, without fear of negative consequences. To provide appropriate shelter, housing, and service interventions that are inclusive of LGBTQ+ survivor needs, it is first important to explore some of the federal rulings that require equal and fair access to housing and support services – the **Equal Access Rule**, the **Fair Housing Act**, and the **Violence Against Women Act (VAWA)**.

What is the Equal Access Rule (EAR)?

In 2012, the Department of Housing and Urban Development (HUD) issued the **Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity** final rule. From the feedback of homeless service providers and other HUD stakeholders, it soon became clear that the 2012 Equal Access Rule was not programmatically inclusive enough and did not provide enough guidance to ensure that transgender, non-binary, and/or gender non-confirming (GNC) service recipients were able to equally access shelters and other shared housing spaces without instances of violence, harassment, and discrimination (Federal Register: Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs).

In response, HUD revised the Equal Access Rule (EAR) in 2016 with greater clarity. **Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs** provides guidance to expand the 2012 EAR to include equal access to individuals in accordance with their gender identity in both programs and shelters funded through the Office of Community Planning and Development (i.e., CoC, ESG, HOME, CDBG, HOPWA, the Housing Trust Fund Program, and Rural Housing Stability Assistance Program). Providers that operate single-sex projects using funds awarded through HUD are required to provide clients, including transgender and GNC individuals, with access to programs, benefits, services, and accommodations in accordance with their gender identity, while also protecting such individuals from intrusive questioning or asking them to provide medical or legal documentation of their gender identity. The ruling also provides requirements regarding assessments, tenant selection, and admission preferences.

⁷ Keuroghlian AS, Shtasel D, Bassuk EL. Out on the street: a public health and policy agenda for lesbian, gay, bisexual, and transgender youth who are homeless. Am J Orthopsychiatry. 2014;84(1):66-72. doi: 10.1037/h0098852. PMID: 24826829; PMCID: PMC4098056.

How is the EAR different from the Fair Housing Act?

First and foremost, the Fair Housing Act (FHA) is a federal law, and the EAR is a codified regulation specific only to HUD-funded or HUD-insured programs. The FHA prohibits discrimination in housing opportunities by landlords and housing providers against people because of their actual or perceived sexual orientation and/or gender identity. Under the EAR, discrimination based on marital status is also prohibited, and housing opportunities for people must correspond to the gender with which the person identifies, while taking health and safety concerns into consideration. All providers must ensure that their policies do not segregate, or intentionally isolate, clients based on gender identity. Both the FHA and the EAR prohibit a lender from denying an insured mortgage to any applicant based on perceived or actual sexual orientation and/or gender identity.

Implementing LGBTQ+ inclusive federal rulings into **VSP** and **housing program design**

As with most federal policies, challenges with implementation arise frequently at the local level, due to a myriad of reasons. In a society where LGBTQ+ individuals and families have been historically marginalized, service providers are tasked with intentionally seeking out education about the needs and lived experiences of the LGBTQ+ community and using this education to appropriately revise housing programs and services to ensure equal access. This has been a particularly challenging task for VSPs, who have historically designed housing and services to meet the needs of cisgender, heterosexual women. While addressing all of these challenges is beyond the scope of this document, several challenges have been addressed below to help VSPs and housing providers revise their programs to abide by federal laws, regulations, and policies to ensure equal access for LGBTQ+ survivors.



Addressing barriers to equal access for LGBTQ+ survivors

While this document provides an overview of best practices to address common challenges of implementing equitable access to housing and services for LGBTQ+ survivors, it is not comprehensive. Below is a list of some key best practices that can be a starting point for systemic change to better suit the needs of all those affected by IPV, sexual assault, and trafficking. Additional resources are also provided for VSPs and housing providers to continue to expand organizational learning and improve operationalizing equal access to shelter, housing, and support services for the LGBTQ+ community.

A. Use LGBTQ+ community feedback and research to identify the barriers impacting LGBTQ+ equal access in the local communities served by your VSPs and housing providers.

Data collection about this population can be challenging due to stigma, fear of discrimination, and safety concerns, so it is a best practice to use several methods to garner feedback about barriers as well as possible solutions to addressing the barriers.

- i. Research national data, trends, and regulations as well as any state data that may be available in order to develop a comprehensive housing and service delivery model inclusive of appropriate grievance policies and resolution procedures.
- ii. Create a regular feedback loop through use of confidential focus groups, anonymous surveys, and issues that are reported by staff and clients. This should be done regularly in order to assure continuous quality improvement of programs.

Considerations for **rural** communities

VSPs and housing providers operating in rural communities often face different challenges in identifying and serving LGBTQ+ survivors than those in urban communities.

There is often greater prevalence of religiousbased organizations and cultural biases in rural service settings that cause LGBTQ+ survivors to not feel safe disclosing their identities or seeking assistance.

Gender-based violence is more prevalent in rural, than in urban, areas (NCADV Gender Based Violence In Rural Communities).

Many LGBTQ+ survivors of domestic and sexual violence do not feel safe reporting their experiences to law enforcement, particularly in rural geographies.⁸

Not unlike other forms of homelessness, homelessness due to IPV can be much more difficult to identify in rural communities. In addition, many survivors who have lost housing due to IPV do not see themselves as "homeless" and do not know that there are housing providers and services available to help them.

Community education and engagement around domestic and sexual violence, particularly among LGBTQ+ survivors, can help local service providers and leaders better understand how to support survivors and guide them to VSPs and housing providers for additional aid.

⁸ UCLA School of Law Williams Institute (2022). VAWA and LGBTQ People. Retrieved June 2, 2024, from: williamsinstitute.law.ucla.edu/wp-content/uploads/ VAWA-Mar-2022.pdf.

iii. Garner feedback about program models and service delivery from people being served in the system of care, as well as feedback from other groups such as LGBTQ+ support groups, clubs, organizations, other service providers, and online forums when possible and appropriate.

B. Assess and apply HUD's Equal Access Rule to VSPs and housing programs to expand equal access for LGBTQ+ survivors.

Congregate shelters, whether "single-sex" or not, are often very uncomfortable, if not unsafe, spaces for LGBTQ+ individuals. This is particularly true for trans, non-binary, and GNC individuals. HUD has provided a comprehensive **Equal Access Assessment Tool (EAAT)** for VSPs and housing providers to use to improve equal access for LGBTQ+ survivors, and additional guidance is provided below regarding common barriers to equal access for LGBTQ+ survivors.

- A client's chosen name and pronouns should be documented and exclusively used in every interaction with the client. It can be traumatic for trans, non-binary, and GNC individuals to be misgendered or have their birth name used – also referred to by some people as "deadnaming." Many clients will not return for help if they experience this.
- ii. Create policies and procedures that ensure all staff members can easily access a client's chosen name and pronouns from program entry to exit. As a reminder, the EAR prevents any HUD-funded project from requiring legal documentation to "prove" a client's gender identity or chosen name. Many trans, non-binary, and/or GNC clients do not have access to the court system to complete legal documentation changes that align with their chosen name and gender identity. As a result, this information may not be reflected on their driver's licenses, Social Security cards, or other legal documents. In addition, many states do not allow "non-binary" gender markers on a driver's license.
- iii. In instances of congregate living, trans, non-binary, and/or GNC clients should be asked privately what restroom and shower area they are most comfortable

using. It should never be assumed what will make a client feel most comfortable. Procedures should be put in place for staff to know a client's preferred restroom and shower selection; offer safety and support if the client experiences any intimidation, harassment, or aggression from other clients; and identify alternative, safe areas for using the restroom and shower, when needed or requested by the client.

iv. Organizations should have a zero-tolerance policy regarding intimidation, harassment, bullying, or any other form of discrimination against LGBTQ+ persons posted publicly in common areas and a confidential, responsive process for clients to report any negative incidents. If LGBTQ+ clients experience real or perceived intimidation, harassment, or other biases from program staff regarding their sexual orientation or gender identity, they are legally protected to report housing discrimination with state and federal offices such as the HUD Office of Fair Housing and Equal Opportunity and the **Civil Rights Department of California.**



- v. Eligibility criteria for gender-specific shelters or programs should be inclusive of trans and non-binary survivors. For "female-only" shelters or programs, people assigned female at birth, trans women, and transfeminine and non-binary people are eligible for this criterion. The same is true for "male-only" shelters or programs, which should include people assigned male at birth, trans men, and non-binary and transmasculine individuals. Organizational marketing, including website information, and program requirements should include this inclusive language.
- vi. Program marketing should include common indicators for "LGBTQ+" safe spaces, such as an inclusive rainbow flag, to ensure LGBTQ+ individuals know that it is safe to seek assistance from the providers. HUD provides significant guidance for marketing practices for marginalized populations (LGBTQ+ Fair Housing Toolkit). Prior to marketing as a "LGBTQ+ Safe Space," the organization must ensure they have redesigned their policies and procedures to provide safe experiences for the community.
- vii. Design assessment protocols that identify intersectional traumas to aid in equitable prioritization of housing for LGBTQ+ survivors.

Equal access is the minimum standard for ensuring LGBTQ+ survivors have a fair and just opportunity to seek support and safety from domestic and sexual violence. Yet, the lived experiences of LGBTQ+ individuals include significantly higher incidences of individual and collective trauma, experiences of domestic and sexual violence, and housing instability than cisgender, heterosexual persons. While all LGBTQ+ persons have disproportionate rates of these traumas, LGBTQ+ people of color and, particularly, transfeminine people of color have even greater incidences.⁹ While living unhoused is dangerous for all people, Black transfeminine individuals have historically high rates of murder and sexual violence, compared to white transfeminine and all cisgender individuals. It is critical that assessments for safety and scoring for prioritization include the unique risks faced by both the LGBTQ+ community and LGBTQ+ people of color.

Conclusion

The federal government, through rulings and legislation such as the Equal Access Rule, VAWA, and the Fair Housing Act, has begun to elevate the importance of providing equal access in housing and victim support services for LGBTQ+ survivors. VSPs and housing providers play a vital role in ensuring their organizations and housing systems create more inclusive policies, procedures, program eligibility, assessments, and more to improve access and assistance for LGBTQ+ survivors of domestic and sexual violence. The intersectionality of traumas that impact the LGBTQ+ community, including individual and collective trauma, demand greater focus, prioritization, funding, and inclusivity within VSPs and housing systems. With the collective effort of LGBTQ+ survivors, LGBTQ+ advocacy organizations, VSPs, housing providers, healthcare providers, funders, and community leaders, we can help put an end to the disproportionate trauma and violence, expand resources, and help foster safety and resiliency in the LGBTQ+ community.

Additional resources

- 1. LGBTQ+ Fair Housing Toolkit HUD Exchange
- 2. Equal Access Assessment Tool HUD Exchange
- 3. LGBTQ+ Youth Homelessness Prevention Initiative HUD Exchange
- 4. Power and Control In LGBTQ+ Relationships: An Assessment Tool Ny State LGBTQ+ Intimate Partner Violence Network
- 5. The Epidemic of Violence Against The Transgender and Gender Non-Conforming Community In The United States – The Human Rights Campaign
- 6. NCADV Gender Based Violence In Rural Communities

⁹ Bukowski LA, Hampton MC, Escobar-Viera CG, Sang JM, Chandler CJ, Henderson E, Creasy SL, Stall RD. Intimate Partner Violence and Depression among Black Transgender Women in the USA: The Potential Suppressive Effect of Perceived Social Support. J Urban Health. 2019 Oct;96(5):760-771. doi: 10.1007/s11524-019-00355-3. PMID: 31037482; PMCID: PMC6814667.