

# Housing: Safety, Stability, and Dignity for Survivors of Domestic Violence\* June 2013

Chiquita Rollins, PhD Kris Billhardt, MEd, EdS Linda Olsen, MA, MSW

\*This publication is the second in a series on housing instability and homelessness among domestic violence survivors and their children. In this installment, we will demonstrate the critical links between safe, stable housing and improved outcomes for survivors and their children. Future publications will provide information about implementing programs or projects that increase survivors' access to safe, stable housing.

It is clear that domestic violence and homelessness are linked in a variety of ways.

Lydia left an abusive husband late one night with her two children. She just began walking to go somewhere else, anywhere else, to find safety for herself and her children. When she found herself late at night on a busy street renowned for prostitution, she realized she had nowhere to go, so she turned back.

Carol always had a place to go—her mother's, her uncle's, a friend's house—and she carefully planned her stays with them to ensure that she and her children were always housed. Staying two weeks here, a month there, she was always mindful of not wearing out her welcome and losing their good will. Her belongings were organized in plastic bins in the trunk of her car—one for each of her children, with their favorite toys and clothes.

Claudia found out that her husband was in deep debt only after he was sent to prison. Even after selling their business, their house, and all their belongings, she was left with nothing but more bills to pay. Without help, she would have had no hope of getting housing, let alone sustaining it.

#### Elena was on the verge of homelessness

when the father of her young child moved out suddenly and refused to provide any financial assistance. Even working two jobs, she had difficulty earning enough money to pay for housing, food, and childcare. In addition, the abuser remained in the picture, harassing Elena and proposing reconciliation.

#### Marlene was on a relentless circuit of

transience and had moved more than one hundred times in six months. She cycled between homeless shelters and the homes of friends or family, and she periodically stayed at a boyfriend's place. There she put up with his disrespect toward her, his attempts to control her every move, and his demands for sex.

Advocates for domestic violence survivors have heard similar stories and have seen how difficult it can be for some survivors to get and keep safe, stable housing. Advocates have seen firsthand the impact of abuse and of housing instability or homelessness on women and their children. It is clear that domestic violence and homelessness are linked in a variety of ways.

Ending homelessness has become a high priority for some funders, policymakers, and social service programs. However, this focus on homelessness, especially on chronically homeless individuals or those with mental illness, substance abuse problems, or disabilities, often excludes survivors of domestic violence. For example, only one of the survivors mentioned above—Marlene—would have been included in a count of homeless people in the community. And she would have been included only if she happened to be in an emergency shelter on the particular day of the homeless count. Yet each of the survivors described here lacked safe, stable housing.

Survivors use a wide variety of creative strategies to avoid living on the streets. This means they may have to "choose" unstable or unsafe housing options, such as returning to or remaining with dangerous abusers or finding short-term housing situations with family, friends, or co-workers. Thus, domestic violence survivors are often not recognized as homeless because they avoid exposing themselves and their children to the dangers and negative impacts of living on the street, including the risk of losing their children through child welfare involvement. In addition, access to domestic violence or women's shelters is often limited.

Due to these factors—the exclusion of domestic violence survivors from the homeless count, the focus on specific populations that often excludes survivors, and survivors' strategies to avoid being on the street—survivors often have increased difficulty in accessing housing resources.

domestic violence survivors are often not recognized as homeless

# Impact and Definition of Housing Instability

Domestic violence survivors are at high risk for housing instability (1, 2, 3). Like Lydia and Marlene, they may have few resources to find stable housing away from an abusive partner, and so they remain in or return to a dangerous, unstable situation.

For others, like Claudia, they may face large debts run up by the abuser that impoverish them upon separation. Survivors may also have a problematic rental history due to their need to flee housing (and thus break a lease) or due to damage done by the abuser to rental property (4).

Measuring housing stability may more accurately identify and represent the circumstances of survivors, especially those with children, than simply determining whether or not they are literally homeless. "Housing instability" has been defined in a variety of ways in studies and programs: multiple moves over a short period of time, doubling up or "couch surfing," and difficulty or inability to pay rent. Yet there is no established measure of housing instability.

The SHARE (Safe Housing and Rent Assistance Evaluation) study (described in more detail in the Appendix) developed a ten-question scale, the Housing Instability Index (HII), to measure the level of housing stability/instability among 278 domestic violence survivors in the Portland, Oregon, area. Questions assessed such factors as ability to pay rent, problems with landlords, living somewhere they didn't want to live, and expectations about their ability to stay housed.

The population of survivors who were interviewed in depth faced a variety of challenges in trying to move from housing instability to safe, stable housing and healing\*:

- Participants had high rates of depression, Post Traumatic Stress Disorder (PTSD), and health concerns, with almost 85% reporting symptoms of clinical depression and almost 95% reporting symptoms consistent with PTSD. The mean PTSD score for the population interviewed was equal to or higher than scores of returning combat veterans.
- Participants were living with alarmingly high levels of danger, with 71% reporting extreme danger, signifying the highest risk of lethality as measured by the Campbell Danger Assessment Scale.
- Participants' work ability and history had been affected by domestic violence. More than half (58.7%) had taken time off work, and more than a quarter (28.4%) had lost a job in the past six months due to domestic violence.
- Participants had high levels of housing instability, with a mean score of 4.8 on the Housing Instability Index\*\* and an average of four moves in the past six months. However, only about 25% had been homeless in the past six months, as defined by living on the street, in a shelter or motel, or in a place unfit for human habitation.

Survivors' children had also been affected by the combination of domestic violence and housing instability:

- More than one-third (37.3%) had missed six or more days of school, and almost a quarter (23.2%) displayed declining school performance in the prior six months.
- Almost half (45%) exhibited some type of behavioral problem.

Using the HII, the SHARE study was able to show that housing instability has its own set of significant negative impacts. The more unstable the housing, the greater the risk of:

- Extreme danger;
- PTSD;
- Depression;
- Poorer quality of life;
- Utilization of hospital, emergency, or urgent care;
- Missed days of work or school; and
- Negative outcomes for children.

#### **Housing Instability Index Questions**

In the past six months . . .

- 1. How many times have you moved?
- 2. Have you had to live somewhere that you didn't want to live? (Yes/No)
- 3. Have you had difficulty (or been unable to) pay for your housing? (Yes/No)
- 4. Have you had to borrow money or ask friends/family or others for money to pay your rent/mortgage? (Yes/No)
- 5. Have you had trouble with a landlord? (Yes/No)
- 6. Has your landlord threatened to evict you? (Yes/No)
- 7. Have you been served an eviction notice? (Yes/No)
- 8. Do you expect that you will be able to stay in your current housing? (Yes/No)
- Have you had trouble getting housing? (Yes/No)
- 10. How likely is it that you'll be able to pay for your housing (rent or mortgage) this month? (Very Likely, Somewhat Likely, Somewhat Unlikely, Very Unlikely)

<sup>\*</sup>See SHARE Baseline Factsheet.

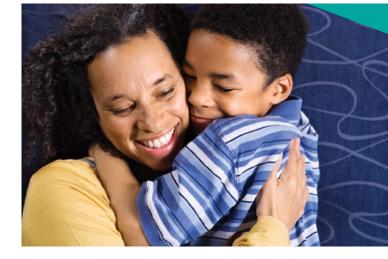
<sup>\*\*</sup>See Housing Instability Index.

These data confirm findings in other studies, which have found significant negative impacts of housing instability, including increased need to access health care and acute care; higher food insecurity and mental and physical health problems; and other social factors such as poverty and lack of employment (2, 5–11).

# Better Outcomes from Addressing Housing Instability *and* Domestic Violence

The SHARE study, case studies, and anecdotal information from survivors and advocates all point to the need to address both housing needs and domestic violence in order to reduce the level of danger, lessen symptoms of depression and PTSD, and provide a real opportunity for survivors to have stability in their lives.

Pairing services with housing provides a real opportunity for survivors to have stability in their lives.



### **SHARE Study Findings**

Dramatic positive changes occurred in the lives of the women and children in the study over the full 18 months of its duration. Survivors in the study received domestic violence victim services (including housing, public assistance, health care, police assistance, and restraining orders) and training and education services (including employment services, parenting classes, services for children, childcare, counseling, and alcohol or drug treatment).

The table below shows the significant improvement in several measures the SHARE study used. For example, the mean Danger Assessment for the study participants was 21.6 (extreme danger) at the baseline interview, but it had decreased to 6.4 at the 18-month interview. At the time of the baseline interviews, 85% of women were in extreme or severe danger based on the Danger Assessment Scale. By the 18-month interview, only 9.6% of women reported extreme or severe danger.

Similarly, large reductions occurred in the mean Severity of Violence Against Women Scale (SVAW) score, which measures assaults, and in the HII score. There were significant reductions, but of less magnitude, in the mean scores for Post Traumatic Stress Disorder and on the Center for Epidemiologic Studies Depression Scale (CES-D). In addition, participants' general health and quality of life improved between the baseline interview and the 18-month interview.

It is important to note that increasing housing stability was a significant predictor of improvements in the level of danger, depression, and PTSD for survivors and reduction in school absences and emotional or peer problems for children.

	Baseline	18-month	
Danger Assessment (mean)	21.6	6.4	
SVAW (mean)	53.2	6.1	
PTSD (mean)	55.65	42.6	
CES Depression (mean)	31.9	21.6	
General Health (mean)	2.6	2.8	
Quality of Life (mean)	4.1	4.9	
Housing Instability Index (mean)	4.6	2.4	

#### **What Survivors Said**

Survivors and study participants indicated in a variety of ways that housing was an important element in their lives and improved their quality of life. The following quotes from survivors receiving services from domestic violence programs that also provided housing support indicate how important the survivors considered housing and housing stability.

## **Case Study**

Sandy's story demonstrates how increased stability in a survivor's housing can make an important difference in her life and how specialized domestic violence services can help address both the danger and the housing problems a survivor faces.

After more than twenty years of psychological abuse, Sandy filed for an order of protection when the abuse turned horribly violent and her partner tormented and killed their beloved pet. He was arrested; however, Sandy was extremely traumatized and filled with grief for the pet. She had moved four times in the prior twelve months, attempting to separate from the abuser, only to let him move back in due to his threats, intimidation, blame, and manipulation of their daughter. This new level of violence made clear the need to remain separated.



<sup>&</sup>quot;The stress of homelessness has been lifted."

<sup>&</sup>quot;Housing made all the difference."

<sup>&</sup>quot;It's not just housing, it's a sense of identity."

<sup>&</sup>quot;Because of your help I am not only out of a bad situation and in a nice home, I am also back in school getting the education I always regretted not finishing. I am taking my life in a whole new wonderful direction . . ."

Sandy and her daughter's lives changed quickly with the issuance of the restraining order and the safety that came with it. Their lives were less tumultuous: her daughter could study more easily and Sandy was calmer, more rested, and optimistic.

However, Sandy still faced several challenges, including finding and keeping stable, long-term housing. While she looked for an apartment, they moved into a relative's house temporarily. Sandy kept part-time employment and received some unemployment compensation. She commuted quite a distance for her job and to get her daughter to her old school, where she could be with her friends and maintain a sense of normalcy and continuity. Sandy also had to carefully navigate their safety when her abuser was released from jail.

Getting this housing was a turning point for Sandy's on-going stability and healing.

Sandy had never accessed domestic violence services before she met the domestic violence advocate who helped her apply for the order of protection and later assisted her with getting a short-term housing grant that allowed her to move into a nice apartment. Getting this housing was a turning point for her on-going stability and healing. She accessed other services from advocates, including support groups and help with obtaining financial assistance to go back to school. She moved steadily toward a more stable life—helping out at her daughter's school, starting to make friends, doing well in school, and volunteering in her community. Her daughter was also doing well, and even attended a week-long summer camp specifically for girls.

Sandy's path to stability and healing illustrates the trajectory some women follow as their housing stabilizes. The SHARE study demonstrates that addressing domestic violence/safety concerns and helping survivors secure safe, stable housing can make significant differences in the lives of survivors and their children.



**Next Steps** 

# **Next Steps**

From both research and experiential perspectives, it is clear that providing domestic violence survivors with services that address both domestic violence and housing instability is needed to increase safety and long-term stability and healing.

Establishing new services, especially in the current economic and funding environment, can seem daunting or almost impossible. To assist programs, future publications in this series will provide information about effective approaches to developing and implementing such services in domestic violence agencies. The publications will cover the following areas:

- Design and implementation of services to help domestic violence survivors increase their safety and find and keep housing. A variety of models of service delivery will be presented to help programs develop one that fits the needs of their particular populations, their resources, and their values.
- 2. Development of relationships with homelessness/housing programs and landlords to increase housing resources available for survivors, protect their safety, and assure that survivors feel welcome and respected.
- 3. Education of private and public funders about the need for and advantages of flexible funding for housing-first or rapid re-housing projects for survivors and the need to expand methods of counting and defining homelessness to include a more accurate measure of the housing needs of domestic violence survivors and of women and children.
- **4.** Data useful for evaluating efforts to increase housing stability or for presenting to funders and policymakers.
- 5. Information about addressing the particular barriers and needs of survivors, including those in rural communities, on tribal land, in urban areas, and in culturally specific and immigrant communities, or those with significant barriers to obtaining or maintaining housing.



#### References

- 1. Burman, E., and Chantler, K. 2005. Domestic violence and minoritisation: Legal and policy barriers facing minoritised women leaving violent relationships. *International Journal of Law and Psychiatry* 28:59–74.
- 2. Pavao, J., Alvarez, J., Baumrind, N., Induni, M., and Kimerling, R. 2007. Intimate partner violence and housing instability. *American Journal of Preventive Medicine* 32:143–146.
- 3. Baker, C. K., Cook, S. L., and Norris, F. H. 2003. Domestic violence and housing problems: A contextual analysis of women's help-seeking, received informal support, and formal system response. *Violence Against Women* 9:754–83.
- 4. Martin, E. J., and Stern, S. N. 2005. Domestic violence and public and subsidized housing: Addressing the needs of battered tenants through local housing policy. *Clearinghouse Review* 38:551.

- 5. Reid, K. W., Vittinghoff, E., and Kushel, M. B. 2008. Association between the levels of housing instability, economic standing and health care access: A meta-regression. *Journal of Health Care for the Poor and Underserved* 19:1212–1228.
- 6. Kushel, M. B., Gupta, R., Gee, L., and Haas, J. S. 2006. Housing instability and food insecurity as barriers to health care among low-income Americans. *Journal of General Internal Medicine* 21:71–77.
- 7. Ma, C. T., Gee, L., and Kushel, M. B. 2008. Associations between housing instability and food insecurity with health care access in low-income children. *Ambulatory Pediatrics* 8:50–57.
- 8. Leaver, C. A., Bargh, G., Dunn, J. R., and Hwang, S. W. 2007. The effects of housing status on health-related outcomes in people living with HIV: A systematic review of the literature. *AIDS and Behavior* 11:85–100.
- 9. Duchon, L. M., Weitzman, B. C., and Shinn, M. 1999. The relationship of residential instability to medical care utilization among poor mothers in New York City. *Medical Care* 37:1282–1293.
- 10. Shinn, M., Weitzman, B. C., Stojanovic, D., et al. 1998. Predictors of homelessness among families in New York City: From shelter request to housing stability. *American Journal of Public Health* 88:1651–1657.
- 11. Phinney, R., Danziger, S., Pollack, H. A., and Seefeldt, K. 2007. Housing instability among current and former welfare recipients. *American Journal of Public Health* 97:832–837.

# **Appendix**

#### **Description of SHARE Study**

The SHARE study is a quasi-experimental, longitudinal, community-based, participatory study designed to evaluate the effectiveness, including cost-effectiveness, of an existing rapid re-housing program (Volunteers of America Home Free). The evaluation examines the role of housing stability in preventing revictimization and reducing negative health outcomes for domestic violence survivors and their children.

Participants in the SHARE study included 278 English- or Spanish-speaking women in the Portland, Oregon, area who had experienced physical or sexual violence or threats of violence by a current or former intimate partner in the previous six months. Housing instability was a primary concern for participants, and they had sought services from a domestic violence or housing assistance agency. More than half of participants were women of color; about half had a GED or high school diploma or less education. The participants had high rates of unemployment and poverty, and most had young children.

#### **Published Articles About the SHARE Study**

Clough, A., Wagman, J., Rollins, C., Barnes, J., Connor-Smith, J., Holditch-Niolon, P., McDowell, S., Martinez Bell, E., Bloom, T., Baker, C., and Glass, N. 2011. The SHARE Project: Maximizing participant retention in a longitudinal study with victims of intimate partner violence. *Field Methods* 23:86–101. Originally published online on October 26, 2010.

Rollins, C., Glass, N. E., Billhardt, K. A., Clough, A., Barnes, J., Hanson, G., and Bloom, T. 2012. Housing instability is as strong a predictor of poor health outcomes as level of danger in an abusive relationship: Findings from the SHARE study. *Journal of Interpersonal Violence* 27:623. Originally published online October 10, 2011.

Baker, C., Billhardt, K. A., Warren, J., Rollins, C., and Glass, N. E. 2010. Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior* 15:430–439.

Rollins, C., Holditch-Niolon, P., Glass, N., Billhardt, K., Connor-Smith, J., and Baker, C. 2009. An innovative approach to serving the needs of IPV survivors: Description of a CDC-funded study examining the Volunteers of America Home Free Rent Assistance Program. *Journal of Women's Health* 18:775–778.

#### **SHARE Factsheets:**

Chiquita Rollins, PhD, SHARE Co-Principal Investigator, Domestic Violence Consultant 503-335-3078 rollinsconsulting@q.com

Kris Billhardt, MEd, EdS, Director, Volunteers of America Home Free 503-802-0492 kbillhardt@voaor.org

Annie Neal, MPA, Program Director, DV Coordination, Multnomah County 503-988-4113 annie.neal@multco.us

Funding was provided to Multnomah County, Oregon, by the Centers for Disease Control and Prevention National Center for Injury Prevention and Control (U49CE000520-01, 09/01/2005-08/31/2010).

**Domestic Violence Housing First** 

Volunteers of America/Home Free



