The Intersection of Domestic Violence and Homelessness*

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

*This is the first of a series of papers published by the Washington State Coalition Against Domestic Violence and the Volunteers of America Home Free Program in Portland, OR. These papers are designed to help organizations think about their role in providing housing stability services to DV survivors. Future papers will address the critical links between safe, stable housing and improved outcomes for survivors and their children, different approaches to permanent housing programs for DV survivors, organizational change information for those interested in these strategies, and developing and strengthening community partnerships.

Introduction

Battered women have long been among the hidden homeless in the United States. Efforts to find protection in safe and confidential locations have resulted in limited visibility for this population in the burgeoning numbers of homeless people. Because domestic violence (DV) survivors are affected by many of the same social forces that affect anyone struggling to find and keep housing, the battered women's movement and the homeless movement have followed parallel paths. Federal cuts in subsidized housing have greatly limited access to affordable housing for low-income people, among them millions of DV survivors and their children struggling with housing instability and compromised safety. The intent of this paper is to outline *briefly* the parallel paths of these movements and highlight where they intersect.

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Homelessness

Homelessness, the condition of people without a regular dwelling, has long been associated with single men such as the hobos traveling across the country by train during and after the Civil War. But in reality, homelessness has affected a wide range of people throughout the history of the United States. During the Great Depression of the 1930s, millions of homeless people migrated across the country trying to find a way out of poverty, hunger, and homelessness. Decades later, in 1963, the Community Health Act set the stage for a new wave of homelessness as psychiatric patients were released from state hospitals into communities with the expectation that treatment and follow-up would be provided by community mental health centers. This plan was never fully funded, and without any sustainable support system, these former patients soon appeared on city streets and became the visible face of the homeless population.

Battered Women's Shelters

Prior to the women's movement of the 1960s, battered women had few options for seeking safety. They suffered silently for years, often watching the impacts of physical and mental abuse on their growing children. There were no laws to protect them and no reliably safe places for them to get away from abusive husbands. A battered woman was unlikely to bring her children to a community shelter or a soup kitchen and even less likely to camp out or live on the streets. In addition, divorce was difficult to obtain and divorced women were stigmatized in many communities. Employment opportunities and affordable, reliable childcare were often unavailable.

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Sisterhood is Powerful

EQUALITY

The women's movement created an opportunity for women to acknowledge and speak out about the abuse that existed in many of their homes. While the extent of abuse was not necessarily new information to those familiar with stories of a spouse's violence and cruelty passed down through generations of women or to those with memories of witnessing violence in their homes as children, the climate of the times engendered a new response: the creation of "safe homes" and underground networks for escape. Battered women and their allies set aside rooms in their homes to harbor women and children fleeing violence. The "safe homes" birthed the shelter movement, in which homes—usually in residential communities—were dedicated to the safety and healing of domestic violence victims. The first shelters were open by 1973. Family shelters operated by faith communities, such as Volunteers of America and the Salvation Army, slowly began to recognize that many if not most of the homeless women and children arriving at their doorsteps were fleeing abusive homes.

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The battered women's shelter movement spread. By 1979, more than 250 shelters for battered women existed in the United States. Domestic violence victims found a refuge where they were able to share their stories of abuse and hear that they were not alone and that the abuse was not their fault. Shelters typically afforded only a short-term stay—just enough to heal a little bit. Many women returned to their homes because there were no other realistic options, though some women were able to put together enough resources to start a new life.

As a testament to the growing recognition of the widespread incidence of abuse in homes across the country, the shelter movement gathered further momentum. By 1983, more than 700 battered women's shelters were operating

across the United States. Funding was scarce and the work to sustain these new supports required herculean grassroots efforts, with strategies that varied from community to community. Some of the logical funding sources were closed off to shelter organizers. Since most battered women technically had homes, these women and children were not perceived as homeless. Consequently, the shelters were not able to qualify for emergency assistance that other homeless shelters had access to through the Federal Emergency Management Act (FEMA) as it was established in 1979 to administer disaster relief and emergency assistance.

Survivors and allies started organizing to advocate for the public and private funding needed to support shelters and their services. These efforts resulted in the passage of legislation in many states to fund domestic violence programs through marriage license fees. In 1984, Congress passed the Family Violence Prevention and Services Act (FVPSA), which has since become a vital funding source for the more than 2,000 DV shelters and safe houses that currently exist. Many states also committed additional funds for battered women's shelters—often from their FEMA or Victims of Crime Act (VOCA) allocation.

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Federal Housing Cutbacks Lead to Massive Homelessness

In the meantime, during the early 1980s, the U.S. Department of Housing and Urban Development (HUD) budget, which included funding for low-rent public housing and for affordable housing in rural areas, was severely cut. In 1978, HUD's budget was over $83 billion. In 1983, draconian cuts reduced the budget to only $18 billion: a *$65 billion reduction* in support for housing. Affordable housing stock shrank dramatically. For example, from 1976 to 1985 a yearly average of almost 31,000 new rural affordable housing units were built, but from 1986 to 1995 average yearly production fell to less than half that of the previous decade. This trend strongly suggests that the extensive homelessness we have seen in the United States since the 1980s is inextricably tied to these cutbacks and to the near elimination of the federal government's commitment to building, maintaining, and subsidizing affordable housing. Community perception also underwent a dramatic shift over the same time period. Recognition faded of the systemic problems historically viewed as the causes of homelessness, such as inadequate wage standards and inadequate affordable housing, and the blame was increasingly laid on the personal deficiencies of those struggling with poverty.

The McKinney Act increased the stock of emergency shelters and poured new life into transitional housing

Emergency Shelters and the Stewart B. McKinney Act of 1987

During the period of HUD cutbacks to affordable housing development and subsidy in the 1980s, family homelessness continued to rise. Meanwhile, a new funding stream emerged to support many new homeless shelters when Congress created the Emergency Food and Shelter National Board Program in 1983. Then, in 1987, Congress passed the Stewart B. McKinney Homeless Assistance Act (now McKinney-Vento), which provided $880 million in homeless assistance funding, presumably in an attempt to partially fill the $65 billion gap in subsidized housing. The McKinney Act increased the stock of emergency shelters and poured new life into transitional housing, a model developed for those leaving institutions such as mental institutions, drug/alcohol treatment programs (recovery houses), and prisons (halfway houses). The rationale for transitional housing was that these populations needed supportive services in order to learn how to handle financial and tenancy obligations. Some also saw the offer of permanent housing at the end of a transitional housing stay as the "carrot" needed to encourage residents to follow treatment programs, maintain sobriety, and secure employment. Shelters and transitional housing came to be viewed as the most appropriate response to the many people who were forced into homelessness due to poverty.

Domestic Violence Agencies as Homeless/Housing Service Providers

The battered women's shelter movement faced several new challenges in the 1990s. The rise in homelessness and the continuing lack of shelter and housing for an increasing population affected by mental health issues increased the number of women accessing domestic violence emergency shelters, often changing the mix of residents to include more impoverished women and many more with mental illness. Additionally, the impacts of trauma often resulted in drug and alcohol use by survivors. Battered women's shelter advocates were often not equipped to address chemical dependency, and drug/alcohol program counselors were not equipped to address the safety needs of survivors.

Both the increasingly complex needs of survivors and the general lack of community resources for mentally ill homeless women required additional training and a push for "professionalization" among those working in shelters. Many programs established educational requirements for their direct service employees and shifted toward a less grassroots and more clinical approach. While trying to better equip programs to effectively respond to the complex issues that accompanied survivors to shelter, the movement steadily resisted adopting a cause-and-effect analysis that identified domestic violence victimization as a mental health issue and refrained from mandatory mental health services as part of its response to victims. Recognizing that domestic violence services were made necessary because of systemic oppression based on gender, not because of women's mental health issues, leaders in the movement continued to support staff qualifications that valued life experience at the same level as higher education and certification programs.

Advocates started to make the case that battered women were indeed homeless if their residence was not a safe place for them

As the population coming to shelters changed, advocates began to see that homelessness and poverty were issues as significant for many survivors as was domestic violence. Advocates started to make the case that battered women were indeed homeless if their residence was not a safe place for them to be and argued that federal emergency shelter dollars (through FEMA and HUD) should join federal FVPSA and state and local funding as a critical part of domestic violence program budgets. With new public funding came new requirements and regulation, including service standards, administrative codes, reporting, and data collection. Running programs now involved more administrative effort, new responsibilities that competed with service delivery, and further intrusion into the privacy survivors could expect when entering a program for help.

On the social change front, as a result of the advocacy and education efforts of the movement, domestic violence began to be framed less as a private family matter and more as a public safety issue: a crime. Some funding sources required domestic violence programs to collaborate with the criminal legal system. These collaborations provided new tools to help keep some survivors safer, but they also narrowed the analysis of a complex issue and changed the flavor of domestic violence advocacy to fit within the criminal legal system. Additionally, federal and local grants that supported what came to be called a "coordinated community response" to domestic violence further deepened funder expectations and reporting requirements even as they provided more resources for survivors.

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Throughout this time, emergency shelters remained the core service that most programs across the country provided to DV victims. Yet advocates were keenly aware that survivors leaving shelters needed more options. Those already impoverished or teetering on the brink of poverty due to the loss of an abuser's income and those with minimal education or vocational training and little or no employment history became stuck on long waiting lists for the shrinking stock of subsidized housing. Since emergency shelter stays were time-limited, many survivors returned to an abusive home, traveled from shelter to shelter, or relied on unstable housing with friends or relatives. The newly available HUD-McKinney funding for transitional housing programs seemed to be a perfect solution for the next housing step while survivors worked on job skills, financial management, and myriad other issues that were barriers to housing stability. Taking the lead from domestic violence agencies operating McKinney-funded transitional housing programs, Congress included in the 1994 Violence Against Women Act (VAWA) funding authorization to augment the transitional housing dedicated to domestic violence survivors.

Even as domestic violence agencies were embracing transitional housing as the next step after emergency shelter, organizations serving the chronically homeless population and homeless families were experimenting with "housing first" models. This approach supported access to permanent housing as soon as possible upon entry into homelessness, followed by wrap-around services, such as education, job training, mental health counseling, drug and alcohol treatment, and parenting support, to help with housing retention. Countering the prevailing notions of the time, the "housing first" movement asserted that housing is a right and not a reward for program completion.

Overlap of Domestic Violence and Homelessness

Domestic violence is one of the leading causes of homelessness for women and children. Among U.S. city mayors surveyed in 2005, 50% identified intimate partner violence as a primary cause of homelessness in their city. In the HUD 2012 Continuum of Care Homeless Assistance Program Point-in-Time Count, the largest subpopulation of homeless persons in Washington State was victims of domestic violence. (Each jurisdiction's housing and homelessness services that are funded by McKinney-Vento make up a Continuum of Care. Larger counties have their own Continuum of Care; smaller counties are usually included in a "balance of state" (or statewide) Continuum of Care.)

Domestic violence and homelessness are likely to occur together and can increase the need for resources and services, especially housing. The 2010 Federal Strategic Plan to Prevent and End Homelessness includes a citation from the National Center for Children in Poverty that indicates that "among

mothers with children experiencing homelessness, more than 80 percent had previously experienced domestic violence." According to a 1997 study by Browne and Bassuk, 92% of homeless women have experienced severe physical or sexual abuse at some point in their lives. The same study indicated that 63% of homeless women have been victims of domestic violence as adults. Strikingly similar results can be found in the 2004–2009 Washington Families Fund Five-Year Report: In the Moderate-Needs Family Profile for families served, 66% of women had experienced domestic violence. In the High-Needs Family Profile for families served, 93% of women had experienced physical or sexual violence. Data from the SHARE study, conducted by Rollins, Glass, Niolon, Perrin, and Billhardt, indicates that while only 26% of women accessing a wide range of DV services would be defined as homeless according to the federal definition at the time of the study, all were experiencing varying degrees of housing instability. Survivors participating in the study cited help with housing as the most helpful service they had received. (More details about the SHARE study are available in the second paper in this series.)

By the early 1990s, domestic violence shelters were at capacity, and many urban shelters had high turn-away rates. This situation continued into the new century, until the economic recession in 2008 exacerbated the crisis of limited bed space. DV agencies were forced to develop triage systems to ensure that women in the greatest danger were prioritized for shelter space. Women who had not recently fled their abusers and did not appear to have immediate safety needs were often seen as simply homeless—even if the homelessness was a result of domestic violence. For many of these survivors, poverty and trauma combined to create a downward spiral of homelessness, too frequently accompanied by mental health and chemical dependency issues.

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Many survivors who fell through the cracks of the DV system's eligibility triage ended up in homeless shelters. Survivors also turned to homeless shelters when DV shelters were full. Homeless shelter providers were often uncomfortable sheltering domestic violence victims due to their complex safety needs and the potential violence of abusive partners. In many communities, a schism formed between DV shelters and homeless shelters as women, often with their children, were sent back and forth between the two systems. Resources tended to be aligned to address only one realm of a survivor's circumstances, with DV shelters focusing on safety planning, legal issues, and advocacy and homeless service providers focusing on improved financial stability and permanent housing.

Women learned to redefine their experiences and needs in order to qualify for program admission. With the advent of more research documenting the high degree of intersection between domestic violence and homelessness and housing instability, both systems have become increasingly aware of the need to work together.

Domestic violence programs and homeless/housing organizations in many communities have forged relationships as a part of local planning efforts to end homelessness.

Where Are We Now?

Domestic violence agencies have successfully secured HUD grants for shelter, transitional housing, and rapid re-housing programs and have utilized VAWA funds for transitional housing. Domestic violence advocates were successful with legislative efforts on the national level to protect survivors' privacy by exempting victim services providers from HUD's requirements to enter personally identifying information of domestic violence survivors in shared Homeless Management Information System (HMIS) databases. Domestic violence programs and homeless/housing organizations in many communities have forged relationships as a part of local planning efforts to end homelessness.

During the last decade, with HUD's strong encouragement and with growing local will to better respond to homelessness, communities across the country have been developing their own 10-Year Plans to End Homelessness. HUD has invested in program evaluations and research to determine the degree to which McKinney-Vento Act programs for transitional and permanent housing have been successful in decreasing homelessness. Domestic violence advocates' involvement in 10-Year Plans and McKinney-Vento Continuum of Care plans varies from community to community, as do housing programs' awareness of and engagement with domestic violence victim services providers.

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During the course of these planning processes, advocates for the homeless brought the consistent message that it was the housing system that needed fixing, not those who were homeless. Many homeless advocates across the country developed and implemented pilot projects testing strategies to

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help homeless individuals access and retain housing. Evolving "housing first" approaches that expedited the move of homeless people into permanent housing and then provided tailored services to support housing retention have been very successful in many communities. Program evaluations have suggested that transitional housing program expectations are onerous and overly rule-based and are implicated in repeat episodes of homelessness rather than fostering the desired outcome of stability in permanent housing. Analysis has also shown that providing transitional housing costs more than providing rental assistance based on individual need along with tailored support services. Increasingly working within a social justice framework that emphasizes voluntary rather than mandatory services, advocates for the homeless have been successfully placing homeless people into permanent housing. Good outcomes—especially with a particularly high-barrier, chronically homeless population (primarily single men with long periods of living on the streets, often with chemical dependency and/or mental health issues)—have lent credibility to the "housing first" approach.

Positive outcomes and participant feedback in both HUD-funded research and pilot program evaluations caught the attention of policymakers. The reauthorization of the McKinney-Vento Act shifted the goal and funding authorization of the act toward supporting long-term housing, homelessness prevention, and brief homeless intervention services rather than facility-based transitional housing. This reauthorization, known as the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act, became law on May 20, 2009. Implementation of the new provisions is gradually rolling out, with domestic violence programs left to determine what the impact will be on their emergency shelter and transitional housing programs. Continuums of Care are reviewing their housing inventory and analyzing housing programs to determine how they might be more cost effective and more responsive to the permanent housing needs of homeless individuals. Many jurisdictions are actively shifting funds from emergency shelters and transitional housing facilities to homelessness prevention, rapid re-housing, and permanent supportive housing programs.

Where Do We Go from Here?

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Where Do We Go from Here?

The once-parallel paths of the homelessness prevention field and the domestic violence advocacy field have come to many points of intersection through the past decades. The recognition of the interrelatedness of these two social problems has introduced new funding streams, new approaches, and new challenges. At this juncture, it will be important for domestic violence programs that have historically provided emergency shelter and transitional housing as core service components to review their agency mission, the needs of survivors, and the resources necessary to meet those needs. Domestic violence programs that receive public housing money, especially funds that originate with HUD, will also need to participate in their community's 10-Year Plan to End Homelessness and/or their local Continuum of Care planning process. Advocacy to ensure agency viability and relevancy in the changing climate—and to ensure meaningful response is available to domestic violence survivors—is extremely important right now within both systems.

References

1. Western Regional Advocacy Project. 2006. *Without Housing: Decades of Federal Housing Cutbacks, Massive Homelessness, and Policy Failures.*
2. U.S. Conference of Mayors—Sedexho. 2005. Hunger and homelessness survey: A status report on hunger and homelessness in America's cities, a 24-city survey. Washington, D.C: Sodexho, Inc.
3. U.S. Department of Housing and Urban Development. *HUD's Continuum of Care Homeless Assistance Programs: Homeless Populations and Subpopulations, State Name: Washington.* http://www.hudhre.info/CoC_Reports/2012_wa_pops_sub.pdf.
4. United States Interagency Council on Homelessness. 2010. *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness.*
5. Browne, A., and Bassuk, S. S. 1997. Intimate violence in the lives of homeless and poor housed women: Prevalence and patterns in an ethnically diverse sample. American Journal of Orthopsychiatry 67:261–278.
6. *Washington Families Fund Five-Year Report, 2004–2009*. Seattle: Building Changes.

7. Niolon, P. H., Rollins, C. M., Glass, N., et al. 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(6):775–778.
8. Rollins, C., Glass, N. E., Perrin, N. A., Billhardt, K. A., et al. 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* 27:623–643.
9. For more in-depth history on current homelessness in the United States, please see: Leginski, Walter. *Historical and Contextual Influences on the U.S. Response to Contemporary Homelessness*. This paper was developed for the 2007 National Symposium on Homelessness Research and is available online at http://aspe.hhs.gov/hsp/homelessness/symposium07/leginski/.

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