

# Transitional Housing for Victims of Intimate Partner Violence

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Many victims of intimate partner violence (IPV) find themselves at increased risk for homelessness in an effort to escape violence. Flight from intimate partner violence is a leading cause of homelessness nationally,<sup>1</sup> particularly for low income women<sup>2</sup> and children<sup>3</sup>. In fact, it is estimated that 92 percent of women who are homeless have experienced severe physical or sexual abuse in their lifetimes,<sup>4</sup> and many IPV survivors struggle to obtain safe, affordable housing. A sample of 3,619 women in California was found to have four times the risk of housing instability<sup>5</sup> when they experienced IPV in the past year.<sup>6</sup> A national study of IPV prevalence found that only 48 percent of women who experienced rape, stalking or IPV in their lifetimes and indicated housing was needed received this support.<sup>7</sup>

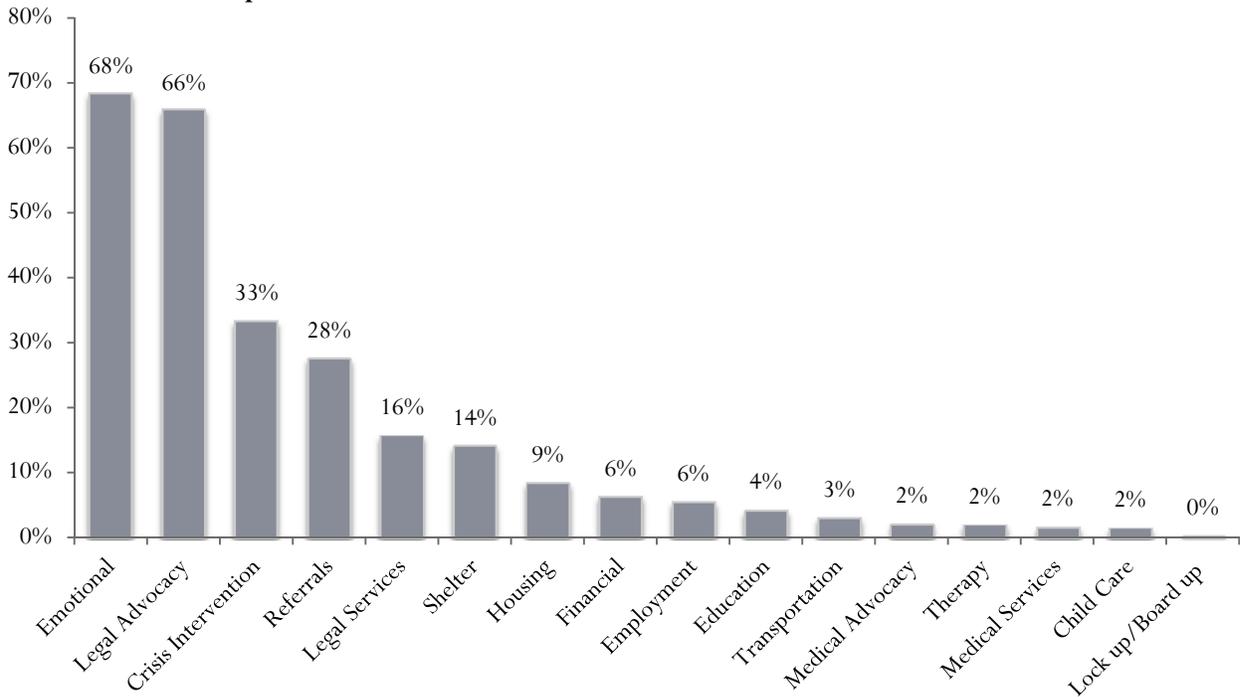
## IPV victim housing needs in Illinois

InfoNet is a data collection system maintained by the Illinois Criminal Justice Information Authority (Authority) that facilitates data collection about victims, their needs, and the services received. Currently, 67 domestic violence programs, 34 sexual assault providers, and eight child advocacy centers in Illinois enter data into the system. Although not all IPV victims seek support through domestic violence programs or programs using InfoNet (therefore these numbers do not represent the needs of all IPV victims in Illinois), this database is the only source of statewide, quantitative data available on IPV victim needs.

InfoNet can be used by domestic violence programs to record victim service needs at intake. InfoNet data collected at intake showed a notable number of victims seeking services needed shelter and housing. Between 2013 and 2015, 12,804 persons who sought services needed temporary shelter placements and 7,683 persons needed stable housing (*Figure 1*). This represented 14 percent and 9 percent, respectively, of all adult victims completing intake. Shelter and housing services ranked 6<sup>th</sup> and 7<sup>th</sup> in the top 10 needs identified by victims. Parents comprised a significant majority of the victims who needed shelter (66 percent) or housing (72 percent). Victims who reported needing shelter or housing services also were more likely to report needing financial and employment assistance (*Figure 2*).<sup>8</sup> The connection between housing stability and financial and employment stability is common and can play a role in long-term victim well-being and escape from abuse (see “Housing instability and IPV survivor outcomes” below).

The Authority also collects data on the number of victims turned away from shelters each year due to lack of bed space to gauge availability of, and access to, temporary housing. In 2015, 7,979 individuals were turned away from shelters due to lack of bed space, half whom were children.<sup>9</sup>

**Figure 1**  
**Top 10 Domestic Violence Victim Service Needs Identified at Intake**



Note: 2013-2015; N=89,888; Excludes cases with missing intake data.

### Housing instability and IPV survivor outcomes

Lack of stable, safe and affordable housing is associated with negative outcomes. Women who experience IPV and housing instability either directly or indirectly related to their victimization also report poor health outcomes, including depression, stress, and worse self-care.<sup>10</sup> A study of 278 female IPV victims found that housing instability was correlated with greater PTSD symptomology and depression and poorer quality of life even after controlling for other factors, such as age, reported alcohol and drug abuse, and perceived risk of lethal or serious injury violence.<sup>11</sup> The relationship between depression and housing instability has been established in other studies; one study of men and women (n=1,024) found that depressive symptoms were significantly more likely among transient people (frequently moving in the past 6 months), even after adjusting for homelessness.<sup>12</sup> Housing instability also was associated with more days off from work and emergency medical use.<sup>13</sup> This uncertainty can occur at various points in time, including before, during, and after survivors leave abusive relationships<sup>14,15</sup> and is often associated with a multitude of other concerns facing IPV victims, such as poverty, unemployment, or familial issues.<sup>16</sup> In some instances, housing insecurity and the perceived lack of alternatives may result in survivors returning to abusive homes.<sup>17,18</sup>

Addressing housing instability can result in marked improvements across other areas of concerns. One study found that women who experienced IPV indicated housing stability played an important role in improving or maintaining their health.<sup>19</sup>

### Addressing housing needs of IPV victims

#### *Assessment of need*

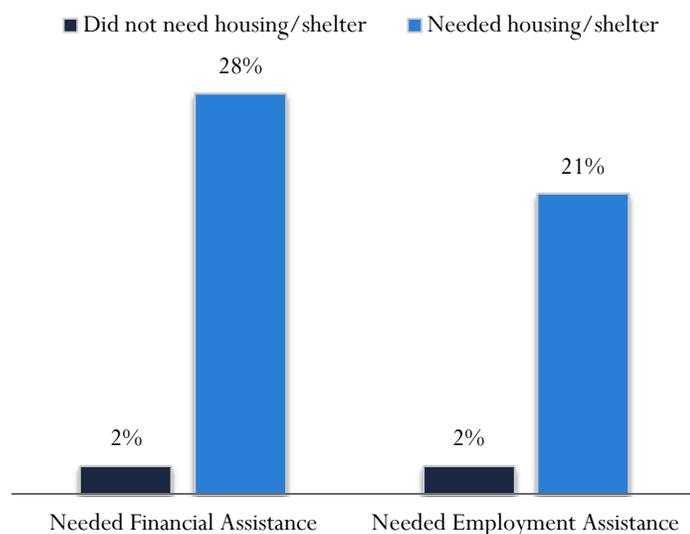
Defining housing stability is important when developing tools that adequately assess need. Some researchers have defined housing stability as an individual’s regular access to housing of acceptable quality.<sup>20</sup> Guided by this definition, researchers used interviews with homeless youth to design a 13-question stability measurement tool (called the Housing Security Scale) that focuses on the type of housing presently in use, recent housing history, economic, educational, criminal, and employment statuses, substance use, and personal ratings of satisfaction and stability. Tools like this may assist service providers in identifying people vulnerable to homelessness and can function as a basic risk-assessment to determine their service needs. Measures such as the Housing Instability Index<sup>21</sup> also attempt to measure this characteristic, but are criticized for too much focus on length of time at a particular residence, when regular movement in some situations could feasibly be a sign of increasing stability.

#### *Housing Options*

There are different housing options survivors may attempt to secure, each with their own limitations. Permanent housing programs come with long waiting lists and low-income housing units are difficult to find.<sup>22</sup> To afford a fair market two-bedroom home in the United States, a full-time worker must earn two-and-a-half times the minimum wage, 52 percent higher than it was in 2000.<sup>23</sup> Partner violence occurs more often in economically distressed homes in disadvantaged neighborhoods,<sup>24</sup> which compounds the need for affordable housing. Even with a job, landlords sometimes exhibit significant bias against women who reference living in a shelter.<sup>25</sup>

Some victims may stay with friends or family, but one side effect of IPV is the social isolation that severs these important ties.<sup>26</sup> Many victims are unable to rely on friends or family to provide long-term supportive housing. Weekly motels and emergency shelters are other common options, though

**Figure 2**  
**Relationship between Housing/Shelter Needs and Financial and Employment Needs**



Note: 2013-2015; N=89,888; Excludes cases with missing intake data.

these accommodations can be limited due to their availability or eligibility criteria.

Domestic violence shelters offer protection that is sensitive to victim needs, such as confidential locations and longer periods of stay (usually 30 to 60 days), but may have long waiting lists. General population homeless shelters often have more beds,<sup>27</sup> but typically offer only a short-term reprieve. The act of leaving an abuser can also act as a trigger for intimate partner homicide and extreme violence,<sup>28</sup> making appropriate and secure living space especially vital.

#### *Transitional housing strengths and weaknesses*

Transitional housing programs offer survivors long-term suitable housing and often include additional services that victims can access. Longer periods of stay, which typically last one to two years, and relevant support programming (counseling, employment assistance, and case management) fill an important gap between emergency and permanent housing.<sup>29</sup> Transitional housing program funding is authorized under the Violence Against Women Act (VAWA), which clarified in 2005 that applicants whose safety was in danger could be prioritized by public housing associations.<sup>30</sup>

Recommendations for length of stay in a transitional housing program are mixed. Length of stays for many transitional housing options is six to 24 months, with varying policies on whether stays can be extended and when programs begin encouraging the search for permanent housing.<sup>31</sup> Duration of transitional housing is often mandated by funding considerations, such as the U.S Department of Housing's Continuum of Care program eligibility requirements, rather than the health and safety of resident families.

Additional criticisms of some transitional housing programs include the lack of cultural sensitivity and rules that prohibit male children over the age of 13 from living on the premises.<sup>32</sup> Concerns also have been expressed as it relates to mandates that victims sever ties with their abusers. In situations involving common children, rehousing may include determining whether healthy boundaries can be set for the benefit of the child-parent relationship.<sup>33</sup>

Stigmatization and embarrassment of living in a shelter are further barriers to fully utilizing the resources that providers have to offer, and research recommends the development of programs that support victim autonomy and dignity, particularly as victims are seeking services specifically to avoid a controlling or manipulative situation.<sup>34,35</sup> Support services should also assist in helping victims identify and maintain permanent housing. Some survivors report struggling to find permanent housing even after securing transitional housing because of long waiting lists, resulting in some victims returning to abusers or having to rely on unstable housing options even after following a period of stability offered through transitional housing.<sup>36</sup>

#### **Limitations to existing research**

Most transitional housing research has focused on the reported need for safe, affordable housing and reported satisfaction with transitional housing services. Less research exists on whether and how transitional housing improves short- and long-term outcomes for IPV victims. What research does exist suffers from small sample size, which reduces generalizability of findings, or uses cross-sectional designs that preclude determinations of causation.

The lack of a consistent definition of stability also reduces the comparability of the studies cited here. Housing stability assessment tools that efficiently identify those at high risk for homelessness are still in conceptual stages of development and require more rigorous evaluation.

### Recommendations for policy and practice

- Programs should demonstrate how they will support victim autonomy and dignity and help victims move successfully to permanent housing by developing program logic models and performance metrics that focus on client outcomes.
- Programs should assess victim housing needs and risk for homelessness to ensure resources are targeted to those with greatest housing needs. Pre/post assessments should be completed to determine whether transitional housing and any additional programming offered to victims result in marked improvement in victim well-being and housing stability.
- Programs should consider lengths of stay policies that allow for flexibility depending on a resident's permanent housing outlook, health, and safety.
- Policies that impact the use of transitional housing and victim and family outcomes should be examined, including policies related to the client's relationship to the abuser, how the program addresses cultural differences, and residence restrictions related to teen-aged male children.
- Future research should consider the length of time required for victims with IPV-related needs to secure permanent, adequate housing. Additional research also is needed on effective ancillary programming that supports attainment of long-term, stable housing.

<sup>1</sup> U.S. Conference of Mayors–Sodexo. (2005). *Hunger and Homelessness Survey: A status report on hunger and homelessness in America's cities, a 25-city survey*. Washington, DC: Author.

<sup>2</sup> Menard, A. (2001). Domestic violence and housing: Key policy and program challenges. *Violence Against Women*, 7, 707-720.

<sup>3</sup> Bassuk, E., Murphy, C., Coupe, N. T., Kenney, R. R., & Beach, C. A. (2014). America's youngest outcasts: A report card on child homelessness. Waltham, MA: The National Center on Family Homelessness. Available at: <http://www.air.org/sites/default/files/downloads/report/Americas-Youngest-Outcasts-Child-Homelessness-Nov2014.pdf>.

<sup>4</sup> Bassuk, E. L., Melnick, S., & Browne, A. (1998). Responding to the needs of low income and homeless women who are survivors of family violence. *Journal of American Medical Women's Association*, 53(2), 57-64.

<sup>5</sup> Housing instability for this study was based on participant self-reports of late rent, frequent moves because of finances, and lack of own housing.

<sup>6</sup> Pavao, J., Alvarez, J., Baumrind, N., Induni, M., & Kimerling, R. (2007). Intimate partner violence and housing instability. *American Journal of Preventive Medicine*, 32(2), 143-146.

<sup>7</sup> Breiding, M. J., Chen J., & Black, M. C. (2014). *Intimate Partner Violence in the United States — 2010*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

<sup>8</sup> Financial:  $r = .396$ ,  $n=89,888$ ; Employment:  $r = .310$ ,  $n=89,888$ .

<sup>9</sup> This number includes anytime a victim is turned away from a shelter due to bed space. Therefore, some victims will be counted more than once.

<sup>10</sup> Clough, A., & Draughon, J. E., Njie-Carr, V., Rollins, C., & Glass, N. (2014). 'Having housing made everything else possible': Affordable, safe, and stable housing for women survivors of violence. *Qualitative Social Work*, 13(5), 671-688.

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- <sup>14</sup> Daoud, et al. (2015).
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- <sup>17</sup> O'Campo et al. (2015).
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