

Homelessness and Domestic Violence

A Webinar for the National Alliance to End Domestic Abuse

Jewish Women International

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Some Facts of Homelessness

- DV/sexual assault history (and trauma impacts) significant contributing factors to chronic homelessness in women
- 92% of homeless women have experienced severe physical or sexual abuse in their lives; 63% were victims of domestic violence
- 38% of all DV survivors become homeless at some point; DV accounts for over 40% of family homelessness
- Homeless women may seek the perceived safety of a new partner and become the victim of survival sex and other coercive control

Should I Stay or Should I Go?

- Housing considerations are a huge part of deciding what to do when DV becomes part of living situation
- For many survivors, fleeing DV means losing their housing and becoming impoverished
- Fears and uncertainty about how they will make it on their own, where they can live result in many survivors staying – especially when there are children
- Even if abuser exits the shared housing, survivors may lack resources to sustain costs and remain housed

Housing Insecurity

- Homelessness is only one end of a continuum of housing problems faced by DV survivors
 - Missed or late payments for rent/utilities
 - Compromises: selling belongings or skipping food to make payments
 - Ineligibility for housing services due to credit, landlord, or criminal justice problems
- Some families face barriers to using emergency shelters
- Disproportionate number of survivors of color among the homeless

Why Survivors May Go to Homeless Programs

- DV shelters lack capacity; often prioritize the highest degree of **current DV danger** (regardless of street danger)
- Over half of the survivors who identify a need for housing services upon fleeing abusive homes don't receive them
- Survivors often faced with choice of return to abuse or coping with chronic homelessness with little hope of housing

Housing is Key to Safety for DV Survivors

“The availability of safe, affordable, and stable housing can make a critical difference in a woman’s ability to escape an abusive partner and remain safe and independent. “

-Anne Menard

A Necessary Shift

- Housing has long been a focus of the DV movement, but resources have been concentrated primarily on emergency and temporary housing
- Shelters/Transitional Housing: Increasingly resource-strained, not an option for some, and only a temporary solution if no permanent housing options exist at exit
- Growing emphasis on expanding our housing focus also reflects recognition of ongoing impacts of DV – *and of the need for a DV lens when addressing housing barriers*

Pairing Housing Help with DV Know-How is Powerful

- DV interferes with housing access and with success in maintaining it
- Even once in new housing, abuse may remain an issue; abusers often sabotage attempts to live independently, and some trauma impacts are slow to resolve
- Survivors who can't maintain their housing are highly vulnerable to return/re-abuse
- Specialized, DV-informed, tailored services can address these interacting factors and be the difference in survivors' ability to truly embed safety in their lives

The Need for a DV Lens

- Denials, evictions, ruined credit, lease terminations often based on violence/abuser interference
- Survivors experience discrimination based on status as victims
- High density/high violence in public housing complexes may place women at continued risk, trigger trauma
- Stalking, harassment, on-going violence and threats by the perpetrator may occur even after survivor is housed

The Need for a DV Lens: Children

- More than half of DV survivors live in households with children under 12
- 47% of homeless school-aged children and 29% of homeless children under 5 have witnessed domestic violence in their families
- Exposure to violence significantly impacts on development, behavior, education, health, mental health, and increased risk-taking behaviors as adolescents and adults

Issues That Can Challenge Stabilization

- Trauma impacts (survivor and children)
- Ongoing legal issues
- Fears about child custody, deportation
- Stalking-prone abuser
- Interrupted/sabotaged employment history
- Criminal record
- Chemical dependency
- Bad credit, inexperience with handling money
- Pets often part of the household

Another Risk Factor: Loss of Community

Difference between someone who is impoverished, but housed, and person who is homeless = ***Social Network***

DV survivors often homeless/at risk of homelessness because of they lack that network due to:

- Abusive partner's pattern of coercive control
- Isolation from friends/family/social supports
- Ostracism in community
- Economic abuse
- Abusive partner's sabotage in order to maintain control

Keying in on Trauma

- Trauma: When external threat overwhelms coping resources; for survivors, an ongoing state of being
- Brain becomes hyper-vigilant – scanning for danger, sensing/reacting to perceived threat
- PTSD symptoms are seen as the behavioral manifestation of all of these changes
- Trauma responses are *completely normal* for a human being who's adapted to a traumatizing life – BUT – may interfere with survivors' ability to enact patterns and behaviors it takes to maintain housing
- *Trauma also affects how people approach services*

How Trauma May Show up

- Difficulty with emotional regulation
- Hyper-arousal, flashbacks, nightmares, startle reaction
- Memory and concentration problems
- Pain, sleep disturbances, illness, substance abuse issues
- Short attention span; easily distracted
- Slowed thinking, difficulty with decisions
- Intrusive thoughts, confusion
- Changed sense of self, others, and the world
- Loss of sense of time and space
- Trouble with abstract concepts, complex directions

Survivors May Need Advocacy Around Trauma

Trauma may be mistaken for:

- Apathy
- Poor self-worth
- Lack of follow-through, unreliability
- Disinterest in getting help
- Uncooperative or oppositional manner
- “Spacy-ness”
- Poor judgment, inability to make good choices
- Deeper mental health issues

Transitional Housing Concept

- Originally developed for those leaving institutions (mental, drug/alcohol treatment, prison)
- Became part of McKinney “Continuum of Care” to serve as bridge between homelessness and permanent housing
- DV Agencies got on board with McKinney funding for emergency shelter and transitional housing

Continuum of Care Rationale: Get People Ready for Housing

- Helps homeless people stabilize
- Gives providers a chance to access for need
- Gives homeless a chance to learn a trade, go back to school, save money, learn how to be a good tenant
- Gives time to establish positive rental history
- Clean and sober time
- Time away from the abuser

Could these Services and
Activities Happen in Permanent
Housing?

What is Housing First?

- Housing is a right.
- Housing FIRST not Housing READY
- No barriers for housing access
- Assessment done to identify and eliminate potential barriers
- Tailored, voluntary services

Is This Safe/A Good Idea for Survivors?

- Some survivors need/want confidentially-located shelter
- Some face high barriers and may need long-term subsidy/permanent supportive housing/master leasing program
- Many want to leave systems and agencies behind and establish themselves in new housing
- Others want to return to/remain in previous housing once abuser vacates

Comprehensive Housing System for DV Survivors

- Housing retention (diversion or homelessness prevention): *Survivor may never need to leave the home or may leave temporarily for safety concerns*
- Rapid Re-Housing/Progressive Engagement
- Subsidized housing with services available—may need a master leasing arrangement if undocumented or with bad tenant screening report (criminal record, debt, eviction)
- Permanent supportive housing

Service Strategies

- Survivor-Driven, Trauma-Informed Domestic Violence Mobile Advocacy
- Self-determination (choice/autonomy/agency)
- Safety—physical and emotional, as identified by the survivor
- Tailored, voluntary services
- Flexible financial assistance
- Connection/Re-connection with community

The Case for Housing First with DV Survivors

- Research suggests that survivors who secure housing reduce chances of re-victimization
- Women linked with advocates during post-crisis period report higher quality of life, more social supports, and less re-abuse
- Stable housing and social connectedness are key social determinants of health and mental health

Foundations of Effective Support

- Safety considerations should be embedded in all aspects of services provision, including housing location
- Remember: Barriers/issues a result of trauma, compromised ability to control own life – not defect or disorder
- Know the federal and state laws that provide protections and recourse to survivors
- Use what we know about DV and trauma to tailor services and policies
- Seek partnerships to bring in additional supports

How Home Free's Housing First Services Evolved

- HUD grant in 1998 was our entry into RRH
- Found that even high-barrier survivors were getting/keeping housing
- Connections forged with landlords and housing authority opened many doors program-wide
- We were sold! Program re-design based in large part on determination to expand our long-term advocacy and housing services

Home Free's Housing First

- Eligibility: Immediate crisis stabilized, housing stabilization a primary need, DV is a factor in housing barriers
- Scattered-site model staffed by mobile advocates
- Earmarked funds for rental subsidy and flexible financial assistance
- Capacity: 55-120 households/yr
- Usual duration of services: 6-9 months financial assistance (step-down), up to two years advocacy
- “Light touch” assistance also provided to support stabilization

Home Free's Approach

- Broad eligibility*
- Tailored, survivor-driven services
- Mobile advocacy and home visits increase accessibility of services
- Strong emphasis on working across systems to address DV-related and other barriers
- Long-term support to better ensure true stabilization
- Trauma-informed
- Rental agreements held by survivor

**Increasingly challenging depending on funding source*

Home Free Outcomes

- > 90% stably housed 12 months post-exit
- > 70% reach Milestone 5 (sig. gain in self-advocacy skills)
- > 95% increase coping skills/self-sufficiency
- Self-Assessment:
 - > 95% increase ability to stay safe
 - > 95% increase ability to make informed choices
 - > 95% increase knowledge of resources/how to access them

Services Include:

- Danger Assessment, ongoing safety planning
- Systems navigation and accompaniment
- Housing search, advocacy with landlords
- Employment access support
- Rental subsidy and other financial assistance
- Links to civil legal and immigration law services
- Direct services for children, parenting support
- Financial empowerment and job search support
- Emotional support around trauma, DV issues

SHARE Study: Research Underscores the Connection

- Housing instability is associated with poorer outcomes above and beyond survivors' level of danger due to DV
- Increased housing stability a significant predictor of improvements in many areas of life:
 - Increased safety, decreased vulnerability to abuse
 - Lower levels of PTSD and depression
 - Higher quality of life
 - Increased ability to sustain employment
 - Improvements in children's outcomes

WSCADV DV HOUSING FIRST

“It’s not just housing; it’s a sense of identity.”

DV Housing First Pilot Project

2009-2014

- 4 programs: 1 urban, 2 medium-sized, 1 rural
- Expanded in 2011 to 13 programs: 7 rural, 2 urban
- Includes 3 Tribal programs, 1 targeting Latina immigrants, 1 targeting refugee/immigrants

Housing First with DV Survivors

- Housing First focuses on helping survivors retain or access safe, permanent housing quickly—sometimes completely bypassing emergency shelter and homelessness.
- Aim is to help survivors choose how best to rebuild their lives
- After retaining housing, survivors felt safer and their danger levels decreased

Key Elements of Housing First Pilot Project

- Tailored services, mobile advocacy
- Housing Search Support
- Landlord Education
- Temporary financial assistance

Follow Up Data

Oct. 2011-Sept. 2014

- 657 Survivor Households served
- Advocates able to maintain contact with 67% of households over the 3-year period
- 88% of those reached had either retained or obtained permanent housing
- 5% were working on housing options
- 7% had accessed and lost their housing
- 93% of those who could be reached were still in housing at 6 months
- 91% of those reached were still in housing at 12 months
- 96% were still in housing at 18 months

Demographic Information

- 30% were Native American/Alaska Native
- 30% identified as a refugee or immigrant, with Spanish being the most common language
- 65% were survivors of color

Survivor-Identified Needs

Once stabilized in housing, needs identified included:

- Coping Skills/Self-sufficiency (23%)
- Financial/independent living skills (23%)
- Employment and career (22%)
- Health and well being (22%)

New 5-year Demonstration Project

- Build two regional systems (urban and rural) based on pilot project findings that will increase housing stability for DV survivors and their children
- Develop or strengthen collaboration between DV programs and housing/homeless programs
- Build evidence base showing that DV advocacy and housing stability result in improved health and well-being for survivors and their children—including healing from trauma and increased resiliency

Making the Cultural Shift

- Embracing housing as part of DV advocacy work
- Advocate mindset: how is talking about utility allowance/lead-based paint inspection still DV advocacy??
- “I’m going where, now? To survivors’ homes?”
- What is lost when we move away from shelter?

Cultural Shift (con't.)

- Belief systems around confidentiality, advocate safety, boundaries
- Belief systems around survivor safety/danger vs self-determination
- Leaving our offices/shelters/secret locations
- Allowing more autonomy to staff around time and money

Further Equipping your Program

- Right people for these new jobs?
- What new skill sets/ info base do we need?
- How do we ensure support for advocates who'll be in the field much of the time?
- What partnerships do we need?
- Figuring out confidentiality within all these new partners (who may not “get it”)

Taking Small Steps

- Searching, critical look at how well program/community addresses survivors' critical housing needs
- Discuss ways to provide longer-term advocacy
- Lower barriers to services (incl. non-shelter-based access points)
- Acquire specialized knowledge regarding housing and housing law that protects survivors
- Intervene with landlords to help survivors with DV-related tenancy issues
- Develop a relationship with local housing authority, landlords, developers

Taking Small Steps (con't)

- Cultivate partnerships with anti-poverty/homeless services providers, CCEH, Fair Housing Council, tenant advocacy groups
- Strengthen partnerships across systems to help reduce obstacles to survivors' housing stability
- Collect information about your community (rental market, affordable housing stock, vacancy rates, resource availability, etc.) to build a case for fund development , influence community planning
- Gather input from survivors to help shape your services/community response

Restoring Connection: More Than a Referral Number

- Community is vital for restoration of social network.
- Community is vital for a survivor to heal from trauma and for children to build resiliency.
- Community is vital for connection to resources and relationships.
- Community is vital for safety.

“It’s All About The Community!”

How do we move from secrecy and being “in hiding” to providing a bridge to community—either the community of origin or a new community?

Housing Options Available

- Do you have a range of housing options in your community?
- What do your housing programs look like?
- What does your housing/homeless organization stock look like?
- How available is subsidized housing?
- What does housing in general look like in your community?
- Where are survivors going for housing now?

What Else Do Survivors Need?

Environment and resources for survivors with complicated challenges:

- Abuser contact or reunification—assurances for housing and service providers
- Drug/alcohol use
- Safety in old neighborhoods, resources in old or new neighborhoods
- Mental health resources and other resources to alleviate trauma

Communicating Our Vision: Beyond Crisis

- Conveying the need for longer-term strategies for longer-term results
- Supporting survivors in their community: better outcomes for families and communities
- Important to make case for policy makers and funders