

TECHNICAL REPORT

Exploring Domestic Violence Survivors' Need for Transitional Housing

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Throughout the United States, 1 in 4 women and 1 in 7 men have been victims of severe physical violence by an intimate partner, with women disproportionately more likely to experience fear, concern for their safety, injury, and need for medical care and housing services (Black, Basile, Breiding, Smith, Walters, Merrick, & Stevens, 2011). Research suggests that domestic violence (DV) is a leading cause of homelessness for women and children. The lack of stable housing further increases women's risk of re-victimization (Jasinski, Wesely, Mustaine, & Wright, 2002; Kannah, Singh, Nemil, & Best, 1992; Wilder Research Center, 2016). The intersection of poverty and DV is particularly impactful to survivors seeking safety and healing from trauma (Sokoloff & Dupont, 2005). Economic burdens, including the need for safe housing, limit survivors' mobility and options when seeking help after victimization.

Historically, DV shelters have been a safe haven for women escaping violence who are also experiencing housing instability or unsafe housing (Baker, Niolon, & Oliphant, 2009; Panchanadeswaran & McCloskey, 2007). A small but compelling body of evidence has established efficacy for core DV services provided by shelters to increase safety, well-being, and economic stability for survivors (Sullivan, 2016; Sullivan & Virden, 2017a, 2017b). However, on average, DV shelters limit the length of stay to 30 or 60 days, with extensions for certain circumstances (NNEDV, 2016; Sullivan & Virden, 2017a). This time frame is unfortunately too short for many survivors to obtain the resources they need to live safely (Sullivan & Virden, 2017b).

One approach for DV survivors who require housing assistance and supportive services for a longer period of time is transitional housing (TH). Transitional housing provides an apartment or rental unit, along with rental assistance and supportive services for up to two years, allowing survivors time to work on any barriers they face to securing permanent housing and to heal from the trauma they have experienced (U.S. Department of Justice Office on Violence Against Women, 2015). TH units may be at a *single-site* with shared facilities such as laundry rooms (facility-based) or units may be *scattered sites* allowing survivors to live various places in the community. Supportive services are voluntary but tend to include advocacy, educational and financial support, life skills classes, counseling and peer support (Baker et al., 2009). For single-site programs, these services are often offered on-site.

Another approach for DV survivors is rapid re-housing (RRH). RRH allows DV survivors to locate their own apartment and to receive rental assistance and supportive services for a period of time. After the rental assistance ends, the survivor can stay in the unit if they can pay the rent on their own. The U.S. Department of Housing and Urban Development (HUD) has stated that "rapid re-housing grant funds may be used to provide short- and/or medium-term rental assistance and accompanying, limited supportive services, as needed, to help an individual or family that is homeless move as quickly as possible into permanent housing and achieve stability in that housing" (U.S. Department of Housing and Urban Development, 2013, p. 5). Medium assistance is defined as lasting up to 2 years.*

**However, many communities appear to be using different time frames in their definitions of RRH, with some offering rental assistance for as few as three months, and there is some confusion about which time frames are or are not acceptable. Additionally, there seems to be confusion about whether and to what extent supportive services are offered.*

While the efficacy of shelter and other DV services have been evaluated in part (see Sullivan, 2016), almost no research has been conducted assessing transitional or rapid rehousing for DV survivors. Therefore, this study explored the ways in which DV survivors experienced a TH program that they were currently enrolled in, as well as their perceptions about whether RRH would have been a good fit for them given different durations of rental assistance and supportive services.

Structure of the TH Program (SAFE)

SAFE is a TH program located in Austin, Texas with a total of 50 units. While the majority of SAFE's residents are housed on-site through a "facility-based" approach, SAFE also offers limited "scattered-site" housing. All of SAFE's residents are able to access onsite services that include counseling, case management, financial literacy classes, childcare, tutoring for children, and a variety of programs/activities for residents and their families. SAFE's facility-based units are in a gated complex with cameras, security guards, and a policy limiting visitors. SAFE's scattered-site units are spread out throughout the community with some residents moving into the apartment complex next door to their facility-based TH, and others choosing their own unit in the community.

METHODS

Sample

Participants were recent DV survivors, 18 and older, living in a TH program in central Texas. They were recruited to participate in an in-person, mixed-methods, semi-structured interview, and paid \$25 for their participation. Interviews ranged from 45 minutes to two hours, with an average of one hour. Demographic information was provided by SAFE via ROIs (Release of Information) or by participant.

Participants were asked closed and open answer questions on a variety of topics including:

- Barriers to Obtaining Housing
Rental history, past evictions, pets, etc.
- Economic Hardship
Credit history, under/unemployment, unpaid debt, etc.
- Financial Support
From family, friends, or agencies.
- Feelings of Safety
Before SAFE, at SAFE, when exiting safe.
- Economic Abuse
Withholding money, identity theft, taking paycheck, etc.
- Substance Abuse
Past or present, self or partner.
- Social Support
Formal (through programs/staff) and informal (family or friends)
- Perceptions of Agency Services
Services offered, quality, needs for additional services.
- Housing Service Preferences
DVTH vs. RRH and needs for duration/amount of rental assistance.

Interviews were audio recorded with participant permission, and transcribed. Data were analyzed using the thematic analysis approach (Braun & Clarke, 2006). The interviews were then coded in three phases by two coders to understand existing constructions from the literature and to find new concepts for the emergent study of DVTH. Analytical and content memos were used to deepen thematic understanding. Salient themes well saturated in the dataset are presented below.

Demographic Information (N = 35)		
Race		
	White	60%
	Black or African American	20%
	Asian	8%
	American Indian	6%
	<i>Missing</i>	6%
Ethnicity		
	Hispanic/Lation	37%
	Non-Hispanic/Non-Latino	60%
	<i>Missing</i>	3%
Gender		
	Female	94%
	Male	6%
Primary Language		
	English	66%
	Spanish	28%
	Mandarin	3%
	<i>Missing</i>	3%
Disability Status		
	Disability	46%
	No Disability	54%
Age		
	Range: 22-58	M = 34

Study Participants' Current Housing Situation

- 1) **Facility-based TH** - The majority of of the sample (n=27) lived in apartments onsite with access to onsite services. They receive rental assistance for up to 24 months. The amount of rental assistance is based on their income with residents paying anywhere between 0%-30% of their rent. After two years, residents must move.
- 2) **Transition-in-Place TH, funded through the Office on Violence Against Women (OVW)** - Five study participants were participating in SAFE's program that involves residents choosing an apartment where they want to live in the community. They are responsible for 0-30% of the rent for one year (based on income), and residents are able to remain in this apartment afterward. While these residents live offsite, they still have access to onsite services.
- 3) **Scattered Site TH, funded through HUD** - Three participants lived in an apartment complex that has donated units to SAFE. They are responsible for 0-30% of the rent for one year (based on income), after which time they must move. While these residents live offsite, they still have access to onsite services.

FINDINGS

Survivors in TH Have Significant Safety Concerns

All study participants spoke of the violence and abuse that had led to their needing shelter, and then TH. Some survivors no longer felt threatened by the abuser while others still feared for their lives. As one woman noted:

“He had come up to my job and got me fired there. And, so we went to a place in (another city) like this. And he showed up there tryin' to get in [laughs] the gates. And he's like . . . yeah, and I mean, we just kinda had to call the police and they understood. I was like, 'He will hurt our child. He's that, like, throwed off right now.' So they kinda saw, like, she's serious. And then they helped us get down here.”

Survivors in TH Have Many Housing Barriers

Financial barriers – including lack of income or employment – also led many survivors to need transitional housing.

“I just lost my job last year when I came in here. Because he will go to my job and...start problems, hit me, and everything. And my managers were, like, 'You know what, we love you, we care, but we can't be having this over here.' You know, 'We can't be having him comin' over here and, you know, tryin' to start with you.' You know, 'And then you have to be even . . .' And I ended up losin' my job so.”

A lack of social support was frequently indicated in the appearance of statements like “I had no one to go to” or “nowhere to go.” Many participants at the time of entry to TH did not have additional social networks or support to rely on. This was often because of migration across national or international borders.

“That was the point when I had to try to find somewhere to go and I didn't have much family help with support 'cuz . . . so I had to seek shelter.”

“He's been so problematic, putting my family against me so no one was willing to help me and my family gave me their backs. I had no money and he controlled everything. When I needed my family, they did not support me and help me.”

Finally, access barriers were a reason to come to TH. Access barriers are legal and policy driven problems that limit access to housing and services. They typically come from immigration or eviction driven issues, but also from felonies or other barriers that make accessing housing support pre and post shelter difficult. Some access barriers stem from mental and physical health situations.

“I'm gonna say the two main things . . . I mean, that's what we had were drug records. But that really wasn't what, I mean, it really wasn't that big a problem. What the problem was was the evictions. Because they want to know they're gonna get their money. They don't care what you do or where as long as you do it behind closed doors. It makes you almost think that, well, they're doin' it too. You know, what ... I'm sayin'? So that's not a problem. As long as you pay the bills we don't care what you're doin'. Just get that money, girl.”

“Since I didn't have a rental or credit history because everything in his name. That's prevented me from finding a place to live. I didn't have the possibility to have savings, a job, friends. “

More insidious than any one barrier or concern are the ways in which these various experiences, barriers, and needs work together in a way that is often detrimental to a survivor’s ability to secure and retain safe housing. A one-time healthcare emergency for a survivor or child can cause the survivor to lose employment, accrue debt, and render them unable to pay other necessary bills.

“You look at me now, you wouldn't believe how bad I was lookin' then. I was real thin...I mean, I was skin and . . . and it's, like, with my diabetes, I wasn't taking care of my . . . insulin. Wasn't takin' my medicine. And it's like . . . bein' here I had some . . . I didn't have a refriger- . . . when you're out in the street you don't . . . insulin has to be refrigerated. Here I've been eating every day. Got my medicine in my refrigerator. I take my medicine. I feed my boys. We've all gained weight. In fact, we're gettin' a little chunky.”

Survivors’ Thoughts about TH vs RRH

Participants were asked to reflect on the strengths and drawbacks of transitional housing versus rapid rehousing. Given the numerous configurations of each form of program (e.g., some transitional housing programs are similar to RRH in that residents can stay on after a period of time if they can pay the rent, some RRH programs provide only 3 months of help while others offer 24 months of support, etc.), the interviewer first asked what type of housing program the participant was currently living in, and then asked them to reflect on whether that assistance was preferable (or not) to a program providing permanent housing, with either 3 months, 6 months, 12 months, or 24 months of rental assistance. Participants who had been living in TH for some time were asked how their opinions may have changed over time. As can be seen in the table below, when RRH included rental assistance for either 3 or 6 months, most survivors preferred transitional housing. The preference went to 50/50 when RRH included 12 months of rental support, and survivors were more likely to want RRH over TH when the rental assistance was for 24 months.

Preference of Housing Option Given Duration of RRH Financial Support (N=32)		
If RRH Provided Financial Support for:	Would Prefer TH	Would Prefer RRH
3 months	78%	22%
6 months	69%	31%
12 months	50%	50%
24 months	34%	66%

The following section sheds light on survivors’ perceptions of the strengths and drawbacks of each model that shaped their assessment of preferences of post-shelter housing. Insights most frequently centered on safety issues, time needed to address barriers to independent living, and social support needs.

Safety & Security

Survivors who reported having serious and ongoing safety concerns were often those who preferred the TH model, especially when they lived in the gated apartment building with significant security measures in place. They talked of feeling safe in this housing structure, due to the secure location, physical infrastructure (gate), 24/7 security, security guards, and policy restricting visitors.

Many mentioned that, if they had moved into their own apartment in the community at this point in time, they and their children could/would be in extreme danger.

“Well, because we have the office here. So I know if we ever, like, have to call for anything, we can call them. Then we have [staff member] who we can call or text 24/7. And then we have the onsite worker. She's there for anything, I guess when [staff member]'s out of the office. But she's still there. And then we have all the other people coming in and counselors and stuff helping. And, well, they have security too. That helps a lot. And then, like, how they have the double gates.”

“This is my home away from home when I have no other place to go. When I have no other place to be, when I had no other recourse. You know? When I walked in there it was like home. It's, like, safe.”

While almost all participants articulated feeling constrained by security policies, those with higher safety concerns often articulated understanding they were necessary for safety. Those who felt that they could be safe in the community often indicated feeling more constrained by security policies that limited their visitors. These survivors had more favorable opinions of permanent housing (RRH) rather than transitional housing, as long as other supports were also available.

“And it's fine that they go through the background check, but sometimes the background check is two weeks or longer. And it's like if my family calls and they're like, we're comin' into town this weekend 'cuz we're on our way to such-and-such, I'm stuck out because they can't come visit me. They haven't been to vi-, I haven't had anyone visit me. So it's like . . . and then I'll like, 'Ooh, they're comin' into town, they're just driving through, can they stop and see me?' And they're like, 'No.' And I'm like . . .”

Time to Work on Housing Barriers

Both TH and RRH programs are designed to provide survivors with services to alleviate the barriers they have to living independently. These barriers often included insufficient income, having a tumultuous work or rental history, and/or immigrant status. For many survivors, limited healthcare and managing chronic illnesses were highlighted as barriers to employment. Participants often noted that having up to two years of low or no rental payments allowed them to either save money for security deposits, pay off old debts, or work fewer hours so that they could concentrate on earning a degree that would increase their income. Survivors also talked about the ways in which TH services were helpful in connecting them to employment opportunities, educational opportunities, and classes on issues such as financial literacy. One benefit of TH was the combination of financial support and access to services to give people time to heal from trauma.

“I don't have pay rent and only pay electricity. I can go to school to better myself. Also, there are a lot of activities. There is yoga, financial help, massages, yoga, acupuncture. And safety - there's safety 24 hrs. Good security.”

“Because this is such a . . . this is to teach you how to be able to survive like that and have the skills to survive out there. And the resources to come back to if you need them. You know? And I'm thinking that's just . . . this has been a life saver. This has been my saving grace.”

Access to Services

Survivors spoke at length about the wide variety of services offered by the TH program for themselves and their children that made life easier, including financial management classes, child care, and counseling. Having these services in close proximity was also mentioned as a benefit to the model, with those in the facility-based program having services on-site. Women mentioned a fear that if they had moved into their own permanent housing, such services would be either less available or even unavailable.

“Well, like if you need something you would have to come back here. And it's hard with no transportation. That, yeah, I mean, just that you're not here and get], use, like, the therapist or, you know have, like, all the help that you do have.”

Social Support

While some survivors noted that living in a facility-based program increased their level of social support, others mentioned that being in close proximity to other people experiencing trauma was uncomfortable or created complex social dynamics. Often, this was expressed through a desire for more privacy.

“I mean, everybody here is kind of broken and, you know, nobody was really making the best choices for whatever reasons. And it's something you sacrifice. You know, and there's this time in life I call motherhood and not bringing in, I mean, it's like we know anybody. So, you know, you want to feel, like, normal and you want to be respectful of other people's, like, kind of need to heal whatever was goin' on with them.”

Concerns about the Program Ending

Regardless of housing preferences, almost all survivors articulated anxiety around the end of financial assistance. The need to move at the end of a TH program was the most salient drawback of the program that was mentioned by survivors. Given how expensive most housing has become, women were concerned about affordability as well as housing availability.

“And that's what I'm scared of too. Like of my time being up here. And having to find a place and move out of here. And not havin' that security I guess.”

Survivors talked at length about the ways in which RRH would allow them to move towards being independent for a period of time, after which they could stay in one place – allowing children to stay in schools, minimizing moving costs, avoiding deposits, etc. They also noted that a positive aspect of this approach was the ability to choose their own housing. Survivors mentioned that this would allow them to seek bigger, nicer, and newer housing with access to amenities. As elaborated above, a variety of factors influence housing decisions/preferences between TH and RRH (see below table). These factors are based on barriers to other housing opportunities and needs survivors have articulated to secure permanent, safe housing.

TH Benefits	TH Drawbacks	RRH Benefits	RRH Drawbacks
<i>Safety – 24/7 Security</i>	<i>Rules Restricting Autonomy</i>	<i>Freedom & Independence (Including Access to Existing Social Support Group)</i>	<i>Lack of Security Measures</i>
<i>Duration of Rental Assistance</i>	<i>Housing Unit Pre-Chosen; Need to Move</i>	<i>Choose Own Housing; Can Stay</i>	<i>Duration of Rental Assistance</i>
<i>Easy Access to Services</i>	<i>Limited Privacy</i>	<i>More Autonomy</i>	<i>Lack of/Distance to Services</i>
<i>Protected Space to Heal and Address Barriers</i>	<i>Programs that Aren't Desired</i>	<i>Quality of Housing (Size, Upgrades & Amenities)</i>	<i>Fewer Opportunities for Social Support (Formal & Informal)</i>
<i>Social Support – Formal & Informal</i>	<i>Dealing with Others' Trauma</i>		

CONCLUSIONS

Based on this study, transitional housing seems to be a good fit for those (1) in very high danger, (2) in need of social support and services, and (3) in need of 12-24 months of full rental support (to handle documentation concerns, attain educational goals, and/or heal from trauma). Rapid rehousing may be a good fit for those who (1) have existing positive social networks and support, (2) are seeking more autonomy, and (3) have regular income and access to transportation. These findings suggest the necessity for both TH and RRH as housing options for survivors. Additionally, they highlight the need for RRH programs to re-visit the duration of rental assistance and provision of services that are defined in the model, as both of these elements impact how survivors experience RRH.



To find this paper and related resources, visit SafeHousingPartnerships.org, an online resource for domestic and sexual violence advocates as well as homeless and housing partners.

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