



Domestic Violence And Housing Stability: A Role For DV Programs^{*}

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^{*}This publication is the third in a series of papers published by the Washington State Coalition Against Domestic Violence and the Volunteers of America Home Free Program in Portland, OR on housing instability and homelessness among domestic violence survivors and their children. This paper is written for advocates and leaders in domestic violence programs that they may explore the role DV programs can play in helping survivors access safe, stable housing.

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Led by battered women, advocates were clear about the right place to start: Safety....Our movement has expanded to enfold more voices, lived experiences, and concerns.

“If it was just housing, I don’t think it would work. But they [the advocates] really look at every part of your situation and work with you on all of it.”—Survivor

“Of everyone I called, you went the furthest and helped me the most. I needed so much more than finding a place to stay. My advocate just kept helping me, not just to get safe, but to get what I need to move forward with my life.”—Survivor

Forty years ago, domestic violence (DV) was largely an invisible issue, obscured by a cultural value of privacy around what was still seen as a “family matter.” With the advent of the domestic violence movement, survivors and their advocates threw off the cloak of secrecy and revealed the gravity of the situation: women were dying, suffering horrible disfigurement, sustaining irreversible brain injury, losing their children and their freedom of movement, and being denied the right to decide things as basic as who they may have as friends. Led by battered women, advocates were clear about the right place to start: *Safety*. It was elemental.

In those early days, it was all too common for the survivors who sought out DV shelters to have endured decades of abuse. Most had carefully crafted plans to keep themselves and their kids as safe as possible, which often involved leaving during times of escalating danger and returning when the coast seemed clear. Failed by the available safety net and with no clear path to economic independence, survivors were left to their own devices.

In an era that was missing so many elements of a meaningful societal response to intimate partner violence, the establishment of shelters for battered women became symbolic of significant—even revolutionary—social change. In the DV movement, we aspired to open shelters in cities, towns, and rural areas; we invested in buildings and inspired our communities to support them. We committed to keeping our doors open and not losing ground.

Much about that early landscape has changed in the ensuing years. Our movement has expanded to enfold more voices, lived experiences, and concerns. We’ve participated in coalitions and supported development of programs that address a broader set of survivors’ needs. Advocacy and activism by women

of color, women with disabilities, Native American communities, immigrants and refugees, and gay, lesbian, queer, and trans people have led to significant improvements in our ability to provide meaningful services to a more diverse population. Enduring abuse for the decades-long life cycle of a relationship is a less common story; with far more social and institutional awareness about domestic violence than existed in the early days of the movement, survivors have more options.

The path remains difficult, and everyone reading this can call to mind tragic exceptions to the progress we've made. But despite being a movement that has never been flush with cash or easy access to the halls of power, we have truly moved the dial on the availability of services, legal protections, institutional practices, and collective understanding in regards to domestic violence and how best to respond to it.

Our movement needs to shift toward recognizing stability (and its many elements) as fundamental to our response.



Within the DV movement, our dedication to that first and most elemental step—ensuring that there is a route toward safety—is reflected in our decades-long commitment to building and protecting emergency shelter capacity. Yet today, some communities are implementing new service models less reliant on emergency shelter as survivors' primary gateway to domestic violence advocacy and aimed instead at being more responsive to the specific needs of each survivor. And some shelters are closing their doors. Is this a sign that we are losing ground—or that we are becoming more flexible?

A change from the traditional communal living shelters, which are important and cherished programs, is gut-wrenching for many of us. However, in many ways it's our success that has brought us to this important juncture as a movement and opened the way to a re-envisioning of the work ahead. Having created more avenues to basic safety in many communities, we can turn our focus to developing new approaches to assisting survivors who are still isolated from help or who need resources other than emergency services.

Because new and significant amounts of funding are not pouring into DV program budgets, many of us have begun to take a critical look at where we are concentrating our available resources. Crisis response remains a hallmark aspect of our mission. But survivors—always our best guides—are increasingly focused on getting the help they need to ensure that the safety they regain is not

just a temporary respite. Long-term stability, with housing as a foundation for creating it, is what is truly elemental to getting free of abuse and healing from its effects. Our movement needs to shift toward recognizing stability (and its many elements) as fundamental to our response.

“I want you to know how grateful I am for all your help, which made it possible for me to stay in my own house after my husband moved out. Most of all for my son, because this is his home.” —Survivor



Funding and Service Environment: Links to the Homeless System

Pressure from external forces is also compelling a need to take a critical look at our services and priorities. The 2008 recession and its aftermath of ongoing high unemployment and decreasing affordable housing stock have made the issue of long-term stability even more important. Services needed by survivors, and the funding streams that support some of our work as DV programs, are increasingly linked to the housing world. Many in the domestic violence field are working alongside the movement to end homelessness as it examines community trends and assesses usual interventions in terms of effectiveness, cost, and reach.

Studies around the country and years of data from the Housing and Urban Development (HUD) McKinney-Vento Continuum of Care Annual Performance Reports (APR) strongly suggested the need to rethink how resources were being used. In general, when the characteristics of families who became homeless were considered, data indicated that funding and other resources were not being used efficiently to achieve the goal of ending homelessness. The highest-cost interventions were going to a subset of families with relatively few housing barriers, while minimal help was provided to the subset of families with the greatest needs (1).

Additional evaluations (based on APR and Homeless Management Information System [HMIS] data) were equally revealing. The majority of homeless families served in rapid re-housing programs were able to move into housing with a minimal amount of time spent as homeless and a minimal amount of financial assistance (2). These programs were funded by HUD Homelessness Prevention and Rapid Re-Housing Program (HPRP) dollars.

Compelled by these and similar findings, Congress passed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, directing HUD to make a fundamental shift in federal housing and homeless

program funds. Traditional heavy reliance on facility-based emergency shelter and transitional housing is giving way to implementation of rapid re-housing approaches, with permanent supportive housing reserved for households that have chronic high needs and at least one member with a disability.

Domestic violence agencies are being affected by this shift. Because of the strong intersection between domestic violence and homelessness, many in the housing and DV fields are considering whether the research and evaluation of strategies to end homelessness might also apply to interventions with survivors of domestic violence. DV programs that receive federal housing and homeless funds, either directly or through their state or local jurisdiction, are being asked to rethink approaches to emergency shelter and transitional housing.

Funders are frequently the key framers of new priorities and initiatives, and HUD is not the only funder looking at how its dollars are spent. Funders, government agencies, and survivors are all challenging DV programs to ask questions:

Do all survivors really need—or want—to spend extensive time in a residential program as a prerequisite for accessing permanent housing?

Is the high investment in facility-based programs yielding the results survivors—and the movement—hope for?

Can we institute new strategies along with the tried-and-true to more effectively meet survivors' broad needs?

Innovation in a Time of Change

For a movement that has prided itself on catalyzing change and creating options and choice, recognizing environmental trends that find us unprepared is never a comfortable experience. But funding climate and federal policy shifts aside, it's a good time for a gut check. How are we doing at keeping a sense of being a movement in our work? Are we staying attuned to the evolving needs and experiences of survivors, and thus staying true to our mission and reason for being?

The last thing that most of us want is for our programs to become inflexible...

An honest self-appraisal includes our deep knowledge that shelters save lives, provide community, and restore hope for many survivors. But we also must acknowledge that communal living is hard, that shelter is expensive and its capacity is limited, that many survivors tell us that entering a shelter is not something they want to do, and that even the most principled advocates working in shelters may sometimes look more like rule enforcers than change agents to survivors seeking their services. The last thing that most of us want is for our programs to become inflexible, unresponsive institutions that survivors instinctively know are less helpful than they should be.

Programs that offer individualized responses to each survivor's unique situation can provide more meaningful help and make better use of available resources.

Supporting survivors' choices is a critical part of our movement. Tailoring services so that they reinforce survivors' connections to their natural support systems and communities (geographic or cultural) is an important aspect of providing expanded choices. Our searching and critical evaluation of our programs must include a look at how well we embody this value in the ways we offer help. Advocates know that there are many survivors who must leave behind their homes and communities in response to imminent danger; these survivors are often very clear about desirable qualities for their new communities. But we also know that many survivors want to remain in their homes and communities, even when an abusive relationship is ending and their safety in that community is questionable. Programs that offer individualized responses to each survivor's unique situation can provide more meaningful help and make better use of available resources.

There are many compelling examples of how we can re-envision/re-evaluate our services in light of these internal and external pressures while still maintaining our core values, respecting survivors' needs and feedback, and embracing the experience of DV advocates and programs. Below we highlight three examples: one propelled by state pressure to reform the victim services funding structure (Iowa), another undertaken by a DV advocacy program trying to better respond to the needs of victims and gaps in community services (Volunteers of America Oregon Home Free), and a third entailing a private foundation–DV coalition partnership to encourage development of housing strategies for DV survivors (the Bill & Melinda Gates Foundation and the Washington State Coalition Against Domestic Violence).

Statewide Process and Success: Iowa Coalition Against Domestic Violence

In Iowa, state funders were extremely concerned about the high percentage of domestic violence and sexual assault (SA) services money spent on the emergency shelter system. It was clear that the shelter system—which received the biggest portion of victim services dollars—was serving a very small percentage of the estimated number of survivors needing DV or SA support in the state. According to the Iowa State Attorney General's Crime Victim Assistance Division only 11% of domestic violence victims served in Iowa during 2011 utilized shelter. Across the state in 2011, the shelter vacancy rate was 42%. Shelters in urban areas had experienced a 40% decrease in clients, and rural shelters had experienced a 17% decrease during the prior three years. After several rounds of funding cuts during and after the 2008 recession and the likelihood of more, the imposition of statewide change seemed imminent.

The Iowa Coalition Against Domestic Violence (ICADV) and their SA counterpart, the Iowa Coalition Against Sexual Assault (IowaCASA), decided to take a proactive role in working out a solution that considered the rich expertise of programs, communities, and DV/SA movement leaders.

In collaboration with state funders, ICADV and IowaCASA worked together during 2012 to create a plan for more equitable fund distribution across DV and SA programs and across a wider spectrum of services to meet survivors' needs. This plan focused on two main objectives: first, shifting a portion of shelter dollars to domestic violence advocacy services that could occur within communities and that could help survivors either safely stay in their homes or find safe, permanent housing; and second, dedicating more funding to comprehensive sexual assault services in order to increase and build capacity. ICADV's executive director, Laurie Schipper, said that reorganizing service delivery has been an extremely painful process, though they are now moving toward a more hopeful and creative time. As an endorsement of these new strategies, the state legislature voted in 2013 for a significant increase in funding for victim services.

Potential for funding shifts is being felt nationwide. Since it is vital that any changes be made thoughtfully and carefully, the National Resource Center on Domestic Violence (NRCDV) expressed interest in documenting the process of change in Iowa. Cris M. Sullivan, Ph.D., senior research advisor with the NRCDV, is conducting the evaluation for the Iowa Transitions Project. The goal of the project is to examine the extent to which these changes positively and/or negatively impact victims within Iowa's six multicounty service areas. The primary means of information gathering include:

- In-depth interviews with key stakeholders
- Brief internet-based surveys with DV and SA direct service staff
- Service data provided by agencies to the program administrator

Whatever the results of this evaluation, everyone involved cautions that Iowa's experience may or may not translate to other states (3).

Keeping the "Movement" in Our Programs: Volunteers of America Oregon Home Free

For one program, Home Free in Portland, Oregon, a key moment in rethinking their program model came when a shelter resident said to the director, "This place is worse than being home with my husband!" Home Free's response extended beyond an examination of the shelter's structure, rules, and approach, to a re-envisioning of their entire service array with the goal of enlarging their reach and providing longer-term services more cost effectively.

Over the next five to six years, Home Free expanded their impact dramatically, from housing 150 survivors and children in their shelter to providing a broad array of services to more than 4,500 adults and children each year. Home Free moved from providing shelter-based services to zeroing in on helping survivors

not only get safe, but stay safe, and they expanded the accessibility of their services to survivors often excluded at shelters. How they made this transition can offer an example for other programs thinking of shifting their services. Home Free staff had long been concerned with their inability to offer other options to survivors for whom shelter was inappropriate or alienating and to provide continuing services for survivors after they left the shelter—or even to track what became of them. The program first took steps to establish an outreach program. Soon after implementing nonresidential services, staff began seeing a much wider range of survivors looking for help and support than the program was seeing in the shelter (see inset—next page). In listening to and working with this broader group, Home Free staff deepened their awareness of the persistent threats to survivors' lasting stability and safety, which called for new advocacy responses and longer-term support.

This new “program without walls” approach sent advocates out into the community to be wherever they were needed...

Home Free's change process was rooted in the community: they sought input from their sister DV programs, from culturally specific populations, from funders, and, most importantly, from survivors. Open to experimentation, Home Free progressively built services around the gaps in the victims' services system in their community and learned to tailor interventions to the goals set by each survivor, rather than asking survivors to follow a progression of services set in place by the program. This new “program without walls” approach sent advocates out into the community to be wherever they were needed, including meeting survivors where they were accessing other services, such as the courthouse and child welfare offices, and going to their homes. Home Free's new approach gave advocates the flexibility to work with survivors on a longer-term basis, provide accompaniment and active help with systems navigation, and mitigate economic barriers with funds set aside for financial assistance.

After piloting a number of new services that proved to be effective and highly utilized, such as co-locating advocates within other systems, providing emergency housing through motel stays, and actively helping to locate housing, Home Free ultimately closed their shelter and reallocated staff and resources to expand these new efforts. Survivor-driven advocacy and flexible, mobile service delivery are the cornerstones of Home Free's approach. A core service, recognized nationally for its effectiveness, is the program's housing component, which aims to expand survivors' access to safe, stable housing—essential for survivors to move beyond domestic violence as a defining factor in their lives.

“ My dreams and hopes were destroyed, and with my advocate's help I was able to find safe housing and sort out many complex problems. I finally feel safe and happy.”—Survivor

When Shelter Is the Sole Gateway to DV Services, Who's Not Getting Help?

- Survivors still with their abusers
- Survivors not in need of temporary emergency housing
- Survivors unable to find space in shelter or not eligible
- Survivors with too many children for available beds
- Survivors accompanied by family members, adult children, or caregivers
- Survivors with disabilities
- Survivors without transportation
- Adult male survivors
- Survivors with cultural, religious, and/or linguistic needs not served by the shelter
- Survivors and children with trauma impacts who are unable to live in a communal setting
- Survivors not in "immediate danger" but still struggling with DV's aftermath
- Survivors who use drugs or alcohol
- Survivors needing help with systems unresponsive to the realities of DV, such as child welfare services or TANF
- Survivors who have fled abuse and are caught along with their children in an endless cycle of temporary stays and prolonged destabilization

Innovative Pilot Project: WSCADV and DV Housing First

“It's nice to be able to choose where you live because it's important to me to be in a familiar area and close to school. I feel safer where I am because I'm part of the community and I know my neighbors.”—Survivor

“There is not a lot you can do until you are stable, and you aren't stable until you have a home.”—Survivor

In 2009, the Bill & Melinda Gates Foundation funded a pilot project in Washington State intended to find ways to support safe access to permanent housing for domestic violence survivors. Cohort 1 of the Domestic Violence Housing First Project comprised four agencies, each receiving two-year grants with guidelines that encouraged taking risks and even making mistakes. The Washington State Coalition Against Domestic Violence (WSCADV) was funded to coordinate the

project, provide technical assistance, and help address systems issues that make housing access or retention challenging for domestic violence survivors. Early results from these four Cohort 1 agencies showed that roughly 40% of households entered the program with permanent housing and just needed help to retain that housing. Results also showed that many survivors needed only small amounts of money and/or limited services in order to secure housing stability—either in their current home or in a new home and new community.

“A lot of our clients are very resourceful and self-sufficient, and they really only need a short-term light touch subsidy. . . . Giving them the light touch subsidy and the resources that they need to become self-sufficient in a very short time, I think, is preventing future homelessness.”—Advocate

Inspired by Cohort 1’s numbers of survivors who retained or accessed housing, as well as their stories, the foundation expanded the pilot project by three years and funded an additional nine agencies (Cohort 2). Early evaluation findings from the first cohort indicated that while the main themes of a domestic violence “housing first” model were the same across all four programs, advocacy approaches and types of community partnerships varied by community. In order to further explore project implementation in underserved communities, the second cohort’s nine agencies focused on survivors in Native American communities, immigrant and refugee communities, and impoverished rural communities. The funding allowed programs and advocates to be flexible enough in their advocacy that they could support both the survivor who needed to leave her small community and the survivor who wanted to stay. The approach allowed for housing options that best met the needs of individual survivors in these populations. (See the [WSCADV](#) website for project details.)

Rich information continues to be gathered from the experiences of the funded programs, input from survivors receiving services, and project evaluations tracking impacts and discoveries. Early on, it was abundantly clear that affording funded programs great flexibility in how the funds were applied was paramount. Following are some examples of modifications that programs made to ensure that their approaches make sense for their communities and for the populations they serve.

Flexible Advocacy in Tribal Programs

“When problems started, I was forced out of my house and found housing off the reservation. I kept my girls in school on the rez, which is a 20-mile difference, and I continued to work at the tribe. I recently moved back and my girls are so happy. . . . We used to start the day at 5 a.m., and the commute was really hard for the girls. Now we’re in the community, everybody knows everybody—it’s so nice and safe, and I just love it.”—Survivor



Three Cohort 2 programs are tribal domestic violence/sexual assault programs located on reservations. An understanding of the culture on the reservation is foundational for advocates as they work with survivors to tailor the best response; survivors served by tribal programs often have experienced high levels of both personal and historical trauma, and are also affected by the insidious effects of lifelong violence and poverty. For advocates working in these programs, protecting the confidentiality of survivors living in small, close-knit communities has long required creative approaches, a willingness to travel, and careful meeting arrangements.

Some survivors in these programs want to remain on the reservation to be close to their community and to foster their children's continued connectedness to extended family and the tribe. Others are willing to risk negative community responses and discrimination off the reservation in order to create a new life. Advocates are equally adept at working through the complex maze of accessing limited tribal housing and addressing the sometimes racist attitudes of prospective landlords off the reservation. Often the only housing available is substandard, and the flexible funding structure of the Domestic Violence Housing First Project allows advocates to use grant funds to work with landlords to make needed repairs.

Program advocates are also skilled at working with resources both on and off the reservation in order to connect survivors with the mental health services, drug/alcohol treatment, and job training they need. Each of the three tribal programs has worked with survivors who have suffered relapses in addictions recovery that result in rent arrears and the heartbreak of losing custody of their children. Advocates stand ready to work patiently with the survivor and her family to avoid eviction, to find safety in another location, and to ensure the best possible outcome for the children.

“ I am living off the reservation and I feel a lot safer that way. I do not think I will be coming back in even though I am on the housing list here on the reservation.”—Survivor

Community Safety for Immigrant and Refugee Survivors



“ The advocate provides the support that isn't available through my husband's family and community. My support network is in California and Mexico.”—Survivor

Two of the Cohort 2 pilot site programs offer a broad array of culturally specific services for immigrants and refugees, and four programs have adapted their services to provide Domestic Violence Housing First services for immigrants and refugees. Many immigrants and refugees who come from war-torn countries or are survivors of human trafficking find that safe housing means much more than safety from an abusive partner; there may be others to fear in their community. When immigrant and refugee survivors move to housing in a new community, it's particularly important for the streets and schools to be safe because violence in urban areas, while frightening for anyone, can ignite post-traumatic stress disorder (PTSD) for those who have experienced civil wars and atrocious violence in their home countries.

Other immigrant and refugee survivors cling to their communities for the security that comes from belonging in a collectivist, rather than an individualist, culture. An advocate at one program described how although housing had been identified for a Latina survivor and her children, the survivor preferred to remain in the familiarity of her farmworker community. Domestic Violence Housing First advocates maneuver through survivors' decisions and support choices that may not always be a straightforward path to the highest level of safety.

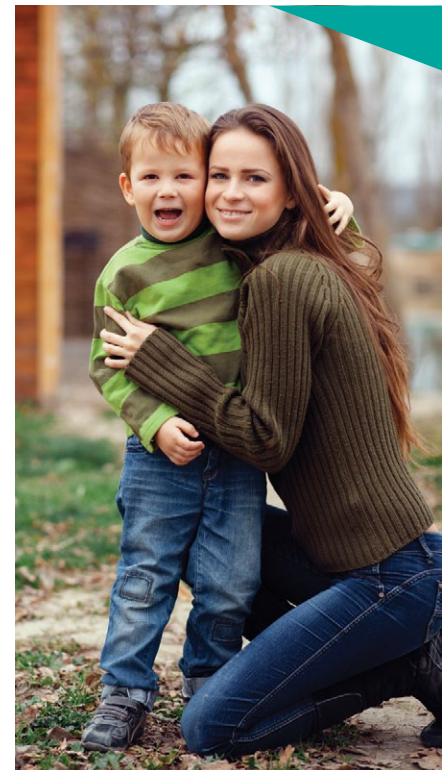
“ I have peace of mind, knowing we have a home to come to, instead of ending up on the street. Now we have permanent housing. [The advocates] give me hope to have a new start from nothing. I came here from scratch. They helped me better myself, my children's safety. We are safe here.”—Survivor

Limited Resources in Impoverished Rural Communities

“ Because we are working within such a small community, a lot of the time if we don't do something to help survivors, they will end up homeless and without any other resources.”
—Advocate

“ Finding employment when you are undocumented in a depressed rural area is incredibly hard.”—Survivor

Seven of the nine Cohort 2 programs are located in rural communities. Like many rural areas around the country, these communities are marked by extremely high rates of poverty and unemployment, have few resources and safety net services, and span great geographical distances. The DV programs in these communities have demonstrated great resourcefulness and creativity, establishing close relationships with other service providers, with community members, and with landlords. In these small communities, privacy and confidentiality may be challenging when everyone seems to know not only a survivor's whereabouts but her entire family history. When survivors in these communities are immigrants or refugees, have language barriers, or are undocumented, accessing permanent housing can be extremely difficult.



The help of an advocate and the commitment of an agency to stand with a survivor often mean the difference between securing housing and becoming homeless. Since lack of transportation is a significant barrier in accessing assistance, the mobility of the advocate is even more critical. Advocates who have an intimate knowledge of their community and effective working relationships with formal and informal resources in the community are instrumental in encouraging landlord flexibility in renting to survivors with these multiple barriers.

Next Steps: Nesting Our Vision Within Ongoing Societal Challenges

Efforts to examine and update the paradigm, scope, and role of DV programs are taking place around the country, by individual programs such as Home Free, by state coalitions such as those in Iowa and Washington, by funders, and by communities. We offer the following observations for readers interested in further considering the themes of this paper.

As we examine how to expand our look at safety to better enfold clearer paths to stability, DV survivors, advocates, and programs must all be part of the conversation, with survivors' voices and experiences in the foreground.

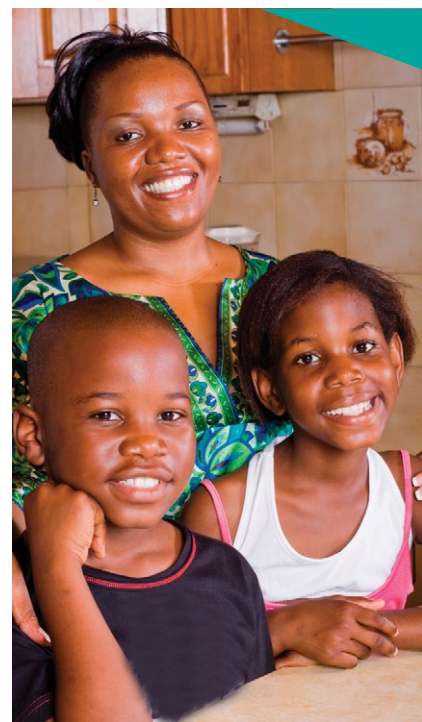
Flexibility—in program models, service delivery approaches, and fund allocation within a given program—is a key ingredient in effectively responding to survivors' needs and promoting more meaningful inclusion of all survivors in our movement's work.

Evaluation and planning processes must include the voices of marginalized and historically oppressed people and must consider survivors' community and cultural contexts.

Longer-term stability for survivors entails many elements, including housing, economic stability, healing, parenting support, and equitable access to resources. Gender, racial, and ethnic disparities continue to present barriers to survivors in all of these arenas and require ongoing systems advocacy to bring about legislative, policy, and institutional change.

Supporting survivor stability may require DV advocates to move within systems, form partnerships, and develop content expertise that may seem outside the scope of DV advocacy. Organizations should be prepared to support advocates as they make these shifts.

Innovations in program models of the kind described in this paper may require substantial change in organizational culture. To some DV agencies, such change may not come easily; to others, it may feel like a fresh breeze blowing in just the right direction. The authors' experiences in these efforts have served to awaken our thinking, galvanize our commitment to follow survivors' leads, and reignite our earliest investments in doing this work.



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