

Creating Safe Housing Options for Survivors: Learning From and Expanding Research

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The work of helping domestic violence (DV) survivors find and sustain safe and stable housing is complex, time-consuming, and requires diverse skills, knowledge and connections. Finding a housing unit within a survivor's budget that will be safe, while also dealing with the survivor's (and often their children's) trauma symptoms, is not a straightforward or rapid process. *As the advocates in one study noted, their work with each survivor involved multiple hours per week and could last from several weeks to more than two years* (Sullivan, López Zerón, Bomsta, & Menard, under review). This suggests that each advocate can only successfully work with a fairly small number of individuals at a time if they are to effectively address the myriad issues jeopardizing each survivor's safety, housing stability, and long-term well-being.

This document provides a brief overview of the current and expanding evidence behind best practices in helping domestic violence survivors obtain safe and stable housing. It begins with evidence for three common core components of this work: mobile advocacy, flexible funding, and attending to safety. It then provides evidence for *how* services should be provided: survivor-driven, trauma-informed, and voluntary.

Evidence for Effectiveness of Mobile Advocacy

Mobile advocacy involves working with survivors in their communities and homes, rather than expecting survivors to meet with advocates at the DV agency. It involves accompanying survivors as they look for housing, go to court, and attempt to secure childcare or healthcare. Mobile advocacy includes actively working alongside survivors to obtain resources and social support and to maximize their safety. A large, randomized control trial (RCT) has established that mobile advocacy leads to improvements in DV survivors' ability to access community resources (including housing), social support, safety from abuse, and overall quality of life (Bybee & Sullivan, 2002; Sullivan & Bybee, 1999). Building on this earlier work, the SHARE study longitudinally examined the role of housing stability in preventing revictimization and reducing negative outcomes for domestic violence survivors and their children (Glass & Rollins, 2010). That study, which included an examination of mobile advocacy and housing supports over time, found quite positive changes in women's and children's lives over 18 months. Women who were homeless or at high risk for homelessness when entering the study reported greater housing stability, higher quality of life, fewer absences from work, greater job stability, higher income, fewer problems with alcohol/drugs, less depression, and less PTSD over time. Their children missed fewer days of school, had better academic performance and exhibited fewer behavioral problems over time. The Washington State Coalition Against Domestic Violence's evaluation of the DV Housing First model was similarly promising (Mbilinyi, 2015). The majority of families in both rural and urban communities reported being effective at accessing and retaining housing at six, twelve and eighteen months after program entry. Participants also reported increased safety and well-being.

Evidence for Flexible Funding

Many survivors need not only proactive advocacy to obtain safe and stable housing, but also temporary financial assistance to get back on their feet. They may need assistance with issues viewed as directly related to housing: a security deposit and temporary rental assistance, help clearing up rent arrears (often intentionally incurred by the abuser), or help with utility bills. Often, though, survivors need funds that may not be viewed by others as impacting housing but that advocates recognize are critical to housing stability: for example, help repairing their cars so they do not lose their jobs, help expunging a prior conviction that is preventing them from obtaining government-funded housing, or help repairing bad credit (often destroyed by the abuser). Funds are targeted to support survivors so they can rebuild their lives, including covering childcare costs, transportation, school supplies, uniforms and permits required for employment, as well as time-limited and flexible rental assistance (Mbilinyi, 2015; Sullivan, Bomsta, & Hacskaylo, 2016). A recent longitudinal evaluation of a flexible funding program in Washington, D.C., found that this brief, relatively inexpensive intervention may increase housing stability—94% of clients were housed 6 months after funding was received.

Importance of Addressing Safety

A core activity that DV advocates engage in with all survivors is safety planning (Davies & Lyon, 2014; Goodkind, Sullivan, & Bybee, 2004). For many DV survivors, the abuse or fear of future abuse is ongoing, regardless of their relationship status (Fleury, Sullivan, & Bybee, 2000). Advocates draw on their understanding of the dynamics of domestic violence to consider how the abuse is impacting other issues survivors are dealing with, including their housing, economic independence, parenting, custody, legal issues, immigration, and social support. In other words, when a survivor is contending with ongoing DV, safety issues need to be continually addressed along with other concerns.

Importance of the Relationship Between Advocate and Survivor and How Services are Offered

A recent study involving over 300 DV survivors examined whether the survivors' relationship with their advocate impacted their well-being (Goodman, Fauci, Sullivan, DiGiovanni, & Wilson, 2016). Having a strong relationship led to increased safety-related empowerment, which then led to reduced depressive and PTSD symptoms. Positive relationships were characterized by advocates being respectful, caring, culturally responsive, and available.

Importance of Survivor-Driven Practices

All of the studies mentioned under “Evidence for Effectiveness of Mobile Advocacy,” above, involved advocacy that was provided within a survivor-driven framework. In other words, the survivor, not the advocate, decided what they would work on and how they would achieve their goals. Advocates lent their knowledge, support and expertise to the process, but did not *drive* the efforts. This has been considered a critical component in order to initially engage survivors as well as to ensure that changes made in their lives are meaningful and sustainable (Allen, Larsen, Trotter, & Sullivan, 2013).

Importance of Trauma-Informed Practices

Trauma-informed practice is grounded in an understanding that domestic violence is an ongoing pattern of coercive control maintained through physical, psychological, sexual, and/or economic abuse that varies in severity and chronicity. Survivors who are having trouble concentrating, who are in a state of constant high anxiety, or who are not sleeping (just to name a few examples) may find it temporarily difficult to make decisions or feel emotionally in control of their lives. Advocates strive to provide survivors and their children with the time, space and supports needed to heal from traumas that may be impeding their ability to fully re-integrate into their communities and to achieve social and emotional well-being (Warshaw, Sullivan, & Rivera, 2013). A recent study found that the degree to which DV survivors received trauma-informed services in shelter was associated with significant improvement in their self-efficacy and safety-related empowerment (Sullivan, Goodman, Virden, Strom, & Ramirez, under review).

Understanding and appropriately responding to trauma reactions is especially important when helping survivors obtain and sustain housing, as sometimes these responses manifest after initial stability is attained. Sometimes, trauma reactions such as depression, immobility, or PTSD are suppressed while a survivor is intently focused on the task of securing housing for themselves and their children. Once that housing is obtained, however, and an initial calm is established, the survivor is “safe” to experience the overwhelming feelings related to their trauma. Without a knowledgeable and supportive advocate available to them to help them through this crisis, the housing that the survivor has worked so hard to secure can be jeopardized (Sullivan & Olsen, in press).

Importance of Services Being Voluntary

A recent evaluation of a domestic violence organization that adheres to a low-barrier, voluntary services model found very positive results for both staff and survivors (Nnawulezi, Godsay, & Sullivan, in press). Qualitative results revealed that low barrier, voluntary services were guided by cultural values of justice and access, encouraged survivor-centered practices among staff, and were believed to promote survivor autonomy. Quantitative results revealed that when survivors perceived they had a choice to engage in organizational programming or meet with an advocate, their empowerment increased. An earlier study of women in transitional housing also found that the women were most satisfied when services were provided in a respectful, individualized, and voluntary manner (Melbin, Sullivan, & Cain, 2003).

Domestic Violence and Housing Technical Assistance Consortium

The Consortium, launched in 2015, provides training, technical assistance, and resource development at the critical intersection between domestic violence/sexual assault services and homeless services/housing. Funded by a partnership between the U.S. Department of Justice, the Department of Health and Human Services, and the Department of Housing and Urban Development. This multi-year Consortium supports a collaborative TA Team that includes the National Alliance for Safe Housing (a project of the District Alliance for Safe Housing), the National Network to End Domestic Violence, the National Resource Center on Domestic Violence, and Collaborative Solutions, Inc., to build and strengthen technical assistance to both housing/homelessness providers and domestic violence/sexual assault service providers. The Consortium aims to improve policies, identify promising practices and strengthen collaborations necessary to enhance safe and supportive housing options for sexual and domestic violence survivors and their children.

Questions? The Consortium TA Team is available to provide individualized technical assistance and training to communities interested in expanding the array of safe housing options for domestic and sexual violence survivors. We can also provide support to domestic and sexual violence advocates, homelessness and housing providers, and other allied partners interested in building stronger community collaborations.



**SAFE HOUSING
PARTNERSHIPS**

Visit SafeHousingPartnerships.org to access a comprehensive collection of online resources and to request technical assistance and support.

REFERENCES

- Allen, N.E., Larsen, S., Trotter, J.L., & Sullivan, C.M. (2013). Exploring the core components of an evidence-based community advocacy program for women with abusive partners. *Journal of Community Psychology*, 41(1), 1-18.
- Davies, J., & Lyon, E. (2014). *Domestic violence advocacy: Complex lives/difficult choices*. Thousand Oaks, CA: Sage.
- Fleury, R. E., Sullivan, C. M., & Bybee, D. I. (2000). When ending the relationship doesn't end the violence: Women's experiences of violence by former partners. *Violence Against Women*, 6(12), 1363-1383.
- Glass, N., & Rollins, C. (2010). The SHARE project: Effectiveness of a housing intervention for battered women. Final report submitted to the Centers for Disease Control and Prevention. CDC U49 CE00520. Washington, DC: Centers for Disease Control and Prevention.
- Goodkind, J., Sullivan, C.M., & Bybee, D.I. (2004). A contextual analysis of battered women's safety planning. *Violence Against Women*, 10(5), 514-533.
- Goodman, L.A., Fauci, J.E., Sullivan, C.M., DiGiovanni, C.D., & Wilson, J.M. (2016). Pathways to empowerment and mental health for intimate partner violence survivors: The role of the alliance with advocates. *American Journal of Orthopsychiatry*, 86(3), 286-296.
- Mbilinyi, L. (2015). The Washington State Domestic Violence Housing First program: Cohort 2 final evaluation report. Seattle, WA: Washington State Coalition Against Domestic Violence. Retrieved May 20, 2016 from http://wscadv.org/wp-content/uploads/2015/05/DVHF_FinalEvaluation.pdf
- Melbin, A., Sullivan, C.M., & Cain, D. (2003). Transitional supportive housing programs: Battered women's perspectives and recommendations. *Affilia: Journal of Women and Social Work*, 18(4), 445-460.
- Nnawulezi, N., Godsay, S., & Sullivan, C.M. (in press). The influence of low-barrier and voluntary service policies on survivor empowerment in a domestic violence organization. *American Journal of Orthopsychiatry*
- Sullivan, C.M. Bomsta, H., & Hacskaylo, M. (2016). Evidence that flexible funding is a promising strategy to prevent homelessness for survivors of intimate partner violence: A longitudinal pilot study. *Journal of Interpersonal Violence*. First published on August 12, 2016 as doi:10.1177/0886260516664318
- Sullivan, C.M., Goodman, L.A., Virden, T., Strom, J., & Ramirez, R. (under review). Evaluation of the effects of receiving trauma-informed practices on domestic violence shelter residents. *American Journal of Orthopsychiatry* submitted March, 2017
- Sullivan, C.M., López Zerón, G., Bomsta, H., & Menard, A. (under review). 'There's just all these moving parts:' Helping domestic violence survivors obtain housing. Submitted *Journal of Clinical Social Work* May.
- Sullivan, C.M. & Olsen, L. (in press). Common ground, complementary approaches: Adapting the Housing First model for domestic violence survivors. *Housing and Society*.
- Warshaw, C., Sullivan, C.M., & Rivera, E.A. (2013). A systematic review of trauma-focused interventions for domestic violence survivors. www.dvevidenceproject.org

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